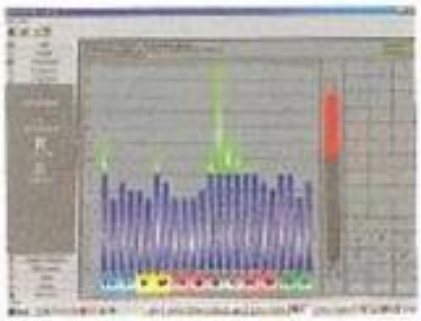
Introduction in energoskopia of man

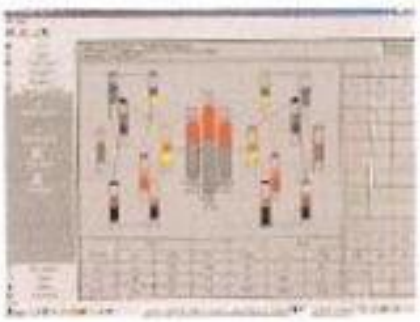
THEORY AND PRACTICE

OF THERMOPUNCTURAL

CHANNEL DIAGNOSTICS AND TREATMENT

Valerie Mujikov





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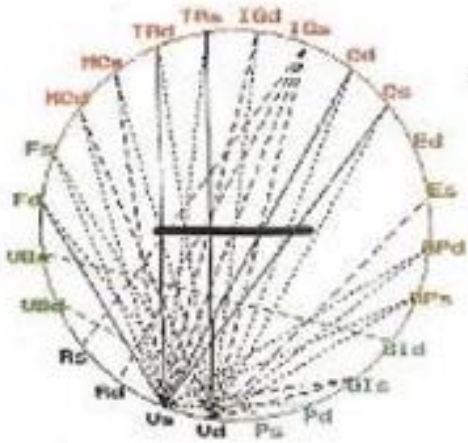

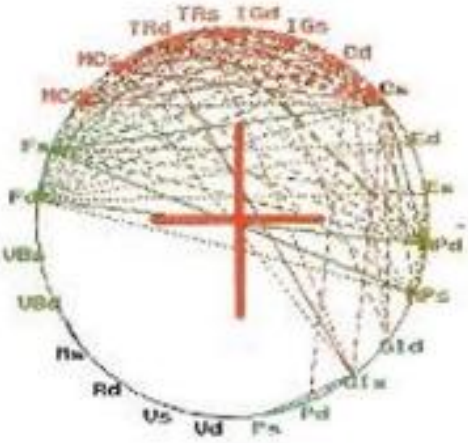

Mujikov V

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2003

INTRODUCTION

TO THE READER.

Dear colleagues!

In the first place, this book is intended for the doctors who practice reflexo-therapy, physical therapy and different kinds of massage; it is also intended for the people interested in oriental medicine, as well as for those who just want to keep fit.

Surely, every doctor dreams of treating his patients in such a way, as to see their physical condition improve day by day and to avoid crises and complications in the process of treatment. However few of them really know how to make this dream come true. In usual, conventional medicine, practiced in the West, modern methods of diagnostics and a variety of books, containing different descriptions of how to treat patients for numerous diseases, can be of great help to the doctor, who wants to achieve this aim.

Still, this problem is far more complicated, for instance, in the field of reflexo-therapy, in which different methods of instrumental acupuncture channels activity evaluation are just being introduced into every-day practice. If you turn to special literature you will see that one and the same point can be used to treat the patient for scores of diseases; moreover, the majority of books give desultory, incomplete scraps of ancient oriental knowledge based on complicated ideology, which is beyond modern physicians' understanding. In fact, there is no modern doctrine of disease treatment at the channel level cleared of oriental mysticism, understandable to a modern doctor. So under the existing conditions of ideological vacuum, practicing physicians have to rely on their own experience, intuition and 'favorite points'.

For the last ten years a group of physicians from St. Petersburg have been working hard at developing the methods of instrumental diagnostics and body state correction for different kinds of pathology at the acupuncture energy channels level, using computer data analyses to find out general regularities of channel influences in the body.

This book will give you an opportunity to improve considerably the quality of the diagnostics and treatment with the help of the century old ancient oriental medicine used in combination with the possibilities given by modern electronic technology.

Apart from developing the doctrine itself and concrete methods based on it, we have attempted to show the active role of acupuncture channels as the first elementary specific signal system inherent in any living matter, which has the function of regulating influence on the basic physiological and biochemical processes in the human body. The examination of this system with the help of high-accuracy methods enables physicians to carry out efficient monitoring of the person's normal and pathological physical state. At the same time, specific methods of influencing this system allow to correct different processes in the body with a high degree of reliability using methods of mathematic modeling.

Besides, we have tried to bind together the possibilities of modern means of diagnostics and treatment and the perception of a man and his diseases through the prism of oriental philosophy, which, according to our observations, may lead to new effective results.

Mujikov V.G.

INTRODUCTION

Centuries-old history gives us remarkable lessons: new approaches, perceptions in the process of the discovery of new laws of Nature often pass several stages. At first, the society reacts to new ideas in accordance with the 'it can't be true' formula. Later, the number of those who doubt their correctness decreases and the formula changes for the opposite one of the 'there's no other way about it' or 'just as we have always thought' kind.

However, this transition is possible only if we get a chance to see some existing phenomena in the new light and explain them, and usually such possibilities appear alongside with the appearance of new methods of research and the expansion of our scope of knowledge about the environment.

Recently, the interest for the so-called 'unconventional methods of diagnostics and treatment' has increased all over the world. In the first place, we mean the interest for the oriental school of medicine, with its centuries-old history and thoroughly developed ideology, closely interwoven with the most interesting philosophical concepts.

To be more precise, long before Christ, man and his environment were treated as an integrate whole. In far-away ancient times, practical methods of treating different diseases at the channel energy level, using reflexo therapy, in particular acupuncture, which is still in many ways unattainable for modern medical science, were developed on the basis of this philosophy. The most surprising thing is the times in which this knowledge was born. For example, the first Chinese treatise on practical medicine dates back to 1660 B.C. So, doubts arise, as to which medicine should be called conventional; the one with a three-thousand-year history, or modern western medicine, which acquired some kind of scientific basis only about two centuries ago.

The growing interest for these medical schools, in our opinion, can be explained by a number of other reasons.

It's not by chance that some authors (Neiman B.A., 1975) believe that modern medicine is going through a certain period of 'scientific stagnation', provoked by the crisis of ideas. We suppose this crisis is, first of all, connected with the absence in modern philosophy and medicine of the notion, philosophically structured at several regulating levels, of man as a part of the environment, according to which man and Nature live in compliance with the same laws, have channels of communication and information exchange, for instance, at the energy level. Although modern medicine has already studied man at the molecular and gene levels, we are still drawn to the mechanistic perception of man as a receptacle of different micro and macro systems which are in relations of certain regulating interdependence. Yet, the question arises; what unites all these systems into a harmonious whole and why is our body so stable and perfect? The nature of life cannot be explained just from the positions of the neuro-reflex or humoral theories, which dominate in modern medicine. They are too primitive and mechanistic for this purpose. We inevitably have to face the discrepancy between real facts and existing theories.

Contrary to these theories, ancient Chinese medicine and natural philosophy found the key to the synthetic understanding of human nature in all its manifestations, and treat man as a perfect materialized idea, having a certain structural form, which is incarnated at the level of different physiological systems into the philosophy of the 5 primary elements (the **U-SIN** theory) interdependence, **IN – YAN** unity and struggle and correlation of the right and the left. It must be noted that these philosophical ideas are far from being scholastic dogmata. They serve as universal means of cognition, physical state assessment, and form the basis of any system of diagnostics and treatment. These ideas are also universal in a different sense, as they are not limited exceptionally by the cognition of man but expand to the cognition of the whole environment and give great possibilities to people who have mastered this ideology.

Thus, the paradox of the Gnostic situation is that using philosophy as the main means of cognition and using the theory developed on its basis, ancient physicians managed to discover more about human nature and physical state than we do , although we have the most sophisticated technical means at our disposal.

Chapter 1
THE 5 ELEMENTS PHILOSOPHY AND THEORY

About 5000 years ago a new method of treatment, acupuncture, appeared in ancient China. However, centuries were to pass before acupuncture technique took shape, combinations of points developed into different prescriptions and the functional importance of individual points and meridians was defined. Historians believe 581 B.C. to be the official birth date of acupuncture, as there is en entry, made exactly that year, saying that a healer helped a man who had lost consciousness to come to himself by applying a puncture at the 'bhay-hoy' point. The book "Huandu Hay-zin" (On Nature and Life), which consisted of 18 volumes, appeared in the III century B.C.. The book considered main problems of acupuncture theory and practice and it is believed to be the classical canon of Chinese medicine and reflexo-therapy.

Ancient philosophers and physicians tried to explain the fundamentals of the life of society, the relations between people as well as various diseases from the point of view of the so-called primary elements, or just the elements, which form the basis, the specific primitive substratum and the source of all the world phenomena, and which were brought to life by the Earth and the Sky. It was in ancient China (of the period from the YIII to III B.C.), that one of the main notions, the 'u-sin' conception, was formulated. The 'u-sin' conception is the conception of 5 primary elements or, rather, 5 motive principles, to which belong such natural factors as fire, earth, metal, water and wood (as they are generally called). These primary elements symbolize the main components of the material world in its motion. So, the fundamentals of dialectics and materialism can be easily traced in this doctrine.

Thus, in the dialectical sense, *fire* serves to characterize extreme activity and the utmost development, *water* symbolizes minimal activity, *wood* stands for revival and growth, *metal* indicates the beginning of decline, while *earth* characterizes the center of recurring changes. In oriental philosophy the 'u-sin' conception was used to classify different natural phenomena as well as parts of human body, physiological systems, emotions and also relations between man and Nature.

Modern theories also confirm the universal character of the 5 elements doctrine, which treats the 5 primary elements as the 5 foundation stones of the Universe. According to V.I Avinsky, T.V.Ivanov (1999), any physical space is a system of dynamic pentoid lattice-structures inserted one into another. Such notions as alfa-metrics and carcass alfa-penta structures of Nature served to formulate new laws of the outer world inner structure (Avinsky V.I., 1990; Avinsky V.I, Chernenko T.F., 1996). The main notions used in this new approach are: module 11, a triade, an alfa-pentagram and a pentoid, which ,according to modern conceptions, possess a number of outstanding qualities, that reflect the objective essence of nature in general and physical processes in particular . On the basis of alfa-metrics new regularities at all levels of matter structure were found about the microcosm, the world of chemical combinations, the biosphere, but especially about man himself.

So, we can say that modern scientific conceptions confirm the ancient doctrines, which state that penta structures have universal qualities, which determine the micro and macro systems dynamic stability, and, in the first place, this idea refers to man.

In ancient times, two types of interaction were found between the universal penta structure 5 primary elements on the basis of the U-SIN category: normal and pathological. They, in their turn, can be subdivided into stimulating and suppressing connections. A stimulating connection, or a stimulator, is an action, which promotes coming into existence and development (**Fig.1**). Thus, *water* engenders *wood*,and favours its growth, *wood* engenders *fire, fire* forms *earth* from ashes, *earth* begets *metal*, *metal* condenses *water* – on and on goes this circle. In such relations each principle element gives and receives stimulation at the same time. The stimulating element can be figuratively presented as 'mother' and the stimulated one – as 'son'. This conception lies on the basis of the general rule of the acupunctural treatment, which permits to strengthen or to weaken the 'stream of energy' in the acupuncture channel with affected energy. In this case the 'mother' primary element transmits the nourishing energy and the 'son' element acts as a recipient, which has the ability to absorb it.

The suppressive, or destructive connections, are those which hold and restrict. They appear only when there is redundancy of energy in the channels. In this situation *water*, being redundant, suppresses *fire, wood* suppresses *earth, fire* suppresses *metal, metal* suppresses *wood.* In natural, normal relationship there's a kind of dynamic balance between stimulation and suppression, in which stimulation is restricted by suppression and suppression is replenished by stimulation. Such physiological balance, achieved through the demonstrated pentoid regulating contours ensures normal, harmonious development of things and phenomena connected by this structure.

Modern physiology can, to some extent, accept the use of the U-SIN conception. For example, in terms of physiology consistent 'stimulation' can be correlated with 'functional help' and 'suppression' with 'functional restriction'.

According to ancient conceptions, the activity of each primary element can be measured by its vital energy or 'TCHI'. The conception of vital energy, or 'Tchi', forms the basis of Chinese civilization at large. According to creative old definitions, 'Tchi' is 'so small, that it has nothing inside and, at the same time, it is so large, that there is nothing outside it'. The notion 'Tchi' reflects the oriental conceptions of deep inner integrity, of the overwhelming interdependence of natural phenomena, man and Universe, which connects them into one

whole . In the light of these conceptions, man is an energy system. Life is defined as the presence of ‘Tchi’, and death as its absence. If you live, you have ‘Tchi’ in every part of your body. Death turns an individual into a body deprived of ‘Tchi’. Diseases are provoked by the distortion of the ‘Tchi’ circulation, its formation, transformation and/or motion, which breaks the IN and YAN balance and lies ‘in the root of the disease’ (Xu Xiangai, 1995).

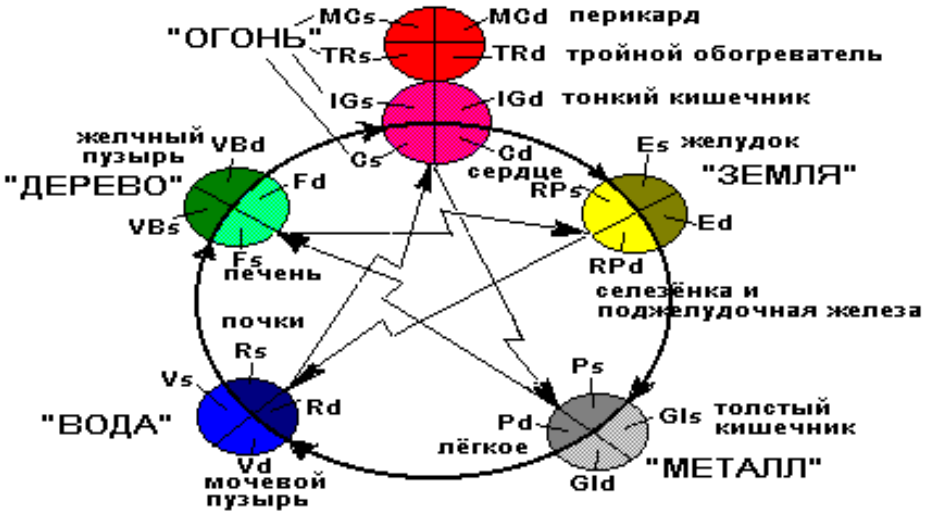


Figure 1

FIRE
MC – Pericardium, **TR** – Triple heater, **IG** – Small intestines, **C** – Cor
EARTH
E – Stomach, **RP** – Spleen and Pancreas
METAL
P – Lungs, **GI** – Lagre intestine
WATER
R – Kidneys, **V** – Urinary bladder
WOOD
VB – Gall-bladder, **F** – Liver

In China ‘Tchi’ is defined as any kind of energy, capable of manifesting its power in the outward direction. Chinese philosophy describes ‘Tchi’ as a basic substance, which formed the Universe at the initial stage of its development – chaos (‘khun-dun’). The ‘Tchi’ energy is believed to penetrate everything and everywhere, to provide the connection between any things and phenomena, including the connection between man and Nature. Electricity, magnetism, heat and light are varieties of this energy. The body energy of a living human being is called the ‘human Tchi’. Thus, the word ‘Tchi’ is used in a wider and more general way than most people believe. It can be referred not only to the energy circulating in the human body, but to energy at large and can be used to speak about the energy character or state. (Dzunmin Yan, 1997)

Many opponents of the energy conception demand:” Show us this energy”. They forget that the well-known formula $E=Mc^2$ presumes many intricate forms and possibilities. Usually we can’t see the energy, we just feel it or see the results of its influence. The same can be said about the ‘human Tchi’.

Let’s analyze **human Tchi main characteristics.**

Traditionally, Chinese physicians compare the circulation of ‘Tchi’ in the body to the circilation of water. There are several reasons for this parallel, which we can find in the definition enumerating ‘Tchi’ main characteristics.

- Firstly, ‘Tchi’ is like water, which always flows from the hills to the valley; ‘Tchi’ flows from a high potential to a low potential area. This is how ‘Tchi’ balances itself in a natural way.
- Secondly, if muddy water is left alone for a while, mud and sand will sink to the bottom and the water will become pure and calm. However, as soon as the water is disturbed, the sand will rise from the bottom and we’ll get the same muddy water again. ‘In the same way, if a person’s mind is balanced and calm, his ‘Tchi’ will be calm and clear, but as soon as his mind is disturbed, his ‘Tchi’ will also be disturbed’. These ancient image-bearing comparisons show the direct connection between psychic processes and ‘Tchi’ activity. Later, this dependence gave birth to psycho-somatic approach in medicine.
- Thirdly, ‘Tchi’ channels, through which the energy circulates in the body, are compared to rivers, while ‘the wonderful vessels’, in which ‘Tchi’ condenses are usually compared to big water reservoirs. Moreover, both water and ‘Tchi’ energy are characterized by continuous and even flow. When a river (or a ‘Tchi’ channel) come across an obstacle, the water (or the ‘Tchi’ energy) becomes disturbed and turbulent. The water level in

such situations as well as the ‘Tchi’ level can rise so high, that the current may break free.(Dzunmin Yan, 1997).

This capacious, and at the same time artful, description defines with precision those ‘Tchi’ qualities which will be more than once confirmed in this book by the results of the research work that we carried out.

In general, ‘Tchi’ can be considered from the point of view of its level and quality. As for the level, ‘Tchi’ can be redundant or insufficient, i.e. too IN –ish, or too YAN-ish. The quality of ‘Tchi’ is directly connected with its purity. A balance of ‘Tchi’ is essential for a person to enjoy good health. ‘Tchi’ should be neither in large excess nor in short supply (Kapchuk T., 1983).

According to ancient conceptions, there are three sources of ‘Tchi’ in a human being, which help to keep him alive; ‘prenatal Tchi’, which he gets from his parents and which is stored in the ‘buds’; the ’Tchi of the grain’, which a person gets from food; ‘the natural Tchi of the air’, extracted from the air the person inhales.

The best way to understand the essence of ‘Tchi’ is to study its functions in the body. It is responsible for motion, protection, substance transformation, substance storage and heat. In other words, ‘Tchi’ arranges incompatible elements of nature so as to form, what we call, a human being. It’s a basic organizing principle, which is responsible for every separate human being’s physical, emotional and mental integrity. Still, the space taken by the physical body, doesn’t co-inside with the ‘Tchi’-space of a material human being. Human ‘Tchi’ field spreads beyond the limits of the skin. This statement can be successfully proved by the Kyrlian effect (Korotkov K.G. and co-authors, 1998). In fact, the entire human being is an organized energy field and should be treated as such, and Chinese medicine applies this approach. (Katchmer D.,1998). What we perceive as substance, possessing a certain form, in the long run, consists of atoms, quarks, etc., which are energy clusters with dim, indefinite borders. Therefore, changing and transforming this energy it is possible to change the form and qualities of the objects. A living being at the elementary level consists of the same atoms and particles, which form dynamic cluster combinations and structures at the molecular level. When the elementary particles and atoms energy at the micro level and at the level of a more complicated energy structure changes, the fact brings about the change of the living-being’s life parameters as well.

Another dialectical basis of the Ancient East philosophy os the IN – YAN conception. It considers two opposite interdependent basic principles of all the macro and microcosm phenomena. According to this conception, all existing in Nature objects and phenomena combine two reciprocally opposed principles, denoted as IN and YAN, which are not just opposite. They are also correlated and connected by intertransfirming bonds and the relations between them constitute the principal law of the material world existence.

The most complete expression of the IN and YAN opposed qualities by the ancient philosophers can be found in the symbols of *water* and *fire.* IN is mostly like water and has the following characteristics; it is cold, directed downwards and inside, dull, static, heavy, slow with weakened functioning, etc.

YAN is the exact opposite, so, it can be characterized as something mobile, hot, located at the top and and directed upwards, strong, hollow active, similar to *fire.*

The IN and YAN opposition is a generalized explanation of the 2 opposites unity and conflict in objects and natural phenomena. If one of the aspects dominates, the other weakens. The constant conflict and the desire to oust one another, which exist between IN and YAN are the motive force of all the world phenomenon changes and development. With respect to medicine it means that as a disease results from the distortion of balance between IN and YAN in the body, the treatment should be aimed at bringing IN and YAN into the state of a relative dynamic balance.

Present day medicine sees the task of restoring the broken IN and YAN balance, i.e. the broken body harmony, as the task of restoring the homeostasis by stimulating the body’s own protective forces. According to S.S. Schnorrenberger (1979), modern western medicine can use the IN - YAN conception as the model of an integral approach to human body and as the model of a dialectical approach to the understanding of health and illness.

For a long time, IN and YAN used to be mere philosophical constructions which served to explain the world around us. But we have managed, to some extent, to show that they are really present in every human body at the channel energy dipole, whose activity can be measured and observed in motion (see ch. 5).

All the main human organs and physiological systems can also be considered as belonging to IN or YAN. When we furtherly speak about the organs and physiological systems we will bear in mind their corresponding acupuncture channels which, according to oriental conceptions rule them. So, by exerting influence on certain biologically active points (BAP) of the channel we can influence the functions of the corresponding organ or system. It would be impossible to apply acupuncture if such correlations did not exist.

The IN organs (and subsequently channels) are those which have no vacant cavity connected with the outer space and which serve, as ancient physicians believed, to store energy (“Tchi”). Initially they included five main energy storing organs: the heart, the lungs, the spleen, the kidneys and the liver. Later when the pericardium and triple-heater channels were discovered one more arbitrary organ, pericardium, was added to the list.

The YAN organs are those that produce energy, have a cavity and serve to receive food, digest and absorb it. At first they included the stomach, the small and the large intestines, the urinary bladder and the gal bladder. Later the triple-heater channel was added, thought, strictly speaking, it’s not an anatomical structure and, moreover, it has no cavity.

Every IN organ is coupled with a YAN organ and its energy channel, and in this way they form one primary element. The only exception is the *fire*, which is formed by two IN-YAN channel couples.

We have the data to prove that this IN-YAN division is in many respects conventional, as it is expressed and has some sense only at the primary element complete logic structure level. It looses all sense when the five primary elements are considered together and when their higher hierarchy is determined by the main energy dipole, with IN and YAN kinds of channels being a part of either its IN or YAN component.

Let's examine the functional destination of each primary element and the organs and channels that form them in brief in the light of classical and modern interpretations and the results of our research work.

THE LUNGS (P) and their channel provide the respiratory function and control the respiratory "Tchi" energy supply to the channels. Through the channel the lungs are connected with the organs of sense perception, to be more exact, with the nose. They also control the state of the skin and the hair. Still, lung ventilation itself constitutes only a small part of the respiratory process in general.

The main function of the lung channel is to influence tissue respiration and oxidizing processes in the whole body. As dysfunctions of this kind often accompany different diseases, it is advisable to exert influence on this channel in case of lung ventilation dysfunction as well as in various cases of tissue hypoxia.

In the 5 primary element system the lungs are coupled with the **LARGE INTESTINE YAN-organ (GI)**, whose main function is that of excreting slags. According to our observations, the large intestine channel is a border-layer channel with high lability of its energy parameters and, consequently, with the maximum component of influence on different types of physiological processes, which take place in the body. Hence, it is very active at regulating different parameters, such as arterial blood pressure, the number of heart beats, biochemical blood parameters, etc. Its activity is connected with the changes of blood biochemical composition, leucocytes formula, etc.

We have found that it's precisely through the GI channel that the fine synchronizing communication of the body and the environment is carried out.

Billions of bacilli live in the large intestine. They are very sensitive to weather changes, magnetic fields, star influences, etc. Reacting to those extra corporal changes, they alter their summary biological field, which, in its turn, modifies the GI channel activity.

It's a well-known clinical fact that large intestine dysfunction affects the cutis, due to the slag, that is excreted through it: the skin loses its turgor, it becomes flabby, the epidermis macerates and scales off. Normally, carbon dioxide and water are also excreted through the lungs so, if something goes wrong they are excreted through the cutis. Thus, we can state that these two organs are functional duplicates and their energy channels are closely interrelated.

With respect to destructive connections, the large intestine channel energy level is connected with the gall bladder channel activity and the lung channel energy level is connected with that of the liver channel. Hence, these channels can be effectively used to treat for psychic and periphery nervous system disorders.

The *water* element is the most expressed IN element in the body. It is formed by the **KIDNEYS IN-organ (R)** and the **URINARY BLADDER YAN-system (V)**. Both the channels, and especially the urinary bladder channel, when in the normal state, create a negative IN potential of the main energy dipole and represent the most active element in the body's general vital functions.

According to ancient conceptions, **the kidneys** and their channel control the bones, the marrow, the hearing function, hereditability and the hair. Besides, kidneys are considered together with adrenal glands, therefore the kidney channel influences the sympathoadrenal system and vice-versa, the kidney channel activity can be considerably increased by different body reactions to the stress factors. So, the purposeful influence on this channel can smooth out stress manifestations.

Oriental physicians believe that the kidney channel controls the life substance storage as well as the body's reproductive capacity, its growth and development. The life substance of the kidney channel consists of the innate substance (inherited from the parents) and the acquired one, which is generated owing to the 'food and air Tchi' inflow from the preceding primary elements. Ancient physicians supposed that in the kidney channel the in-coming energy is divided into two parts: the pure 'Tchi', which is retained by the body and the polluted one, which condenses in the urinary bladder and is eventually excreted.

With the help of mathematic modeling method, we studied the correlation between the kidney channel and different digestion functional parameters. The most important reliable correlation was traced between the R channel and the time that has passed after the food intake. Thus, some time later after the food intake (see the diagram) we can register that the channel has stored the maximum amount of energy, which will be passed on to other systems (helthy as well as sick people were examined). In this way, the data confirms the ancient doctrine of the R channel being the energy capacitor. Interestingly, the energy storage dysfunction of the channel goes alongside with nephroptosis (the prolapsus of the kidneys), the gravity of which is in proportion to the energy communication disorder. The effective R channel treatment cures the disease as well. So, we have found another proof of the R channel energy storage function.

According to classical Chinese conceptions, "the pure 'Tchi' flows evenly and reminds of soft sunshine in winter, or a crystal-clear spring-water stream; it's most natural and nice. Such pure water 'Tchi' promotes peace and balance of the human body and its IN- state.

On the contrary, the polluted (impure) 'Tchi' promotes the YAN-state and is characteristic of the fire 'Tchi'. Its presence in the channel may provoke inflammation, high blood pressure or even a psychic disturbance, which depends on the disease of the organ it dominates".

The essence of health can be defined as the balance of 'Tchi' in the channel system. The point at which the IN – YAN and *fire – water* oppositions are stable and function efficiently determines the individual's health (Catchmer D., 1998).

The urinary bladder, understood by modern medicine to be the excretory urinary organ, realizes only the smallest part of the functions characteristic of its channel system at large. The most important functions of the urinary bladder, according to the data we have obtained, are the control of the sexual hormone sphere and biological rhythm induction. This system is a pacemaker of the first order for all other channels with which it commutates through the SHU points of the back. In this sense, it performs the same function for the whole body as the sinus ganglia for the heart. We have found out that the information about the environment gets through the GI channel. The 5 principle elements system works as an amplifier of weak signals, therefore the smallest changes of the environment provoke substantial changes of the V activity.

So, normally, the microflora helps to synchronize the individual's biological rhythm with the biological rhythms of the environment. We have also discovered that the urinary bladder channel energy involution is directly connected with the processes of aging.

With respect to destructive connections, which unlike other primary elements are well manifested in the normal state, the *water* channels are controlled by impeding the *fire* channels activity, on which, in the long run, the manifestation of the body's vital activity depends.

The *wood* element is formed by the **LIVER, an IN –organ, (F)** and the **GALL BLADDER , a YAN- system (VB)**.

The liver and its channel, from the point of view of acupuncture, are responsible for the blood depositing, blood circulation, that, at the same time, provides 'Tchi' circulation, which gets to the body from the *water* primary element. The liver produces gall which gets to the intestines through the gall bladder. Thus, through the enzyme systems, the liver is closely connected with the digestive organs. Oriental physicians also believe that in addition the liver channel controls the state of the brain and, in this way, the thought producing function and the organs of sight. We have discovered that its activity is dramatically affected if the individual suffers from schizophrenia, other mental diseases, including acute psychosis. This fact confirms that the channel is connected with the psyche. As the liver energy is furtherly transmitted to the *fire* channels, it participates through the creative (stimulating) connections in the cardiac system regulation, delivering pure 'Tchi' to the *fire* primary element. To be more exact, as the mathematic modeling method showed, the liver and its channel play an important part in developing the inadequate blood circulation syndrome.

According to the data we possess, **the gall bladder channel** apart from the digestive function accounts for the state of the peripheral nervous system and that's why it is often used to treat patients for neuritis, neuralgias and sciatica. The functional activity of the liver and the gall bladder channel is also closely connected with the person's emotional state, especially with such emotions as rage. A continuous state of irritation and frequent fits of rage weaken the liver and the gall bladder and they fail to sustain the normal 'Tchi' circulation. And vice-versa, primary liver maladies (such as jaundice from which a person suffered as a child) lead to different.emotional disorders in mature age. Thus, the body and the mind can be pronounced to be different aspects of the same energy continuum. According to V.Reich, lack of the psychic energy harmony is inevitably reflected on the state of the body.

With respect to destructive connections, in the presence of some pathology, the *wood* primary element is closely connected with the *earth* element, with which it forms the digestive and haemopoiesis systems, the enzyme function, blood biochemistry, etc.

The *fire* element is the most YANish of the primary elements and is formed by 4 systems at once. The IN-organs are represented by the **HEART (C)**, and **PERICARDIUM (MC)**. According to oriental conceptions, the heart controls mental activity (mood, emotions, et.). It is with the heart that we can experience different feelings and fall in love. We have discovered that, in the first place, the heart channel activity influences the rhythmogeneric function of the sinus. Besides, its energy activity is connected with the state of other important haemodynamic parameters, particularly with arterial blood pressure and the heart rate. The heart channel demonstrates the body's physical strength and endurance to exercise stress. Therefore, a considerable part of the energy loss takes place in the heart channel.

The heart is coupled with the **SMALL INTESTINES. A YAN-organ (IG)**, which, apart from absorbing nourishing substances from the food, effects the state of the body electrolytic balance. So, through this function the small intestines are closely connected with the heart channel in physiological sense, as many rhythm disorders happen because of the body electrolytic disbalance. It should be also noted that the number of heart beats depends on the exercise intensity (muscle activity is controlled through the glycogene nourishment of the muscles from the liver and its channel) as well as on the individual's emotional state through. The sympathoadrenal stimulation, controlled by the *water* channels. Thus, the number of heart beats and, mostly, the changes of the cardiac rhythm structure help to monitor the state of the dynamic balance, for instance, between the *water* and *fire* elements and their channels. In this respect the heart channel is a kind of a conductor, who controls the whole channel orchestra, in which 'the trumpet, the drums and the violins' parts, so to speak, are performed by strictly corresponding channels. As for the heart channel, it synchronizes the functioning of all other channels through the heart beat rhythm. Besides by way of other channels, the heart channel synchronizes different physiological systems. The same channel sets a motive and a tune for the composition played by the body. If some soloists fail their parts, the general melody also gets affected.

Therefore the heart beat rhythm structure reflects manifestations of any known disease. This conception was used as the basis of pulse diagnostics.

The **PERICARDIUM**, which is an **IN-organ (MC)**, is a heart membrane, which protects the heart from damage. We have discovered that the pericardium channel takes part in myocardium trophism, controls the blood pumping heart function. Myocardium inflammation processes or structural changes are accounted for by the pericardium channel energy disorders. For example, cardiomyopathies and infarctions, as a rule, show a definitely expressed pericardium test parameters asymmetry, which confirms this correlation. Interestingly, the channel energy changes precede clinical manifestations.

The pericardium is connected with the **TRIPLE-HEATER**, which is a **YAN-organ (TR)**. This organ is arbitrary. It is represented only by an acupuncture channel, which, in fact, takes part in regulating the state of blood circulation (peripheral and central haemodynamics). As far as the blood circulation is concerned, ancient physicians divided the body into three parts in which blood circulation conditions and, consequently, the energy exchange, realized through the blood, could be different.

The central heater covers the area of the stomach and the spleen and is located between the diaphragm and the navel. Its main function is to connect the energy of the *air* and the *earth* for the purpose of passing the nourishing energy into the blood.

The upper (top) heater consists of the organs (the lungs, the heart, the pericardium), which are situated in the chest. It covers the area of the chest down to the diaphragm. It converts the nourishing energy into the protective one. Besides, it feeds energy to the brain and to the sense organs.

The lower (bottom) heater includes the organs located below the navel, i.e. the liver, the kidneys, the intestines and the urinary bladder. Its main task is to excrete the slug.

We have found out that each heater's activity can be judged about by the cutis temperature. For example, in every-day life we can meet people, whose hands tend to be cold and other people, whose hands tend to be hot. It's a general belief that in the first case they suffer from energy shortage in the upper zone, while the second case manifests energy redundancy. In our opinion, this difference reflects more adequately different clinical types of the blood circulation system diseases. In the East, the channel is believed to control the state of sexual activity as well. The results of the clinical, echocardiographical and electrophysiological comparative analyses show even a more complicated system of the haemodynamics control through this channel. It's the system which is connected with Tabesius vessels. We are going to speak about it later.

In case of pathology, mostly of the cardiovascular type, which weakens the pumping functions, the respiratory system is the first to be affected due to the destructive connections, at the tissue respiration level as a rule. This fact is confirmed by clinical manifestations as well as by channel testing.

The *earth* primary element is represented by two organs. On the IN-side it's the **SPLEEN** together with the **PANCREAS (RP)**, which is responsible for digestion control and for transporting nourishing substances throughout the body. We have discovered that the spleen channel takes part in the tissue nourishing process, haemopoiesis and immunity regulation. It was clearly demonstrated during the channel testing undertaken when an inflammation process was in progress. In the presence of tissue inflammation the results of the test invariably show disbalance of this particular channel. In this way channel testing can be used to assess inflammation intensity. Besides, the results of our latest experiments prove that the spleen channel, together with the liver channel, takes an active part in blood sugar regulation , and diabetes patients testing demonstrated a great range of data fluctuations.

The **STOMACH (E)** is a YAN-organ of this primary element. Its main function is to digest food. This primary food 'Tchi' combines with the air 'Tchi' in *metal* and the inherited *water* 'Tchi' and is used for mental work in *wood* and emotional work in *fire* and also for performing physical activity.

Initially, ancient physicians distinguished 10 main channels: five IN-channels and five YAN-channels, which corresponded to the main body organs and to the 5 primary elements. Later, the pericardium and triple-heater channel was added, followed by the front central (VC) and the back central (VG) channels, which, according to oriental doctrine, function as 'Tchi reservoirs' in which the energy is stored. The front central channel (also known as 'the vessel of conception') runs along the body's front central symmetry line. It regulates the IN-energy in all the IN-channels and feeds energy to the womb and to the whole genital system. The back central channel (also known as 'the ruling vessel') runs along the middle of the back. It regulates YAN-energy in YAN-channels and delivers energy to the brain and the spinal cord. Twelve main channels are coupled, as they have the right and the left branches, but the back and the front control channels have no pair.

All the main 14 channels are strictly localized and it's due to this fact, that they are called stable or main.

Nowadays, the channels are believed (Louvsan G, 1991) to carry out the following functions: they provide communication between man and the environment (as if they were an additional sense organ), regulate the blood stream and vital energy, vitalize the bones and the muscles, facilitate the work of the joints, keep up the IN – YAN (harmony) balance, pass energy from an internal organ to the integument and it's owing to this latter function that the inner signals of the disease reach the body surface.

It has been already mentioned that each primary element not only performs certain physiological functions, which it is responsible for, it also controls the individual's emotional sphere.

For example, the *wood* primary element is responsible for the manifestations of rage and anger. The dysfunction of the *fire* element provokes fits of unequal happiness and emotional lability (ambivalence). People with the *wood* organs disorder are characterized as 'having a bilious constitution' while people, whose *fire*

organs are affected become ‘too hearty’ and excessively compassionate should any slightest reason be provided. A Chinese saying goes that ‘Sadness affects the lungs, while fear affect the kidneys’.

So, we can presume that sadness affects *metal* and fear affects –*water* . As for the people with an *earth* element disorder, they are characterized as being unnecessarily thoughtful and doubtful, since the *earth* energy leads to decline.

Since each primary element disorder is connected with the changes of the individual’s perception of the world around him (people look at the world either through rose-coloured or dark-coloured glasses), these changes account for the individual’s favourite colour-palette. Thus, in ancient times it was already discovered that people with a *fire* organ disorder tend to be fond of red and pink colours; those, whose disorder is connected with the *wood* element, choose green. *Water* is connected with the shades of black and gray, *metal* is characterized by white colour and *earth* is associated with yellow. The changes of colour perception appear at the subconscious level even before the physical signals, so they can be used to prognosticate the possibility of the corresponding primary element organs pathology at the present moment or in future.

This colour phenomenon is well known in medical science as the Lucher test. We have widely used this test to find out the affected system at the primary element level. When using this method the accuracy of the diagnosis can be as high as 80% or even more.

Apart from the creative and inhibitory contours of interdependence, there are other kinds of influence among the primary elements. All the channels have inner energy correlations within the limits of one primary element, which are carried out through the so-called locking LO check-points. Thus, through these locking check-points the urinary bladder channel exchanges energy with the kidney channel; the gall bladder carries out energy exchange with the liver channel, etc.

Each channel has two branches- the left and the right, which, in a certain way, exchange energy. Every channel contains its own strictly fixed *metal, water, wood,* etc point. So, even a perfunctory study of this system, given in **Chapter 1**, allows to single out 5 regulating contours, though, actually, they are much more numerous.

To draw the line, we can say that judging by its philosophy and structural principles the 5 primary elements system is a unique self-regulating system, which has no analogues in modern technology and which has not yet been properly appreciated or studied by modern science. However, it should be noted that the above mentioned interdependence of the elements of this system is not really obvious if the system is functioning in the optimally balanced mode, when all the channels energy potentials are approximately equal. It’s only when some channel develops shortage or stagnation of energy and system activity (hypo-energy), or energy and system redundancy (hyper-energy), that all these correlations come into light with the force, proportional to the disbalance degree. For example, the *water* channels hyper-function leads to the *fire* channels hypo-energy state, as *water* ‘puts out’ *fire.* These principles lie at the basis of acupuncture, which allows the physicians to normalize the ‘sick’ channels by exerting influence on certain points of the adjoining ‘healthy’ channels. Thus, by way of carrying out directed, dozed out energy transfers, it is possible to harmonize the energy system of the patient for medical purposes.

On the whole, hundreds of books, describing the structure and the functions of the body channels system, have been written since ancient times. In our description we aim at introducing to the reader the minimum information, he will need on the subject to understand the material that follows.

Chapter 2
PRINCIPLES AND METHODS OF CHANNELS BIOLOGICAL ENERGY EVALUATION

2.1 Thermopunktur test

Presently, the main problem of energy channels evaluation is the problem of metrology, connected with obtaining accurate numerical information about a particular channel activity. In this connection we have chosen the Acabane test among other different methods of channel testing, as it seems to be the most suitable for this signal system with respect to the specific character of its performance. Besides, it has a solid ideological grounding, being at the same time easy to perform and quite bearable for the patients.

The test has been known since ancient times under the name of 'sacrificial stick test'. It was used to be performed with the help of a burning sandalwood stick, which in time with the pulse wave was brought to certain 'input – output' channel points until the first painful sensations appeared. Such points are conveniently located in the finger and toe nail bed corner areas (2 or 3 mm from the edge of the nail skin vallum). The testing technique was based on counting the passes of the stick, necessary to produce the first pain sensations. The number of the passes served a kind of a numerical evaluation of the channel energy.

Let's consider the biological purpose of such points to understand the testing principle under examination. The influence of heat on usual skin areas (devoid of BAP –biologically active points, and channels) provokes recurrent pain reactions of the same type, which depend on the heat source warming-up intensity. Meanwhile, in BAP areas and, especially, in 'input-output' channel areas the threshold of temperature pain sensitivity depends, in the first place, on the channel's activity.

We have discovered that 'input-output' points, located in the most unprotected areas of the body, serve to commute the energy and information transfer between the body's physiological systems and the environment, in the light diapason as well. High sensitivity to light in the areas of BAP localization is confirmed by the existence of people who can read printed or written text with their fingertips. Thus, in the1970s, the newspapers were full of the articles about N.Kuligina's phenomenon.

She was claimed to possess 'finger-sight', the nature of which still remains a mystery. So, it is quite possible that the channels of some people can transmit information in the light diapason to the central nervous system.

If the sandalwood stick testing reveals the channel lowered energy potential, the physical coercion applied to its 'input-output' points will be beneficial, because this toning-up and a certain 'energy charging' rise the level of the channel's activity. In this case, the threshold of pain sensitivity will be low, proportional to the degree of the channel's hypo-functioning, and the number of testing pulses will be bigger. If the channel is hyper-functioning, any additional external coercion at the 'input-output' points will be undesirable for the energy system, and the pain will be felt at once. The number of testing pulses will be minimal in this case, and will keep dropping in comparison with other channels average parameters, proportionally to the degree of the channel's hyper-function.

It was not by chance, that even in ancient times the testing pulses were synchronized with the pulse wave. The pulse component is the most important synchronizing factor for the whole body. At the same time, it's a physiological derivative of all 12 main channels mutual cooperation, closely connected with the work of the most essential vital activity systems of the body. The pulse compound is, in a certain way, a measure of the body's physical and energy activity. The higher is the metabolism intensity, the higher is the number of the heart beats and the biological time speed.

When the body is at rest with a slow heart rhythm the intervals between the transmitted pulses are bigger and the pulses themselves are longer. When the heart rhythm is fast, all physiological and channel energy systems are in the state of excitation and the biological time accelerates, the intervals between the testing pulses become shorter and so do the pulses themselves. We have discovered that in both cases equal amounts of energy pass through the tested point. The difference lies in the length of the testing coercion. In the case of tachycardia, when the biological time of the body quickens, the total test time shortens, and in the case of brachycardia, when the metabolism, the energy and the time processes slow down, testing takes more time. Thus, the parameters of the described method testing factor combine with the body's activity, which makes the error

minimal. This is the difference between this discontinuous testing method and the one, based on continuous heat coercion.

At the same time, making testing passes at the pulse wave height, we, kind of, 'conceal' a certain coercion on the channel for the pulse component, because this coercion cannot be avoided during the test, based on the heat radiation influence on BAP, mainly in the infrared diapason.

We have discovered that the coercion performed in the course of the testing process in time with the pulse wave at the same time has synchronizing influence on all the 24 energy channel branches and, consequently, on all the 5 primary elements. In this sense, the testing itself does the body good, as we had a lot of chances to see for ourselves. In a way, the body gets a sort of energy subsidy, necessary for a certain channel and the corresponding physiological system. For thousands of years in pre-historic and ancient times man used to get such energy charge warming himself by the open fire or walking outside, practically naked, in hot sunny weather. Modern civilization has deprived us of such direct contacts with natural energy factors.

Developing the methods of biological rhythm estimation, I had to perform tests on myself practically daily for many years. I didn't notice any harmful side-effects. On the contrary, I found out that the testing itself was accompanied by a certain body stimulation due to it being additionally charged with energy in the process. I also observed a certain energy balance harmonization, as in the process of testing every channel gets additional energy, according to its demand.

In 1952, Koben Akabane, a physician from Japan, improved the ancient test having suggested using a metal spiral continuously heated by electricity until the pain sensations were registered, instead of a sandalwood stick. The state of the channel in that case could be evaluated by the time, necessary for the spiral to get hot enough to cause pain sensations. It was measured in seconds. After Acabane published his suggestion, the long-forgotten old testing method got its widely-known name. But Acabane's test spiral coercion was applied permanently, not in time with the pulse wave. This fact, in our opinion, lowers its metrological characteristics as compared to the initial old discontinuous variant.

We have tried to modify the test by combining the assets of both variants. For this purpose we used a point infrared light diode instead of a sandalwood stick. The diode is fed by impulse voltage, strictly synchronized in time with the pulse wave by means of a special electronic tracking loop. The number of pulses emitted before the first pain sensation felt as a light burning is computed by an electronic counter and displayed on the indication panel. The last model of our counting device (**"Merid – 2000"**) provides the test energy evaluation in joules alongside with the pulse count, to ensure the higher degree of accuracy. Usually, the transient torque of the threshold pain sensitivity takes the patients by surprise. Some of them cry out, others flinch with pain or draw back their limb. By regulating the on-off time ratio and the testing pulse edge, we have achieved a milder threshold coercion, which eases the negative sensations within testing.

Figures 2 and 3 below present the channel localization of the diagnostic points.

It takes from 5 to 10 minutes to measure all the 24 channel branches. The procedure can be performed either by a hospital nurse or even by the patient himself after receiving a short instruction. On the whole, we have managed to lower the general test error to less that10%.

In this connection it should be noted that the Akabane test, as a metrological instrument, fits the study of the 5 primary elements better than, for example, the BAP evaluation method based on measuring the electroconductivity of the biologically active points.

Figure 2

1. 'Input-Output' points of the hand channels
1a IG – Small intestine
1b TR – Triple heater

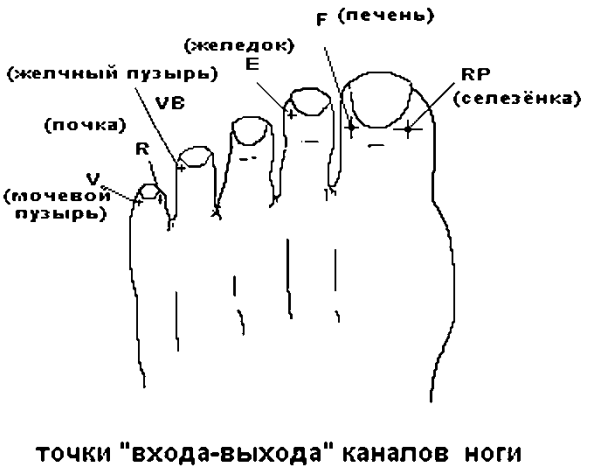


Figure 3

2. 'Input-Output' points of the foot channels
2a V – Urinary bladder
2b R – Kidneys

1c C – Heart
1d MC – Pericardium
1e GI – Large intestine
1f P – Lungs
2c VB – Gall bladder
2d E – Stomach
2e F – Liver
2f RP – Spleen

It's a well-known fact that each of the 5 primary elements corresponds to certain environmental facto; *fire* corresponds to heat, *water* – to cold, *earth* – to humidity, *metal* – to dryness, *wood* – to wind. In our variant of the test we use the most YANish factor – heat as a specific testing irritant, by applying a concentrated coercion of electromagnetic radiation in the infrared diapason on the BAP. This coercion is natural for the body and envisaged by Nature itself. Since ancient times man has been able to sense heat, radiated by the open fire or by the rays of the sun, through the channel 'input-output' points, located in the fingers and toes most unprotected areas, and this coercion has always had a certain toning-up and healing effect, partly because of the energy doze the body receives, especially when the channel, and consequently, the corresponding physiological system have low energy potential.

For instance, when a person gets cold his *fire* channels, i.e. the heart, the triple-heater and the pericardium, are the first to be affected. Their 'input-output' points are located on the third through fifth fingers. Then we enjoy warming up our hands by the open fire without feeling pain. The *fire* energy gets into the above-mentioned channels through the input points at the end the terminal falanxes, which serve as a kind of communication 'windows' between the body cardiovascular system and the environment. Then, through the channels, the stream of energy gets to the heart's conducting system and stimulates the heart activity.

The heart conducting system consists of P-cells with especially developed inter-cellular slit contacts, that, according to the latest data, carry light and electric energy along the acupuncture channels (Moshansky V.F., 1993). The data that we have obtained by comparing the results of electrophysiological heart tests and the synchronous channel testing permits us to conclude that **the heart conducting system is a natural physical and morphological representative of the heart-channel end system (C).**

Thus, the energy of the fire that man uses to get warm stimulates, first of all, the *fire* channels, and through them the heart conductivity system and the work of the whole cardiovascular system at large. This stimulation provokes the growth of the strength and frequency of heart beats, which leads to the increase of the output and volume of the blood current circulation and, finally, increases the body heat production.

On the contrary, when it's hot and the *fire* channels are normally in the state of hyper-function, it won't occur to anyone to warm up his hands by the fire. The person, who should have a fancy to do so, would experience immediate pain and other negative sensations. In this particular situation cold becomes the best coercion factor, which comes to the body's rescue and softens the heat of the *fire* by strengthening the *water* channels energy. Really, any cooling influence, like bathing, which has the maximum correlation with the kidney and urinary bladder channels function, seems enjoyable.

Different measurements of electric activity or resistance of the BAP are used nowadays to evaluate the channels activity.

As the application of strong currents for the purposes of channel diagnostics results in an electric breakthrough, micro currents are used presently for channel examination, as the time of their duration is extremely short. As a result, the coercion pulse is commensurable with the noise electric signals that can always be found on the skin, which subjects the results of the measuring to considerable distortion and insufficient recurrence, the measuring devices themselves being expensive due to complicated design.

On the other hand, electric coercion, used for channel energy evaluation alternative methods, is not a specifically directed irritating factor for the BAP. Man as a species has existed for over a million years, during which he has been using fire extensively, while electricity has been widely used only for the last 100 years. So, we have no specialized receptors in our body to receive comparatively strong electric currents. It would be absolutely ridiculous to try to get warm in cold weather by applying electricity to certain points in the body. It would be absolutely unnatural.

Therefore we believe that the dynamic rate of change and the accuracy of channel activity evaluation performed by measuring BAP zones electric parameters are inferior to those of the described test and the healing effect of electricity is often unpredictable and may be even opposite to the expected one.

We would like to say a few words about the interpretation of the Akabane test results from the positions of physiology. In fact, there is only a slight difference between studying the threshold of temperature pain sensitivity by means of the Akabane test and classical methods of research. The difference consists in the following factors: the source of the temperature coercion operates in a pulse mode, the temperature is rather stable and doesn't exceed 80° and the contact surface area is small. The threshold of sensitivity itself is measured in strictly fixed abnormal zones of the skin surface (known as biologically active points – BAP), which have certain channel and other connections with corresponding organs and physiological systems of the body.

The comparatively stable heat radiation temperature of the measuring device is provided for by its design. The infrared type light diodes have a semi-conductor junction of the p – n type, which emits in the infrared diapason and is shaped as a sphere, directly contacting the skin. This construction enables the user to work with high energy transformation efficiency to avoid inertia and to minimize the heating of the radiator. In addition, due to the absence of the heat inertia the radiator can be operated in the modulated signal mode, which permits to establish the information-bearing contact with the channel and to influence its parameters and, consequently, the parameters of the physiological system it controls.

So, the main differences and advantages of this test in comparison with other known methods can be formulated as follows:

1. Unlike electric measuring, this test is performed with a substantial energy coercion on the channel. By analogy with the latent stenocardia diagnostic test, which uses exercise, we resort to a peculiar energy load test, which uses heat energy to define the level of the channel energy potential. It's important to remember that this energy load is trope and natural for the body. It should be furtherly noted that it's not by chance, that the 'input-output' points are located in the areas most accessible for this kind of coercion – on the fingertips, as they serve to receive and analyse through direct contact such external natural factors as heat.

Having a low energy function during the energy-load test, the channel absorbs the radiated energy intensively and works as a light-guide. In this case the number of the testing pulses will be greater and proportional to the channel's hypo-function degree of evidence.

In case of the channel's energy redundancy, we get the opposite reaction, connected with the body's prompted pain reply to the testing coercion, as the body doesn't need extra energy donation. Thus, in case of the channel 'energy vacuum', it can sometimes take in up to 300 or even 400 pulses to replenish the marked hyper-function, while the normal pulse intake varies from 5 to 8 pulses, and when in hyper-function it cannot absorb more than 2 or 3 pulses.

So, in some cases the dynamic diapason of the test covers values that differ by scores of times (for example, in case of diabetes along the RP channel). The method of the skin electrical resistance evaluation at the BAP fails to register such changes. The test described in this chapter is the best suited for this purpose .Moreover, the higher is the diapason the more reliable and accurate the performance of this metrological device is.

2. High specificity of this test and its high information capacity are confirmed by the fact that during our research work we found out that in the course of testing, especially when it was performed on young people whose BAP are almost all open, normal channel energy activity parameters reproduce the ratio of the channel's active points number (**Fig. 4**)

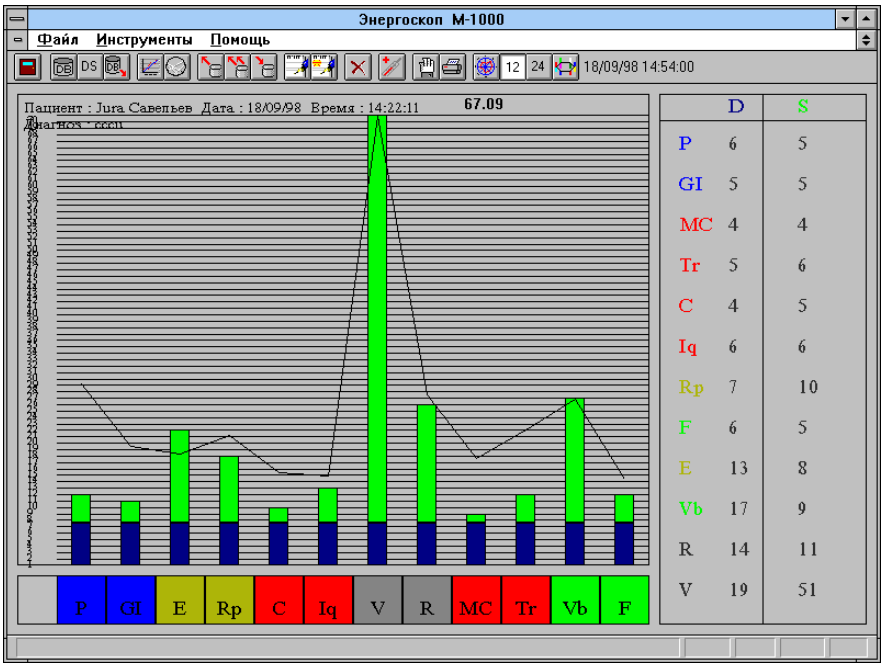


Figure 4.

Thus, if there are 67 BAP on the urinary bladder channel and 9 BAP on the heart channel, their energy activity ratio can be 67/9. So, the standard test parameter fluctuation limits practically copy the number of the channel's BAP. We have also come to the conclusion that the standard test parameter fluctuation limits depend on the anatomy and functional peculiarities of every particular channel. We have used this principle to build our own system of standard parameters evaluation with reference to the tested individuals' age and gender. As people grow older, the number of the 'open points' decreases and the standard test parameters become more equable, but the proportion remains the same.

3. In the course of the research, conducted by means of our system of pulse diagnostics, we have discovered that the channel energy is subjected to the sinusoidal fluctuation changes. Thus, Fig. 5 shows the main channel's energy fluctuation in time, and the 'time-section' indicator displays one of the channel's main energy component activity changes within the time-limit of one minute. Undulating channel activity fluctuations with the period of about 16 seconds can be easily traced. **Fig. 5** also shows conventional testing pulses, which, when the described testing method is used, fall on different phases of each channel energy cycle.

In this respect the fundamental difference between the suggested method and, say, the single point resistance electric measuring, or continuous heat coercion on the BAP test is that in our case the testing pulses (the same way as in the ancient 'sacrificial' stick testing technique) are given in time with the pulse wave and get to different phases of the channel's energy rhythm activity. Consequently, we obtain the average-weighted value of the channel's energy component, while the result of the single, for instance, skin electric resistance measuring depends on the phase when the testing pulse is received. That's why the values obtained by such

measuring are characterized by great diversity and insufficient recurrence , as the testing pulse can be received in the recurrent phase of the energy cycle only by chance.

4. As tachycardia, as well as bradycardia bring about the changes of the bioenergetics processes and the channel's biorhythm frequency change, by synchronizing the testing pulses in time with the body's pulse wave we, at the same time, smooth out this factor. Hence, in case of tachycardia the channel testing time reduces, and in case of brachycardia it increases. But the total energy, which gets to the BAP through the heat radiator, will depend only on the channel being 'full' or 'empty'. It means that, if the channel energy in both cases is admittedly equal, the total energy, which gets to the BAP through the heat radiator in the course of testing, will be equal too.

So, in comparison with the BAT continuous heating variant, the discontinuous testing coercion method provides high measuring accuracy, since time-quantified energy feeding permits to give the pulses, correlated with the body's general vital activity in the feedback contour function. Secondly, only through sequencing the pulses along a more continuous period of time, we can solve the problem of the channels' average –weighted activity, especially if their own biorhythm fluctuation periods are lengthy.

5. In our research work we applied the system of channel evaluation through counting the number of testing pulses. This system is quite suitable for every-day practice. The general length of the testing pulses can be defined, say, in milliseconds, which makes the results even more accurate.

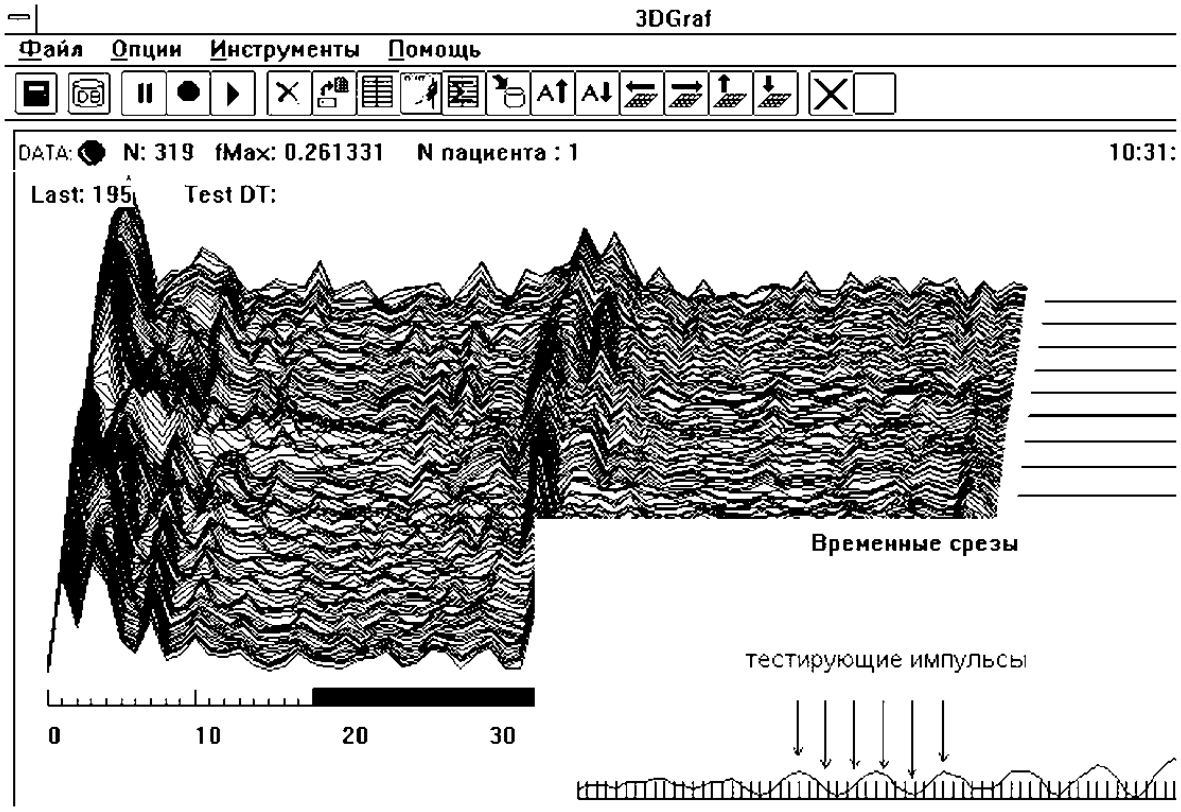


Figure 5.
1.file; 2. options; 3. instruments; 4. help; 5. patient's number;
6. time section; 7. testing pulses; 8 wave energy

Unfortunately, the necessity to operate with the values of hundreds and thousands of milliseconds demands the use of special computer diagrams, while evaluation through the testing pulses enables to perform simple visual but, at the same time, effective diagnostics of the patient.

6.The feedback with the body following its own demand is an important feature of the suggested testing method. The feedback eliminates the energy over doze in the process of testing as well as during the treatment coercion, as the device functions in the body feedback contour.

2.2.Recommendations on testing

To carry out the Akabane test properly the operator needs some skills and the patient should be absolutely concentrated on his own sensations to give the adequate reaction. So, it is important that the testing should be carried out in an isolated room, where the patient's attention will not be distracted. We start by explaining to the patient the principles on which the test is based and the character of the sensations he is to experience, which increases the reliability of the results due to the patient's adequate reaction.

The temperature in the room should be optimal. If it is too cold, the feet will be the first to get cold, which will lead to the urinary bladder (V) hypo-function through the *water* energy decrease. The shortage of *water* energy provokes the *fire* channels energy increase through the destructive connections, which will result in the increase of the activity of the channels, controlling the state of the cardiovascular system. In the long run it will lead to

the increase of the body's overall heat production due to the metabolism strengthening. At once, the difference in the main dipole parameters will also increase, but this phenomenon will be discussed later. As we can see a physical factor, insignificant at first glance can bring about a certain distortion of the test results. At the same time, this simple example shows how the most important physiological body reactions are regulated at the channel level. That is why the channel testing in general, as well as other physiological tests, must be conducted with the metabolism parameters being within the physiological standards.

For the sake of convenience and with the purpose of increasing its metrological characteristics, our device can radiate heat in different modes of radiation power. By modifying the testing pulses power, we can modify the test's resolving capacity and duration. Working at a high power level (say, at 8 power units), we can shorten the time of the test, simultaneously lowering its resolving capacity. For example, we use this method to monitor the patient's physical state after some treatment procedures or during mass examinations. If the patient undergoes the testing procedure for the first time and his channel profile is unknown, it's better to use low testing energy level, say of the 5^{th} or 6^{th} radiation energy grade. Then, the length of the test will increase, but the parameters dynamic range will also increase. It helps to discover a pathology most efficiently.

Using different radiation power values for testing either different people or one and the same person, we observe considerably differing value fluctuation scales in connection with differing heart beats frequency.

How can this problem be solved?

We carry out and assess every test on the basis of the following general rules:

1. Since every test characterizes individual bioenergetics section, in which all the channels are closely connected with one another, the testing pulses power, frequency and on-off time ratio must not be modified in the course of one particular examination.

2. To construct the general pathology model, based on the results of the group examination, or on several examinations of one and the same patient, we use the method of reducing the results of the tests to the same denomination. For this purpose we deduce the simple average of the 24 channels parameters. Then the parameter of every channel is divided by the simple average parameter value. If the result is >1, it means that the channel is in hyper-function. If the result is < 1.0, we observe the case of hypo-function. This scaling method permits to compare the results of the tests performed on different patients and under different conditions.

To get comparable results of the same kind in the test absolute values, it is necessary to use one fixed radiation power value in strictly standard testing conditions, which is more difficult to carry out in practice. Besides the testing pulses should be radiated with the fixed frequency value, which will lead to ideological as well as metrological errors. That is why we solve these problems by means of the scaling method.

3. On defining each channel energy potential of the patient we construct his individual energy model at the five primary elements level. If the drawing is made, either on paper, or a computer one, it will facilitate working out the treatment scheme.

4. By considering the model together with the results of the surveys and other special tests (for example the Lucher's test), we decide on the channel disbalance zones optimal correction.

5. The disbalance between the right and the left branches of the same channel is of primary importance, especially in urgent cases, since it is connected with the general asymmetry of the body at the energy level. The presence of the asymmetry between the right and the left branches of the same channel demands correcting interference in more than 40% of cases. The most effective coercion is achieved directly through the 'input-output' point or through the LO – locking check-point and the preceding element point on the hypo-functioning channel.

6. It is desirable that the patient should abstain from taking any sleeping pills or tranquilizers on the eve of the test, as they can distort the results of the threshold temperature pain sensitivity. Usually we start the test from the twin lung channel points, pass to the large intestine points, etc, in the order the points are located on the limb, for instance in the counter-clock direction.

The results of the test are registered in a standard table and later analyzed, taking into consideration the laws of the 5 primary elements interdependence.

Accompanying information.

To get the most complete evaluation of the patients' state dynamics , we practice filling out the general questionnaire with the purpose of segregating the patients on the basis of the diagnosis, the channel pathology development geneses, and a series of specific test questions, formulated from the positions of channel diagnostics and reflexotherapy. A list of current observations is filled out during every test. The list includes information about the test, for example, the date and the time, as well as questions about the patient's current state. This set of questions comprises information on the patient's physiological parameters (heart beat frequency, blood pressure), and the questions to the patient, which enable him to assess his physical state within a certain scale. In particular, some systems include the patient's state of health self-assessment within Robson's 10-point scale. For instance, if the patient is subject to headaches, but does not have any at the time of testing, he writes down the figure 1 in the questionnaire. If he has a splitting headache, he writes down the figure 10. If headache is of average intensity, the mark will be 5 or 6. In this way the patient's subjective sensations are converted into quite accurate numerical parameters. Eventually, providing there is enough observation data representational mathematic modeling of the reasons, which cause the headaches, can be carried out. In the long

run, all these methods permit computer processing of the data obtained in the course of observations with the help of mathematic support programmes that we have worked out.

Chapter 3
INSTRUMENTS OF THE SYSTEM COGNITION

Our analyses of the results of the tests performed on healthy as well as sick people convinced us that we deal with a most elaborate body multi contoured regulating system, unparalleled at the technological level. The situation at the initial stage of our research remained of the so called “black box”. We had no slightest idea about its contents, but we knew that on the outside there were a lot of “buttons”, biologically active points (VAP), which belonged to corresponding channels. We knew that by pressing those buttons we could provoke some reactions, sometimes predictable, other times unpredictable. What should be the starting point of our research?

To start with we have at our disposal the ancient general theory of the five primary elements. Though it was created many centuries ago, it’s like the Bible in which every thesis has a deep inner sense, open only to those who have been studying it patiently for a long time. Besides, all the ideas expressed in the theory have gone through the test of time and practice, and it’s a well-known fact that experience (practice) is the criteria of the truth. The second important factor was that we managed to design special devices and the whole metrological system, based on the modified Akabane test, whose accuracy according to the data we possess, exceeds 90%.

The next important stage in our study of the channel system was the creation of the data base which united the results of the examination of hundreds of patients. They were classified with respect to scores of criteria, often, the results reflected a whole period of observations. The study of the summarized answers with respect to different parameters enabled us to construct models which reflect the nature of the phenomena, taking place in the “black box”.

The observations were conducted at several conceptual levels.

3.1.Numerical testing results evaluation level.

We have come to the conclusion that the most capacious method of the channels’ 24 branches state visual evaluation is the Kiviat’s diagram, which represents 12 axes – as many as the number of the main channels. The parameters of the right and the left branches are indicated by a firm line and a dotted one correspondingly. The circle, singled out graphically in the center, corresponds to the value of 1,0. It’s the simple average value of the scaled parameters. The outer circle border is drawn around the test maximum value, which expresses the degree of the channel’s hypo-function. On the contrary, all the parameters with the values < 1,0 reflect the state of hyper-function. The lower is the parameter value, the more pronounced the hyper-function. Unlike linear charts this methods of data representation gives us immediate access to the 5 primary elements system, since all the channels are arranged right in this order. In this way every time we assess the diagram we diagnose the case and plan the treatment at the same time. Additionally we can compare any test results with the standard age group parameters or otherwise compare certain samplings of different kinds of pathology for the purpose of the early recognition differential diagnostics.

One of the assets of the diagram is that it enables defining the presence and the degree of asymmetry between the right and the left branches of every channel. If the asymmetry is obvious we, as a rule, have to deal with a channel's acute pathology, which needs correction at the energy level.

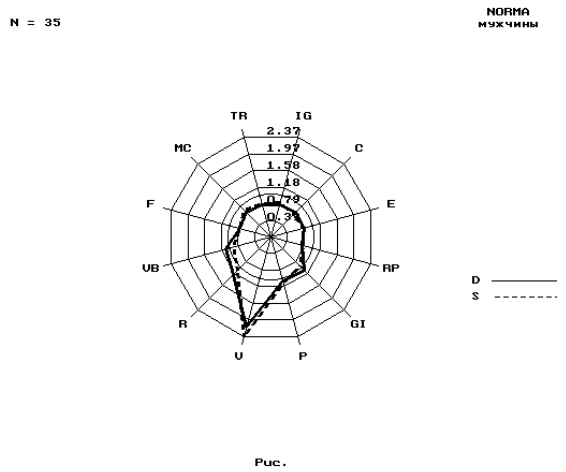


Figure 6.

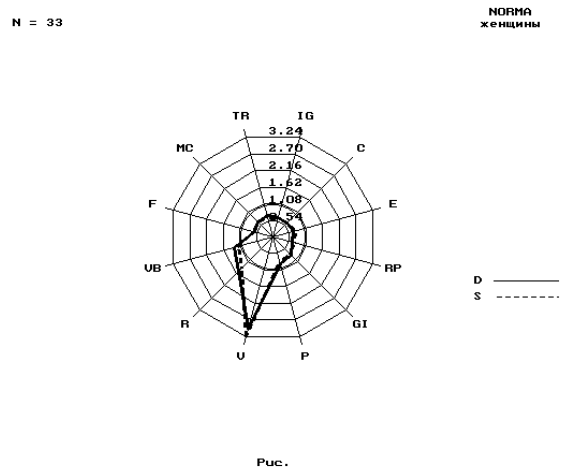


Figure 7.

A standard channel portrait is of primary importance for the correct interpretation of the diagrams. The figures 6, 7 show the test diagrams of a thoroughly selected group of men with standard health parameters (**Fig. 6**) and women (**Fig. 7**) of the age group from 20 to 30 years old. On the whole we can see that a standard diagram is clearly not of a perfect round shape. The urinary bladder, which is the basis of the *water* primary element, hypo-function is clearly identified. At the same time the *fire* channels, especially of the representatives of this particular age group are in hyper-function because the parameter values are less than 1,0. For a long time, this fact could not be accounted for, because it's common belief that normally all the channels parameters should have more or less equal values. But we are going to dwell on this problem later.

3.2. Pathology diagnostics algorithm for the visual evaluation of the test

In our everyday practice, one might say 'at the sick bed', we evaluate pathology visually, making use of the test results and being guided by two simple rules.

1. Pathology is connected with the channel, which has the maximum asymmetry between the branches. The intensity of the pathology is in direct proportion with the degree of the indices asymmetry. Actually, we consider asymmetry of more that 25% to manifest a major disorder. Still, two channels don't fit this rule, as their asymmetry is physiologically correct and characterizes a certain amount of stamina, especially at the young age. Thus, according to our observations, in the case of the lung channel parameters, the Pd indices should top the Ps approximately by 30%. This asymmetry shows that the tissues are somewhat supersaturated with oxygen. As people grow older this asymmetry levels or even changes for the opposite one. In this case we can speak about the tissue oxygen deficiency. Before climacterium virile, men's urinary bladder channel Vs indices should top the Vd indices. This type of asymmetry, and its intensity (but not more than by 50%) point to the presence of sexual activity and can serve to monitor it (the left side is connected with energy consumption, in this particular case with sexual energy). With women of the age under climacterium female, the situation is absolutely different, as normally their Vd indices top the Vs. The changes of the virilizing type (Vs>Vd) in the case of women testify to the presence of some dyshormonal disorder.

2. The European method of diagnosing is based on the principle of summing up channel disorders. In doing so, we must single out the major diagnosis as well as associated disorders and complications. Thus, on discovering the lung channel and the pancreas channel disorders we might suspect pneumonia. In this case the intensity of the lung channel asymmetry will show the degree of the general tissue oxygenation disorder, while the intensity of the pancreas channel asymmetry will show how far the inflammatory process in the lungs has gone, since this channel reflects the condition of the immune system and any inflammatory process provokes the asymmetry of its branches. If the test gives additional TR channel asymmetry we should look for hemodynamic disorders. If these types of pathology are accompanied with the VB channel asymmetry, it means that we have to deal with a neurotic disorder into the bargain. So, for this kind of diagnostics it is only important to know which organs and functions each channel controls.

Let us give you some examples.

Example 1.

After giving birth to a child, a 32-year-old woman developed endometriosis and obstetric sepsis, accompanied by psychosis and hallucinations. The results of the test (Table) showed pronounced asymmetry of the liver channel (the liver channel controls the state of the central nervous system), and of the gall bladder channel (it controls the peripheral nervous system). The inflammatory processes had lead to the pancreas channel asymmetry.

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V
D	10	5	7	7	5	5	11	24	9	13	10	18
S	6	6	8	5	5	4	20	5	9	44	9	10

Example 2

This example represents a hypertension stroke male patient. His blood pressure is 220/160 mm.

The results of the test (Table) show, first of all, pronounced asymmetry of the triple heater channel, which controls the central hemodynamics, and of the pericardium channel, the latter fact pointing to the cardiac muscle trophism disorder as a result of overload.

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V
D	9	21	15	6	7	5	9	6	11	8	7	14
S	11	7	7	16	5	4	12	7	6	6	9	8

Besides, specific symptomatology is represented by the large intestine channel disbalance. According to our observations, this channel is directly responsible for essential hypertension. Tissue hypoxia is another peculiarity of this case. The lung channel disbalance, dishormonal disorders of the feminizing type (Vd >Vs) and the stomach channel disbalance (Ed>Es), provoked by nausea are the factors that permit to diagnose it.

Example 3

This example represents a cardiac infraction male patient. The test shows pronounced disbalance of the pericardium channel, as a result of the cardiac muscle affection. The degree of the affection will be proportional to the degree of the asymmetry.

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V
D	8	8	4	23	4	7	12	6	6	8	22	12
S	10	7	18	5	5	4	8	7	6	6	9	8

The test allows monitoring the dynamics of the process; as for the intensity of the inflammation, it can be defined with the help of the RP disbalance indices. This particular case represents the subacute stage, since the asymmetry is not strongly pronounced. The insignificant asymmetry of the kidney channel and the absence of asymmetry reaction of the gall bladder channel testify to the same fact. The kidney channel controls the sympathoadrenal system and is a strong indicator of reactions to the stress. The stronger is the stress, the higher is the degree of the asymmetry. The manifestation of the gall bladder channel asymmetry in the presence of pathology might indicate that the peripheral nervous system is involved in the process; and the presence of this kind of pathology (together with the R channel) may be accompanied by the pain syndrome. As for the latter two channels, it should be noted that normally their significant asymmetry takes place straight after food intake and can be proportional to the amount of food and the body's general reaction. That is why it is absolutely essential to distinguish between the pathological reaction and the common case of overeating. The test also shows a considerable disbalance of the TR channel, which points to the pronounced disorders of the central hemodynamics of the insufficiency type. Generally, any test should be correlated with the patient's complaints. However, after you have assessed more than a hundred tests, which represent different types of pathology, you will find yourself telling the patient about his complaints with the help of the test results before he will ever have a chance to do it himself. This fact makes a very good impression of the doctor's proficiency.

Example 4

This example represents a lumbosacral radiculitis male patient (**Table**…). Generally, according to our observa-tions, pains in the lumbosacral zone appear as a result of two channels' dysfunction.

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V
D	11	8	4	4	4	4	7	7	5	24	11	67
S	8	6	5	4	5	4	8	6	6	10	8	12

The urinary bladder dysfunction, resulting from dishormonal sexual disorders, provokes dull pain of the lumbodynia type in the zone of the vertebral column. The instrumental examination of such patients may reveal vertebral body subluxation, Schmorl's nodule, osteoporosis and other degenerative dystrophic changes. However, the main reason of the pathology is rather not in the column itself, but in the hormone disbalance, since the back pain disappears as soon as this system is brought back to order. The gall bladder channel dysfunction leads to another kind of pain – acute pain of the sciatica type with lumbago fits all along the sciatic nerve length. In both cases the degree of the RP channel asymmetry allows judging about the intensity of the process and the presence of an acute inflammation. In this particular case we don't observe any considerable asymmetry of this channel, so we can arrive at the conclusion that the patient has the subacute stage of the disease, provoked by the combination of two reasons.

The major affection is connected with the dysfunction of the V channel of the dishormonosis type, since the Vd index exceeds the Vs index (feminine type dishormonosis). The VB channel is less affected. While treating such patients, one should bear in mind that dishormonosis and cartilage tissue dystrophy may contribute to the formation of hernia or osteophyte and then the doctor will have to deal with secondary radiculitis, resulting from disco-medullar conflict. It is difficult to cure this kind of radiculitis, which is manifested through fits of lumbago, experienced in certain positions, by applying influence on the Vb channel, even if its asymmetry is well pronounced. Usually we help such patients by eliminating inflammation through the RP channel and by killing the pain through the points, located on the ear.

Example 5

This example represents an acute pneumonia female patient.

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V
D	61	9	5	4	23	8	25	13	24	9	62	25
S	20	6	5	10	7	10	9	12	7	11	15	96

The test (**Table…**) shows a pronounced asymmetry of the lung channel due to the massive lesion of the lung tissue with an obvious inflammatory reaction, which is proved by the RP channel disbalance. The patient has developed tachycardia (the pulse rate is 98 beats/per minute), which is manifested by the heart channel disbalance. Hemodynamics disorders (proved by the TR channel asymmetry), the stomach channel dysfunction (the patient suffers from nausea and vomiting) and a nephrotic kidney syndrome, accompanied by proteinuria (the test reveals the affected R channel) take place as well.

In this way we can see that the test can give quite complete information about the patients' major physiological systems condition, once the practitioner has learnt to decode it. And we know from our own experience that this skill is easily acquired.

//The three-dimension diagram, which we have especially developed for this purpose is the most elaborate instrument of understanding this system at the channel parameter values analysis level (**Fig.8**). It reflects energy transfer along the channels' left and right branches, with regard for the time sequence.The model permits to monitor the quantified activity of the four main LO points and trigones, which is very important for applying treatment through these channel points.

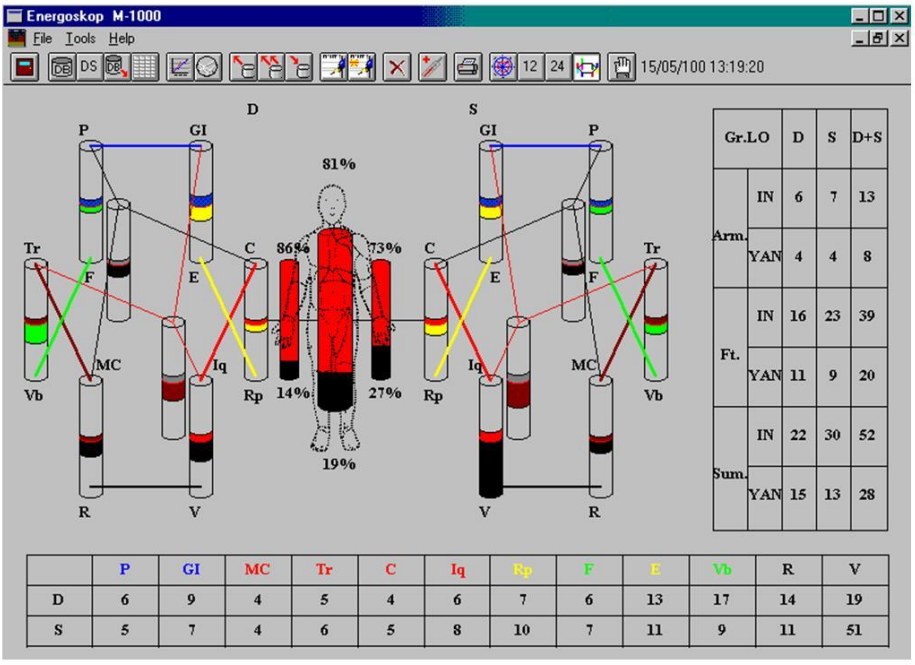


Fig.8

3.3. Inter channel correlation connections evaluation level.

Working at the first level of men's energy portrait evaluation we came to the conclusion that many kinds of pathology outside the state of crises have approximately the same portrait with regard to the test absolute values for the majority of the channels. It means that it's rather difficult to differentiate them visually. Gradually we came to the understanding that the structural essence of the disease, hidden under "the black box cover", is more essential than its visible shell.

Inter channel correlation connection evaluation helps to understand the pathology inner structure at the level of regulating influences in the single time observation groups. In this groups we can see the direction and the strength of one of the channel's activity parameter values with the others through observation samplings. In this way, through the analysis of the channels interdependency in the body, by means of this system we get access

to objective controlling levers to supervise certain channels energy state and to modify their potentials by a purposeful influence on their energy.

We are absolutely sure that the only way to pass from the prescription-intuitive diagnostics and treatment principal to the scientifically grounded coercion with a predictable response is through the analysis of the patient's real inter channel energy correlations. By comparing a certain pathology portrait with a normal portrait of energy correlations we can distinguish particular body regulation disorders at the channel level. And nobody can deny that the regulation process disorder lies at the basis of any disease.

Figures 9 and 10 show the correlations matrixes diagrams of the 24 branches of the main 12 channels for men and women from a standard health group. (-) Connections (negative suppressing) are those when the energy activity increase of the preceding channel maximum energy tension, with regard to the time, leads to the decrease of the potential of the coupled channel. The strength of the connection is evaluated by Student's T-criterion.

Positive (+) connections (creative) mean that there is an increase of activity on the next channel in the clockwise direction in response to the preceding channel potential increase.

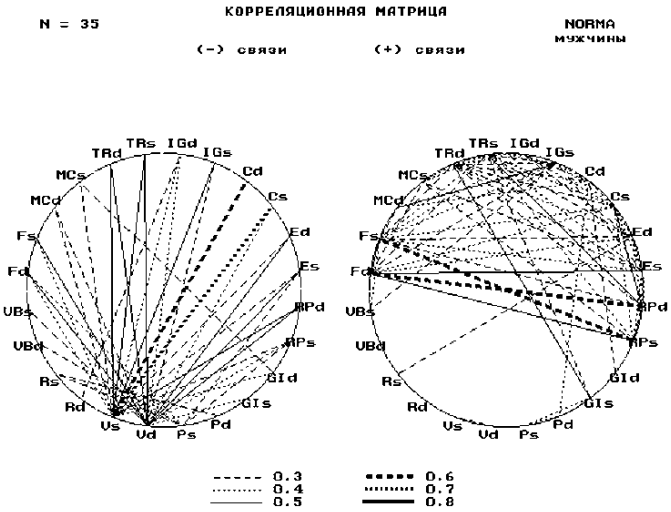


Figure 9.

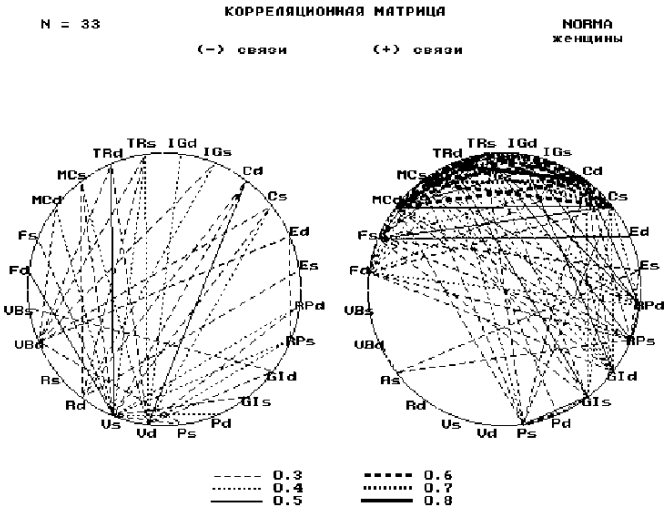
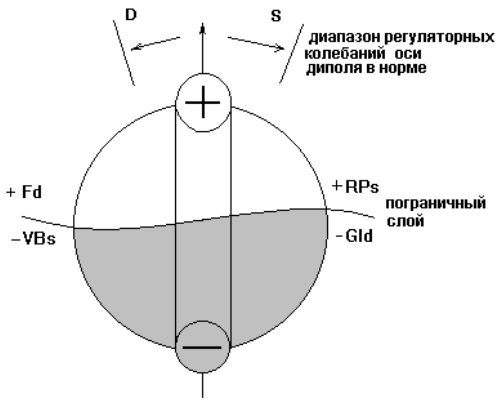


Figure 10.

If the left and the right diagrams' circumferences are matched we get one single circle with two poles of inter channel positive and negative connections, which completely repeats the ancient Chinese IN-YAN monad, but at the *water* and *fire* primary elements' level.

In this way the diagrams reflect the global **dipole regulation structure**, which forms the basis of the 5 primary elements system functioning. Normally the negative regulating pole is in the *water* primary element system, mostly at the urinary bladder channels level. The positive regulating pole is mostly concentrated at the *fire* primary element channel's level, and partly at the *wood* and *earth* primary element channel's level. We discovered this energy dipole in 1995.

Figure 11 shows a schematic model of this dipole. As the dipole embodies the law of the opposites unity and struggle, the main conflicts of different kinds of pathology geneses are also located at this level of dipole regulation. Examination of different patients shows that depending on the kind of pathology or the character of the regulating influence, in which the dipole takes part, the dipole central axis can move at the primary elements level, but mostly within the borders of the *water* and *fire* primary elements.



1. **dipole axes regulating fluctuations range in the normal state**
2. **border layer**

Fig.11.

However different critical states, for example, when the arterial pressure is either very high or very low the dipole axis moves to the left at the *wood* level or to the right at the *earth* level. Interestingly, the direction of the

axis replacement depends on the regulating function character at the moment of measuring. For example, in the case of tachycardia the regulating function is mostly YANish, and the axis removes to the left. On the contrary, brachycardia is accompanied by the Inish regulating function, so, the axis removes to the right. That's why we may suppose that there is an information structure at the dipole level, which distinguishes between the phenomena INish or YANish character.

Besides, we have found out the important part of the **border 'layer channels'** in the dipole correct functioning. This definition is the best for the phenomena, which happen, as a rule, at the *wood – earth* or *wood – metal* levels. These channels form a specific border between the the dipole's positive and negative zones. This border is the most dynamic zone with regard to changes. It's the zone of instability at the level of which, due to some of its channels transition to the (+) or (-) regulation zones, the channel system carries out operational control of the body. Therefore these channels have the biggest coefficient of the influence on the state of the most important physiological parameters, while the *fire* and the *water* channels are more conservative in this respect. The changes in this channels take place only in case of the considerable changes of the body's homeostasis, or if the *fire* and the *water* channels are involved into the regulating process through the physiological systems they control (for instance, haemodynamic, energy exchange regulation or sexual function control). The conclusion can be made that it stands to reason to use the 'border layer' channels for treatment as well in the course of the urgent body condition regulation.

Another factor, important for the assessment of the patient's general condition through the main energy dipole, is the fact, that if we take the general number of the points, belonging to the channels forming the FIRE and WATER structure, their ratio (56 to 94) approximates the 'gold section' proportion, which is equal to 1.62.

Probably, three thousand years ago, a mistake comprising 2 or 3 units was made when the number of the points, belonging to these channels was being defined, otherwise this theoretical ratio would be more ideal. On the other hand, it's a well-known fact that according to ancient Chinese theories the points on the channels can 'open and close'. Therefore, the real number of the functioning points can be defined only by means of a test from the general number of the testing pulses. We have found out that the channel's capacity, defined by means of the test, in general, corresponds to the number of the open points available on the tested channel. Adolescents and young people have the maximum number of the open points, but when people grow older, the number of the open points begins to decrease on all the channels in an equal proportion. That is why, independently of the age, if the body enjoys the optimal, harmonious condition, the golden proportion between the dipole terminals is 1.62, or 38% and 62% in percentage terms. If this proportion is broken, the condition of the body is characterized by a certain functional disorder, for instance, by general overexcitement or, on the contrary, lethargy. In the first case we deal with the *fire* activity increase, and in the second – with the growth of the *water* activity.

Psychic comfort and the feeling of happiness probably depend on how the conditions of a person's life correspond to the demands of his mentality. To add to this a human being is always torn between two opposite modes of behavior – spontaneity and determinancy. High mental spontaneity can lead to moral frailty, anxiety and unrest. It can deprive the person of the ability to concentrate on some task. On the other hand, an over determined mentality kills creativity and deprives leaves no place for artistry. It is assumed that a harmoniously developed personality implies a certain spontaneity coefficient, which is also determined by the golden section at the *fire – water* level, which means that '*water'* determinancy of the dipole in the test absolute figures must be equal to approximately 62% and spontaneity (*fire*) must constitute about 38%.

This general disbalance can be made level by balancing the necessary channels at the dipole terminals through increasing or decreasing their activity and, by this means, restoring the golden proportion. This rule, in many respects, expresses the general strategy of the methods of pathology treatment that we suggest.

On the whole, the law of the opposites' unity and struggle manifests itself not only at the main energy dipole *fire* and *water* level. The results of the research show, that dipole structures can be observed at deeper levels of energy regulation, particularly, at the primary elements and channels level, where the points with their potential form the five primary elements micro system with its own internal channel micro dipole.

In this case, internal contradictions, as the system's source of motion, can appear not only at the level of correlation connections, when the channel regulation of particular physiological parameters takes place, but also at the psychosomatic level.

Thus, by its inner nature, the energy of the *fire* channels, which control the emotional sphere, can be opposed to the energy of the *water* channels, which control the body's physical strength and possibilities through the sympathoadrenal system and sex hormones. The most common cause of this dipole's regulating failure is the fact that our emotions and wishes are not supported by adequate physical possibilities, for example, in the old age (see **Fig.12**).

The events take a different course when excessive exercise stress or sexual hyperactivity, controlled by the *water* channels, which is especially the case with men of advanced age, eventually leads to infarct. Through the destructive connections, the excessive *water* channels activation hits the *fire* channels, mostly the pericardium channel and it affects the heart.

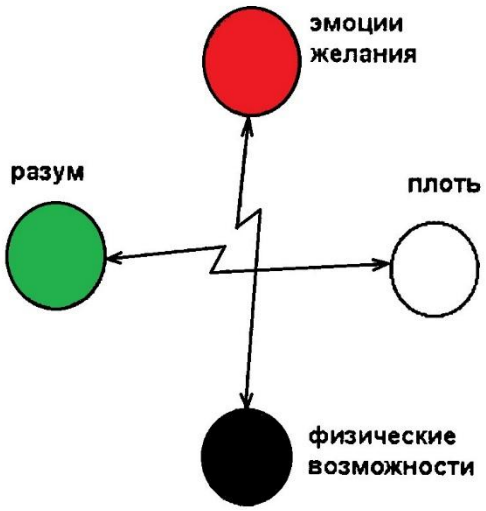


Figure 12

The *wood* and *earth* channels form another pair of two opposite principles Through the central nervous system, the *wood* channel influences the person's intellect, the process of thinking and spirituality, which is called *sheng* (soul) in the East. *Sheng* is often in opposition with our flesh, which craves for comfort and satiety and is controlled by the *fire* channels.

Under some circumstances this conflict can become a leading one for a particular person, cause and promote a certain pathology, characterized by a primary lesion of these particular systems. This pathology will be provoked by the breach of the internal balance of the dipole under discussion. Books and history give a lot of universally known examples when people fasted and lead an ascetic life-style to acquire lucidity of mind and spiritual insight. On the contrary, gluttony, luxury and comfort generate laziness and result in poverty of intellect and squalor. That is why, influences of the opposite character at the logics level, as well as at the level of real models, based on observation, are often characteristic of the 'border layer' channels too.

Two ideologically connected couples have been identified in the system of primary elements, but where should the *metal* primary element be placed? According to oriental conceptions, the *metal* channels refer to the ING-system and reinforce the *water* primary element. Thus, tissue oxygenation and adequate slag excretion prepare the pure vital energy (*tchi)* and in this way increase the body's physical strength and possibilities. Practice proves that the increase of the lung channel activity almost always gives a positive result and intensifies the process of recovery.

The comparative study of the system of one and the same person at the channel interrelation level at the moment of relative well being and at the moment of the crisis gave us two different models.

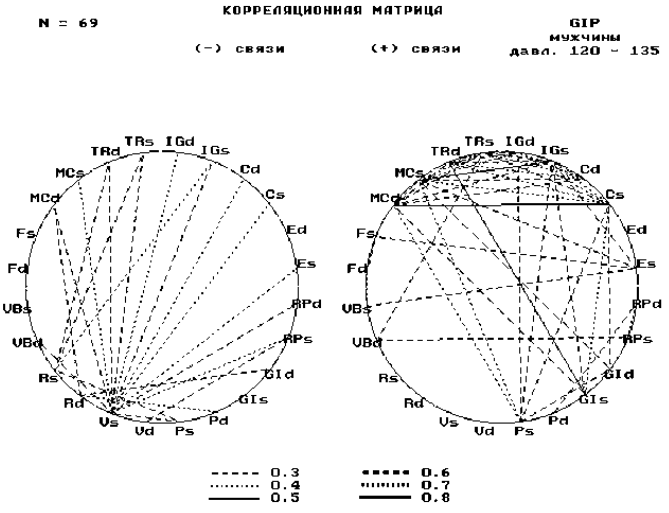


Fig. 13

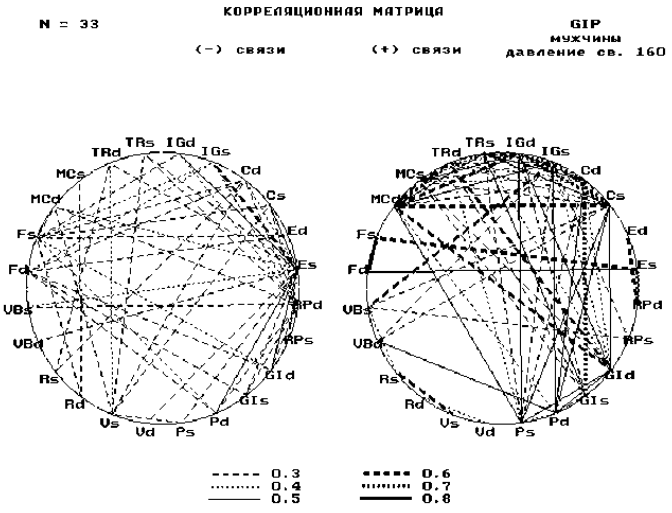


Fig.14

Figures 13 and 14 show inter channel correlation matrixes for men, who suffer from essential hypertension, with the systolic blood pressure of 120 – 135 mm Hg, i.e. in the state of relative rest (Fig.13), and with the systolic pressure of 160 mm Hg, i.e. in the state of a hypertension stroke (Fig.14). The correlation matrixes show that in the state of comfort the inter channel connections are weak with regard to their strength and intensity, but the main energy dipole can be easily traced in their structure. In the state of the stroke, when the

whole structure is under the threat of destruction, a sudden increase of the number as well as of the strength of connections alongside with the main dipole's structure derangement takes place. We have noticed that in extreme cases the dipole terminals regroup and take positions at the 'border layer' level with regard to the *wood – earth* elements. In this case, the system tries to survive in most challenging conditions at the expense of the most pronounced regulation channel influences, using all the reserves, in the first place the main dipole's potential energy redistribution.

In this way, by building different models of inter channel regulating connections, we have, to some extent, confirmed the existence of the regulating monad, which, since ancient times, has been the symbol of life and in which lies the difference between the living matter and the dead one.

The computer support programs, that we have developed, permit to build inter channel connections diagrams for different kinds of pathology as well as the diagrams, based on several individual observations of one and the same patient at the level of 24 channel branches (taking into consideration the left and the right branches), 12 main meridians (**Fig.15**) and 5 primary elements (**Fig.16**), which considerably improve the possibility of accurate diagnostics. Thus, by comparing the diagrams, which reflect the results of the examination, with the reference norm it is possible to define which of the channel connections are normal and which of them are pathological and need correcting. On the other hand, in the course of our everyday medical practice, we often have to solve such problems as intensification of the gall bladder, or any other channel activity. In accordance with the general *mother – son* theory it can be achieved, for example, by applying sedative action to the large intestine channel. But the presented diagrams show that in some particular real cases such destructive connections between the above mentioned channels might be absent. In this situation the applied action will not lead to the due effect. So, the efficiency of individual procedures and of the treatment in general can be increased only by building he models of real inter channel connections for every patient or for separate kinds of pathology.

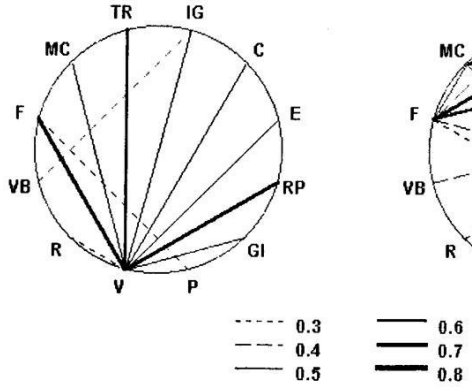
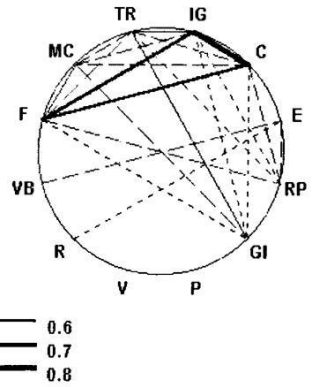


Fig.15



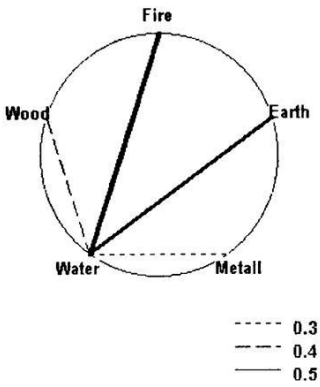
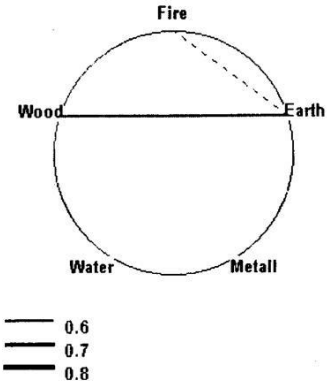


Fig.16



3.4 Mathematical modeling level

Studying different kinds of pathology by drawing their average statistical portraits, based on databank samplings and correlation connections matrixes, we eventually get to an even higher level of generalization, which is building the models of channel regulating influences on different physiological parameters in the normal and pathological states. The research was conducted with the help of the regression analysis.

The gist of the method is as follows. The test is carried out at the same time with registering some parameter, say, the heart rate. Then, a special mathematical program helps to find the channels, which are connected with the change of the heart rate through a certain coefficient. Thus, knowing the channels, which actually regulate certain parameters, their polarity marks and the regulating influence coefficient, it is possible to carry out prognosticated regulation of the necessary parameter by applying graduated action to the corresponding channel. On the other hand, certain channels' testing data permits to calculate particular physiological parameter values, by substituting the channel activity figures into the model. In this way it is possible to calculate the heart rate, the arterial blood pressure, or a certain biochemical parameter, etc. Our further research is ideologically based on this universal logical principle of mathematical modeling.

If we have to deal with the pathologic syndrome, which cannot be measured directly, the method of the patient's self-assessment within **Robson's 10-point scale** can be used. For instance, if the patient has a splitting headache, he writes down the figure 10 in the questionnaire, if the headache is moderate the mark will be 5 points, if the patient doesn't have any headache he puts 1 point. In this way, the patient's subjective sensations are converted into numerical parameters, which permit to build his individual regulating model. We assess a subjective syndrome (a headache) on the basis of individual sensations. The models that we get by this method, in spite of their 'subjectivism', allow to make predictions, for example for Fisher's F-criterion, which are from 70 to 90% accurate. The predictions' accuracy level is often much higher, than of those, made with the help of "objective' models.

Let's consider some patterns of channel regulation with the help of such basic physiological parameters as the heart rate and the arterial blood pressure.

The examination of a group of 34 healthy men gave us the following formula of the heart rate (HR) regulation:

HR = 74 + 20 Cs – 26 Fd –12 Gis + 20 TRd (Rsq = 0,48)

in which **Cs** is the left branch of the heart channel, **Fd** is the right branch of the liver channel, **GIs** is the left branch of the large intestine channel, **TRd** is the right branch of the triple heater.

The analysis of this formula shows that for men the hypo function of the left branch of the heart channel and the right branch of the triple heater results in the HR increase, while the hypo function of the right branch of the liver channel and the left branch of the large intestine channel results in the HR decrease. The liver and the large intestine channels control the volume of the deposited fluid in the liver and in the blood circulatory system; therefore they influence the HR in the opposite direction. They form a pole of the regulating dipole, opposite to the *fire* channels, at the 'border layer' level.

The examination of a group of 27 healthy women gave us the following formula of the heart rate (HR) regulation:

HR = 62 + 11Cd + 4VBd + 8GIs – 15 Es (Rsq = 0.53)

in which **VBd** is the right branch of the gall bladder channel, **Es** is the left branch of the stomach channel (**Fig.17**).

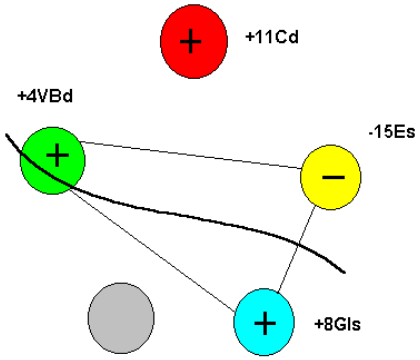


Fig.17

Women's regulating constant (62) has a lower value in comparison with the men's one, as the bradysyndrome is more characteristic for them. The YANG channels are represented in the model only by the right branch of the heart channel (Cd). This branch of the heart channel exercises the most pronounced influence on the HR (let me remind you, that the left relates to YANG and the right – to ING). The GIs influence has changed its direction for the opposite one, and the left branch of the stomach channel has the biggest influence coefficient, which lowers the HR. It can be explained by the fact that food intake, in case of women, is often followed by bradycardia and hypotonia, and the general formula reflects it. Unlike it is with men, women's 'border layer' channels, especially Es and GIs are very important for the HR regulation. The YANG channels influence coefficients' total is -3, the ING channels influence coefficient is +11, which confirms the fact that ING normally domineers in case of women, while men's models show the predominance of YANG influences.

Our observations show that the most efficient regulation model, which most often takes place in normal conditions, is the one that has left channel branches (at the *wood* level) and right channel branches (at the *earth – metal* level) in the dipole's 'border layer', exerting influences on the state of the regulated parameter in the opposite directions. Pathology and regulating disorders disable one of the scales and the system at large becomes unbalanced.

A number of models were built for men and women, comprising different parameter values to study the channel regulation influence on the systolic blood arterial pressure (AP) level.

Normally, one of the AP regulating models for men had the following formula:

APs = 120 + 10 TRs + 5 Ps + 5 Cs – 7 Fd (Rsq = 0,58)

In this regulating model the systolic pressure mostly increases due to the increase of the number of the heart beats with the triple heater, heart and lung channels' left branches in hypo function; while the hypo function of the liver channel right branch (since liver is the blood 'deposit') results in the blood arterial pressure dropping. Men's regulating component showed the predominance of the YANG channels over the ING ones at the ratio of 10/3

Normally, one of the most functional AP models for women was as follows:

APs = 108 + 14 VBd – 13 GId + 10 RPd (Rsq = 0.47)

We can see an active, valid regulating triangle at the 'border layer' dipole level, the only difference in comparison with the HR regulating model being that the triangle includes the large intestine right branch signed '+' instead of the left one, and the *earth* primary element has +10 RPd instead of -15 Es. In this case, the GId hypo function provokes the dropping of the systolic pressure, while the RPd and VBd hypo function makes the pressure increase. The channels' right branches (the ING ones) play the leading role in blood arterial pressure regulation with women, and the YANG/ING ratio is 1/10. Alongside with the standard models of systolic blood arterial pressure regulation we analyzed, in the same way, the models of systolic blood arterial pressure regulation in case of essential hypertension.

1. The systolic blood pressure from 140 to 160 mm Hg

In this case, the regulation formula is the following: **for men:**

Aps (systolic blood arterial pressure) = **135 + 19 MCd + 20 TRs – 15 Fs + 10 VBd + 11 Vd (Rsq=0.44)**

For women: APs = 143 –56 MCs + 20 GId + 18 Pd + 7 Vs – 9 Vd (Rsq = 0.45)

With men, the same as in case of the norm, the main contribution into the pressure increase was made by the *fire* channels, but, instead of the pressure increase due to the HR (heart rate) (the heart channel's left branch), the most important influence was that of the pericardium channel, which controls the heart's trophism and archi-tecture and, consequently, its propulsion capacity and the pressure level in its chambers. The pericardium influence component's dominating growth also points at the patients' having myocardial hypertrophy. This fact is confirmed by echocardiography and ECG results. The urinary bladder right branch also contributed considerably to the blood arterial pressure growth, which is a true sign of the water metabolism disorder and the appearance of the volume-dependant arterial hypertension mechanism. The absence of the *earth* and *metal* channels alongside with the *wood* channel's division into two components with the influence of the opposite polarities can be observed in the regulating model at the 'border layer' channels' level. The YANG/ING ratio is 30/4.

When women develop arterial hypertension, the pericardium channel plays the leading role in blood pressure regulation, just like it's the case with men, but with women it's the left branch, signed '–'. So, we can see that the direction of he influence and the channel's laterality have changed for their counter parts. Differently from men, both branches of the urinary bladder (Vd and Vs) exercise proved influence on blood pressure regulation, with different influence polarity at that. The fact of this particular channel being involved in the process of blood arterial pressure regulation testifies to the presence of the arterial hypertension, which is connected with the increase of the volume of liquid in the bloodstream. The large intestine channel right branch plays the second important role in exercising influence on the systolic blood pressure growth. We have come to the conclusion that this channel is the most important for abnormal diastolic blood arterial pressure regulation. The general formula of the large intestine channel influence on the diastolic blood pressure is the following:

APd = 82 – 9 GId

. The fact of this particular channel being involved in the process of blood arterial pressure regulation also testifies to the presence of the volume-dependant arterial hypertension. Interestingly, the systolic blood pressure relates to YANG and the diastolic pressure relates to ING, but the discussed channel's right laterality points to ING as well. So, GIs is YANG and GId is ING. This system is very profound!

2. Hypertension stroke. The systolic blood arterial pressure is over 160 mm Hg.

For men the formula was the following:

АДs = 133 + 39 Es +19 GId + 13 Vd – 12 Fs – 7 Rd (Rsq = 0.72)

For women the general regulation model looks as follows:

АДs = 150 – 39 Ed – 13 GIs –2Vs + 6 VBs – 8 GId + 18 TRs (Rsq = 0.62)

Here, in the first three components of the model, we can observe an extraordinary mirror-like dissymmetry of the influence polarity and general channel laterality alongside with commensurable components' coefficients and the channels' general interdependence. At the same time we observe a considerable increase of the model's accuracy (up to 72%), which shows a high rate of its recurrence.

What we want to say is that when hypertensive patients have normal blood pressure, the models show pronounced individual peculiarities, and the accuracy index is not so high. When the existence of the system is threatened, a typical algorithm of its survival comes into play, and, on the whole, it's very much the same for men and women, but we can trace some differences at the dipole level, which consist in the polarity of the influence and the involved channels' laterality.

This fact also shows that for contemporary man, providing his general homeostasis parameters keep within the norm, the channel system is, for the most part, a reserve regulating system. It's only when the main operation systems of regulation (humoral, nervous) have some functional failure, that it joins to the control of this physiological parameter to its full capacity. This thesis is also confirmed by the fact that, as follows from the above mentioned examples (see **Fig.13, 14** for reference), the strength and the number of inter channel connections at the time of the hypertension stroke increase by many times. This increase is accompanied by the growth of the model's prediction accuracy in general (Rsq). So, it can be inferred that such reactions at the channel level might be standard, with less dependence on the body's individual peculiarities.

Model 1

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Model fitting results for: ADh

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	149.70239	13.229297	11.3160	0.0000
GId	– 8.486836	4.484774	– 1.8924	0.0696
GIs	– 13.314874	6.69579	– 1.9885	0.0574
TRs	18.523757	9.348345	1.9815	0.0582
RPd	2.433078	2.028504	1.1994	0.2412
Ed	– 38.707621	10.221676	– 3.7868	0.0008
VBs	6.351742	3.561074	1.7837	0.0862
Vs	– 1.761116	0.944788	– 1.8640	0.0736

R-SQ. (ADJ.) = 0.7056 SE = 6.406817 MAE = 4.186530
DurbWat = 1.739
34 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

All the above given data testifies to the fact that energy channels form a superfine regulating structure, which is not only connected with certain material processes of the body's vital activity, but also embodies the spiritual basis of life and incarnates the philosophy of interdependence, and in particular, the principle of the right and the left, of YANG – ING.

It's quite obvious that contemporary medicine has not mastered the principles of individual symmetry – dissymmetry assessment in different kinds of pathology genesis and treatment, although, as we had many chances to observe, symmetry disorder at the channel regulation level is one of the prime causes of the majority of diseases. A very important conclusion apparently follows from this observation –**every patient and his disease should be treated strictly individually, particularly taking into consideration the principle of the laterality of therapeutic action, with the purpose of elimination of the body's pronounced energy asymmetry.** The mechanism of 'the general' treatment for 'an average' patient doesn't really exist. The failure of the official medicine is provoked right by the fact that it underestimates the patients' individual peculiarities, especially with regard to the energy level and laterality.

3.5.The general model of standard inter channel regulating connections

Having established the existence of the channel influence on the body's physiological parameters, we decided to study inter channel reciprocal influence, using the same method of step-by-step linear regression, since it's very important for the practice of reflexotherapy. For this purpose we observed a limited test group of 3 healthy men of 45 years old. We have analyzed the results of 117 experiments.

The five primary elements

The research revealed the following models of the five primary elements interrelations:

$$\underset{t}{WATER} = -1.2 - \underset{5}{1.1\,FIRE} + \underset{4}{1.2\,EARTH} + \underset{6}{1.1\,WOOD} + \underset{3.5}{0.5\,METAL}$$

$$\underset{t}{FIRE} = 0.41 - \underset{5}{0.06\,WATER} + \underset{18}{0.52\,METAL} + \underset{4}{0.24\,EARTH} + \underset{1.6}{0.07\,WOOD}$$

$$\underset{t}{METAL} = 0.38 + \underset{18}{0.9\,FIRE} + \underset{3.5}{0.06\,WATER} - \underset{0.3}{0.027\,EARTH} + \underset{1.8}{0.1\,WOOD}$$

$$\underset{t}{EARTH} = 0.33 + \underset{13}{0.5\,WOOD} + \underset{4}{0.06\,WATER} + \underset{4.5}{0.24\,FIRE} - \underset{0.3}{0.01\,METAL}$$

$$\underset{t}{WOOD} = 0.6 + \underset{13}{0.65\,EARTH} + \underset{6}{0.08\,WATER} + \underset{1.6}{0.09\,FIRE} + \underset{1.8}{0.08\,METAL}$$

In this formulas t = Student's criterion

The analysis of the received regularities shows high prediction reliability values of the model in general, up to 70% (Rsq = 0.73), and unusually high significance indices of individual primary elements (t = 18).

This fact proves the existence of very strong energy interrelations among the elements of this system, which, in fact, is an indivisible dynamic cluster. Therefore, once we have developed these models, we can calculate the value of each primary element through the values of the other ones. This principle works quite well at the level of the 12 channels and their 24 branches, since these systems are interconnected. Actually, we can say that they form the system of the interdependent chips, and if we change the position data of one of the chips it will lead to the change of the position data of the rest, but strictly within the limits of the models' position data. The realization of this principle in practice allows controlling the test accuracy, since we can calculate the value of each channel through the values of the other ones. On the other hand, this principle enables us to detect pathology. If the channel escapes the limits of its standard range it means that it is affected by some kind of energy disbalance. In this case, the pathological process starts in one of the channel branches, passes on to the

whole channel and, as a result, the interrelation between the primary elements is broken. Usually such changes take place only in the case of an absolutely obvious pathology, since a certain compensatory mechanism at the primary element level work to their full capacity and the low values of one of the channels are made up by the other channels values increase.

The fact, that the most significant established connections in the models are those between *fire* and *metal*, and also between *wood* and *earth* (t = 18), attracted our attention. This fact was readily apparent from the theory of five primary elements. But in this particular case the connections are not destructive and are '+' signed, which, at first glance, contradicts the theory. We explain this contradiction by the fact that the data has been obtained while examining healthy individuals in the state of comfort. In this case, all the channels are within their standard parameter values range, and individual channel systems are in the state of harmony on the whole.

Should some kind of a regulation breakdown happen on the primary elements channel level, for instance, as a consequence of some pathology, the influence polarity in these couples will change for the opposite one of the suppressing type, which is, for example, clearly seen in the case of hypertension in the inter channel correlation matrixes (see Fig.13-14). To be more particular, well-marked destructive reciprocally suppressing connections develop between the *wood* and *earth* channels in case of a hypertension stroke, which are never observed in the normal state.

In this connection it becomes clear why the stomach channel branches, whose regulating role, at first glance, is by no means connected with controlling the blood pressure, take the leading position in exercising influence upon it, in case of a hypertension stroke, which is true for both men and women. We can suppose that in this situation they perform as some kind of a 'safety valve', which ensures the discharge of unbalanced excessive energy.

As we can see from the formulas, two dipole couples with reciprocal destructive connections in the state of comfort are formed at the five primary elements level (**Fig.18**). These couples are the main energy dipole formed by the *water – fire* primary elements and the minor dipole formed at the *metal – earth* primary elements level.

While the *water – fire* dipole is responsible for the living object's main characteristics, the *metal– earth* one forms a subsidiary regulating component of the 'border layer' and performs routine regulation of different physiological processes. The main regulating *wood* channel of the 'border layer' triangle normally includes one of the *wood* channel branches, signed either '+' or '-', and, in this way, both scales take part in the regulating process.

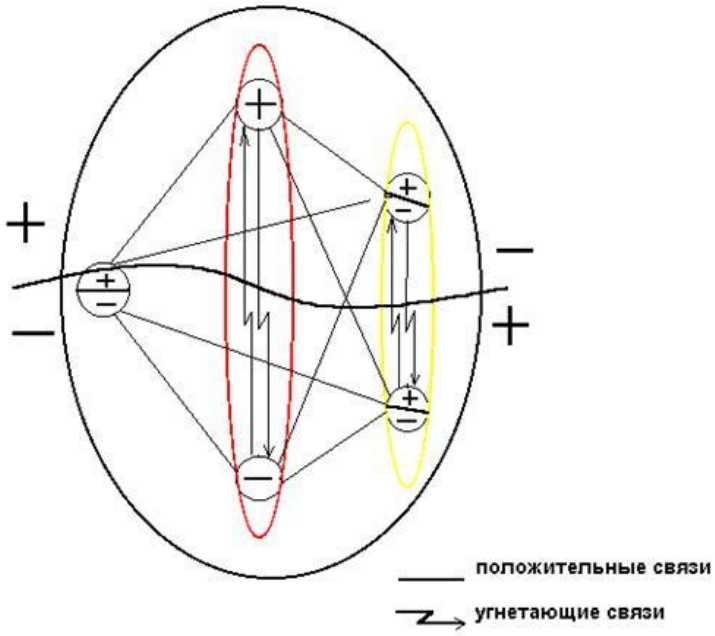

Fig.18.

The *wood* channels' universal role becomes apparent if we take into consideration the fact that the liver channel controls the function of the central nervous system, while the gall bladder channel mostly supervises the function of the peripheral nervous system, which runs through the whole living organism, in the same way as the tree roots penetrate the soil.

The twelve channels

The same method of step-by-step linear regression helped to study the interrelations between the 12 channels. The results are presented in **Table 1**. We analyzed the value of the inter channel relations using Student's t-criterion. The table includes only the values of $t > 2.0$

Table 1

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	R-sq
P		**4.1**		**2.3**		**3.3**	**2.7**					**6.3**	**0.57**

GI	**3.8**		**10.3**		**3.4**	**2.1**							**0.68**
MC		**9.5**		**9.7**				**4**					**0.72**
TR	**3.2**		**9.8**		**3.2**	**5.1**					**2.2**	**-4.1**	**0.75**
C		**4**		**4.1**		**11**				**-3.7**			**0.71**
IG	**4**			**6.2**	**11.6**				**6.7**				**0.78**
RP	**2.1**							**9**		**4.5**		**2.7**	**0.59**
F			**3.7**				**9.1**		**5**			**4.8**	**0.64**
E			**2**			**4.2**		**4.5**		**6**	**3.5**		**0.62**
VB	**2.6**			**2.5**			**4.4**		**7.6**			**3.9**	**0.61**
R									**5**			**16**	**0.6**
V	**5.4**			**-6**				**4**		**2.8**	**13**		**0.65**

The analysis of the interrelations shows that the strongest, the most marked and numerous connections exist between the *wood* and *earth* 'border layer' channels. Apart from that such connections are observed between *fire* and *metal* (**Fig.19**). According to the five primary elements theory this connections must be reciprocally suppressing if one of the primary elements is redundant. But in our case the research was carried out in the group of healthy men in the state of comfort, which means that at the energy level the majority of the channels were within their standard parameter values range. That is why, just like in the previous model, we didn't register any destructive influences among the tested channel couples. Interestingly, we didn't observe any essential inner connections in the 'border layer' either between the F and VB channels of the *wood* primary element, or between the E and RP channels of the *earth* primary element unlike in case of other primary elements, when these connections are especially clearly expressed. We registered only outside regulating reciprocal influence mediated connections through the opposite primary element.

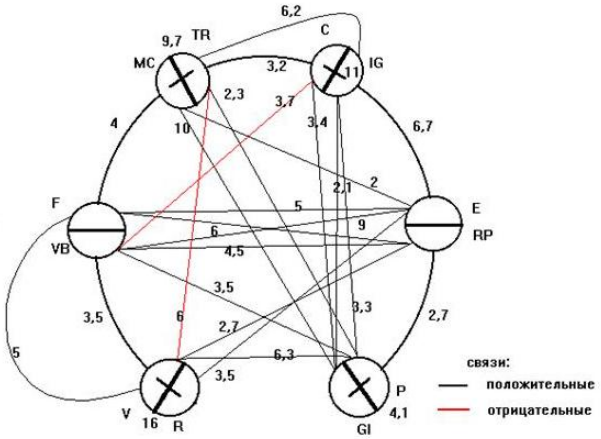

Fig.19

As a result, the stomach channel can exert influence on the spleen channel only indirectly through the gall or liver channels. In the same way, the liver channel is connected with the gall bladder through the stomach and spleen channels. In all probability, this type of connection enables all the channels, representing the gastrointestinal tract, to exist as a single whole. This fact, which we have discovered in the course of our research work, points out the existence of a specific mechanism, and some principles of channel regulation at the 'border layer' level, different from the five primary elements' other regulating structures.

On the contrary, outside the 'border layer', channel connections within the primary element are the strongest. Thus, we observe the strongest connections (t = 16) between the R and V channels of the *water* primary element, and also between the *fire* primary element channels (MC–TR = 9.7; C-IG = 11). So, we can conclude that the inner structure of the main dipole, at the level of the channels that form it, is surely protected from the risk of being destroyed by the strongest regulating and information carrying connections at each dipole's primary element level.

At the same time, this structure attaches great inertia to such formations with regard to changes. Let's suppose that we have exerted certain energy influence on the urinary bladder channel. But in order to get an adequate response it is necessary, that part of the energy should pass over to R, since, owing to their inner connections, these channels, in fact, represent a single energy conglomerate. The process of exerting influence on the 'border layer' channels follows quite a different pattern. It is much easier to change their activity, since they are not connected with each other within the primary element and their inertia component is low.

The twelve channels considered with regard to their 24 right and left branches

We analyzed correlation matrixes (24 x 24), based on the results of the examination of men and women, belonging to the norm group. The results of the research, represented as circle diagrams, were shown in **Fig. 13 and 14** accordingly. Unlike in case of 12 channels, the study of their left and right branches has revealed two global mutually antithetical influences of the opposite polarity at the *water* and *fire* level in the form of the main dipole, as it has been already mentioned. So, it can be inferred that the basis of the body's global dipole

infrastructure lies at the channel's right and left branches level. At this level we can observe the manifestation of the dialectical law of the opposites' unity and struggle, which is the main inner spring of any living system's development.

Penetrating deep in to the 5 primary elements system, first, to the level of the 5 primary elements, then to the level of 12 channels and further to the level of their 24 branches, we observe different patterns of regulating structures.

Thus, at the five primary elements level, the main dipole, linked up with the *water-fire* primary elements is the principle structural regulating component.

The 'border layer' channels of the *earth – wood* primary elements play the leading part in the main physiological parameters regulation at the 12 channels level.

When we engage the 24 channel branches we can see the correlation of the channels with the positive and the negative reciprocal regulating influence, which defines the structure of the main regulating monad is the basis of the regulation process. Besides, with regard to the system's successful functioning, a great role is performed by the correlation of the left and the right sides of the separate channels, as well as the general balance of the whole system's laterality. It goes without saying, that there are certain fine interrelations between different levels of the regulation pyramid.

Twelve channels plus two more!

Our study of different models of channel regulation convinced us that the basic classical model, which comprises only five primary elements and their channels, lacks important additional regulating structures. In the first place, it should concern energy balance regulation between the right and the left sides of the body.

Neither ancient oriental sources, nor contemporary special literature cover the problem of energy laterality regulation, though in later publications one can come across the ideas of the importance of keeping the body's energy balance at the level of the left and the right. But these ideas are mostly based on individual observations ore are just deductions. In this connection, our method of the channel activity quantitative estimation, combined with the use of mathematical modeling, allows to obtain integral regulation models at the finest conceptual and structural levels.

Only two of the additional channels attracted our special attention. They are the anteromedian (front central) (**VC**) and the posteromedian (back central) (**VG**) channels.

Our choice was founded on the following facts: firstly, they are located in such a way, that they appear to divide the body into the left and the right halves, forming the sagittal plane section.

Secondly, even ancient sources ascribed a very important regulating function to these channels. Thus, according to oriental conceptions, the anteromedian channel unites all the ING channels, and its point **VC.1** is the common **Lo** –locking checkpoint of all the ING channels. The posteromedian channel controls all the YANG channels, being 'the sea of all the YANG channels. Its point **VG.1** is the common **Lo** –locking checkpoint of all the YANG channels.

Thirdly, both of them, like the main 12 channels, are permanent ones. But in case some chronic pathological process in the body is under way, when the main channels' regulation system 'fails', they take on the function of 'magic meridians', whose main task is to take the excessive energy out of the body. The major number of the permanent channels' signal points are located on these two channels, so through these points it is possible to establish hot-link connection with the whole channel assembly. So, you can see that our choice of these two channels is very well grounded.

The main problem in defining the level of these channels' energy activity consisted in the fact that their main energy points are located in the area of the perineum and in the zone between the coccyx and the anus, which made the testing exceptionally difficult.

The question arises, why these most essential points are so well hidden, unlike, for example, the input-output points of the 12 main channels. We believe that by locating them in the area of the body's most private parts, Nature protects them from any external energy influences, since the finest body regulation is carried out by means of these points. Logically, the points for these channels' energy testing, analogous to the input-output points should be looked for in the most accessible places, for example, on the face. The face reacts to any external influence just like the hands. So, there should also be some input, or analogous to them, points in this area. We have chosen **VC.24** for the anteromedian channel. It is the channel's endpoint, which is situated in the center of the mentolabial fold.

We used **VG.26** to test the posteromedian channel. The point is located below the nasal septum, in the upper one-third of the upper-lip vertical furrow. This point is often used for acupuncture and cauterization for different critical states (shock, collapse, faint, heatstroke, etc.)

The results of the tests are quantitatively commensurable with the other channels' endpoints parameter values. It means that we have correctly defined their functional and metrological destination. It should be noted, that the dynamic range of change of the parameter values received in the process of testing these particular channels is not great. Normally, the readings of the **VC** values are usually slightly higher than those of the **VG**.

But in case of pronounced regulating breakdowns the difference increases considerably, sometimes up to 20 – 30 units, while on the average the difference does not exceed 5 – 6 units. These distribution systems function like some kind of stopcocks, which regulates the stream of energy in the left and in the right channel branches.

While building various regulating models at the 24 channel branches +2 level, we got different schemes of these two channels' incorporation into the regulating process, but summing up all these formulas, we can deduce two basic models of their participation in the body's energy balance regulation:

VC = – 0.34 + 1.4 TRd + 0.13 Vs – 0.2 RPs (Rsq = 0.2)

VG = 0.94 + 0.6 TRs + 0,05 Vd – 0.14 RPd (Rsq = 0.24)

In our opinion, rather a low prediction accuracy coefficient, only 20-24%, can be accounted for by the fact that these particular channels become active only in case of pronounced regulating breakdowns. Since we mostly observed healthy patients, or those who had a low-grade pathology, the channels were not activated to the full.

Having derived two mathematical models, we tried to integrate the channels into the general graphic model of the system's regulation. As the previous graphic models at the 5 primary elements level didn't suit this purpose, we built a six-axes model, which reflected the energy flow in the channels by the hour. In this case, a sixth primary element, which we agreed to call '*heaven ',* is formed at the TR – MC channel pair level. (**Fig.21**)

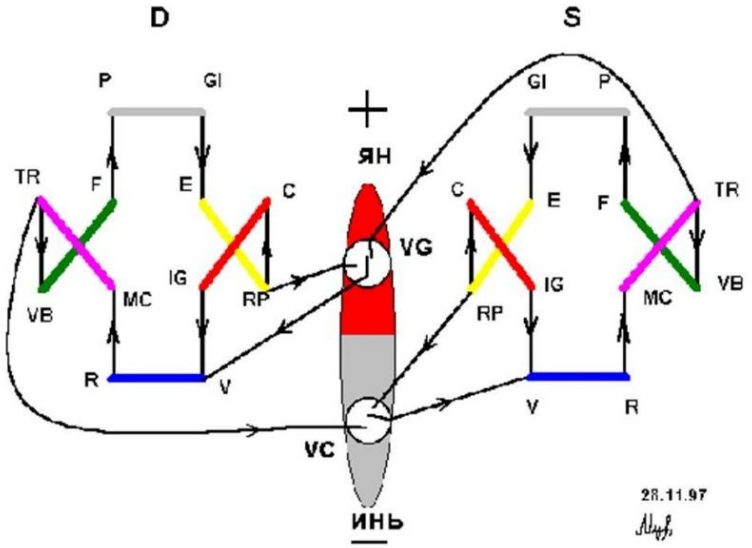

Fig.21

This three-dimensional model has very important advantages. Thus, the additionally introduced time co-ordinate provides the possibility to judge in which section the maximum and the minimum energy transfer is taking place at any particular moment of time. But in this case we face an interesting paradox – if symmetry is strictly observed in the system of the energy transfer in the channels right and left subsystems, the clock hands should be moving in the opposite directions. It is impossible to change the direction of the march of physical time, but probably this phenomenon is connected with 'biological time', that we can feel differently, depending on a certain delta, which appears between the right and the left subsystems. If we consider this phenomenon from the position of the clock hand symmetrical motion, we will come to the conclusion that energy in the channels' right and left branches should be moving in the opposite directions. Today we believe that the common energy information stream moves along several contours at the same time, but if we study the generalized sum vector of the time redistribution during the day, we will find this scheme of observation quite correct. These problems need detailed studying as they are extremely important from the point of view of theory as well as from the point of view of practical application. In this connection we lay our greatest hopes with the suggested system of pulse diagnostics, which allows the energy monitoring of the 24 channels in real time without any energy coercion. In general, the integration of the temporal and spatial coordinates of the TCHI motion would permit to reach a new higher standard of man's energyscopy.

The results of the test, showing the change of the index range are presented in six columns, which correspond to the main 12 channels. As a result we get a working model of the energy transfer as well as a system of the group check (lo)-points activity evaluation, convenient for estimation. A specially developed computer support program permits to represent them as two central columns, which characterize the ING-YANG balance of the left and the right sides. Besides, by applying the same method, it permits to calculate the level of the 4 trigons and other infrastructures of the system. However, the main result is the harmonious integration of the VC – VG into the general regulating model of the energy redistribution along the left and the right sides. 7 structures (6 pairs of channels +1) take part in the regulation process on either side, by analogy with the global 7 strings theory, which today explains the general laws of the world creation.

According to the models, we have obtained, the posteromedian channel controls the accession of energy mostly to the YANG, left side of the body energy system, while the anteromedian one – to the ING, right side. In fact, these channels act as a kind of a specific distribution trigger, which keeps the body energy balance at the left-right level. At the same time, in the long run, they keep up the ING-YANG balance through the *fire-water* energies on the vertical plane at the main energy dipole level.

The pure energy stream flows from the most ING, V channel branch directly to the branch of the opposite side of the most YANG, TR channel and the regulating chain is governed by the RP branch of the energy-giving side. The whole model is very logical, since the RP channel is the blood energy carrier and, depending on whether it is full or empty, it controls, like a sensory-unit, the main energy valve, which keeps balance in the system at the right and left components level. That is why the action, applied to the RP channel , as a rule, has

very strong therapeutic effect on any kind of pathology, especially on the one, which implies inflammatory and metabolism disorders, of which we have had a lot of chances to make sure. Actually, this channel, provided it is correctly acted upon, is a sort of a key to the whole chain of the delicate energy balance at the body's left and right sides level. Therefore we often use it in acupunctural therapy practice for all kinds of diseases.

Each of the above mentioned channels connects the laterally opposed systems by an energy lock-chamber. Thus, if there is an excess of energy in the Vd channel, where it is accumulated in the WATER primary element, the anteromedian channel, following the RPd's permission, opens the energy transfer lock- chamber and directs the energy to the TRs channel's FIRE primary element, where the excess is used up. The posteromedian channel, on the contrary, controls the transfer of energy from the Vs to the TRd. Upon the whole we have developed a harmonious three-dimensional model, which includes the vectors of time, of energy spatial redistribution in the channels and attenuation values of the amount of energy in the channel. This model helps to solve many of the theoretical problems of the body's energy regulation. At the same time it is quite easy to understand.

It should be admitted that the system is characterized by surprisingly expedient and esthetically beautiful operation, and it's a well-known fact that beauty is also a criterion of truth.

For example, our observations show that in the case of men the posteromedian channel gets into hypo function (has high testing results) if the ambient temperature rises, if they are hungry, thirsty or if their physical potential grows. The anteromedian hypo function takes place when the feeling of hunger reduces, when sweet food is eaten or when water intake is excessive.

It appears that in the case of men, the left, YANG, part of the channel system is connected with energy consumption, while the right, ING, part is connected with energy storage.

Normally, the process of energy redistribution between the left and the right sides is neatly balanced and the observed energy asymmetry is insignificant.

At the bioenergetics level, pathologic process is usually preceded by a disparity between energy consumption and storage in a particular organ or physiological system, which manifests itself as the asymmetry of the channel's right and left branches indices, the intensity of which is proportional to the pathology gravity. This principle of identifying pathology is easier and more understandable for commonplace perception.

The system of trigons.

In our everyday practice we also use the system of trigons to assess the patients' condition. According to ancient theories, the main 12 channels are divided into three groups, depending on the type of energy transfer and their affiliation with YANG-ING. Normally, in spite of all the fluctuations of activity at the channel level, there are certain constant interrelation proportions between the groups. Each group has its own regulating point (the Lo-point), by acting upon which it is possible to change the cumulated activity of the whole group. It is very convenient and effective in practice, especially if all the three channels of the group are in dysfunction at the same time. This system of trigons is represented in the picture.

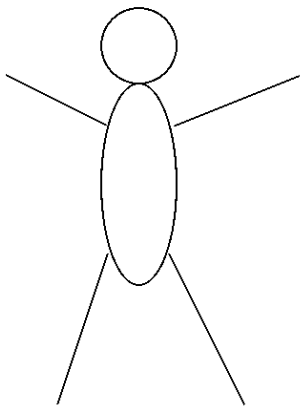

Fig. 22

Affiliation of the channel with the YANG or ING system lies at the basis of the subdivision into the 4 trigons. The YANG hand channels begin at the finger 'input' points and end in the head zone. They are the GI, IG and TR channels. Their cumulated potential is formed by 62 VAPs. The TR8 – VAP(san-jan-lo) is their group lo-check-point.

The YANG foot energy trigon begins at the head, through which energy is delivered to the feet. It includes the E, VF and V channels. The cumulated potential of the group is formed by 156 VAPs. The VB39 (suan-chgun)VAP is the group Lo check-point. The energy from these channels is emanated from their 'outputs' at the toes and gets to the ING system through the RP, F and R foot channels' inputs'. Through these channels the energy flows to the abdominal cavity organs. These channels include 63VAP , and their group Lo point is the RP6 VAP (san-in-czao).

From the abdominal cavity organs through the diaphragm, the energy flows to the organs of the thoracic cavity, where the ING hand channel trigon starts. It consists of the P, C and MC channels. It has 29 VAPs and a group Lo at MC5 (czan-chi) VAP.

So, according to ancient conceptions, there is a closed system of energy circulation with anastomoses between the groups of channels at the fingers and toes, the head, the stomach and the thorax levels. It should be emphasized, that normally the proportions of the cumulated activity are rather stable independently of the age, since at the old age the VAPs tend to close proportionally to their number on each particular channel. Therefore the general proportion remains the same with:

The YANG hand trigon activity = the foot ING trigon

The ING hand trigon activity = 1/5 of the foot YANG trigon

The real activity of a trigon can be calculated with the help of the test. For this purpose it is necessary to find the sum of both channel branches indices, which is equal to the channel's activity in general. Then, sum indices are found for each group. This algorithm is given in the pattern in Fig…

Upon the whole, the multi-layer system of the person's bioenergetic condition evaluation enables those who use it to distinguish norm from pathology rather effectively as well as to monitor the patients' condition in the course of treatment.

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CHAPTER 4

The general theory of acupunctural channels functioning

4.1.New theory of acupunctur channels

In spite of the high level of development of contemporary medicine and biology, they still contain a lot of 'blank spots', i.e. unsolved problems and mysteries. For example, the results of the latest research reveal an enormous gap between the limited information capacity of the body's gametal cells and an immense amount of information, necessary to ensure the transformation of the foetus into a grown-up person. In other words, gametes are in no way capable of storing the information 'hologram' of an adult. So, where does the huge amount of the missing information come from? How does it get into the cell?

Let's take another strange phenomenon, which is a fantastic accuracy of successive genetic information transfer from parents to children across the generations. As one of the results of this phenomenon, in some cases, the genotype remains intact for hundreds of millions of years, thus manifesting a remarkable stability, in spite of its complexity. Where is the fantastically accurate system that controls this process?

What is life and how is it supported? What's the difference between the living matter and the dead one? What's the driving force of the evolution of species and what's the secret of some specious fantastic stability in comparison with the others, in spite of all the careful efforts to carry out artificial selection?

There is no explanation of the striking cases of accurate future forecasts, or of telepathic communication between people who are physically thousand miles apart from one another.

To our way of thinking, only the new theory of the DNA and torsion fields' energy-informational interrelation through the acupunctural channels enables scientists to solve a number of difficult problems, which are extremely important for contemporary biology and medicine.

The principle and the conception of laterality, which forms the basis of the suggested doctrine, is of great importance for understanding the principles of the channel system functioning and carrying out high-quality diagnostics and treatment. It should be noted, that up to the present time the problems of the two channel branches interaction and ascription of an organ or a system to the right or to the left channel branch remain 'blank spots' in contemporary theory of reflexo-therapy. Ancient doctrines didn't cover these problems either. Contemporary reflexotherapy conception assumes that the right kidney is connected with the kidney channel right branch. It's the same way with the lungs. But in this case we still face the problem of the channels, which control unpaired organs.

Contemporary academic medicine doesn't operate the conception of laterality with regard to diagnostics, treatment and pharmacology either, although this conception is the basic one in describing the properties of matter and elementary particles. So, we can observe the violation of Bowen's 'deducibility' principle (1961), which states that big objects must possess the characteristics of the small ones, by which they are formed.

In our opinion, the notion 'side' shouldn't be understood mechanistically as just the organ's left or right side, or, for example, as the left and the right kidney if the organ is paired.

Our research shows (Recommended Methods of Practice.,2000) that in any separately taken part of every organ some cells, by their functional characteristics, are connected with the left while others are connected with the right branch of the channel, which controls the organ.

Let's consider the main landmarks of the development of this ideology.

In 1940-50 A.G.Gurvich developed the theory of the biological field. Its main theses, concerning the conception of cellular fields can be formulated as follows:

1. The field source is connected with the center of the cell, to be more precise with the chromatin of the nucleus.

2. A cellular field has a vector character, which is connected with the cells' certain orientation due to the potential energy they have acquired, participating in the cellular metabolism. Any cellular molecular, which possesses energy, is in the state of excitation and is subjected to the influence of the intracellular field.

3. The cellular field is dynamic by nature and is connected with the cell's activity.

In 1988 G.I.Shipov developed, in their final shape, physical vacuum theory equations. We believe this theory to be the basic one for the purpose of explaining the principles of acupunctural channels functioning. But, historically, a number of important events in the field of physics preceded the appearance of this theory.

In 1935 A Einstein, V.Podolsky and N. Rosen came out with an idea, the gist of which is the following. A quantum object, for example two bound photons, retains a certain likeness of information connection ('binding', 'tangling' EPR-effect) in the process of splitting and dispersion. The quantum state of any of the photons, polarization or spin, can be instantly (in zero time) communicated to the other photon, which becomes the analogue of the first one. As for the first photon it collapses and disappears. And vice versa. The distance between the photons is of no importance. This purely theoretical idea was named the EPR paradox after the names of its authors. The term 'quantum non locality' is a synonym, used to name this effect. It emphasizes the instant distribution of the quantum bound elementary particles and their non locality in space. Later, the experiments, carried out by Zoilinger (1) and De Martini proved that the EPR principles could be applied in practice to communicate the state of polarization between two photons by means of the third one over a distance of 10 km through a light guide.

In 1961 an English physicist Bowen formulated his deducibility principle, according to which all the macroscopic characteristics of the bodies must be deduced from the characteristics of the elementary particles by which they are formed. In this way, all known physical laws can be applied at the human body level, as there is no prohibition concerning the consideration of living cells and DNA as elementary particle continuum.

In 1936 N. Bor draw attention to the fact that quantum physics can be used to solve the problem of consciousness. Later, I.Z. Chavchanidze (68) supposed that consciousness is generated by the formation of a coherent quantum state in nervous processes, based on the electrons' system spin configuration. Electrons' spins are responsible for the formation of the properties of integrity in the brain, which enables the whole system to react to outside stimulations as a single unit. It was this property of our consciousness that was commented on by E. Schredinger (72). " Consciousness is never experienced as multiplicity, it is always felt as integrity". And it should be noted that the whole system of information processing works without power input, i.e. without entropy.

The example of assessing the electrons' spin effect in the so called spin glasses (22) shows that the electron spins orientation in space can be chaotic and differently directed at a certain level of observation. On the other hand, according to F.P. Ramsey's theory (1928), a more general examination shows that chaos in space has a certain structure and order. Since all the spin states of elementary particles are interrelated, it's enough for one of the spin states to change somewhere in space to provoke the formation (like in kaleidoscope) of a new common spin field configuration. All these changes happen without energy input and instantaneously. The wave function of the quantum mechanical systems leads to the conclusion that the Universe can exist as a single whole, in which the state of every atom is coordinated and depends on the state of all the other atoms that form the Universe. It's important that the wave function includes the information not only about the possibility of finding a particle at different spots in space, but also about its energy, pulse and other physical values (19). In this case we deal with the implicative, i.e. indivisible, character of the connection, which doesn't depend on distance or time and not with the physical one, resulting from energy or pulse transfer. From the classical point of view, such global correlation of elementary particles, that form our Universe, takes on a touch of something mysterious, telepathic and happening at an immeasurable speed at that. All these facts need a new theoretic grounding.

The main assertion of the theory of physical vacuum is that there is a fifth fundamental interaction in Nature. Its field was named a torsion field. Until recently, it was believed that all known natural phenomena can be explained by four fundamental interactions: by two long-range ones (gravitational and electromagnetic) and two short- range interactions at the atomic level (the strong one and the weak one). The equations of the physical vacuum theory, based on the general relativity principle, permit to find a solution of the problem of the super potential, which could unite gravitational, electromagnetic, strong and weak interactions into a single whole. Thus, since this theory claims to be the fundamental theory of the physical world it should be reflected in medicine.

Speaking about the history of the torsion field theory development, it should be noted that as far as in the middle of the XIX century N.I. Lobachevsky showed that apart from Euclidian geometry there could be other kinds, describing spatial curvature. The same ideas were promoted by B. Riman. In the first quarter of the XX century a French mathematician E. Cartan pointed out that there are interactions in Nature, connected with the bodies' gyration. He also created mathematical apparatus for the swirling space. In Einstein's theory space, time and matter are connected together, the character of the gravity field is presented through the four-dimensional space curvature and the maximum speed is the speed of light. In the 1960s R. Pentrose developed E. Cartan's ideas about the new fundamental interaction, generated by the torque, and about the connection between physics and geometry. According to ancient oriental conceptions, all material objects of the physical world appear from the Great Emptiness, from the absolute 'nothing'. The acts of material objects' creation are going on in the Emptiness all the time. In 1979 W. Clifford, an English mathematician, wrote that nothing happens in the physical world except the change of the space curvature. In other words, matter can be represented as clots of space, as peculiar curvature hills at the background of the flat space.

In 1970s G.I.Shipov, a young physicist from Moscow, draw the attention of the scientists to the global role of torsion fields in Nature. He presented a mathematical formulation of a specific state of Nature, physical vacuum. For this purpose he introduced a ten-dimensional event space and 7 levels of reality. Classical physics operates with four aggregative states of matter: solid and liquid matter, gas and plasma. There is also 'physical vacuum', (the fifth state), which is the basic, the lowest, with regard to energy, quantum state of the field, in which there are no elementary particles. This level of reality is beyond our observation. All the knowledge about it that we possess is the result of indirect evidence. Physical vacuum can be regarded as a matrix of potential matter of different nature. At the same time, the particles are inseparable from the space around them. " They represent a kind of a continuous field thickening, available throughout the whole space. The particles may spontaneously appear from the emptiness and disappear into the emptiness again. Vacuum is in the state of emptiness, and yet, potentially, it contains all the possible particle forms." (71). G.I. Shipov adds two more levels to the mentioned five: 'the absolute nothing' and 'the primary torsion field'. The absolute emptiness is the beginning of everything. It has two states: a well-ordered one and a disordered one. Nothing definite can be said about the disordered state of 'the absolute nothing', since at this level there is no matter to observe and nobody to do it. The well-ordered state (the second level of reality) is the state of the numbered space, which has a reference frame. This state is called *the primary torsion field* and its structure can be imagined as twisted threads. The primary torsion field is weaved from these threads, which are twisted but not curved, since they are devoid of energy. These twisted lines constitute the field's elementary structures. They can have either the right twist (R) or the left one (L).

This fact implies the possibility of binary coding and presents (R) twist and (L) twist as bearers of information, which, at that, is transmitted without energy input (through implicative connection) and

instantly, at a speed higher than the speed of light. Besides, in accordance with the law of parity, the number of the right and the left structures must be equal. We believe that an acupunctural channel is the extension of these twisted lines at the living organism level.

It is represented by a chain of cells, shaped as a functional filament with a synchronized torsion component along the whole length. With the help of acupunctural channels every cell of the living organism receives information from the common torsion field.

It is also very important that torsion fields' interaction is different from electromagnetic sign interaction. Thus, the structures, having identical swirls RR and LL are attracted to each other while those having the opposite RL and LR are repulsed. //We believe that this principle permits the spatial torsion thread invariably to 'recognize' its own acupunctural channel (one of the available 24) and no other and hook up to it strictly in compliance with the channel's parameters.// Another striking fact about the torsion field is that it can transmit information to the future as well as to the past. In the simplest case the torsion fields' topology has a cone-like structure, like a pyramid. The torsion field is generated by Weizenbec's space (Shipov G.I., 1988) and has 24 independent components *(which is equal to the 12 main acupunctural channels, if their 2 branches are taken into consideration*!). So, the primary torsion field is energy free excitation of the absolute vacuum, which has neither substance nor charge, but possesses spin and is able to interact. Such fields generate matter. At the same time, it's an information field, which contains information about all possible events in the past, present and future.

One of the qualities, peculiar to the torsion field is its function of global synchronization of all the material world processes. Interesting results, testifying in favour of this hypothesis have been obtained quite recently (M.V. Fyodorov with co-authors., 2000). In the course of the experiment the researches synchronically recorded PU 239 alpha-activity in different spots of the globe. The form of the received bar charts appeared to be the same, if taken at the same time; and the repeated outbreaks of the bursts of activity, identical in form, happened synchronically in all the spots with the period of 23 hours and 56 minutes, which corresponds to the sidereal and not to the solar day and depends exclusively on the orientation of the Earth relative to the stationary stars sphere, from which the synchronizing waves come. It has been found that the relic radiation, coming from the depth of the Universe, has two components: the constant one, which is unregulated and extremely weak and the variable one, which is strictly polarized. The latter's power is 1000 times weaker, however it is 10^3 times more effective (I. Dmitriyevsky, 1997).

Both kinds of particles with the positive as well as with the negative mass are generated at the primary torsion field level and the law of conservation of mass looks as follows:

$$\mathbf{m^- + m^+ = 0}$$

This process corresponds to the worlds with the left and right matter. The positive masses are reciprocally gravitated to form the visible world; the negative masses are reciprocally repulsed to form the homogeneous background. Therefore the complete average density of matter in the vacuum is always equal to 0. The primary torsion field generates matter and, at the same time, it is an information field, which contains absolutely all information about everything.

This Nature pattern makes the question about what appeared first: matter or consciousness senseless, since they form the two sides of the same phenomenon and are indivisible. According to this theory, the interaction of matter and information generates stable field formations, named mental forms (**Fig.22**), which can be peculiar elemen-tary particles of the Universe. Mental forms are supposed to have such property as integrity. They are believed to be generated as indivisible quantum systems. They represent particular material objects in the structure of the common information field. I.G. Shipov defines the interaction of matter with the information field as conscious-ness, which means that mental forms are a product of consciousness. They manifest its main characteristics – to single itself out of the environment.

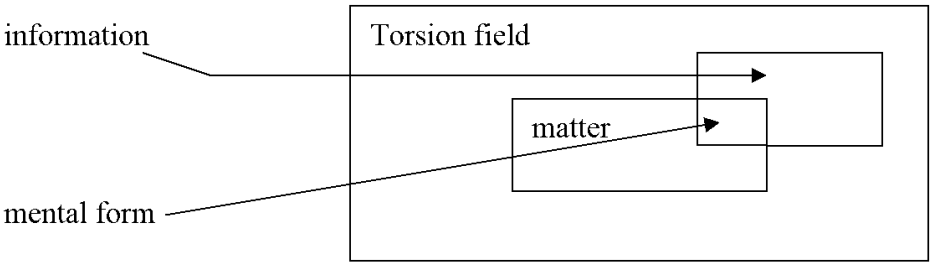


Fig.22

The idea that interconnection of matter and the torsion field leads to any matter having consciousness was expressed even in ancient times, and the higher is the degree of interconnection the higher the level of consciousness. This process takes the most active form in human brain, because under some conditions human consciousness can link up to the primary torsion field through the channel system and discover information at the moments of direct contact in the course of meditation or through the analysis of the empirical experience received at the moments of revelation. This conception of Nature deprives the problem of priority of any sense, i.e. the problem of which appeared first: matter or consciousness, because they are the two sides of one entity and are absolutely inseparable. It is quite possible, that the doctrine of acupunctural channels was created in

extreme antiquity by means of meditation through discovering and extracting this knowledge from the common torsion field, since nowadays, in spite of the high level of science and technology, this knowledge has not yet been rediscovered in the course of experimental research.

In the last decade the principles of the 'fifth' type of physical interaction at the torsion fields' level have beet tested and verified experimentally (A.E. Akimov, V.P. Finogeyev, 1996). Torsion fields generators, which can develop the capacity of 50 watt, have been designed on the basis of this theory (Yu. A. Baurov, 1999). In this way, theory was verified by practice, which is the criterion of truth.

The examination of torsion fields with the help of instrumental methods (A.V. Bobrov, 1994) showed that this radiation has a number of unique characteristics. It can penetrate, practically without attenuation, through screens of different structure and thickness – through reinforced- concrete walls of more than 1 meter thick, through a layer of earth of more than 10-12 meters thick. It can affect bulk charges in the semiconductors' p-n junctions, etc. At the same time, it carries complex information, which for example, enables the operator-inductor to exercise influence on a previously specified object at a great distance (A.V. Bobrov, 1999). This phenomenon is known as a directed action phenomenon or a long-range action phenomenon.

Yu.A.Baurov and K.A.Trukhanov were the first to describe a physical space information channel, which unites all the living and lifeless objects of Nature into a common information field. The existence of this information field on the basis of the torsion fields results from the four-contact byuons interaction, which generates the so-called object 4b, which can be understood as the electron neutrino – antineutrino pair bulk. According to Yu.A.Baurov, every object 4b carries no less than 2 bits of information, connected with the 'spin' direction. This fact enabled Yu.A.Baurov and V.M.Ogarkov to suggest a new way of information transfer practically to any distance, as well as the device, shaped as an energized spiral, cylinder or of the torus ring type, which could carry out this transfer. It is important that DNA, alpha-helical proteins, mitochondrion chains, etc. have spiral structure, i.e. the best form and structure for the information exchange with the help of objects 4b.

Since the cell molecules can perform a well-ordered rotary motion, they might as well be the sources of molecular torsion fields' radiation (O.G.Gavrish, 1999). It's the protein molecules that the action of the biological field is directed at in the first place. They form 'non-equilibrium molecular constellations', the most important dynamic cellular formations. Gurvich called this process 'a structured one'. Protein molecules are also the source of mitogenetic radiation (secondary chemo-luminescence), which was discovered by A. Gurvich in 1923. It is an extremely weak ultraviolet radiation in the range of 190 – 330 nm. Being of photon nature, this radiation has the torsion component (A.E.Akimov, B.P.Finogeyev, 1996) and is an integral part of the cellular field. On the whole, mitogenic radiation plays an important role in the body with regard to information. Several scores of ultraviolet quanta are enough to provoke the cell division, accompanied by its torsion fields' activation.

Inside the cell, the chromosomes form a concentric system of nested fields, and all the cell formations find themselves within its effective area. Under the influence of the DNA torsion fields, the protein molecules inside each cell get into an excited state and acquire the spin polarization, forming well-ordered, dynamic intracellular structures with specific functions, characteristic of a living cell. In case of the chromosomes' DNA death, their field disappears as well, which leads to the general functional breakdown of all the cell structures. Such fields must reach the peak of activity in the period of cell division. The cell's genomic DNA performs well-ordered spiral revolution, which brings about the change of the torsion field's vector. /////In his works P.P Garyaiev (1996) states that the mesomorphic DNA layers, which contain metal atoms, can be considered to be the localized photons fractal accumulating agent. Together with the other cell formations they create a coherent information continuum. The information exchange between the DNA and the cell's organelles is based on this highly polarized and coherent state of the polarized molecules' oscillating dipole, which results from the photons boson condensation(H.Frolich, 1968). The frequency of the proteins' electromagnetic oscillations, in this case, is 10^{12}Hz, of the DNA's – 10^{9} Hz and of the membrane – 0.5 – 10^{11} Hz. It becomes clear why the strategically important biological molecules – the nucleic acids and proteins have the L-isomeric components makeup, a spiral swirl and, consequently, a pronounced capacity for optical spin dispersion, circular dichromatism and double refraction. Their atoms' asymmetry and the consequent isomerism and optical activity, in the long run, provide for the biological system the quick pickup of the information, which gets through the light polarization. It's due to these properties that the whole cell enjoys a super coherent state, in which every molecule continuously gets the information, necessary for the maintenance of coordinated vital functions.

Contemporary biology possesses information that only 7% of the DNA substance has direct coding connection with human organs or physiological systems. The destination of the rest 93%, so far, remains a mystery. Recent research shows that the information recorded on those DNA areas, which are not engaged in the coding process, resembles natural languages or music, unlike the information recorded in the coding section. This fact leads the researchers to the conclusion that those DNA areas are the bearers of a specific biological informational language. In our doctrine we can define this DNA area as a decoder of the information, that gets into the cell through the acupunctural channels, which function as antennas. A. Davidov (1984) describes the principle of the electron stream's excitation, localization and travel along the protein molecules' peptide chains in the form of solitons. We believe that such low-frequency soliton waves can serve as peculiar information packets, which travel from one cell to the next are and deciphered in the DNA's non-coding sections and are dispatched to the indicated address further along the acupunctural channel, just like e-mail

messages find their destination through the Internet. When the packet comes to its destination it is identified and deciphered in the DNA and then, transmitted as the DNA'S coherent radiation to the molecules, which carry out the commands. The information serial transfer is performed in cycles and waves and depends on the propulsive capacity of the DNA's non-coding section, which is functioning in accordance with its general oscillations frequency. The information rate in the channel's left and right branch is more or less similar, but not completely symmetrical.

Pronounced holdups of information packages in one of the channel branches provoke information failure, followed by functional asymmetry, in the fractal area, which the channel controls.

Generally, the DNA spiral is believed to have the same rotating sense while twisting or untwisting (O.G.Gavrish, 1999). It follows that the torsion field, generated by the spiral in both directions, also remains the same. It just changes the sign depending on the spiral twisting or untwisting at the given moment. The environment is believed to generate mostly 'left' torsion fields, which have a negative effect on living systems (A.E.Akimov, V.P.Finogeyev, 1996). 'Right' torsion fields are more characteristic of living cells in general (O.G.Gavrish, 1999).

Taking into consideration the conceptions of the general channel theory and the results of our research work, we, personally believe that normally, at every given moment, the body should possess a certain symmetry (not a static but a dynamic one) of the summary vectors of both left and right torsion fields generated by the cell groups of the opposite functional destination at the level of one single organ or physiological system. At the same time, for example, the left (YANGish) torsion components can predominate in the wakeful state, while the right (INGish) ones may prevail when the person is at rest or sleeping.

By measuring every acupunctural channel brunch activity with a stream of light in compliance with Acabane's test we, in the long run, measure the summary capacity of the cell groups' torsion fields, which perform a uniform function at the level of one single organ or physiological system, and which, at this particular moment, are connected with the measured channel branch.

Asymmetry of the parameter values of one or both channel branches indicates the predominance of one physiological process over the other. The degree of this predominance will be proportional to the degree of the channel branches parameter values asymmetry. The most pronounced manifestations of this rule were observed in our experiments with the patients who suffer from diabetes, but we are going to speak about it later.

Due to the property of mutual attraction, each of the 24 spatial torsion information threads, depending on its swirl (the left or the right one) finds the channel with the analogous torsion component and by means of this channel performs addressed communication with the body cells, transmitting the whole stream of information through the polarized modulation. Our construction places man or any other animate nature object on the peak of the torsion pyramid, his head, in which the environment is reflected and analyzed, being at the point of bifurcation and the torsion threads' focus. The foundation of the pyramid is lost in the depth of the universe, where, according to this theory, there might be a certain fractal, which is, kind of, responsible for this particular animate object and feels with him different situations of life. We, practically, never notice this alien presence in our consciousness, because the stream of information bypasses it and goes directly into every cell of the body, where the information is decoded and realized, mostly by way of changing the cell's metabolism and readjusting it for the purpose of its successful functioning in the body's integral assembly. Besides, we have got used to the idea that we are personally responsible for all our actions. To add to this, we all reject the idea of being just puppets operated by the great puppeteer, named God. Only when we are asleep part of the information, which is normally inaccessible, can leak out directly into our head. In this case we can perceive it as images or scenes, sometimes of the prophetic character. Some facts about the nature of sleep have led us to this conclusion. Thus, man can stay alive without food for over a month; he can survive without water for over 10 days, but if he is deprived of sleep he will lose consciousness in 4 or 6 days. So, sleep seems to be the most essential of all the factors that support life. It's a common belief that we need sleep for relaxation. But our body cells' structure permits all their mechanisms to work without rest. According to our hypothesis, sleep is necessary for all the cells' of every living organism complete recurring hookup to the common torsion field for the purpose of the massive informational uploading and the general state correction.

On the basis of an individual consciousness direct hookup to the global torsion field, it is possible to use another cognition route, different from the usual one, which consists in analyzing and summarizing different factors of the material world through practice and experiment. It is the way of getting knowledge by means of falling into a trans in the course of meditation and switching on to the common information field. This route has been most fully mastered by the Indian yogis, who have their own method of looking for the truth- Auyrveda, but this way is not for every one.

It is highly probable, that the doctrine of the energy channels appeared in ancient China owing to such kind of direct informational interaction, and not as a result of the empiric experience generalization, since even at the contemporary level of technology development it is impossible to reproduce or rediscover this knowledge, taking into consideration the degree of its completeness and accuracy.

Still, in spite of the 'man – information field' construction perfect coordination, the question arises:" What is the purpose of this connection?" The answer may be as follows. The common torsion field, which fills up the whole universe, is the absolute intellect, the equivalent of God, which contains all the information and rules everything. But, since it is homogeneous, and, theoretically, doesn't have ING and YANG in its structure it is static and non-material. Therefore it can develop itself and experience physical satisfaction only by way of

constant communication and empathy with every living being. This communication generates a full dipole structure with its own ING and YANG, which are embodied in the unity and struggle of the two opposites: the material world and the world of the absolute idea. Every small insect, which doesn't realize its own identity at the level of its consciousness, is connected with God at the cells' level in the same way as man. In this general sense, all living objects are equally valuable for God.

There is, another logical problem in this connection, yet. If life is controlled by such a perfect system, based on the torsion fields and the EPR-effect, why is this system supplemented by an imperfect nervous system with the speed of information transfer, constituting mere 8-10 m/per second? One of the possible answers is that advanced organisms need the nervous system to slow down the speed of the development and adjust it to the biosphere's rate of evolution. Man has a great resource for the future development, which can be activated only gradually over a long period of evolution, in the first place, of our intellect and self-consciousness.

Another view on the nature of TCHI can be based on the fact that TCHI is a peculiar kind of biological energy, the nature of which is unknown to contemporary science. In 1978 a number of thoroughly prepared experiments, comprising ultra sensitive instruments, which aimed at registering the possible physical effect of extrasensory individuals' directed action on different objects were carried out in St. Petersburg (G.I. Dulnev, 2000). The experiments were filmed. The motion film shows that in the course of the experiment the extrasensory individual (Nina Kulagina) made light (several grams of weight) metal and dielectric objects move around a wooden surface over a distance of 30 cm. The distance from her hands to the objects varied from 5 to 10 cm and the objects (metal and plastic cylinders with a flat base, 1 – 1.5 cm in diameter and 5 – 10 cm long) moved jerkily, remaining in the vertical position. After the objects were placed inside a grounded metal net screen (a Faraday cylinder) they still continued to move. This fact completely excluded the possibility of their moving under the influence of the electrostatic field or radio waves.

To exclude the magnetic nature of the effect, some experiments with 0.1 mm copper and iron filings were carried out. The filings were placed on the surface of a wooden table in two small groups and covered with a paper sheet. The extrasensory made passes with her hands at a distance of 30 – 50 cm from the filings. After the sheet was removed, it was discovered that both types of the filings had changed their configuration in the same way. At some spots the researchers noticed condensation or dispersion of the filings, anyway, the result completely ruled out the magnetic nature of the effect.

The most striking results were received when magnetic field density was evaluated with the help of the Hall-effect device, upon which influence was exerted either at a distance with the help of fingers, or by holding the device in the hand. The device registered a pulsed magnetic field with an enormous field density value of 10^7 nTl, which exceeded the norm almost by half a million. The operator was able 'to hold' the signal for 3–4 seconds. Later, the experiments were repeated, with the extrasensory operator being at a distance of 15 km from the registering device. The experiments proved that the nature of the influence had nothing to do with the magnetic field and that some 'unknown' radiation took place instead. Two field density- registering devices were engaged in the next series of experiments. The extrasensory operator exerted influence on one of them, while the other device, placed at the distance of tree meters, remained unseen for the operator. In the course of the experiments the researchers registered a gradual increase of the reference device data with a sudden burst of above 70 nTl , which took place at the 4^{th} and 5^{th} minutes. After the experiment was over, the field density values didn't reach the initial level and remained within the range of 45 – 50 nTl for the next hour. During some of the experiments, a special screen, made from linearly ordered polyethylene, which worked as a polarizer, protected the devices from torsion fields. Such screens proved to be effective. So, the conclusion suggests itself, that this kind of radiation is connected with torsion fields. In view of this supposition it becomes clear, why vegetables, fruit and meat begin to rot immediately after being placed into a plastic bag, while in any other kind of packing they stay useable much longer. The fact is that in a plastic bag their cells become screened from the common torsion field and don't get any information-energy inflow.

In the course of the experiments N. Kulagina demonstrated her ability to exert remote influence on people's skin, provoking the sensation of burning. This phenomenon was registered by Geratchenko calorimeter, which measures the quantity of the heat flow, i.e. watts/ per unit of area. A disc-shaped calorimeter (8 mm in diameter and 1mm thick) was fastened to the patient's skin with adhesive plaster. In the course of the experiment the device registered enormous heat flow values, without any change of the temperature parameters. The heat flow increases and the patient screams with pain, while the temperature remains the same! The experiments, in which the operator exerted remote influence on the calorimeter, proved that the heat flow from the operator's hands had, in general, wavelike fluctuations every 6-7 minutes and that in 10 – 17 minutes it reached the peak of 38w/cm^2, after which it gradually decreased. The operator could provoke similar changes without remote hand influence, using only the method of 'exerting influence on the image', which consists in drawing the mental image of the sensor device and exerting influence on it. During this experiment the device was screened, by placing it into a massive steel pipe.

Different acoustic emission detectors, placed at a distance of 5 – 12 cm from the operator's hand were used in the experiments, in which she tried to make objects move. At the beginning of the experiment they registered 70 decibel acoustic pulses, which lasted 0.01 sec. In the middle of the coercion the time of their duration reduced to $3.7\text{-}10^{-3}$ sec., but the amplitude increased and reached 90 decibels. Calculations showed that the noise of 90 decibels bears on the object with the pressure of 0.1 g/cm^2, which is quite enough to make light objects move. To make sure of the acoustic nature of the force, which influenced the object, the latter was

screened with the help of a belljar. The object didn't move in the vacuum! Exerting influence with a flow of energy, which is realized as ultra sonic pulses can, to some extent, account for the heating phenomenon. It has been noticed that one can get the sensation of a burn when touching an ultra sonic acoustic transmitter, which operates at the frequency of 1 M Hz. It also heats the body tissues. Though the mechanism of generating high-power ultrasonic waves by the operator's hand as well as their source remain unclear, many of the above mentioned facts, confirm the connection between the energy influence through the channels and the torsion field.

In general, the torsion field theory can perform the role of the connecting link and bridge the gap between oriental medicine, which is based on the conception of the body's biological energy (Tchi), and western medicine, based on the assessment of the particular organ's structural and functional state. Western medicine can cross over to oriental biological energy conception by describing Tchi through mathematical equations and models and presenting it as a dynamic torsion component, inherent to every living object and performing the information transfer function. In this case we could understand the role of the acupunctural channels, which might act as specific antennas, adapted for receiving information from external torsion fields and carrying out global intercommunication. From the point of view of the oriental observer, the results of our research give evidence to prove the idea, emphasized by all ancient sources, that any pathological change of the organ's structure and function is accompanied by the damage of the Tchi quality. But this breach of quality is connected with parity and symmetry disorder at the left and right torsion component's level of the acupunctural channel, which controls the affected organ or system. These kinds of changes can be shown and proved by means of formulas and models, and in this way they can become understandable for contemporary western medicine.

One of the complicated problems, that acupuncture faces, is the problem of physiological systems and channels correlation. Traditionally, the large intestine channel, for example, is believed to control the large intestine, and the liver channel is supposed to be responsible for the liver. This principle lies at the basis of acupunctural diagnostics. But the results of the mathematical analysis show that, for example, the large intestine channel regulates mostly the blood pressure, blood biochemical parameters and a host of other physiological parameters and it is least of all connected with the function of the large intestine itself. We have observed the cases when after the surgical removal of the greater part of the large intestine, the stomach or the gall bladder the results of the tests showed a sharp asymmetry of the analogous channel for about a month, which later, providing there were no pronounced disorders, disappeared. The reasonable question was: how could the channel enjoy the normal state in the absence of its organ? The conclusion suggests itself that *every channel is connected with a certain cell fractal, strictly fixed within the body's energy framework.* If the fractal's centroid lies in the area of the liver, it will be more engaged in controlling its function than any other channel, on the other hand, this supervision will constitute less than a half of the fractal's connections. If, additionally, we bear in mind that along its borders, any single fractal diffusely penetrates another one, we will see that these factors provide powerful correlating connections between the channels. This principle accounts for the syndromic character of every channel's connections, which is incomprehensible for a contemporary practitioner, since western medicine paradigm believes every organ, its function and the symptomatology of the disease to be one single whole. According to our theory, any pathology, being a failure of the accurate energy setup of some organ or system, is rather characterized by wavelike properties diffused in space. It's only later, at the organic stage that the pathology becomes morphologically shaped at the tissue level of a certain organ with clearly cut borders.

Mandelbrot, the creator of the general fractal theory, and his followers pointed out that the most characteristic feature of the fractal objects, shaped as geometrical figures, is their spatial similarity on different scales. Besides these objects also repeat their structure in a more or less isomorphic state on different scales. This property of self-similarity seems to be essential with reference to dynamic fractals, to which any living object belongs. So, the fractal theory clearly accounts for the fact that the major channel system is reflected in channel micro systems, which include the ear, foot, finger, iris, tongue, etc acupunctural systems. Since all the fractal systems are interrelated at different levels, we have a chance to carry out therapeutic actions on the main channels, through different subordinate macro systems.

In the course of diagnostic procedure, while carrying out the tests, which consist in applying graduated energy load through sending infra-red testing pulses, we, in a way, compare the total power of the testing pulses with the total response power of some of the organ's cell assemblages with the left or right torsion component, received through the left or right channel branch correspondingly. The response pain reaction at the 'input-output' point appears if the acting testing energy and the counteracting energy in the tested channel branch are equal.

Acupunctural needle's influence changes the resonance frequency and energy factor of the channel contour, and the latter resets the cell fractal, under its control, to the new mode. If the influence was applied correctly, it brings about equalization of the left and the right torsion components of the fractal's cells, which perform functions of the opposite character. In this way the parity principle is restored and the pathology, which is a kind of energy asymmetry, disappears, transforming itself into the harmony of the left and the right. This is, basically, the general principle of acupunctural treatment.

Running a few steps ahead, it should be noted that the above given data played an important role in the development of the theory of the modulated infrared radiation therapeutic influence. As it has been said before, acupunctural channels, apart from receiving information through the torsion field, can serve as a kind of light-guides (43), through which the quanta of external radiation get into the body's tissues. The channels can transmit basic commands to the cells' DNA, after which the DNA rearranges itself in a certain way and forms a new torsion component within the cell, which resets the working mode of the cell structures. So, we can say

that this mechanism helps to explain the acupuncture's principle of action as well as other kinds of therapeutic influence by way of the body channels.

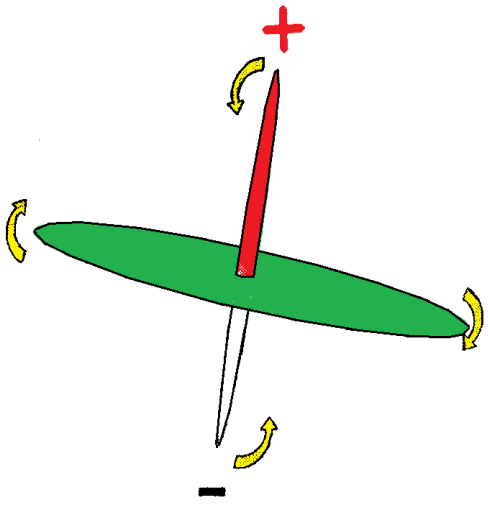
According to this theory, through applying influence on the channel by some stimulating method, say with the help of a needle or modulated infrared radiation, via the channel's input-output points, we involve the DNA in the cells of a certain organ or physiological system in the activation process selectively, depending on their affiliation with (the left or the right) torsion cell population, and, consequently, with the left or right channel branch. In compliance with our method principles, the influence by the modulated infrared radiation of the stimulating type is always applied to that side of the channel, where we have registered a pronounced channel's hypo function.

For example, if the left branch of the large intestine channel is in hypo function, by applying influence to the GIs input-output point, we selectively stimulate the DNA of the large intestine's cells and of all the other systems that the channel controls with the torsion field's left polarization. By this influence we selectively stimulate the metabolism only within the cells with the left polarization of the torsion component, which, in the end, strengthens the left torsion component at the level of individual intracellular macro- molecules and cells as well as that of the GIs channel in general. In the long run, we achieve the equality of the left and the right torsion fields at the level of both channel branches, and restore energy symmetry and parity. This is the gist of this method of treatment.

Now let's try to account for the formation of pathology on the channel level. We can only make guesses about the reasons. According to the presented conception, the TCHI energy in the channels is an information stream, which moves along the channel in waves, like the files, transmitted to a computer, move in through a serial port. Every second about 600 chemical reactions take place in a normally functioning body cell. The process implies that every molecule should be thoroughly positioned in space and in time, since the molecule has no coordinating center of its own, i.e. it has no 'head'. This work needs an enormous stream of information transfer, which is quite a challenge even for a modern upgraded computer, to say nothing of the cell's DNA, whose information capacity doesn't exceed the value of 2.5 gigabyte. That is why the system needs a continuous external information uploading. At the information transmitting cell chain level, there may appear an area of impeded information transfer in the channel. In this case, an information (energy) clot blocks one of the channel branches and the cells controlled by the channel begin to experience information shortage('hunger'), which provokes the cells' functional activity slowing down. As a rule one of the branches appears to be affected, which leads to the symmetry breakdown and also to the breach of the parity principle in the fractal area, supervised by the channel and, finally, to the imbalance of a certain physiological system.

This conception covers the principles of therapeutic influence, described in ancient Chinese treatises, which liken TCHI to the fluid, flowing along the channels from the high level area to the low level one. If there is no level difference the flow of TCHI is interrupted and the disease sets in. One of the principle methods of treatment consists in opening the inter-channel lock-gate, through which TCHI from the congestion area bypasses the damaged section and gets to its destination. If we express the same idea in the up-to-date language, we can as well say that we hook up a new back-up cable to our computer instead of the damaged one, or a new back-up com-port in addition to the overloaded one to provide an unimpeded information transfer. In this case, using such a traditional term and conception as the energy 'emptiness of the channel' is similar to speaking about transmitting information through the channel at a creep speed. Through the stimulation of the channel its transmitting speed can be increased, and in this way the sufficient information uploading speed of the cells, controlled by the channel will be restored. Another traditional term, and the conception, that it denotes, 'the channel's plenitude', can be interpreted as a more rapid information transfer, which accelerates the work of a certain cell fractal and leads to the local asymmetric desynchronization of the body's vital processes. The method of the channel activity deceleration is used to treat this kind of disorders, which is analogous to decelerating the rate of information transfer.

The combination of all the body's torsion fields defines its summarized field. The results of the instrumental pulse diagnostics of 73 healthy women show that only the urinary bladder and the heart channels, out of the 24 channel branches, have approximately equal capacity of the left and the right branches components. Consequently, we can suppose that their torsion fields are equal in terms of figures, too. So, it looks as if these two channels formed a conventional rotation axis of the main energy dipole. The left torsion component



dominates over the right one at the dipole's positive and negative terminals at the *fire* and *water* level (S > D on the IG, TR, MC, R, P, GI channels). And vice versa, it is known for certain that in the 'border layer zone', in the center of the main dipole, the right torsion component dominates (D > S on the RP, E, F, VB channels). On the whole, a complex energy structure, which bears resemblance to a top or to the Saturn's rings, forms at the main dipole level with relation to its spin characteristics. The central 'top' axis rotates in the left direction while the rings rotate in the right direction (**Fig.23**). The same picture, which showed the dominance of the right torsion component at the 'border layer' level channels, was observed when 48 men were examined.

Fig.23

So, we can conclude that the main energy dipole at the torsion fields level has a fusiform structure, with some fine biofield construction regularities common for men and women. It should be taken into consideration that, unlike the results of the test, based on applying energy impact to the channel, this data was received from the spectral assessment of the heartbeat rhythmograms, taken in the course of performing the pulse diagnostics.

Therefore they give the idea of the torsion component structure just as it is, without any reflection of the impact on the channel itself.

Such a complex, well-ordered interrelation of the torsion components on the biological object level needs physical analysis and reflection.

Yet, it should be noted that this data perfectly ties in with other experimental and theoretical research. The ancient theory of acupuncture teaches that every channel has 5 acupunctural points on both branches that functionally play the parts of the 5 primary elements (the points of *earth, metal, water, wood and fire).* All the ING channels start with the *wood* points and all the YANG ones with the *metal* points. Taking into consideration the primary elements' spin orientation, we can suppose that the corresponding channel points will have different torsion components influencing the passage of the Tchi information stream along the channel. If correct phasing is maintained, the whole system works as an aperiodic amplifier of the sinuous signal from one point to the next one.

Fig.24

In the course of the therapeutic action, by exciting or suppressing the torsion component, inherent in every acupunctural point, it is possible to influence its amplitude characteristics, i.e. to increase or decrease the information rate of the channel, exerting influence upon the general wave process through maintaining the signal's phased character. Formulated in this way, the idea of acupuncture needle treatment can be explained from the point of view of contemporary physics.

It has been already mentioned that the possible primary cause of pathology consists in a deep disbalance of the total power of the right and left torsion fields at the level of the cells, which are controlled by the branches of one and the same channel. The action, applied to the channel, with regard to the laterality of the lesion and the method of the exposure, leads to the selective activation of metabolic or catabolic reactions in the cells. The change of the intracellular metabolism is possible owing to the change of the information exchange vector, first of all between the DNA and the cell's organelles. If the energy influence on the affected channel was applied correctly, the DNA of the cells, that the channel controls, is activated, but, to put it symbolically, depending on the type of the command, it can untwist into one or the other direction, thus creating the left or the right torsion component. The channel is a sort of a conductor of the process at the level of the organ or of the physiological system. We can use it to send s command, which will activate or slow down the organ cells with the left (if we act on the left channel) or the right torsion component. Since the left and the right cells carry out opposite functions at any discontinuous moment of time, their total resultant vector reflects the predominance of one function over the other. It is clearly illustrated by the example of the connection between the pancreas alpha and beta Langerhans islet cells and the RP channel left and right branches of the insulin-dependent diabetes patients. When the energy potential of both the branches is the same, the level of sugar is normal. If the left or the right component prevails, the level of sugar is, consequently, increased or decreased, depending on the predominance of insulin or glucagon (Mujikov B.G., 2000).

Sometimes, energy asymmetry appears in the state of norm as well, as a result of certain functional disorders (overeating, lack of sleep, excessive exercise). Usually it is a temporary condition. But in the case of pronounced pathology the asymmetry has a stable character, and the disbalance indices are much higher, with the asymmetry of more than 30-40%. Another difference between the functional energy asymmetry and the organic one lies in the fact that if the former takes place it's men's right channel branches and women's left branches that are in hypo function. In the case of pathology this dependence is broken, as a rule.

So, the question arises: how to define the qualitative border between low-grade pathology, moderate pathology and pronounced pathology at the energy level? According to our observations, the first one is limited by the channel's left and right branches asymmetry at the level of 25-30%. We have defined the asymmetry index of 38% as the border between moderate and pronounced pathology, which corresponds to the upsetting of the body's 'golden section' (1.62). We have already mentioned the existence of this proportion, which can also be regarded as a sensitive instrument of the body's general condition evaluation, at the main energy dipole

level. The violation of this proportion at the level of a particular channel, allows distinguishing between a particular kind of pathology and the norm. A number of latest works (Korobko V.I., Primak G.N. 1992; Levi-Vebel J., 1995) describe, among other things, the presence of the 'golden proportions' and sections at the level of the human body.

The magic number 24, equal to the number of man's main channels, has been known as Fibonacci number (Leonardo di Pisa) since the 18th century. This number, as well as the 'golden section', possesses a number of peculiar regularities, for example the interdependence of the components of this number sequence. There is a well-known Lucas formula, which permits to calculate the value of any Fibonacci sequence member using its number in the sequence and the 'golden number' value, equal to 1.618.

According to V.Budanov (1997), the golden section is a sign of evolable systems with a rich structural-hierarchic potential, an inheritance mechanism and a communication mechanism. In general, the appearance of the golden proportion in dynamic fractals, which are inherent in all types of living matter, is connected with the transition of the system to the state of stability. Reasoning from this conception, we used this principle to assess the transition from health to pathology. In this case, *the appearance of the golden proportion is the fractal system's stability code.* As for Fibonacci sequence, it can be used to analyze the development of complex systems, as the numbers of this sequence, which is based upon the recurrence principle, 'reflect the points of this stability in the process of the self-organizing systems vital activity and it also reflects the specific character of these systems, corresponding to the above points. *The correlation between Fibonacci numbers and the golden proportion can be defined as the unity of discontinuous and continuous in Nature (Vasutincky N.N., 1990).*

Fibonacci numbers describe the continuous process of changes of the fractal object, the concrete numbers of this sequence correspond to the changing system peculiar states. They are harmonious and rather stable. Therefore, even using rather simple means of mathematical analysis of the 24 channels, which form Fibonacci sequence, we discovered a lot of interesting interdependencies, which had not been noticed by other researchers who work in this field. Upon the whole, the dynamic process of a fractally organized system has peculiar states, which are characterized by stability and the predominance of order over chaos. The statistical parameters of this system can be brought to some measurements, number convolutions, which correlate with the similar measurements of other harmonious states, in compliance with the laws of the golden section. According to the present day conceptions of dynamic fractals and the theory of the chaos (Bak P., Paczuski M., 1995) such states of stability can be regarded as attractors, after which the living system aspires in the process of development. These attractors can be pathological as well and characterize certain types of 'stable' pathology. The results of the cluster and the discriminant analyses of different nosological types of diseases prove this fact. It appeared that, on the whole, the averaged test indices of different types of pathology within the limits of one and the same nosological form have clear-cut spatial coordinates in the 24 dimensional space and have the ability to form individual clusters with clear-cut borders there. Generally, one test is enough to carry out differential diagnosis of various diseases with the accuracy of 80-90%, for example, with the help of discriminant analysis, if there is statistical data on the centroid coordinates of different diseases. The results of such analysis are shown in the **table**.

Table

So, unlike, for example, the principle of detecting pathology using the 'range of the norm', widely accepted in reflexotherapy, we tried to find easier and more universal evaluation principles, which might prove to be effective in practice.

The problem of defining the nature of such terms as the channels' hypo and hyper function is also important both for the theory and for practice. We believe that the channel's hyper function corresponds to rather a high speed (in comparison with other channels or with the opposite branch) of the TCHI information stream transfer along the channel, and, consequently, to the increased metabolic energy consumption in the cellular area, controlled by the channel, to the exertion of the system's spare capacities and, finally, to the breakdown of this particular regulating system compensation.

The hypo function, in its turn, corresponds to the appearance of some kind of a deadlock on the way of the information stream, which passes through the channel. As a result, we can observe the slowing down of the metabolism process and the decrease of energy consumption in the fractal area, controlled by the channel, which further lead to organic changes, due to the general stable functional disbalance of the cells with the right and the left torsion component.

Resulting from these definitions, *the notions of the hypo and hyper function can be more adequately used to describe the state of activity of one and the same channel's opposite branches rather than for the description of one of the channel's state of activity in comparison with the others, since the channels' total activity, defined by Akabane test, will be proportional to the number of biologically active points on the channel*. Therefore, if, for example, we compare the test results of the urinary bladder channel and the heart channel, the former will be practically always in hypo function and the latter – in hyper function, but this judgment is certainly wrong.

Already in extreme antiquity it was well known that certain colours, in the action field of which the patient felt comfortable, corresponded to certain types of pathology. Thus, for example, cardiovascular system patients

tend to like and contact with the red colour (the colour of fire). Liver patients prefer green (the colour of wood). In a way, the channel system reminds a system of optical prisms, which selectively extracts certain spectrums out of the whole light-stream. Each spectrum is directed towards a definite physiological system, acting as a sort of a vitamin if the system is in decline. Only five colours can be correlated with the classical system of five primary elements. So, when we arrange the channels into 6 pairs + 1 , we have to add two more colours into the scale for the MC – TR and VC – VG pairs. The colours for these pairs of channels are still to be defined with the help of **Louchair?** test. They are most likely to be violet and blue, the colours that are most of all attractive for diabetes patients. According to our observations, the higher is the patient' level of sugar, the more they like the colour blue. This pathology must be based on the general energy disbalance at the left – right level through the VC – VG channels involvement.

To all appearances, electromagnetic waves with a certain wave-length selectively stimulate certain channels. Like each of the seven colours, that form the spectrum, has its own frequency range and its own shades, the stream of TCHI, transferred by electromagnetic waves in the light band, splits up into spectral components, having passed through the channel prism, each component taking additional stimulating part in the regulation of some function. An electromagnetic stream of a certain band characterizes a certain colour and acts as a sort of a stimulant for the channel system. Of course, it's a figurative analogy, but it can help to explain the possible regulating principles. Everything that was created by Nature was created for some purpose. As for us, we used the infrared band with the wave length of about 920 nm. Infrared band characterizes the 'fire summit' and is the most universal band for the other primary elements as FIRE dominates all of them. Everything starts with fire and ends with fire. The influence itself takes place at a definite peculiar modulating frequency, which has a universal restorative effect on any channel (Mujikov B.G., 1991, etc).

In our opinion, one of the most complicated aspects of the theory is the fact that in this system the same channels can influence the regulation of many physiological parameters simultaneously, by forming different ideologically determined assemblies at different regulating levels. It's hard to grasp this idea if we keep to the traditional mechanistic conception of the regulating processes. What could be the possible operating pattern of this system?

All the channels are under the influence of the regulating energy stream. But apart from this influence, each channel, through its biologically active points and through the sense organs, connected with it, responds to certain physical factors of the environment as well as to the body's own psychic and somatic processes. The combination of all these factors changes the activity of the channel and its resonance characteristics and, consequently, the component of its influence on certain regulating functions. It turns out that due to the channels, all the systems of a living organism are in a super coherent condition, and billions of its cells have the possibility to carry out information exchange. A giant multi-cellular continuum, which forms high biosystems, couldn't integrally coordinate metabolism or other functions without such a phenomenon as information wave communication. It's only one of the hypotheses, which we agreed to call 'the theory of channel resonators', since each channel has its own resonating frequency and all the channels together form an integral orchestra. Under adequate direction their aggregate information energy stream can support all the aspects of the organism's vital activity. The channels are connected by a multi contour communication system, which regulates the energy stream intensity. The TCHI energy is transferred to the areas, where it is most necessary, through the system of Lo checkpoints and 'magic' channels forms, If all the streams function in harmony they form an integral polyvalent energy structure of the body's vital activity regulation.

On the other hand, the objective reality, as presented by contemporary physics, is every day less like the world, ruled by the strict laws of stable objects, the world which was completely in accord with Decart and Newton's mechanistic conceptions. For example, there is a great difference in how the classical physics and the new one interpret the relations between space and time, cause and consequence, subject and object. Nowadays, scientist have some difficulty in defining the composition of matter itself: whether it is formed by particles, waves, fields, super strings, or maybe it's a peculiar combination of all the above mentioned components. The most striking and mysterious fact is that even by observing some particular elementary particle we can changes its behavior, as if the particle 'realized' that it is being watched. From this fact it follows that from the point of view of traditional conceptions the elementary particle itself must possess a certain consciousness, though, unlike the brain it has neither form nor structure, which could house this consciousness. Meanwhile, already in extreme antiquity, oriental philosophy claimed that consciousness was inherent in any object in the world around us. Originally, every object, being part of Brahman (which means being part of the Absolute) is endowed with consciousness, but only a man, who has reached spiritual perfection and enlightenment can reveal this consciousness and make it easy to understand. This is how the problem is interpreted by Swami Vivecanada from the point of view of vedantism (1993):" From what source do we get all the existing knowledge? - It's all inside us. Show me just a crumb of knowledge that is outside us. Matter doesn't contain any knowledge; it's all inside the man. No one has ever created knowledge. It has only been discovered, brought to the surface from the inside. It is there."

It follows that every atom originally contains all the knowledge of the Universe (but , of course, it can't realize this fact). Only the man at the highest level of his evolutionary development becomes aware of this knowledge. This transition from the consciousness of the body to the consciousness of the Spirit was described in the works of E.P. Blavatskaya (1993, 1994). Nowadays this thesis has found a new development in the conception of the Universe holographic structure, according to which every person contains universal information about practically everything at each given moment of time (S.V.Tzvelev, 1998). According to John

Lilly's theory any body can be regarded as a kind of a computer. It is programmed from the Universe common program bank with respect to its shape and inner structure. It's only when matter combines with this sort of program that the object acquires the ability to assimilate and process information. The cell's genome can give some idea of a structuring program (E.K.Borozdin, 1999). The biochemical genetic code acts as a secondary formation. As for the primary formation, it's the system, interrelated with the descending structuring program, represented as the Creating Beam, which is the same as TCHI. The background torsion field, coming from the depth of the Universe, could as well be this Beam. It carries information and serves as the time vector, which defines the direction of the physical world evolution. In this way, any living organism, by interweaving into the structure of common torsion fields and through contacts with electromagnetic waves or other information-carrying material objects, becomes integrated into one global information-energy stream. Many things inside the stream are predetermined, but at the same time every individual has a certain right to choose his own scenario. There is no other way to account for the accuracy of the numerous predictions, which were historically registered and in due time came true.

By way of the *wood* channels, and particularly by way of the liver channel, this information can also get to the brain. Only this explanation alone can account for the numerous facts of remote telepathic information transfer (Puthoff, Targ, 1976; S.V.Speransky, 1990), the homoeopathy phenomenon and other similar phenomena.

At present, we have accumulated a huge amount of separate facts about the organs, physiological systems, the DNA, biochemistry, etc., which refer to the problem of how to distinguish between living and lifeless matter, and they just need integrating into a harmonious system, which would also include the knowledge of the channel system functions. A harmonious, logical general theory, that's what science exactly needs to develop in this direction.

4.2 Some ancient views of the nature of the world

'I-Zing' ('The book of Changes') is one of the sacred Chinese books, which is supposed to have been composed somewhere between the end of the second and the beginning of the first millenniums B.C. It gave birth to all the treasures of the Chinese cultural heritage, including the cosmological models, which tried to throw light at the ruling principles of the Universe. The most ancient classical part consists of 64 hexagrams, which explain the whole structure of the Universe and its fundamental laws. A hexagram is a peculiar graphic symbol, which consists of 6 lines of two different kinds: a firm line (__) and a dotted one (_ _ _) in all possible combinatorial variants, situated one upon the other. Those lines symbolized the two universal structural forces: ING and YANG (a dotted line _ _ _ and a firm line _____ respectively).

The upper level of the ancient Chinese cosmological conceptions is constituted by the notion of TAI-I (invisible air), which is symbolically represented as an empty circle. It is the great basis, which gave a start to all existing things and phenomena. TAI-I contains a whole spectrum of ideas, particularly, the Idea of the Cryptic God as a potential course of all further changes, the Idea of the Absolute Thought, as a universal ruling principle, the Idea of the Shroud of the Dark, which is covering the Universe for the time being and the Idea of Changes and Transformations.

According to this conception, at the next basic stage of its development the Universe became a homogeneous finest matter (TAI-CHU), capable of transmitting wave processes and interacting with them. It was described as something more delicate than electromagnetic interaction, something like the air from which EVERYTHING is formed. It is represented graphically as a combination of a firm and dotted lines, since TAI-CHU gives birth to YANG AND ING. Even at this level we can trace the manifestation of asymmetry and such hidden quality as polarity, inherent in all further stages of development.

The third stage of the world creation (TAI-SHI) means the beginning of the form. It is based on the idea of the two general principles' (ING and YANG) interaction, which form the five primary elements of the yet unborn potential Universe. Phrased in the terms of contemporary physics, it can be described as some particular information, compressed into a kind of a hologram, which contains the program of creating all the forms of the future material world. The rules of the primary elements' interaction are given in the 'U-sin' theory, which has been the leading theory in reflexotherapy up to the present day. To put it in a nutshell, the third period gave birth to an informational-energy structure, which was shapeless, but contained the patterns of all the material world forms, united into a program of construction.

The fourth stage of the world creation (TAI-TSU) was characterized by the beginning of materiality. It is based on two main ideas: animation and reciprocal motion, that exist only at the level of an unrealized idea, which *potentially contains everything , but materially contains nothing.* This stage can be correlated with the image of the world's egg, from which material world appears. This stage is represented graphically as eight, mutually balanced 'Bi-gua' trigrams (**Fig.25**). It comprises the 8 principles of the future world functioning.

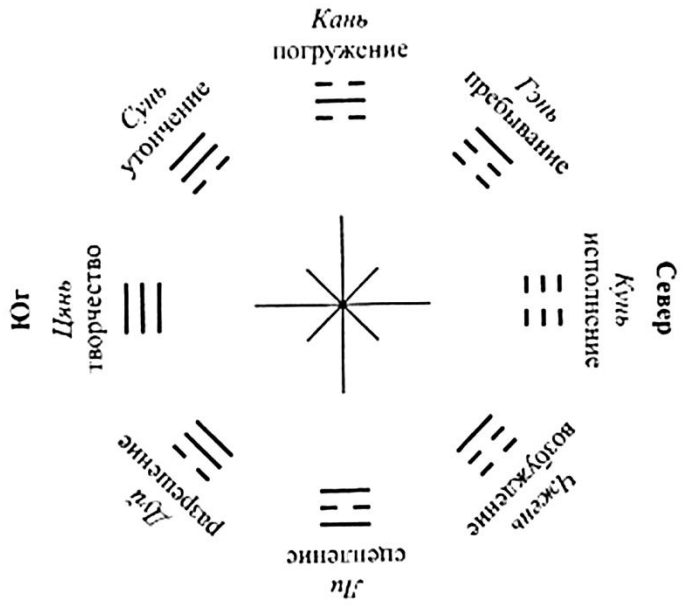
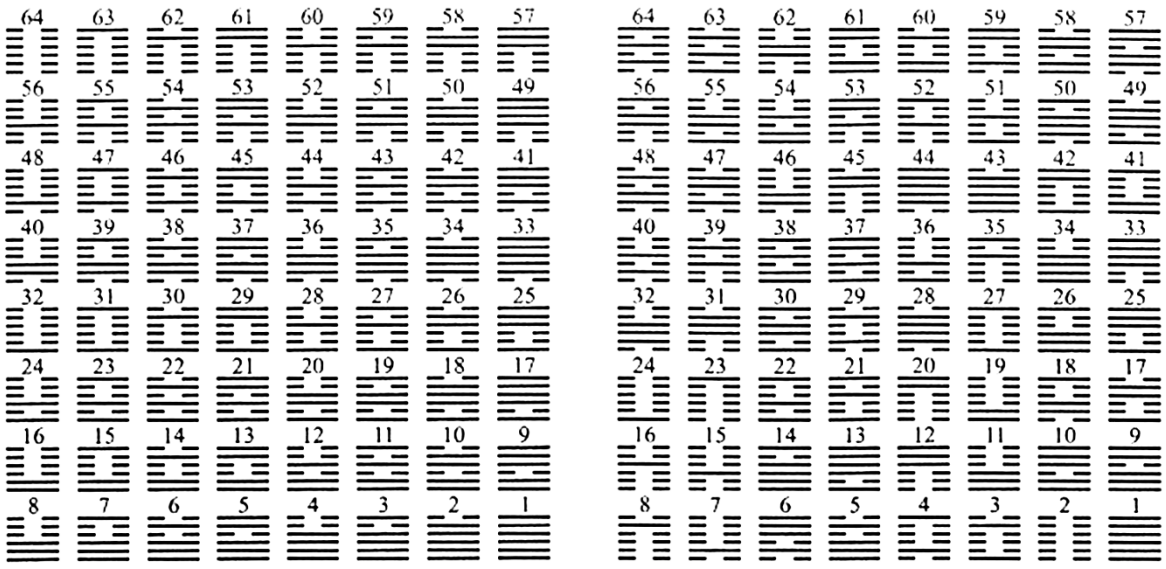


Fig.25

The shift of the polarity marks sets the trigrams in motion, which is of double character: clock-wise and counter-clockwise. One kind of motion reflects the rolling-up of the present, while the other one symbolizes the sprouts of the future. Speaking figuratively, if we can understand how a tree rolls up into a tiny seed, we can as well understand the future development as the unrolling of a seed into a tree.

So, the above-mentioned problem of time progress in the left and right channel branches was solved in favour of the asymmetrically opposed time progress vectors. The simultaneous oncoming time progress doubles the trigrams and changes them into hexagrams. A 64-trigram cycle is the result of each trigram freely combining with every other trigram and with itself. This ideal, balanced, harmonious nature and structural determinacy of the potential world and the program of its development is known as the period 'of the early heaven', which is characterized by the PHU-SI cycle. The world would have remained potential, but for the disequilibrium of the hexagrams in the PHU-SI cycle. This disequilibrium becomes possible only if the trigrams of the opposite polarity shift with respect to each other. It brings about the asymmetry of the distribution of forces and results in the appearance of materiality dynamics. Ancient Chinese science doesn't describe the mechanism of ideality disruption. A.M.Stepanov and B.E.Agafonov (2001) offered their own mechanism of accounting for the appearance of the disequilibrium. According to their hypothesis, pair-wise positioning of the mirror symmetric and inverting hexagrams provokes the violation of space uniformity and engenders the force, known in physics as the cosmologic potential.

The appearance of this kind of potential, which leads to asymmetry, is equal to the influence of the Creator. It reveals itself at a definite moment like an explosion from some 'point'. This moment is called 'the TAI-tzi great boundary' or ' form and materiality realization', the beginning of objective reality or the beginning of the fifth stage of development. It is represented as a circle, divided by a wavy line in two halves, one of which is the



light YANG and the other is the dark ING. Each of them contains the embryo of the opposing principle's pole. From this conception it follows that one of the poles has some meaning only due to its antagonist. The Chinese say that relativity appears at the same time with polarity. The internal world order or the 'order of the latter heaven' (Vang-van), that consists of 64 figures, reflects the picture of the real world, in which one sign gradually transforms into the other, and in which the uneven distribution of the forces implies a creative impulse, caused by the transfiguration of things and events within the world boundaries (**Fig.26**).

Fig.26

The hexagrams of both the cycles reflect the essence of the pre-world and the material order in the most condensed, yet capacious notional form, and in this respect they are unique notional constructions, which allow modeling intermittent as well as continuous analogous events of the 'particle-wave pattern'. Each of the cycles is quantized in 6 lines, which characterize the system's individual states. All in all there are 64 states. The cycles can be considered as a series of 384 ing-yang lines, which replace one another. In this state, every quantum or particle is a 'packet of waves', which consists of 6 wave functions, whose behavior can be followed by studying the general state regularities. The change of the ING-YANG lines can be studied as a system of oscillation processes, which take place in a one-dimension space, where there is no time, as the present, the past and the future co-exist at one and the same moment. All interactions presented by these models exist in an ideal space, in which the ING-YANG potentials are evenly distributed and balanced. But fluctuations of this field may cause the appearance and disappearance of local heterogeneity of the ING and YANG charges. By analogy with an electric charge, YANG means the excess of the positive charge over the average (zero) charge of the field, while ING means its deficit – the degree of its absence (a hole). These initial conditions are minimally sufficient to provoke the formation of such unstable as well as stable dynamic agent structures as solitary waves and domain walls, which correspond to the third and fourth stages (the beginning of materiality). Solitary waves contain 3 or 6 solution excitations and, in fact, they are quasi-particles, which may possess their own charge and are capable of interaction.

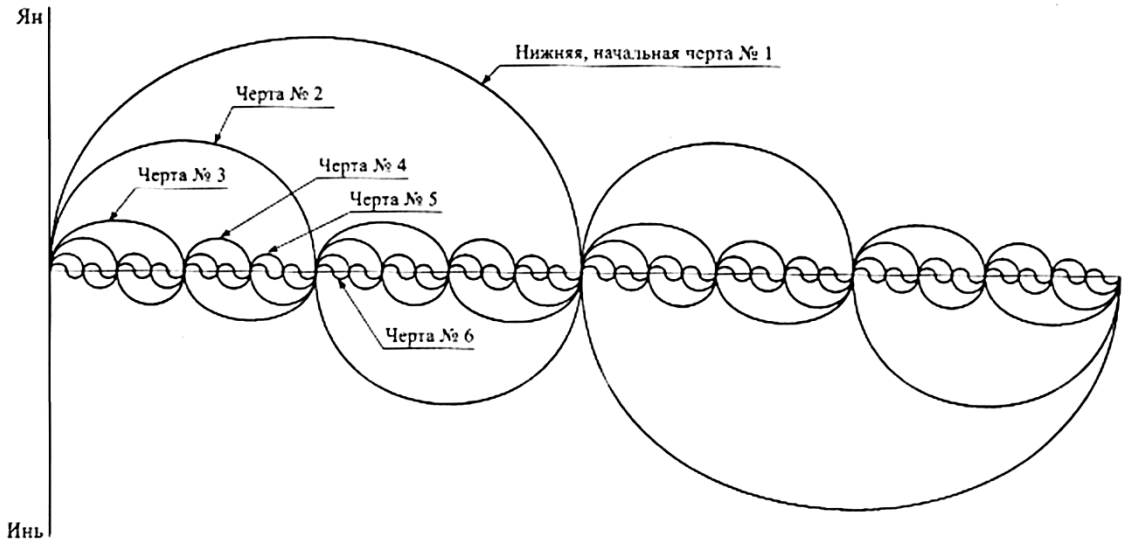


Fig.27

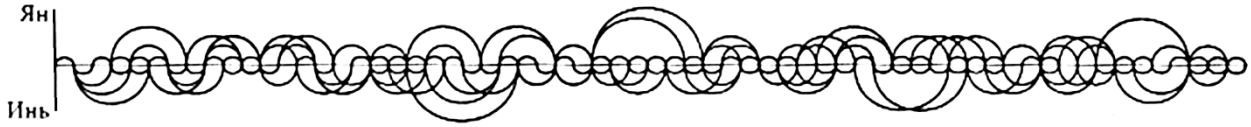


Fig.28

The analysis of the ‘early heaven’ (Phu-si) (**Fig.27**) and ‘latter heaven’ (Vang-van) (**Fig.28**) oscillation functions shows that the transfer to the material world considerably changes the system’s frequency characteristics. If the former is characterized by strictly periodical oscillations, the latter demonstrates quasi-periodical, asynchronous oscillations of the subsystems. According to the ancient sages, quasi-periodicity and lack of synchronism constitute the creative reason of the absolute idea’s manifestation in the material state. Mathematical analysis of the Phu-si cycle (A.M.Stepanov and B.E.Agafonov 2001) shows that it started with a powerful YANG pulse with a half-cycle equal to 11, which was later distributed into a system of oscillations, in which the number of ING-YANG half0cycles is almost equal. Quite a different picture can be observed in the Vang-van cycle, in which the distribution of ING-YANG is asymmetric in the majority of cases and there is 1 YANG period more than the ING ones (92 and 91 respectively). The outlet of the energy ‘excess’ to the physical objective materiality (which constitutes 0.92% of the whole state of the energy system) can be a compensation for the excessive cycle number. The rest of the 99.08% of the Vang-van cycle’s energy potential exists in the field-form (the torsion field).

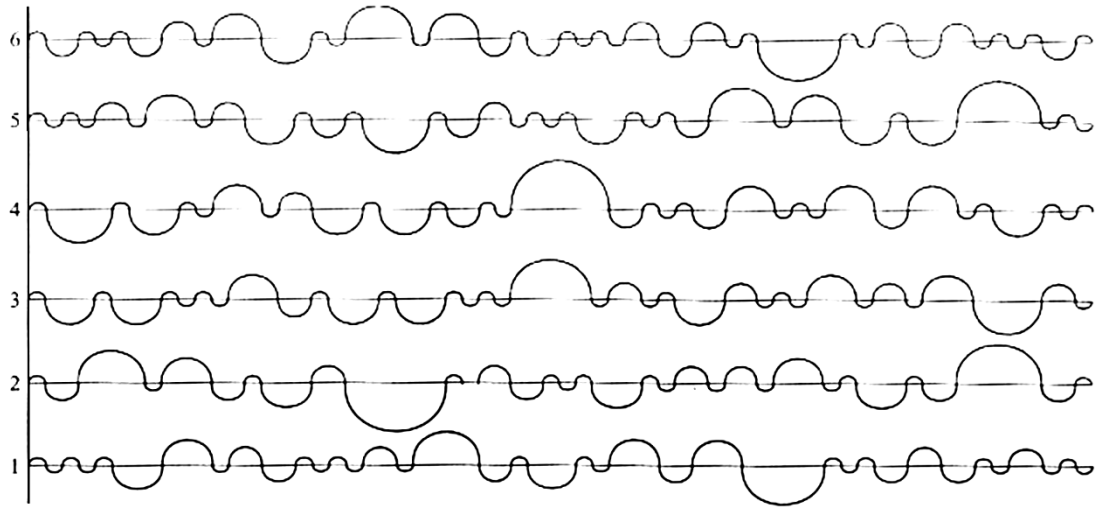


Fig.29

Either of these oscillation systems has a multitude of oscillation cycles and harmonics (**Fig.29**) complicated as well as simple or even elementary, whose intrinsical solution algorithms remain stable. Their peculiarity is a certain adequate response to external signals with respect to some particular spatial parameter, which is called the domain of stability. Still, elementary control links with their intrinsical unstable solutions can form second-order systems with stable solutions, if they are united in feedback couples (Yu.M.Gorsky, 1998). Such links are called homeostatic links.

The left and the right channel branches can be referred to such systems. In the Vang-van cycle they form couples with their ‘antagonists, which have mirror and inverting symmetry and in this way they form the system of a channel. In this case stable intrinsical solutions can take on either a constant or a variable value, which must periodically recur. Theoretically, it must be a self-contained information system, which would seem non-existent for the outside world and would by no means manifest itself. But if we *consider ING-YANG not as just information, but as a force, which in addition possesses inertia characteristics, we can*

feature the conditions, under which the system's ideal balance is broken (A.M.Stepanov, B.E.Agafonof, 2001). This unbroken balance disturbs the environment, brings it to conflict and makes it necessary to solve the problem of the system's general stability by applying some external influence. For example, if we take the patient with channel system disorders, the general stability can be achieved by exerting influence upon the affected channel. In this particular case the influence must be applied strictly in accordance with the channel's phase state. The time and the force of the applied pulse should be taken into account as well. Unfortunately, up to the present moment it has been rather difficult to exert this therapeutic action correctly, due to the absence of the feedback from the channel system and the lack of scientific data about the general principles of its behavior. Therefore, nowadays, contemporary acupuncture is, regretfully, a kind of an art, in which intuition and the doctor's experience of using the 'favourite points' are more important than scientific knowledge. This state of things discredits the method, in spite of the fact that it has all the prerequisites to become the most faultless and refined trend of medicine in future, as it permits to influence the most deep-laid fundamental bases of the body's vital activities.

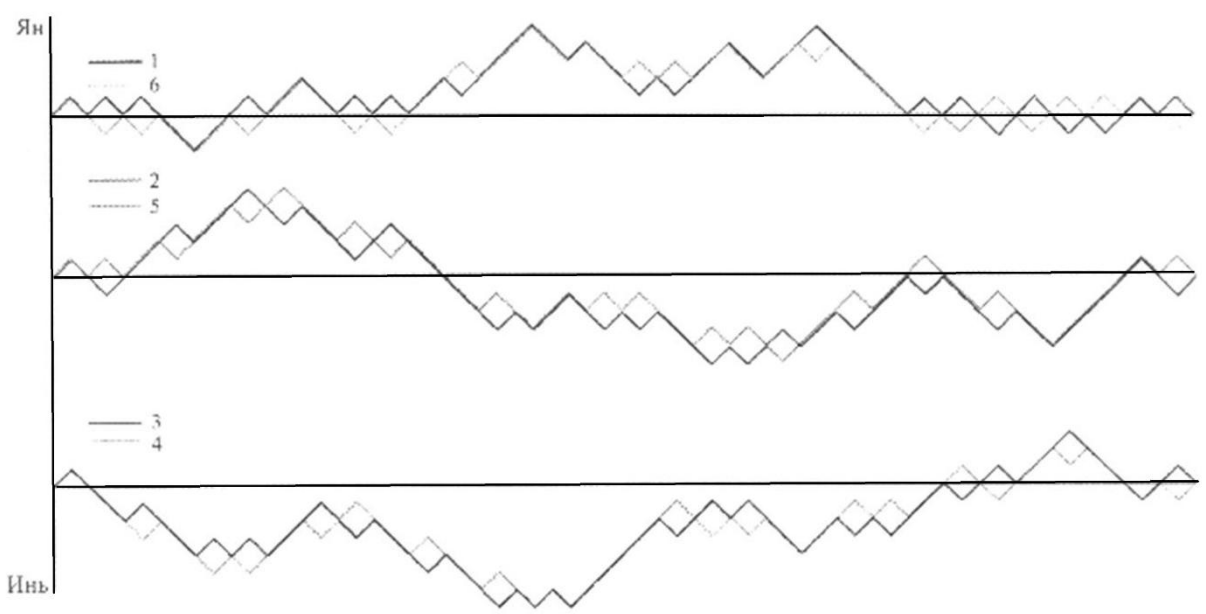


Рис. 11. Картина распределения скоростей $\left(a_1 \frac{dx_i}{dt}\right)$ по подсистемам 1 – 6 в цикле Вэнь-вана.

Fig.30

Suppose we incorporate the inertia and the speed of the process changes parameters into the Vang-van system. In this case, when these dynamic characteristics are represented graphically (**Fig.30**), two-trigrams hexagram subsystems, group in couples, joined in the mirror symmetry way. Figuratively speaking, a practically symmetrical system is built on the first hexagram, but in the upside-down position. This grouping was not obvious until the system's dynamic parameters had been introduced. Such 'coupled' systems tend to preserve the general dynamics of the force and speed concentration, and act as a single whole. Similar dynamic systems can form at the level of more numerous trigrams, at which every preceding system becomes the medium of the next more complicated construction. In this way, the channel branches, in compliance with the coupling principle, when they are coupled on the basis of one of the symmetry types, form the system of a channel. The channel, in its turn, in accordance with the same principle, finds appropriate partners and they group into the primary element, and, eventually into the main energy dipole. Generally, the order of the YANG and ING characteristics in the cycles gives a clear picture of the manifestation of forces, which shows an obvious, simple dependency of the co-ordinate's change, in comparison with the reference phase of the cycle, on the maximum value parameters at different levels.

In the process of analyzing such fractal systems, one may get an impression that they are pre-programmed and pre-determined, but Maslennikov showed in his works (…) that such systems have other cycles and that their organization hierarchy is even more complicated that the one shown in this book. This complicated hierarchy allows the 'freedom of choice' with respect to the way of development. Such a mechanism is initialized by the interaction of two quantum operators at the trigram and hexagram level. In the absence of an external influence, all the sequences are preserved in the order of the hexagram succession. The situation of choice appears at certain bifurcation time points, if there is some external influence. It implies from 2 to 6 variants of the future system situation development.

In this case, the final choice depends on the total influence of the information streams, coming from the interaction interested subjects. In the automatic (undisturbed) mode, the Vang-van system realizes one of the 64 hexagrams in turn. But the whole scope of possible situations is real at the virtual level. Their possible realization will happen in accordance with the subject's criterion functions at the given moment and the accuracy of the system of decision choice.

The analysis of the fractal-type systems gives rise to the important methological problem of the correlation between the whole and the parts. From the point of view of synergy, the whole possesses a system organization, which allows arranging the internal cycles of information interaction, without breaking the whole structure. In the Vang-van cycle the whole consists of parts and levels, which, in their turn, can be treated as integral systems on different spatial scales. It has been ascertained that the relations between them in terms of the scale coefficient fall under the rules of the 'golden section' (A.M.Stepanov, B.E.Agafonov, 2001).

The comparison of the main principles of the I-ZING with the contemporary cosmological theories, particularly with the torsion field theory, shows that in spite of a great lapse of several thousands of years, which separates them, they have much in common. For example, the periods, as well as the means of creating the Universe out of nothingness of both theories coincide on many points. In both cases the first stage of creation means the appearance of the idea of the Universe. According to Shipov, the second stage is characterized by the creation of the torsion field, while in the Chinese variant it's the formation of the primary air, both of which mean practically the same. But the Chinese variant, with respect to the primary air, has two significant additional qualities – dissymmetry and polarity, as the sources of the creative impulse, to which contemporary theories do not attach great importance. Both variants characterize the third stage, as the beginning of shape forming at the non-material level, i.e. at the level of the matter diversity idea. And, finally, the fourth stage corresponds to the beginning of the material world creation. In the case of the torsion field theory, the impulse was supposed to be given by the 'big bang', while the Chinese theory ascribes it to the appearance of asymmetry and counter-polarity due to the cosmic vector potential, which is equal to the influence of the Creator. Thus, we can observe the congruence of the stages of the world formation as well as of the main factors involved in the process. But, unlike the torsion field theory, which contains a lot of super-complicated mathematical formulas and, therefore, is rather difficult to understand, the ancient Chinese philosophers managed to bring all the principles, which lay at the basis of the world creation to 64 hexagrams, which contain the absolute truth in the most capacious and easy to understand form. It's really amazing! The more so, because contemporary theories touch upon only such global categories as matter, time and space. As for the I-ZING theory, alongside with the general principles of the world formation and structure it describes and models the whole variety of natural phenomena, including man's health (the U-sin theory).

On the whole, the principle of the fractal world structure, advanced in the I-ZING theory, is an ideal instrument for modeling and solving the most difficult problems of control. It is especially surprising that three thousand years ago all the profundity of knowledge, all the science intensiveness, and universality of solutions, were fit into a system, which comprised only one or two lines.

On the other hand, unlike contemporary physical theories, which explain all the changes through the influence of the stream of energy, I-ZING doesn't suggest any ideas, how this system of changes acts in the objective reality, what objects and phenomena it controls or which factors enliven it: a stream of energy, a stream of information or some other factor, so far unknown. Transformation in the real material world is impossible without energy input. This mystery is included into the notion of TCHI, which, according to ancient conceptions is many-sided.

CHAPTER 5
THE MAIN ENERGY DIPOLE IN THE COURSE OF LIFE

The question, of whether the quantitative energy indices of all the primary elements should be normally approximately equal or whether there should be a stable difference of energy potentials, has always been very important in the process of the test results analysis. For a long time, like the majority of doctors, who practice reflexotherapy, we believed that, normally, a healthy individual's channels should have more or less equal energy potential, so we tried to provide this condition in the course of the treatment. This idea seems very convincing, as according to the theory of the five primary elements, by forming, creative and destructive connections on the basis of a multi contour regulating system we finally get a model of this kind. But in practice, the analysis of hundreds of tests, including those of young healthy people show the stable hypo function of the *water* channels, and especially of the urinary bladder channel.

In 1995, while working with the database, we once tried to find out the interdependence between the *water* and the *fire* channels condition and the patients' age. We used the simple average values of the *water* and the *fire* channels potentials, obtained in the course of Akabane test, as the coordinates of every point. We processed 835 observations to draw 2 separate diagrams of the above dependency for men and for women. The horizontal coordinate represents the tested patients' age values, while the vertical one represents the scaled results of the test.

The diagrams show that the *water* and the *fire* channels indices equalize only at birth and in the extreme old age. And while, in the course of time, *fire*, in general, passes into the state of a slightly increased activity, *water* channels are subjected to the most significant quantitative changes, accompanied by a dramatic increase of the average test indices, mostly due to the urinary bladder channel.

Fig.31 Age dependency of 'water' and 'fire' channels for men

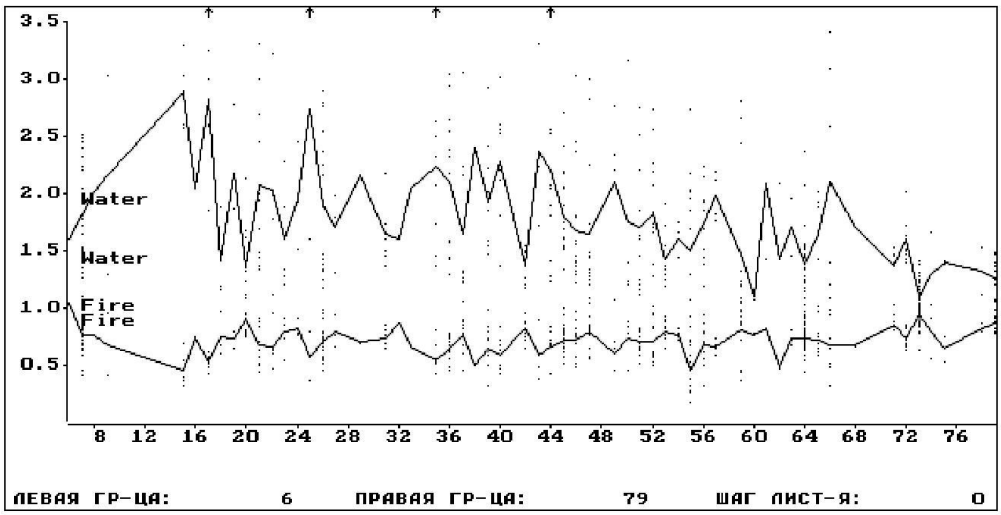


Рис. Зависимость каналов "воды" и "огня" от возраста у мужчин

Fig. 31

Fig. 32 Age dependency of 'water' and 'fire' channels for women

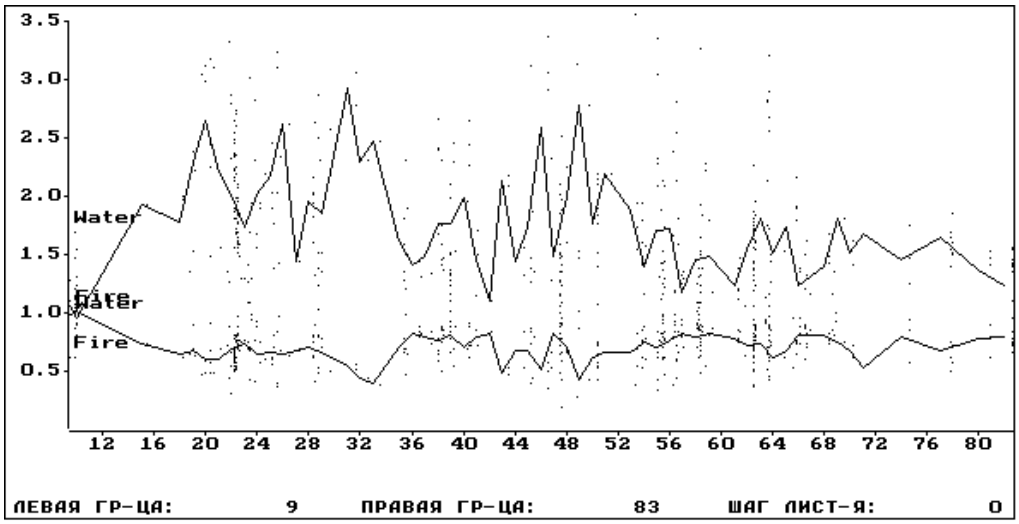


Рис. Зависимость каналов "воды" и "огня" от возраста у женщин

Fig. 32

The maximum disparity of the indices is observed at the age of 18-19, after which, unfortunately, the process of the body's aging sets in at the energy level. The process of the stable leveling of the *water* and *fire* channels' activity, which, theoretically, leads to a complete stoppage of the vital activity at large, is over at the age of 84-

86 in the case of women and at the age of 76-82, when it comes to men. These figures correspond to Russian and world statistics data, which reflects the fact that generally women live a bit longer than men. But in reality life span can considerably decrease, primarily due to different powerful exogenous factors. In this work we examine only the potential and the rate of energy loss of life's inner mainspring.

When carefully examined, the diagrams show a sort of recurrence, especially apparent in the case of women, which is probably connected with certain periods of the hormone-genital system functioning through the urinary bladder channel (**Fig. 33**). Thus, from the moment of birth till the age of 20, women's *water* channel indices keep growing at the rate of about 12% per year.

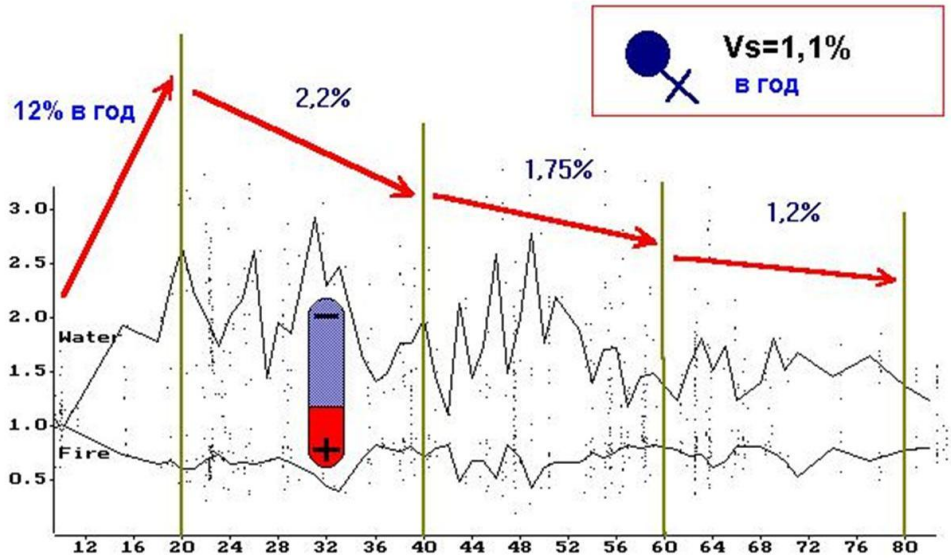


Fig. 33

From the age of 20 up to the age of 32 women's *water* channel indices keep growing but at a slower rate. Involution that women experience from the age of 32 up to the age of 40-42 is presented in the diagram by the *water* channel indices decrease, accompanied by a certain *fire* channel indices increase. When women reach the age of 42 and up to the age of 50 they enjoy the 'second bloom', and, consequently, the disparity amplitude between the dipole's terminals finds its reflection in the diagram. The second wave of involution sets in at 52 and lasts till the age of 62, followed by another insignificant rise at 72-74 and so on. So, we can definitely mark several periods of the main dipole's fluctuation, which recur every 20 years on the average. By using the method of single-step regression, which implies dividing the age scale into 20-year cycles, we obtained the averaged value of the urinary bladder channel annual change of activity rate in percentage terms, since this channel is held to be responsible for the process of aging. Starting from the age of 20 and every next 20 years, the dipole leveled. As for the averaged rate of aging, it was equal to 1.1% per year, mostly due to the urinary bladder left branch component.

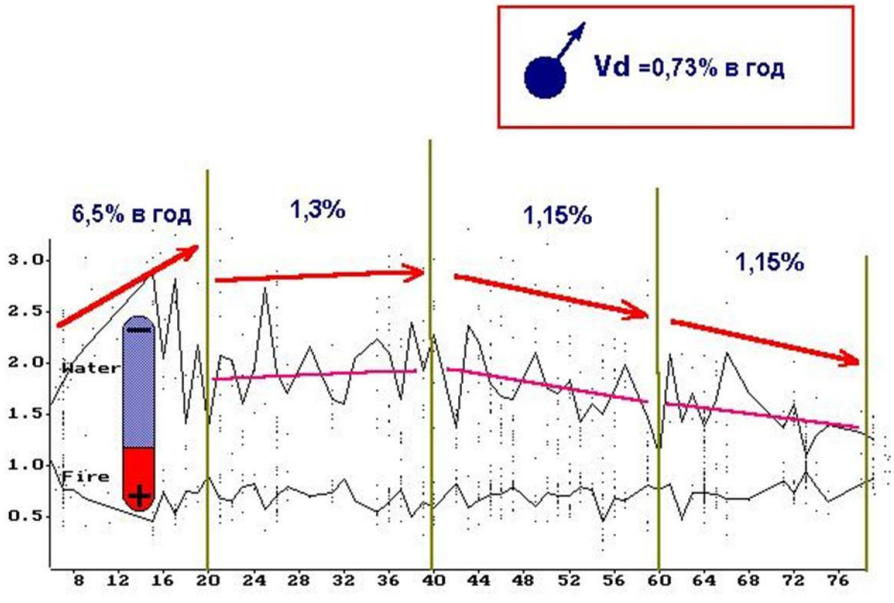


Figure 34

Figure 34 shows a similar diagram of the dipole changes for men. The fact that men's periodic component is feebly marked catches the eye at once. Evidently man's body composition is more straightforward. They reach

the period of the dipole's maximum development, with the *water* channels 6.5% annual growth, by the age of 16.

This sudden change is mostly accounted for by the urinary bladder channel indices growth. This period is followed by considerable recession and a new growth of the dipole's potentials reaches its peak at the age of 38-40. A practically linear involution comes after the second period of activity. The averaged rate of aging for men is somewhat lower than for women. According to our estimate, it constitutes 0.73% per year with respect to the urinary bladder right branch, which has the most significant regulating influence on the process of aging in the case of men. However, men's rate of the *water-fire* dipole development in childhood is two times lower as well.

Although the diagrams for men and women are clearly different, they have some common features as well. In both cases general statistical data shows a pronounced sudden growth accompanied by the dipole's terminals leveling at the age of 60 and, especially, at the age of 42. Statistics proves that these points of instability are characterized buy the highest death rate, especially among men. It can be easily explained by the fact that the dipole passes to the state of balance and in this situation the body's potential life capacity is equal to the minimal.

The results of this research prove that individual monitoring of health at the channel level, especially during the above- mentioned periods, is very useful. According to our observations, even the influence of a minor negative factor during this period, when the two opposite forces are in equilibrium, and the 'golden section' proportion is disrupted, can have far-reaching negative consequences. In a way, these points are vitally important bifurcation points (**Fig.35**). When the system is unstable and super sensitive to external influences there are several variants of its further development. In this case, instead of being suppressed the system's slightest energy fluctuation breakdowns begin to grow and eventually lead to the structural changes of the regulating system at large, and, consequently to the development of various diseases.

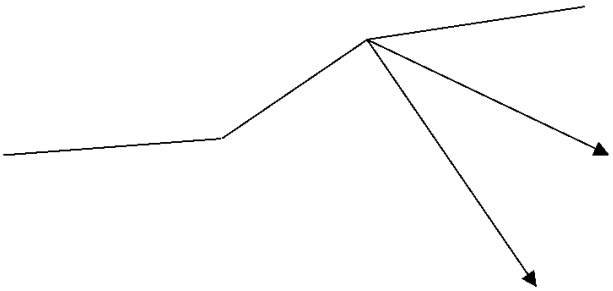


Fig.35
Attractor (absolutely healthy condition, a cross between health and disease, disease 1,2,3, a sudden death)

It is a well known fact that in real dynamic systems, to which a living organism refer, resonant influence, even if it is weak, has a bigger effect in comparison with the strong one, which is not coordinated with the system's structure. The traditional 'linear' approach to the system's management can be brought down to the idea that the stronger is the external impact on the system, the stronger will be its response. The adherents of another scientific school, synergetics, which studies the general laws of development and connection between chaos and order, keep to a different point of view. 'For resonant influence correct organization is more important than the amount of energy'. The system should be changed in the defined direction by exerting influence at the necessary point and moment, having coordinated it with the system's structure. This principle, known in Chinese acupuncture as 'the time, spot and method of the needle introduction', has been discovered anew by synergetics and confirmed by contemporary medical practice. For example, it has often been noticed that when these three requirements were ignored while performing complicated highly traumatic operations the desired effect was not reached, whereas only one correctly performed 'resonant' acupunctural procedure was followed by a miraculous healing.

In our research work we paid special attention to the cases of the energy dipole condition deviations from the average age indices. Thus, in our archives, we have less than 10 tests out of several hundreds, which belong to the patients over 70, whose results are similar to those of young people with an active dipole structure. These patients are different from their peers. The difference lies in their high level of consciousness and spiritual potential, which, according to the Eastern canons constitute the notion of *SHENG* or Spirit.

Man is an interrelated energy field, in which matter and mind are just special kinds of energy behavior. Therefore the spiritual part is as important as the physical one. According to ancient doctrines, while *tzing* is the source of life, *tchi* is the energy, which supports the ability of the organism to keep active and move, *sheng* is a vital force that stands behind *tzing* and *tchi* and represents the Spirit.

W.D.Catchmer wrote that:" While sprightly or listless movements can serve to indicate the activity of man's Tchi and instinctive organic processes reflect the condition of his *Tzin*, consciousness testifies to the presence of *Sheng*. *Sheng* is connected with the strength of man's personality, his ability to think, to identify and to make the choice". In the East you can hear that '*Sheng* is the realization that is radiated by our eyes when we wake up'. So, the Russian folk wisdom, which claims that 'the eyes are the index of the mind,' has a truly deep sense. A healthy individual's *sheng* is the ability of his mind to formulate thoughts and his desire to live a worthy life. When *sheng* loses harmony, the eyes lose their sparkle and the thoughts may get confused. The global *sheng*

disharmony can lead to a state of unconsciousness or even to a mental disease. And vice versa, the high level of *sheng* acts as a kind of a catalyst for the whole body's vital activity, and the spirit dominates the matter.

We have often met elderly patients with the blank expression in their eyes and with a marked general indifference to what is going on around them. The results of the tests show that a monotonous test takes place in their case. Their *water* channel energy level is equal to that of the *fire* channel. These people exist only at the biological level – *sheng* has already left their systems.

On the contrary, there are cases when people keep high intellectual and emotional activity in spite of their age. Often, they have also preserved physical strength. They are pleasant to deal with. As for their dipole, according to the results of the test, its parameters correspond to those of young people.

Table 2

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V
D	**5**	**5**	**5**	**4**	**5**	**4**	**6**	**5**	**4**	**5**	**6**	**35**
S	**5**	**6**	**4**	**4**	**3**	**4**	**8**	**6**	**5**	**7**	**36**	**43**

Table 2 shows the averaged results of repeated tests performed on a 74-year-old patient M., who at the energy level, has preserved the general attributes of the test results shown while testing a young man. The man still carries out active research work; his moral spirit is high and he enjoys good physical health in spite of the fact that 2 years ago he was subjected to a vast operation in connection with the tumor of the bowels. His test even shows correct hormone energy distribution at the urinary bladder channel, which is usually more characteristics of a young boy of 20.

Since each of the poles of any magnet tends to merge with its counter part, we can conclude that this tendency may be the driving life force. It should also be noted that the bigger is the difference between the poles' energy the less stable is the whole system, and the more obvious is the inner motivation to seek balance.

We have found out that this kind of merging, accompanied by the dipole terminals energy leveling, takes place not only at the moments of birth or death but also when the individual experiences the utmost pleasure, for instance during an orgasm, or when the person is asleep, etc., and since the meaning of life, in the long run, consists in getting pleasure, the existence of the dipole with marked disbalance of the opposite terminals, when the person is young, motivates his high spiritual and physical activity during this period of his life. The maximum hyper function of *fire*, in this case, alongside with high physical activity, gives us a joyful, bright perception of life, when ecstatic enthusiasm and unfounded merriment dominate in the person's range of emotions. During this period the triple heater and the urinary bladder channel control high sexual activity and amorousness. At the mature age, and especially in the old age, the dipole's potentials gradually come to the same level, the fire of passion dies away, our desires and physical abilities become moderate, and sad, *ing*, notes prevail in our mood. As a rule, a very old individual has few wants, he feels melancholic, apathetic and any physical and spiritual activity comes to a standstill. His energy channels get into a static state, and his life mainspring dipole freezes. Interestingly, according to this theory, the individual should enjoy the maximum pleasure at the moments of birth and death. Besides, life's total energy track looks like a sinusoid half-cycle. Probably, the second half-cycle belongs to the parallel world, the existence of which is discussed by contemporary physics.

After we had established such interesting interrelations between the *fire* and the *water* channels, with regard to the individual's age, we tried to work out similar graphs, showing the dependence of the energy activity on the age factor, for the 6 YANG and for the 6 ING channels. According to the ancient Chinese doctrine, YANG and ING are the two indivisible and, yet, reciprocally opposite primary sources of all the existing things and phenomenon. But, unexpectedly, in the end we got two straight lines.

Meanwhile, judging by their properties, the *fire* channels are the embodiment of the YANG system itself, while the *water* channels represent the absolute ING. Therefore we believe the

water and the *fire* channels to embody pure YANG and ING at the level of the human body system. We speak about 'ING-YANG', meaning the *water* and *fire* dipole influence in the body. As for the division of the 12 main channels into the 6 YANG and 6 ING ones, we have no doubt whatsoever that these principles lie at its basis, but they are not marked enough to be considered absolute. So we are sure that the division of the 12 main channels into the ING-YANG ones is relative.

Analyzing the graphs, we have come to another important conclusion, and namely, that in the case of most young people, in comparison with the averaged test parameter values, we have spotted the urinary bladder channel relative 'hypo function', with high test indices. Meanwhile they are full of health and energy, including sexual energy. It turns out that the whole stock of the inherited sexual ING energy is activated in the urinary bladder channel at the age of 18-20, and later this energy is consumed throughout the person's life. Some people spend it fast; others spend it more economically. In the course of the test, we evaluate the channels' condition by applying the *fire* energy through infra red emission. The high *water* indices of the test, practically point to the high level of the potential ING energy of the *cold,* when the YANG energy of the testing *fire* pulse is not enough to suppress the *water* - ING at once, which happens in the other channels. In this case the exerted action turns out to be weaker than the counteraction. If the tests give equal *fire* and *water* indices it means that their levels of energy are equal as well. We have noticed that water treatment procedures, especially tempering of the body by means of dousing cold water, contribute to the *water* channel energy increase. It is most likely that direct contact with water, especially along the *water* primary element channels, causes the opening of the

biologically active points, which were closed before the procedure. The channel gets additional information energy from the environment through these points. Probably, the ritual of christening is based on the fact of water being a most powerful energy-informational catalyst for the body.

When we used *fire* to test *fire*, we measured its activity with regard to some reference energy value, just as we can measure distance with the help of a ruler. In this case, the *fire* channels' marked hypo function shows insufficiency of its YANG energy in comparison with the reference value.

After all, life itself is a YANG phenomenon, so measuring its activity with a YANG factor is absolutely rightful. As for the general energy ratio of the channels, we consider it for every patient individually through the prism of the averaged value. Therefore the notions of the hypo and hyper functions, used as the energy equivalent, are quite admissible in this particular case.

When it comes to the channels, controlled by the other primary elements, they can be only YANG or ING, with regard to their nature; there is no other alternative. Physics and bioenergetics today don't have any other fundamental elementary notions similar to the proton and the electron. But just like the proton can be supposedly further divided into quarks, YANG and ING might also have other innumerable elementary components. Though bi-photons as biological energy conductors have been theoretically discovered (F.A.Popp, Q.Gu, K.H.Li, 1994), no way of their identification and evaluation has been found yet.

It might be interesting to evaluate the *wood* channels energy activity by special *wood*-type energy, or to evaluate the *metal* and *earth* channels by another correlative kind of reference energy. But the sources of such reference kinds of energy are still to be discovered. So, we can assume that for the moment, *fire*, which can subjugate all other elements, can perform the most effective testing action, providing we take some energy measure of this most YANG factor of Nature as a reference value. We believe that the reference value for the assessment of this specific system activity should also bear some kind of ideology. As for the results of the BAT electroconductivity tests, performed with the help of the electric current, they considerably differ from the results we have obtained, using our own method, especially when it comes to the *water* channels. This physical testing factor cannot be regarded as the pure YANG, or even more so, as the pure ING. It's somewhere in between. It is the same with the testing laser emission.

There have been attempts to evaluate the channels activity with the help of the opposite source, particularly with the ING energy of the cold, correlative for the *water* primary element. It was carried out through the Plaitier element, which generates low temperatures locally in the tested BAT regions. In this case the researchers evaluate the time of the cold threshold onset, or the energy, used by the element to reach this threshold. This test, with reference to the structure of the channel response in general, mirrored the described one, especially with regard to the *fire-water* channels. But in practice, testing, carried out with the help of the source of cold, does not have any particular advantages over testing performed with the help of Akabane test. Besides it is much more complicated technically and 'the point of freezing' evaluation is rather subjective, which is also inconvenient. The Plaitier element's thermal lag is high, so it can't be used in the modulated signal mode of operation. While infrared emission passes along the channel as if it were a light guide, and in the long run gets to the target organ, the application of cold has only a local effect on the BATs, since the cold is not an energy stream. Finally we made up our minds in favour of the reliable, simple and highly effective infrared variant, which we believe to have a glorious future.

The system of the five primary elements resonates to every internal or external physical, informational or some other factor, which exercises influence over the living body.

These factors, depending on which primary element reacts to the action of the particular factor, generate certain energy disbalance, proportional to the force of the acting factor, at the *fire – water* dipole level. If the influence of the factor is considerable and breaks the dipole's balance, the body system tries to deal with it by carrying out a whole series of adequate actions of the physical and energy character, aimed at neutralizing this factor.

And vice versa, we think that the factors, which result in equalizing the dipole's energy, should be considered positive and agreeable. However, it follows from the theory that the leveling of the dipole's potentials for a long period of time, for instance as a result of excessive constant pleasures, eventually leads to the general reduction of the life span. There are numerous examples to confirm this fact.

Obviously, in this way, through the system of the five primary elements, every living system (and even plants are believed to have the system of channels) is able to tell the bad from the good and form its own behavioral response. It turns out that even a plant or a tiniest bug feels and responds to various environmental factors through its energy dipole and the system of channels. This response cannot be explained just by having different reflexes. In such a way any living organism can integrate into the common information-energy stream and obtain consciousness, equivalent to its evolutional level.

At the same time, the channel system has one serious flaw, which consists in certain slowness of the response, following the impact. It turns out that the energy channels signal system was the first to appear in the evolutional pyramid and even the most primitive forms of life, whose motion activity was very low had it. Gradually in the course of the development, the pace of life grew and eventually it led to the appearance of a more efficient signal system, based on the reflex principle, i.e., nervous and humoral.

As it has already been mentioned, the nervous system runs through the whole body, just like the tree roots run through the soil. It is controlled by the *wood* primary element through the liver channel (it especially refers to the central nervous system and the psyche) and also through the gall bladder channel (it is especially true for the peripheral nervous system). So, by way of nerve endings, which go through all the five prime elements, we

collect the timely data about their response to any factor and this response is generalized at the level of the thought-forming function in the 'tree top'. Consciousness must be formed exactly in this area, where the brain's channel and neuronal systems merge. *Wood* is at the basis of the 'border layer' regulating dipole triangle.

That is why, by sending commands along the nerve-endings, it most efficiently regulates the condition of the most important physiological systems. Further, the energy, like the wind from the tree- top, is passed to *fire*, which forms our emotions and behavioral response. Anyway, every time, the scenario is different.

Due to the biorhythms, induced from the outside by the torsion fields, the channels translocate their potentials in time, and the system at the body level responds differently to the same events, accepting or rejecting them in accordance with the time factor. Thus, at one period we may consider some music piece to be a hit, while some time later it may completely lose its attraction. They say:" It has gone out of fashion". But, probably, fashion itself is an averaged response of the whole human population channel systems to some phenomenon, and if the dipole's axis slightly moves due to the influence of global biorhythms, people's attitude to the events may change. It is also possible that different historic cataclysms take place under the influence of this mechanism, and that in this way global biorhythms steer history through a certain change of peoples' attitude to reality, though at first glance it's people who are responsible for the dramatic historic changes.

The dependences we have got in a certain way expand and illustrate well - known views on the nature of life.

According to Bauer's theory (1935), the principle difference between a living system and a lifeless one is that the former (for example, an ovule), from the very moment it appears, possesses a certain stock of free energy, which maintains the system's performance capacity; and the performance of the system aims at increasing or maintaining the level of activity, necessary to secure its vital functions. In Bauer's opinion, life is a state of the biosystem's stable disbalance with regard to the environment. The stability of the disbalance is provided for by the specific structure of the molecules, which form the organism, as well as by the interaction of the excited molecules, which form some sort of assemblies. Performing any kind of work, the 'living molecules' assemblies lose structural energy and this process is accompanied by the degradation of the whole organism structure.

On the whole, the stock of a newly born living system free energy is minimal, while its structural potential is maximal and its magnitude can be assessed only in the retrospect, judging by the volume of work, the system has performed in the course of its life cycle, starting from the moment of its germination. Due to the structural potential, the system can extract a lower potential matter and energy from the environment and transform them into the free energy of its own structures, thus, increasing the assimilated matter potential. In the course of the system's growing and development , its general stock of free energy increases, but the general level of its potential, with regard to the growing mass, inevitably falls until, finally, the system begins to spend more energy than it gets in order to extract matter and energy from the environment. After this condition, which Bauer referred to as ' the living system's mass limit', has been reached, further accumulation of the living system active structures becomes pointless and the energy dipole begins to grow cold. So, we have proved, that the causes of the gradual extinction of the system's life processes have an internal character.

Nevertheless, after the individual's 'limit of mass 'has been reached, and when his potential is approaching the critical value, he can still be able to maintain a high level of life activity, 'switching on' the main process at regular intervals. He gets rid of some of his substance, which has become a dead weight. At the same time, he increases his life potential by maintaining optimal homeostasis (W.B.Cannon, 1932). We can find numerous examples to illustrate this idea in the facts of everyday life (for example, getting older, people grow thinner and shorter).

We have gained some experience, when performing dynamic testing, we observed loss of weight alongside with the activity increase of the individual dipole due to the redistribution of its energy with the help of the modulated infrared impact on certain channels. In contrast to usual means, that are used to lose weight, the impact was limited by the channels, which really influence this process as well as the process of the dipole's energy replenishment with regard to laterality.

The structural energy of an individual living system inevitably reduces with time. This general direction of the vital activity processes vector indicates that the individual tends to reach equilibrium with the environment, i.e. to pass into the lifeless state in accordance with the laws of statics.

At the same time, if we study some species in the course of their evolution it becomes evident that in the process of metabolism development the structural energy charge of the living system biomass gradually grows, consequently increasing its general energy stock. Life is a directional process, in which in the course of self-development the living system tends to break the balance with the environment and stores structured energy. It becomes absolutely clear if we examine the condition of the dipole in childhood and youth. However, according to Bauer's theory, the amount of the energy store is limited by its original potential, which is handed down to the kidney and urinary bladder channels (repositories of inherited information) through the ovule and the spermatozoon. In the long run these channels determine the level of the energy dipole nonequilibrium. So, it appears that the intensity of the urinary bladder channel activity at the young age in a certain way reflects the level of the inherited, *ing*, energy in the body. At the mature age, when this potential becomes exhausted through burning in the *fire*, the system passes over to the state of homeostasis and concentrates its effort on providing the stability of conditions of the body's internal environment and harmony among the five primary elements. In the course of time, an individual living system, independently of the level of its organization and in spite of a sufficient amount of nutritive matter and energy in the environment, begins to lose its structured energy, including the energy at the channel level, due to the failures in the five primary elements regulatory

function. In the end this process leads to the energy equilibrium with the environment and to the conversion of the living matter into a lifeless one, accompanied by the dipole's potentials energy leveling.

The energy impulse, that a human being gets at the moment of birth, is gradually exhausted, which can be seen from the gradual deterioration of his body structures. However, at the same time, the process of information storage takes place. In this connection, it's appropriate to recall the numerous suppositions that people might have 'energy' duplicates. In this case we might deal with a rhythmically repeated process of life's transition from the material form to the energy one and back. We can as well agree with Spinosa, who said that the physical and the psychic are indivisible in the course of evolution.

In general, the world of lifeless matter evolves in accordance with the law of degradation of energy (the second principle of thermodynamics), which means that its development is accompanied by the entropy growth, which leads to the leveling of all Nature's ingredients. In other words, temperature, pressure and energy equalize, the structure is lost, etc., which results in the state of balance and dull homogeneous chaos.

The development of living matter goes in accordance with completely opposite principles. To be more exact, in the case of living matter, entropy should decrease, which leads to the development of order, a functionally structured organization and to information storage increase. Entropy may be treated as a quantitative measure of disorder, while any information can be regarded as a quantitative measure of order. Chaos and order in the material world are in the state of unstable equilibrium and their total is a constant. Order, in its turn, yields to the laws of harmony, expressed in various 'golden sections', whose inner structure contains a kind of absolute truth, represented as ratios. The characteristics of information, treated as a fundamental entity of our world, were dwelt on by A.A.Silin ( ), who put forward the conception of information reflection. According to this conception, once created, information becomes eternal and in some way gets represented in the universe. *So, information complements all material objects and perfectly fits the ancient definitions of TCHI.* Its representations are eternal, while their material prototypes are ethereal and transient. The newly born information immediately begins to interact with the whole stock of information, existing in the universe. This conception convincingly accounts for such phenomena as telepathic communication and predictions. Such information characteristics as instantaneity and imperishability guarantee the uniformity and stability of the universe, as a single whole. Should these two conditions be violated the universe would be plunged into chaos. This principle also explains the accuracy of genetic information transfer. Lifeless Nature, acting without an aim and impartially, chooses the variant, which implies the minimum amount of information. The purposeful performance of the animate Nature leads to the growth of the amount of the information it uses at an increasing speed as well as to the involvement of the increasing amounts of matter and energy into its construction making and transformation. In this way we can say that people's activity at large aims at increasing the orderliness of the environment. To draw the line, we can conclude that information is a complicated and still unclear conception of the same fundamental order as the well-known physical categories of the objective reality, matter, energy and time.

A structure of such a high level of complexity as man couldn't possibly exist without information synchronization of all his cells and organs in the resonant mode of their interaction. If the synchronizing factor, which might as well be a specific external torsion field, ceases to exert influence on the human body, the organism disintegrates, or, in other words, dies. The analysis of our research at the channel level took the form of the following model of life processes (**Fig. 36**)

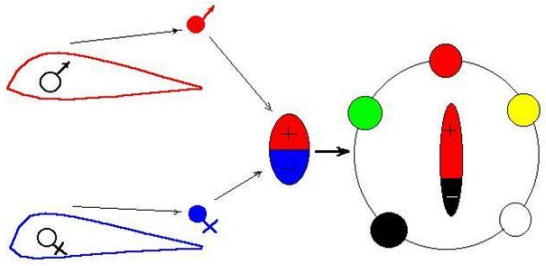


Figure 36

During the period of the living system maximum energy saturation, especially at the young age when the energy dipole is overfilled with the *fire* YANG energy, and when it becomes necessary to stabilize energy within the limits of the 'golden section' the so-called 'basic instinct', connected with self propagation, dominates. The difference of the energy potentials both in the man's and in the woman's dipoles goes into the ovule and the spermatozoon, making them high energy with respect to their structural organization. The process of the new organism conception is accompanied with the maximum degree of pleasure. At the same time it leads to the release of excessive energy in the partners dipoles. Interestingly, human gameteshave 23 chromosomes each (this fact brings to mind the analogy with the 24 channel branches, which the chromosomes possibly form later). When the two gametes merge into one they form one 46-chromosome body cell.

The energy portrait of the partners is of great importance. We have data to prove that the maximum intensity of the orgasm is experienced when the partners' channels have the opposite influence on one and the same function at the level of the polarity marks and the 'left-right' principle. Physical attraction of the sexes, which may be of different intensity, is very likely to be connected with the same factor as well. So, ideal partners should be congruent, with respect to all the channels, strictly in the antiphase, and fit one another, like the 'key

fits the lock'. Probably, the choice is made on the basis of mutual resonant influence in the partners' certain channels, which control the main body functions. When people meet they assess each other's physical and other factors and if they find them generally attractive they decide whether it will be reasonable to have descendents with this particular individual.

In this way, in every fertilized ovum 46 chromosomes form 23 couples, each of which contains a micro dipole with '+' and '-', i.e. with YANG and ING. These equalized chromosome couples of the initial fertilized ovum (zygote), can become the centers, in which the 24 branches of the main channels are formed and which later take over the control of the form and organ formation mechanism.

It has been already mentioned that all living organisms can emit photons in the UF (ultra violet) range of the spectrum (A.G.Gurwitsch, L.D.Gurwitsch, 1945). These photons act as the necessary factor of cell division, therefore this emission was called mitogenetic. Later, it was established that living organisms could emit photons in the visible part of the spectrum as well(D. Slavinsky, J.Slavinsky, 1985; P.P Gorayev, 1994). With the help of light, repeatedly reflected by the membranes, the nucleus can control the processes of the cell's vital activity. Later the light leaves the cell and passes information on to other cells. Trough perceiving light, the chromosomes control the whole living system. It means that living organisms and their cells generate energy and, at the same time, receive energy from innumerable sources.

Spectral analysis of biological radiation shows that the living bodies' molecular substance experiences the condition, which can hardly be characterized as a state of thermodynamic equilibrium due to the densely packed higher electronic levels of peculiar molecular assemblies. Electron transitions in such assemblies have a collective character with a highly coherent biological radiation, whose electromagnetic wave phases are coordinated in time and space (F.A.Popp, K. Gue, K.X.Li, 1994). So, secondary radiation can be closely connected with the condition of the cell's torsion field. Reasoning from the quantum-mechanical approach to the examination of the biological coherent fields sources characteristics, F. Popp (1994) supposed that they tend to expand the sphere of their action, namely the distance, at which they are able to interact with similar fields. The fields expand their sphere of action through the resonant- similar interaction between the cells, parts of one organism and whole organisms.

Individual biological connection between two people, which forms our likes and dislikes at the level of the subconscious, can be carried out through this kind of radiation and the interaction of their torsion fields.

At the same time, we have observed that individual failures at the level of the 'right and left' in the energy channels can cause pathological sexual drive, for example they can cause homosexuality, but in this case, no descendents appear.

So, this mechanism of choosing the optimum partner is also justified from the point of view of bioenergetics, as in the end, as a result of an individual selection with regard to the partner's biological energy, the initial cells get the maximum amount of energy.

How does the new organism develop?

After the process of fertilization has taken place, the man's and the woman's gametes merge to form an initial energy dipole with high structural potential energy. The nutrient medium, in which the new dipole is formed, is the best possible for its growth and development. But the initial dipole structure is too primitive to realize all vital functions, so if the conditions permit, it develops a more elaborate inner structure at the level of the five primary elements.

Life is often associated with fire. Flame is an example of a widely spread natural phenomenon, of branch chain processes (BCP), discovered by N.N.Semyonov and S.N. Hinshelwood (1934, 1940, 1966). In the course of such reactions some external impulse initiates the BCP in the medium, which, up to that very moment, seemed to be quite inert. As a result, active centers first appear and then begin to multiply. In the case of the living matter, the primary elements and the energy channels, which form them, can represent such centers. The process is accompanied by the system's dynamic regulation, which permits to concentrate considerable energy and information potentials in some of its parts. Later, at the level of these energy clot areas, further structural self-arrangement, which results in self-formation of certain physiological systems and organs, controlled by particular channels, takes place.

At the earliest stages, the embryo's cells are of the same type and hardly differ from one another. They contain only organelles, and during this period the cells can be easily transplanted from one embryo to another. The further development of the transplanted cells depends on where they were placed. So, we may suppose that there is some other mechanism of organ formation of a non-genetic nature, since the cell differentiation depends on its location and not on its genotype. As we see it, this location can be identified by the channels, which could have already been formed at the blastula stage and now build a peculiar energy frame, necessary to induce a spatial torsion field. The interaction of this field with the cells' DNA provides the formation of organs and tissues as well as an integral genetic-field mechanism of the system's regulation.

In 1935 Spemann, a Nobel Prize winner, found out that organizing centers (induction centers) were formed in the embryo at certain stages of its development and that they had stimulating influence on the other parts of the embryo. As far back as 1901 – 1912 he proved that the lens could develop only in the presence of an ocula vesicle and if the vesicle was transplanted under the abdominal ectoderm, a lens would develop instead of the abdomen skin. But the eye in the area of the abdomen has no connection with the rest of its channel's objects and, consequently, cannot fulfill its direct functions. In this particular case, we can say that, by the moment of its successful transplantation, the vesicle had already entered a certain cluster hierarchy of the liver channel biofield, which, among other functions, is responsible for vision. As for the channel itself, at this stage it is

represented only at the level of a frame biofield, which connects the embryo's certain spatial points into a functional system.

It is well known that the BAP of the channels form the five primary elements even at the level of the corresponding channel. At the early embryo stage they are nothing but a kind of a virtual pattern, which may materialize into particular, ideologically determined organs and systems. In this way, a cell assembly, which represents an ocula vesicle, could have been initially determined at the channel level to be the beginning of a future eye.

Yet, the problem of the general forming and the five primary elements place of origin and elementary topology remains open for discussion. Specialized structures and organs, which form the shape of a living organism, with a natural internal arrangement, appear and differentiate themselves in the course of the development of any living system. The higher is the level of the living system's structuredness, the higher is the level of the division of labour among its parts, the more effective will be the use of its free energy and the more accurate will be its response to different environmental factors. In the process of embryogeny, the body's general form takes shape rather as a result of certain cells translocation, cell and tissue differentiation than due to cell division.

As far back as the end of the XIX century, G.Drisch proved that cell translocation and cell and tissue transformation are determined by their position in the developing embryo, considered as a single whole, rather than by the nature of the cells. To him belongs one of the most important laws of embryology, which says that the fate of a part of the embryo is the function of its position in the integrated whole. (G.Drisch,1915). From this law it follows that the characteristics of a living system, taken as a single whole cannot be treated as the sum of the characteristics of its parts.

On the basis of this law, A.G.Gurwitsch (1914**)** developed his own theory, according to which the assembly of the cells, that form the embryo, can be treated as a certain geometrical area. Inside this area, different points can be assigned coordinate values with respect to the selected axes. One and the same factor exerts influence upon the cells, located in some particular area, but its parameter values are different in different points. He believed the presence of an individually vectorized and species-specific biological field in the living bodies to be the reason of this phenomenon . But a biofield cannot appear out of nothing. That's where the channel system can fill ideological vacuum and take the place of the very first signal system, inherent in any living organism. Thus, it turns out that the energy channels were the first to appear and to build a peculiar spatial frame, necessary for the generation of the biofield. Later the common biofield falls into certain cell fractal areas, each of which is connected with a corresponding channel. Next, this area falls into two mutually embedded fractal areas, which have the functions of the opposite character within one and the same organ and are connected with the opposite (left and right) channel branches. This model is logical and it has been confirmed in the regulating schemes we have obtained. The coordinates of an individual cell in the fractal area, generated by the channel biofield, determine its behaviour in a group of cells. Evidently, the intra cell field reproduces this structure at the level of molecule formations. The most important features of the field are its continuity and succession. Actually, living systems cannot exist without a field, because it's the field that unites all the molecules of a fluid system into a super-coherent state. The division of the cell means the division of its field. Thus, V.L.Voyekov (1995, 1998) demonstrated that even the establishment of an optical, but not a chemical, contact between two leucocytes or two integral blood cells is enough to provide valid inter-cell communication. So, we can say that the existence of a specific biofield has been proved experimentally.

In general, as we see it, there are several levels of body regulation, with the main energy dipole, controlled by the spirit (SHENG), at the top of the biological energy channel pyramid. Next come the system of the five primary elements, the system of the energy channels, physiological systems, organs, biomolecular systems, molecules and, finally, atoms, which, at the structural level, reproduce the same dipole. The circle is closed.

On the whole, it turns out that the presence of the channel system in cooperation with the internal and external energy-information field determines the main difference between living and lifeless matter.

The data, presented in this work once again proves that our inner reality is no less complicated than the world around us.

CHAPTER 6
Comparative assessment of the heart functioning by means of channel testing and by classical methods of instrumental examination

6.1. Comparison with electrophysiological indices.

Having revealed the correlation between the change of activity of certain channels and the influence, which different external factors have on the body, we decided to uncover and analyze the more delicate possible channel regulatory interrelations, to be more exact, their connection with the most important heart activity indices.

There is no need to prove the importance of investigating different aspects of heart functioning, as the vital functions of the whole body depend on how the heart works. Upon the whole, the cardiac muscle, which is a very peculiar kind of muscular tissue, is characterized by a number of specific properties. They are: excitability, automatism, conductivity and contractility. Each of these functions has a variety of manifestations.

A well-proven system of instrumental diagnostics is currently used in clinical practice to assess these functions. So, we have a good possibility to compare the results of the classical methods of diagnostics with those of the channel system evaluation.

Our research was just the first attempt to make this sort of comparison. Our main task, however, was to show that such channel connections with the main functions and parameters of the heart tissue really take place in the man's body.

To compare the data, we first subjected the patients to the channel testing and then to esophageal electrophysiological examination (EPE). We examined 35 men and 64 women. In 76% of the cases we discovered different disorders of the heart rate. The rest of the patients were found practically in good health except for temporary functional heart rate disturbances.

Conductivity function

A well-known electrophysiologicalindex, Wenkenbach point (Wp) is used to assess the conductivity function.

This index characterizes the rate of the atrioventricular excitation conductivity, especially through the atrioventricular (AV) junction. In the process of defining the Wp, after the pacemaker has imposed the external rate to the atriums, the rate of the imposed auricular contractions keeps growing, until the incomplete atrioventricular excitation conductivity heart block appears (usually with Samoilov – Wenkenbach periodicity). The rate of the atriums stimulation, which provokes the block, is considered to be Wenkenbach point. Excitation conductivity with the rate of 140-180 pulses a minute is believed to be normal for an AV junction. The lower values of this index point to some kind of hidden AV conductivity disorder, which can lead to AV heart blocks. If the Wp exceeds 180 pulses a minute, it is possible that there are some hidden added conductive tracts. The activating pulses from the atriums get along these tracks straight to the ventricles, bypassing the AV junction blocks, and provoking their untimely and rapid contractions. This mechanism is mostly responsible for the appearance of the WPW type tachycardias syndrome. So, we can see that this index is very important when we assess the myocardium conductivity mechanism. Conductivity disorders with a slow heart rate can be regarded as a manifestation of the ING state, while tachycardias – as a manifestation of the YANG state.

Model 28 represents the results of the regressive analysis for men

Model 28

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	242.740461	63.128173	3.8452	0.0014
GId	**– 73.81515**	**30.99856**	**– 2.3812**	**0.0300**
TRd	98.939696	57.09104	1.7330	0.1023
Cs	73.883802	38.720336	1.9081	0.0745
IGd	24.098124	14.945176	1.6124	0.1264
RPs	12.582529	10.280526	1.2239	0.2387
VBd	**– 167.954843**	**49.288119**	**– 3.4076**	**0.0036**
Rs	– 27.957318	14.384163	– 1.9436	0.0697
Vd	**15.834089**	**6.409332**	**2.4705**	**0.0251**

R-SQ. (ADJ.) = 0.4631 SE = 35.570065 MAE = 22.576353
DurbWat = 0.898
Previously: 0.4307 36.626744 22.455205 0.906
35 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model's predictability coefficient is 46%. The gall bladder channel right branch plays the most important role in Wp regulation with regard to reliability (t = 3.4) and the influence coefficient (t = – 168). The increase of its parameter values results in the Wp values decrease. The large intestine right branch and the kidney channel left branch have a similar reliable influence on the Wp parameter values.

On the whole, this kind of influence with the negative regulating component is characterized by the decrease of the heart rate and, in fact, is analogous to the parasympathetic vagal influence. On the contrary, it has been proved that the urinary bladder channel right branch (t = 2.4) increases the Wp parameters. The heart channel left branch and the triple heater channel right branch have the similar influence although it is not so strong. This influence, with regard to its physiological tendency, is similar to the strengthening of the sympathetic nervous system.

The final model, based on the method of single – step regression, whose Fisher criterion was equal to 4 ($p<0.05$), included only four channels and all the influences (model 29) were negative-signed. The model's predictability coefficient is equal to 54%, the pancreas channel right branch being one of the components with a high reliability index (t = 3.0)

Model 29

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	417.357852	42.833143	9.7438	0.0000
GId	– 53.040027	20.438268	– 2.5951	0.0173
VBd	– 126.612158	34.717648	– 3.6469	0.0016
RPd	– 25.837797	8.385824	– 3.0811	0.0059
Rs	– 46.194621	13.816738	– 3.3434	0.0032

R-SQ. (ADJ.) = 0.5438 SE = 32.788978 MAE = 22.883936
DurbWat = 1.076
35 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 30 shows the similar channel influences on the Wp for women.

Model 30

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	139.891095	32.479464	4.3071	0.0001
Ps	68.353769	20.029917	3.4126	0.0016
VBd	– 31.276008	12.295148	– 2.5438	0.0154
TRs	96.957002	29.744269	3.2597	0.0024
Cd	– 51.827644	19.453903	– 2.6641	0.0115
Vs	12.04793	4.967922	2.4251	0.0204
GId	– 11.124552	11.375724	– 0.9779	0.3338

R-SQ. (ADJ.) = 0.5484 SE = 30.453800 MAE = 23.730854
DurbWat = 1.207
Previously: 0.3964 35.208224 29.392493 1.189
43 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model's prediction reliability coefficient is equal to 55%. The most reliable (t > 2.0) influence on the Wp parameter values decrease belongs to the gall bladder channel right branch, the heart and the large intestine channels right branches, although the influence reliability of the latter is not high (t = 0.97). The lung, the triple heater and the urinary bladder channels left branches have the most reliable (t > 2.0) influence on the Wp parameter values increase. The model clearly shows that the left-side (YANG) laterality strengthens the YANG function. The right-side (ING) laterality strengthens the ING function. In this way we managed to obtain highly reliable, ideologically determined channel influence models on the heart conductivity regulation.

Automatism function.

The test, based on determining the time necessary for the sinus node function recovery (TSKFR) and the corrected time necessary for the sinus node function recovery (CTSKFR), is widely used for the purpose of assessing the sinus node function automatism. The procedure consists in sending electric pulses with the frequency of 90 or 100 pulses a minute to the atrium, thus imposing on it an external rate. When the stable reproduction of this rate has been established, atrium electro stimulation is cancelled and the period of time, after which the sinus node begins to generate its own pulses, acting as the pacemaker of the first order, is registered. It is usually done by defining the interval between the last imposed pulse and the first P-pulse from the atrium with the help of the ECG. Normally, when the TSKFR is being assessed, this interval doesn't exceed 1.5 seconds. Its increase may point to the automatism disorder in the sinus node, which, mostly, is characteristic for the sick sinus syndrome (SSS).

Even more accurate data can be obtained while assessing the CTSKFR. Subtracting the value of the cardiac cycle, preceding electro stimulation, from the TSKFR, does it. It enables the researcher to get the desired result, which is free from the influence of the heart's own rate on the parameter value, obtained in the course of the test. Normally, CTSKFR shouldn't exceed 0/52 seconds.

Model 31 shows the general picture of the channel influence on the CTSKFR index for men.

Model 31

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	683.421593	444.085232	1.5389	0.1446
Pd	257.365805	243.163571	1.0584	0.3066
GIs	– 153.7066	154.163256	– 0.9970	0.3346
Cs	171.707321	269.375314	0.6374	0.5335
IGd	– 130.560775	141.014284	– 0.9259	0.3692
RPs	– 134.221903	95.260191	– 1.4090	0.1792
Fd	**– 601.104521**	**205.86933**	**– 2.9198**	**0.0106**
Rd	– 115.618307	85.111373	– 1.3584	0.1944
Vs	**304.189075**	**87.401825**	**3.4804**	**0.0034**

R-SQ. (ADJ.) = 0.5339 SE = 323.571892 MAE = 209.660719
DurbWat = 1.104
Previously: 0.5017 334.548997 210.378353 1.106
34 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

In this model, the urinary bladder channel left branch has the most pronounced influence on the index increase, while the liver channel right branch hypo function provokes its decrease. This data, which testifies to the dependence, was confirmed in the final single-step CTSKFR influences model. The influences are presented in **Model 32**.

Model 32

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 190.009155	239.32174	– 0.7939	0.4370
Fd	– 692.619258	173.574882	– 3.9903	0.0008
Es	482.691503	223.401204	2.1606	0.0437
Vs	432.118117	67.325719	6.4183	0.0000
RPd	193.027713	75.719331	2.5493	0.0196

R-SQ. (ADJ.) = 0.6537 SE = 278.891022 MAE = 202.528567
DurbWat = 1.250
34 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model's predictability coefficient is about 65%. The liver channel right branch still has the most reliable influence (t = 3.9) on the parameter value decrease, while the urinary bladder left branch has the most influence (t = 6.4) on the value increase. It can be assumed that the state of the liver, and particularly the relative hypo function of its channel's right branch, influences the normal sinus node automatism function. And vice versa, hormone disorders, with high indices of the urinary bladder left branch, may be the major provocative factor, leading to the automatism function disorder. Malnutrition also contributes to this disorder through its influence on the Es and RPd *earth* channels. The conclusions, we have made on the basis of the experiment results, seem quite logical for our everyday life. **Model 33**, similar to the previous one, shows the connection between this parameter with channel activity for women.

Model 33

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 131.674218	63.476173	– 2.0744	0.0428
MCd	73.469679	45.258166	1.6233	0.1103
TRs	– 128.838123	90.619398	– 1.4217	0.1608
Cd	117.056271	62.939496	1.8598	0.0684
RPd	**170.858183**	**39.689915**	**4.3048**	**0.0001**
RPs	**59.748224**	**23.774207**	**2.5132**	0.0150
Fd	55.372002	47.485487	1.1661	0.2487
Ed	**96.715178**	**29.127746**	**3.3204**	**0.0016**
Es	**146.440256**	**60.535511**	**2.4191**	**0.0190**

R-SQ. (ADJ.) = 0.6096 SE = 99.975660 MAE = 72.963303
DurbWat = 1.289
Previously: 0.6023 100.908856 71.499450 1.396
63 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model's predictability coefficient is equal to 60%. The triple heater channel left branch has shown the highest CTSKFR decrease influence coefficient with regard to the parameter under analysis., but its influence reliability is low. The pancreas and the stomach right and left branches stand out from all the positive reliable influences, the right influences being better articulated and highly reliable.

Model 34

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	16.00102	71.40408	0.2241	0.8235
RPs	48.969408	23.657895	2.0699	0.0430
Ed	72.851473	30.408734	2.3957	0.0199
Es	187.686947	58.69419	3.1977	0.0023
Vs	– 31.042758	15.337293	– 2.0240	0.0477
RPd	170.646358	36.680472	4.6522	0.0000

R-SQ. (ADJ.) = 0.6046 SE = 100.615323 MAE = 71.323614
DurbWat = 1.458
63 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 34, that shows channel influences, is the concluding one. On the whole, it repeats the previous model, but it reveals the only reliably significant channel, which brings down the index under examination, that is the urinary bladder channel left branch. Positive influence is shown by the same channels as in the previous model. Upon the whole, the replacement of TRs for Vs is understandable, since they are closely connected through

destructive, reciprocally suppressing interrelations. The TRs presence is a logical consequence of the hormone sphere disorder with respect to Vs.

So, in case of women, somewhat differently from men, *recovery of balance in the sexual and hormonal spheres has the greatest influence on the automatism function rehabilitation*. The factors that bring down the automatism function are the same for men and for women. They are mostly centered in the *earth* primary element and connected with inappropriate diets and disruptions of the nutrition *Tchi* flow through the spleen channel.

The most important thing about this research is that these channel regulation models, especially individual ones, enable specialists to develop highly efficient treatment for all kinds of heart rate pathologies by adjusting the involved channels' energy.

AV junction conductivity

The AV junction effective refractory period (AVcERP) is widely used to assess the conductivity function at the atrioventricular (AV) connection level. Normally it fluctuates between 0.28 – 0.32 seconds. A lower value of this parameter is a sign of the insufficient pulse delay in the AV junction, which may provoke the heart ventricles untimely contraction at the moment when the blood from the atriums hasn't filled them yet. This leads to an ineffective, with respect to hemodynamics, systole, which produces small impact blood discharge into the bloodstream. And vice versa, the excess over the standard index points to the possibility of a conductivity block at the AV junction level.

Model 35 shows the relation between the value of this parameter and the channel energy activity for men.

Model 35

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	176.055739	86.01695	2.0468	0.0556
GId	**88.708983**	**46.491161**	**1.9081**	**0.0725**
MCd	– 56.105474	70.233524	– 0.7988	0.4348
TRs	– 59.919937	58.377609	– 1.0264	0.3183
RPd	23.991604	19.610708	1.2234	0.2370
Rs	43.81364	29.711116	1.4747	0.1576
Vs	**23.524287**	**12.212656**	**1.9262**	**0.0700**

R-SQ. (ADJ.) = 0.3033 SE = 69.422646 MAE = 45.039388
DurbWat = 1.081
Previously: 0.2639 71.356437 44.517722 1.062
35 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

As we can see from the aggregate results of the regression model, on the whole, it has only 30% of prediction reliability. To add to this, the channels, presented in the model, have rather low influence reliability. In the finite single-step **Model (36)** the only channel, whose influence on bringing down the AvcERP is reliable, is the pericardium channel right branch. Other channels have a doubtful influence on the increase of the parameter in question.

Model 36

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	261.662777	55.04929	4.7532	0.0001
GId	**85.379851**	**46.198728**	**1.8481**	**0.0794**
Cs	130.628358	79.594269	1.6412	0.1164
MCd	**– 225.227333**	**86.116879**	**– 2.6154**	**0.0166**
Vs	16.218901	12.677166	1.2794	0.2154

R-SQ. (ADJ.) = 0.3112 SE = 69.028756 MAE = 46.727285
DurbWat = 1.419
35 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model below (**Model 37**) shows the initial single-step model of the channel influence on this parameter for women.

Model 37

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	86.023845	43.004421	2.0003	0.0502
MCd	– 45.781263	44.665695	– 1.0250	0.3096
IGd	**183.027312**	**46.477699**	**3.9380**	**0.0002**
IGs	**142.010045**	**55.859717**	**2.5423**	**0.0137**
Fd	– 55.386731	36.46029	– 1.5191	0.1342
VBd	**61.522689**	**18.723853**	**3.2858**	**0.0017**

R-SQ. (ADJ.) = 0.3844 SE = 67.487486 MAE = 51.012038
DurbWat = 0.804
Previously: 0.3745 68.027923 50.819589 0.807
64 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Upon the whole, the model's prediction reliability coefficient is higher than in the previous one (38%). The pericardium and the liver channels right branches contribute to the decrease of the AVcERP index, like it was in the case with the channel influence model for men. But these influences are doubtful. High influence reliability (t>2.0) was registered with respect to the small intestine channel and the gall bladder right branch.

Model 38

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	242.264318	36.687092	6.6035	0.0000
IGs	131.01787	54.661263	2.3969	0.0201
MCd	– 73.546395	40.0688	– 1.8355	0.0720
TRs	– 177.272204	68.329959	– 2.5944	0.0122
IGd	218.710158	40.975641	5.3376	0.0000

R-SQ. (ADJ.) = 0.4182 SE = 65.070090 MAE = 47.719609
DurbWat = 1.052
64 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 38 is a finite single-step model.

Its prediction reliability coefficient is equal to 42%. The majority of the channels represented in the model, have high influence reliability (t>2.0), with the exception of the MCd channel. The same channels – MCd and TRs bring down the AVcERP index irrespective of the patient's sex. The small intestine channel, especially its right branch, contributes to the index increase (t = 5.3). Taking the previous model into consideration, we can affirm that the positive-signed ('+') channel branches have a higher regulating influence. It was the same in the case of CTSKFR regulation with women. It should be noted that the growth of the AVcERP index will provoke the worsening of the AV conductivity and will slow down the YANG function in favour of the ING one.

The example of the channel regulating influences on the change of the automatism function as well as on conductivity with respect to women shows that the channels' right branches hypo function (bear in mind that the right side represents ING) contributes to the strengthening of the ING function.

When it comes to the conductivity function, we regard it as the ability of the myocardium cells to generate electric pulses of their own by changing their trans membrane potential. This rhythmical function is characteristic mostly of the sinus node cells, the latter normally being the pacemaker of the first order, which imposes its activity on the heart as a whole. We have already considered in detail the models of the channel influences on the heart rate in the norm and in case of pathology.

In this way, by comparing the channel testing results with the results of the electro physiological examination, we have analyzed three out of the four major myocardium electro physiological functions. Our research has brought to light highly reliable correlation connections, which confirm the presence of the channel influences on the myocardium conductivity and automatism functions.

6.2 Comparison with the ultrasonic echocardiography data

To assess the myocardial contractility function we used the results of the echocardiographical (ECHOCG) examination of 88 patients. After the ECHOCG all the patients were subjected to the channel testing, and the results were analyzed with the help of the single-step linear regression. Since the myocardial contractility function is diverse in its manifestations, we had to analyze a number of different indices. Some of them reflect the contractility parameters proper; others regard the myocardium as a kind of a specific pump.

Assessment of channel influence on the ejection fraction (EF)

This index characterizes the blood volume, ejected from the heart left ventricle during every systole, percentage wise to the left ventricle total volume. The higher is the index, the more efficiently the heart works in the capacity of a hemodynamic pump. Normally, the average EF figures fluctuate from 60 to 85%. **Model 39** reflects the channel influence on this index for men.

Model 39

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	70.312319	9.659277	7.2793	0.0000
GId	**31.175403**	**6.222984**	**5.0097**	**0.0000**
GIs	– 12.14861	7.429197	– 1.6353	0.1150
MCs	– 16.30207	13.43545	– 1.2134	0.2368
TRs	**– 37.57852**	**13.32367**	**– 2.8204**	**0.0095**
Rs	**– 9.609246**	**4.042146**	**– 2.3773**	**0.0258**
Cs	**39.066998**	**19.85801**	**1.9673**	**0.0608**

R-SQ. (ADJ.) = 0.5587 SE = 8.577691 MAE = 6.609777
DurbWat = 2.021
31 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model's prediction reliability coefficient is 56% due to the fact that it includes a lot of channels. Only three of them, though, are represented in the finite single-step model, with Fisher's F-criterion equal to 4.0, given below (**Model 40**). The large intestine channel right branch hypo function was observed to have a highly reliable influence on the EF index growth, while the triple heater and the kidney channels left branch hypo function was proved to contribute to the reduction of the EF index. It should be noted, that like in the previous model, the left branches had the negative-signed, ING, influence and tended to reduce the volume of the circulating blood. At the same time, the '+'-signed large intestine channel right branch increased the EF index. So, in this case, we faced a certain discrepancy between laterality and the channel's functional (ING-YANG) affiliation.

Model 40

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	69.515139	8.146414	8.5332	0.0000
GId	28.821297	6.199842	4.6487	0.0001
TRs	– 26.876951	9.246397	– 2.9067	0.0072
Rs	– 10.981275	3.893039	– 2.8207	0.0089

R-SQ. (ADJ.) = 0.5030 SE = 9.103322 MAE = 6.842468
DurbWat = 2.022
Previously: 0.5587 8.577691 6.609777 2.021
31 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

When you study the data, presented in this model, you should bear in mind that the majority of the examined patients didn't have any signs of blood circulation insufficiency. At the same time, it is well-known, that athletes and physically trained individuals can have the EF index equal to 55% or lower, when at rest, due to the fact that when the body uses even a small volume of blood rationally it is quite sufficient to cover its energy demands in the state of rest. Usually their EF index rises sharply under the influence of physical activity, without a noticeable increase of the heart rate.

So, the EF decrease in the state of rest can be regarded as a fitness factor and a YANG sign in the case of men, who enjoy good health. On the contrary, if healthy men show the EF increase in the state of rest, it points to a certain functional lack of adaptability. If we take into account the dependences and factors in force everything becomes clear. The left side in the presented models really characterizes the YANG function and the right side, characterizes the ING one.

Model 41

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	59.843128	5.498684	10.8832	0.0000
GId	2.309028	2.035683	1.1343	0.2620
Cd	9.404715	5.227715	1.7990	0.0779
Rs	1.430521	1.045024	1.3689	0.1770
Vd	**1.685206**	**0.806024**	**2.0908**	**0.0416**
IGs	**– 12.030613**	**5.429852**	**– 2.2156**	**0.0312**

R-SQ. (ADJ.) = 0.1367 SE = 7.532729 MAE = 4.835386
DurbWat = 1.382
57 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 41 shows the results of the similar comparison for women.

Since the model's prediction reliability coefficient is low, it can be used only as an approximate one. Nevertheless, it's an established fact that the urinary bladder channel right branch contributes to the EF growth, and the small intestine left branch to its decrease with a considerable influence coefficient, equal to –12.

The model's general low reliability can be explained by the fact that the patients with different kinds of the heart rate disorders prevailed among the examined women. It means that their hemodynamic reactions were differently directed. Hence, the average channel-regulating component of the function for this group is rather indistinct. Additional research, involving insufficient blood circulation patients as well as healthy women should be conducted to find the final answer for the problem.

Assessment of channel influence on the left atrium (LA) size

From the point of view of contemporary science, when the left atrium size exceeds the norm by more than four centimeters, it's a sign of the heart chambers dilatation. Usually, quite logically, this form of dilatation leads to cardiac decompensation and blood circulation insufficiency (BCI). So, there is a marked dependency between the LA size and BCI.

Model 42 shows channel influence on this index for men.

Model 42

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	27.483175	4.441344	6.1880	0.0000
Fd	**4.564002**	**1.33673**	**3.4143**	**0.0013**
GId	– 4.28859	2.410239	– 1.7793	0.0815
Es	1.945557	1.040942	1.8690	0.0677
TRd	**16.359863**	**5.071064**	**3.2261**	**0.0023**
RPd	**2.374092**	**0.957061**	**2.4806**	**0.0167**

R-SQ. (ADJ.) = 0.5845 SE = 5.986591 MAE = 4.601789
DurbWat = 1.189
Previously: 0.5422 6.283830 4.913278 1.233
54 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model has a high prediction reliability coefficient, equal to 58%. According to the model, the only channel that influences the LA size reduction is the large intestine right branch. The same channel, according to the previous research data, contributes to the increase of the ejection fraction. In this way, two independent investigations point to the same channel, which can be used for the purpose of reducing the blood circulation insufficiency symptom in the case of men.

Blood circulation insufficiency increase is mostly, with high degree of reliability (t = 3.2) and with the influence coefficient equal to +16.3, is provoked by the asymmetric growth of the triple heater channel right branch indices. This fact proves that the triple heater channel right branch is the main channel, which has influence on the general condition of the central hemodynamics. To a lesser degree, with the influence coefficient equal to 4.5, the Blood circulation insufficiency increase is caused by the liver channel right branch hypo function (t = 3.4). It is common knowledge that the liver can act as a blood depot, which reduces the volume of the circulating blood. Blood-depositing function is also characteristic of the stomach and the spleen, tough it is less articulate. They were also included in the model with the '+' sign, as they contribute to the LA growth.

Only three channels, which have influence on the LA and BCI growth, were included in the finite model (**Model 43**) with a high significance level ($p < 0.05$). Interestingly, they are all represented by their right, ING, branches. The BCI itself is an ING function too. Therefore, unlike in the case of the EF (ejection function), the model has no ideological contradictions.

Model 43

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	25.517523	4.334569	5.8870	0.0000
Fd	6.685842	1.002087	6.6719	0.0000
TRd	11.768158	4.994742	2.3561	0.0224
RPd	3.329313	0.901623	3.6926	0.0005

R-SQ. (ADJ.) = 0.5422 SE = 6.283830 MAE = 4.913278
DurbWat = 1.233
54 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 43 shows channel influence on the LA size for women.

Model 44

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	22.576977	4.32357	5.2218	0.0000
Fd	5.717954	2.985419	1.9153	0.0623
GId	**4.201593**	**1.577859**	**2.6628**	**0.0109**
Ed	**8.067655**	**2.296616**	**3.5128**	**0.0011**
IGd	**– 3.739782**	**1.78283**	**– 2.0977**	**0.0420**

R-SQ. (ADJ.) = 0.3105 SE = 5.238939 MAE = 3.634562
DurbWat = 1.137
48 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

This model reflects the significant (t = 2.0) influence of the small intestine right branch hypo function on the left atrium size reduction. The stomach channel right branch has the most pronounced influence (t = 3.5) on the LA size growth as well as the large intestine channel (t = 2.6) and the liver channel (t = 1.9).

There is a certain similarity in men's and women's channel influences systems. Thus, the intestine channel right branches hypo function contributes to the left atrium size reduction, but while it's the large intestine channel in the case of men, it's the small intestine channel in the case of women. The significant influence on the LA dilatation and, consequently, on the BCI growth have the right channel branches in both cases. The influence of the channel left branches on the BCI is insignificant.

Upon the whole, the patterns, we have obtained, permit to lessen the blood circulation insufficiency intensity by means of exerting influence on the appropriate channels, making use of the discovered dependences.

6.3. Assessment of the channel influences on the myocardium circulatory contractility rate (Ec).

This index directly reflects the myocardium contractility function. If the index exceeds the norm by 35cm/per minute it points to the increased myocardium contractility, as a consequence of thyrotoxicosis, for example. And vice versa, deceleration of the contractility rate testifies to the diffuse sclerotic and dystrophic changes of the myocardium. Such changes are characteristic of hypothyroidism as well.

Model 45 shows the channel influences on this cardiac function for men.

Model 45

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	51.272745	3.869439	13.2507	0.0000
Ps	– 16.373082	3.342282	– 4.8988	0.0005
TRs	**50.82635**	**4.312087**	**11.7870**	**0.0000**
Cs	– 62.834073	8.270192	– 7.5977	0.0000
RPs	– 2.395773	0.715097	– 3.3503	0.0065
VBd	8.873092	4.256268	2.0847	0.0612

R-SQ. (ADJ.) = 0.7453 SE = 2.220913 MAE = 1.412827
DurbWat = 2.723
18 observations fitted, forecast(s) computed for 0 missing val. of dep. var

The model is based on the results of 18 observations, so the results have an approximate character. Nevertheless, we believe that this data can be used in medical practice. The triple heater channel left branch hypo function has the most significant influence on the myocardium circulatory contractility increase, while the heart, the lung and the spleen channels left branches decrease it. So, the model confirms the previously

described dependences. It's exactly the left (YANG) branch of the triple heater channel that provokes the growth of this index. As for the TR channel right branch, according to our observations, it most often gets affected in the case of thyrotoxicosis. RP channel's hypo function is mostly observed when inflammatory and autoimmune lesions, including those of the myocardium itself, take place. When it happens the index in question naturally decreases. The myocardium hypoxia will have the same influence through the Ps channel.

Model 46

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	40.316901	2.009021	20.0679	0.0000
MCd	– 3.601063	1.64121	– 2.1942	0.0346
Cs	– 5.211603	1.45662	– 3.5779	0.0010
IGs	6.407651	1.986489	3.2256	0.0026
RPd	– 2.741813	1.05727	– 2.5933	0.0135

R-SQ. (ADJ.) = 0.3615 SE = 2.676329 MAE = 1.886217
DurbWat = 1.029
42 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 46 shows the channel influences on the Ec for women.

The model has rather a high degree of prediction reliability equal to 36%. It has also established for certain that the small intestine channel left branch increases (t = 3.2) the myocardium contractility rate, while the heart channel left branch (which was the case with men as well) and the pericardium and spleen channels right branches reduce this index. From the point of view of contemporary physiology these dependences are quite comprehensible, since the small intestine channel is connected with the state of the myocardium electrolytic balance; the spleen channel governs the transportation of the nutrients through the blood as well as the myocardium inflammatory reactions; and the pericardium channel has influence on the myocardium architecture and trophism in general.

The results we have obtained in the course of our research, demonstrate the channel regulating influence on all the four major parameters of the myocardium functioning with a great degree of reliability. They enable the practitioners to influence the indices of the myocardium functioning by means of changing the activity of the appropriate channels for the purpose of treating for various kinds of arrhythmia and blood circulation insufficiency. Both, generalized models, developed in the course of studying groups of patients with similar health condition, and individual ones, can form the basis of this treatment mode. It must be added that unlike the prescription principle, which implies treatment that uses 'favourite points', the method that we promote can be scientifically grounded, which means that it has a greater degree of predictability and, consequently, an increased efficiency, of which we have had a chance to be convinced a lot of times.

Chapter 7.

A different view of the role of the heart

The heart is a unique organ, with a multifold safety mechanism, which guarantees protection against all kinds of failures. It possesses fantastic flexibility, self-regulation and ability for self-regeneration.

The works of V.V.Parin (1946), B.S.Kulayev (1872) and the morphological research, carried out by B.I.Lavrentiv (1944) and A.Y.Khabarova (1961,) and other sources, illustrate the idea that the heart represents a vast sensitive area, which plays the key role in reacting to the changes of the environment. Its role mustn't be brought down to that of the main blood mover. The heart is the first organ to start functioning and the last to die.

It's remarkable that both – Aristotle, who had no idea about blood circulation, as well as Harvey, who discovered it, believed heart contractions to be ' the basis and the beginning of the embryo' and thought that 'the animal is the creation of the heart'.

The above data on the channel influences on different functions of the cardiac muscle and on the heart as a whole clear the way for a new approach to the traditional vision of its performance and regulating mechanism.

The theory of the evolution of species, suggested by Charles Darwin, and his views with regard to the connection between the embryonic organ development of the descendants and the organ structure of the adult ancestors were laid in the foundation of Heckel- Muller main biogenetic law. According to this law, a shortened recapitulation of the animal life historic features in the species ontogeny is ensured by the mechanisms of conservative heredity. Since, ontogeny is one of the functions of the phylogeny, it is impossible to understand the laws of individual development without the knowledge of the laws of evolution. So, by observing the formation and development of the human and animal embryos, we, in a sense, can trace the structural principles of the first living organisms that inhabited our planet in the dim pre-historic extreme antiquity.

It is well known from special literature (Patten, Kramer, 1933; Patten, 1949; Sissman, 1970 and others) that the heart begins to form long before nerve fibers grow up to it. It follows that we have all the reason to suppose that the first protozoa organisms managed to do without a nervous system, which, in the course of evolution, appeared later than the energy channels system.

At the initial stage of its development, the human embryo presents two thin pipes, located on both sides of the front bowel hilus, which go from the gall pouch to the embryo's forming intestine cavity. The process of the fusion of the right and left rudiments of the heart ventricles and bulbs starts in the human embryo on the 22^{d}-23^{d} days of its intrauterine life, when it is 2mm long from the crown to the coccyx. It results in the first myocardium beats, which initiate the flow of blood through the heart (I.I.Novikov, 1975).

Shaner in 1930, Kramer in 1942, Wahlin in 1935 and others, observed in their works that there is a certain lag of the nerve ingrowth into the heart with respect to the beginning of its rhythmical performance. In other words, the heart rhythm is primary while the nerve influence is secondary.

Isolated heart tissue fragments contract long before the heart, as an integrated organ, in the embryo's heart starts its rhythmical performance. The heart primary rhythm determination is believed to be conditioned genetically; as for the rhythm-forming mechanism itself, is nature is so far unclear.

There is an opinion (E. Adolf, 1971) that, in principle, rhythm is the living matter innate characteristics. Rhythm, in its turn, is acquired under the influence of the inorganic world physical rhythms (A.V. Voino-Yasenetsky, 1974). It is still unclear what causes the first impulse. But there is no doubt that it cannot be caused by nerves, which appear later; nor can it be caused by the blood 'inflow' into the heart. The only thing, that is absolutely evident, is the fact that the rhythm is governed by the virgin embryonic, probably the most ancient, phylogenetic regulatory mechanism, which appeared long before the nervous system and humoral influences. The channel system suits the role of this mechanism perfectly.

Bu the end of the 23^{d} day the tubular pulsing heart is big enough to start a double bend, which leads to the formation of the inter-ventricular and the atrioventricular sulci. The blood, expulsed from the heart bulb, gets to the dorsal aorta through the first two arterial branchiate arches. On the 27^{th} –28^{th} days trabecular tissue appears inside the heart tube to form Tebesian vessels later. At the same time, the inter-ventricular parting develops in the heart bulb itself. 0n the 29^{th} –30^{th} days there is already a difference between the right and the left ventricles (Sissman, 1970).

The 'pre-nerve' period of the heart development ends between the 1^{st} and the 2^{d} months of the intrauterine life. By that time the first nerve fibers from the system of the vagus nerve grow long enough to reach the heart. When the embryo reaches the length of 17 – 23 mm (on the 7^{th} week of pregnancy), sympathetic nerves join vagus ones. This process is parallel with the formation of coronary arteries.

In the initial period the number of heartbeats is equal to 30 beats a minute. Many researches connect this bradycardia, which is observed in the 'nerve' period, with the dominant vagus influence. When the sympathetic nerve-endings reach the heart, the heart rate increases up to 120 – 160 beats/ per minute. In this period we can observe heightened sensibility to to the stimulating action of noradrenalin and sympathetic pulses (E.Adolf, 1971). On the eve of the delivery and on the first day after birth the heart rate is about 120 beats /per minute, but later it decreases. So, we can conclude that in the heart rhythm, from the point of view of eastern conceptions, the leading position is first taken by ING, then by YANG and the process of the delivery is followed by the period of the two opposite principles dynamic equilibrium.

The stimulation of the heart's afferent receptors of the adults influences corresponding centers in the spinal cord and in the brain. In the case of the embryo, the signals from the performing heart are addressed to the same sections of the Central Nervous System, as in the case of the adult. But at the given moment the embryo's brain is lacks the corresponding centers. I.I.Shmalgaus research (1964) showed that at the embyogeny stage ' the influence of one structure upon the other can never be one-way; on the contrary, it is reciprocally inductive by

nature.' Thus, the heart rhythm, in some singular way, gives birth to the brain and its architecture. So, with regard to the formation of the whole body ensemble, the heart becomes a sort of a conductor and architect due to the heartbeat rhythm and the information enclosed in it.

The heart conducting system forms in the 'pre-nerve' period (Walls, 1947; de Haan, 1961; M.N. Umowist, 1973) as a specific myocardium tissue, which carries out independent multilevel control of the heart rhythm. His' bundle is the first to form (when the embryo is 6-7 mm long), next comes Aschoff – Towara nod and, finally, comes the sinus nod (when the embryo is 12-14 mm long).

As it has already been mentioned we share the opinion that the heart conducting system is the anatomical representative of the channels in the body.

The heart conducting system doesn't have definite histological distinctions from the myocytes, such as, for example, the nerve tissue. That is why if the conductive bundles are damaged they are comparatively easily formed at a new place. Probably, in the same way the conducting connection is restored in the case of the heart transplantation, when within hours the local heart channel system integrates into the body's common channel system. On the other hand, if the sinus nod is damaged (for instance, as a result of infraction) the AV junction takes over its function of the pacemaker of the first order, and if the latter collapses as well, the pacemaker function is performed directly by the myocardium myocyte cells. These processes of the retreat to the prearranged reserve positions should go on in coordination with the common channel system, due to the flexibility of connections on both sides. Otherwise, the four myocardium main functions could fall out of the system of the channel control and chaos would set in. This fact also points to the necessity of communication, which is inherent only in the channel system, since, for example, the nervous system in case of the nerve trunk damage, cannot regenerate or substitute its topics.

The results of the tests show that in the case of a pronounced energy disbalance, for instance, in the case of excessive FIRE energy, it looks as if the energy splashed out of the body. We can see the manifestation of this condition in different types of tachycardia. In this case, new additional conductive tracts, bypassing the AV junction, which normally slows down the pulses, are formed. Now the pulses get directly to the ventricles and provoke circular reciprocating tachycardia. Surgeons try to deal with this sort of abnormality by operative measures, cutting off the added conductive tracts. But the possibility of tachycardia recurrence after such operations is high, since additional tracts appear at a new place. We believe that it's not a fault of Nature. To our way of thinking, it's rather a compensatory reaction, aimed at discharging the excessive energy from the FIRE primary element system, by means of tachycardia paroxysms. All inner illnesses have external manifestations and, in this case, tachycardia is one of them. Actually, arrhythmia is not caused by the presence of additional conductive tracts. Its true reason is a failure of energy circulation at the level of one of the channels. Arrhythmia indicates that the channel system is trying to eliminate energy disharmony at the level of the five primary elements.

The study of myocardium excitability established the fact that excitability thresholds of different areas (and even cells) within one part of the cardiac muscle, to say nothing of its different parts, as well as the duration of refractory periods, are different (Frolov and co-authors, 1986). The active cardiac hystiocyte contraction in the systole period is not homogeneous either. Thus, it is an established fact that the contraction of some fiber bundles can be stronger than in the nearby areas. At the same time its intensity can decrease in the next stretch, so we can observe a somewhat dynamic patchiness, formed by myocardium areas, which are contracting with different degrees of intensity, while the intensity of the heart contractions at large remains constant. It is believed that such functional heterogeneity (or entropy) of the myocardium is the most important factor, which prevents the development of the cardiac malfunction.

On the other hand, this entropy must be well structured; otherwise, the collapse of the system, leading to chaos, is inevitable. The fundamental question that needs answering in this connection is what and how controls and arranges such patchwork dynamic entropy and keeps it from turning into chaos. This task involves processing a huge information flow at a super-high speed. Contemporary science cannot give definite answers to these questions, contenting oneself with lengthy reasoning on the role of vegetative innervation and humoral influences. However, neither of these systems is able to cope with the tasks of this degree of complexity. Their corresponding structures won't permit them to do it.

The next problem, no less interesting, is how the mechanism of blood distribution among different organs is realized in the heart. According to theoretical calculations, if the blood was distributed equally among the organs there should be around 20 liters of it in the body. Actually, we manage to do with 4 –5 liters due to the fact that the blood, saturated with oxygen, is somehow extracted from the general flow and directed to those organs, where it is most necessary at the moment.

For example, according to he latest research data, the blood that gets to the gravid uterus contains far more nutritious substances than the blood that at the same time gets to the femoral artery. The mechanism, which selects only old red cells to be sent to the spleen and directs warm blood, saturated with oxygen, glucose and containing young red cells, to the brain (L.A.Tchizhevsky, 1959) is not clear either. One should bear in mind that this finest selection is carried out in real time (during every systole) by 'a mere muscle pouch', which many people believe the heart to be.

In this connection, our attention was attracted by the results of a number of experiments carried out by A.I. Goncharenko in 1997. The main aspects of these experiments are given below.

Initially he observed the monkeys with the provoked neurotic myocardial infarction. He discovered the interrelation between the localization of the myocardium necrotic affection and the thrombus topics in the vessels. To be more particular, if the cardiac apex was affected, the thrombi were concentrated only in the left

femoral artery. If other parts of the myocardium were affected, the thrombi were consequently localized in other, strictly determined areas.

In reversed experiments, the left femoral artery ligation caused necrotic affection of the cardiac apex. Similar results were observed in the course of the experiments which were carried out to establish the rigid connection between the heart affection and the vessel affection topics under the influence of the 'compression syndrome' (M.I.Gurvich, 1966).

There is such a phenomenon as pathological cyanosis of some parts of human body (R.D.Marshall, J.T.Shefferd, 1972). The localization of the affected areas on the body depends on the localization of the open arterial (Botallo's) duct in the anastomosis between the pulmonary artery and aorta. So, in this case we can also observe a direct connection between the heart affection topics and its spatial 'projection' in the body.

A particularly important place in our conception of the role of the heart and its connections with the channel system is given to Viessen- Tabesius vessels. Initially, in the pre-nerve period, they exist to conduct nutritious substances to the myocardium. Later, with the appearance of the coronary arteries, their number decreases. In general, their number, evidence and topics are extremely changeable. On account of their plasticity, which, in a certain way, reflects their remarkable embryological pluripotentiality, they can reduce, as well as enlarge and expand, turning (S.P.Ilyinsky proved it by his experiments in 1971) into a powerful system of compensatory blood tracks, which come into operation in the case of the heart's coronary arteries deficiency. Zweifach (1963) believed that in this particular case we deal with the incomplete ontogenetic development of the heart's blood circulatory channel element.

The works of I.A.Kolomatsky (1965) have played the decisive part in the solution of the pathological cyanosis onset mechanism riddle, as well as in establishing other connections in the case of myocardium affection and their 'projections' on the human body. He was the first to use the filming of the processes that take place inside the ventricle cavity and he was the first to record the moment of erythrocytes micro-jet discharge from Tabesius vessels orifice into the trabecular cell towards the bloodstream from the auricles during the diastole period. The collision of these two streams generates erythrocytic whirl-type blood portions, each of which moves to its own, strictly determined destination, once it gets into the blood mainstream.

Strange as it might seem at first glance, according to the latest research data, the ordered whirl structure is the most stable form of the fluid flow, which can be purposefully controlled. This redistribution mechanism has existed in the animal world for millions of years. Thus, in the bodies of double-breathing creatures the arterial and venous blood streams inside the cavity of one and the same ventricle are first transformed into whirl-type 'packages', which are then pushed out in different directions: the venous blood is directed to the gills-lungs, while the arterial blood is directed towards the brain. The human fetus enjoys the same mechanism of the bloodstream division. This data serves to confirm the hypothesis put forward by L.A.Chizhevsky (1959) and A.S.Ahusa (1971), which claims that erythrocytes in arterial channels travel in structured conglomerates.

Acute experiments with periphery arteries occlusion and in the experiments with radioactive serum were aimed at marking the left ventricle internal surface correspondence with particular body parts. It bore resemblance with the Festus disk, but the pattern looked like the ear acupunctural points plan. This fact means that the ventricle internal surface represents a multitude of mini hearts, each of which serves a particular organ and carries out purposeful blood selection for this organ with respect to the volume and composition. The ventricles contain about a hundred mini hearts of this kind; and during every systole each mini heart sends its own 'swirl' to the corresponding organ with an incredible degree of precision. In this way the blood is delivered to the body area, where it is most necessary at this particular moment. It follows from the above that there is a superfine regulatory correlation between the target organ and a particular Tabesius vessel.

According to our observation, the triple heater channel is the most relevant to the mini hearts regulation. Thus, the results of the comparison with the echocardiography data show, with a great degree of reliability, that the triple heater participates in regulating the external respiration function, controls the speed of regulatory contraction and other major parameters, which is especially true in the case of men. Besides, the heart is the most YANGish of all the organs and systems and, logically, the TR channel complies with it. In conformity with classical tradition it participates in the regulation of the blood circulation in three parts of the body.

This division of the blood mainstream circulation into separate constituent elements adequately goes with the theory of mini hearts, which implies the directed mosaic distribution of the blood among the organs. In clinical practice we often come across the cases of separate organs, for example, the kidneys or the brain, local ischemia. Such effects could most probably take place as a result of separate mini hearts dysfunction. The study of men's impotence brought us to the conclusion that the triple heater malfunction lies at the bottom of this affliction. The fact is, that due to its dysfunction at the level of particular mini hearts blood filling of the cavernous body becomes insufficient, as the necessary 'mini swirls' do not get to this part of the body at the required moment.

The importance of the triple heater influence zone division into separate fractals of influence with respect to the performance of mini hearts can be well traced by the example of the evolution process. Thus, every segment of the apoda body has its own heart, and the total number can reach several scores.

As the organism becomes more complicated, four hearts can perform the whole complex of functions; and in the case of the mammals one heart successfully copes with the task. However, though now the functions of the numerous hearts are united in one single heart, the anatomical and functional interrelation of the former with their target organs has been preserved.

The casts, received in the course of the experiments, which implied the filling of the left ventricle cavity with plaster (N.B.Bobrova, N.B.Kusmina, 1962), clearly show the outlet channels, which run in a spiral from the top to the bottom and resemble a coiled primitive worm. Scores of mini hearts are located along the spiral. According to the data, obtained in the course of the research, carried out by A.I.Goncharenko (1977), the scheme of the connection between the zones of coupling and their corresponding organs and parts of the body, which starts at the left ventricle basis and goes up to the apex, comprises seven zones, going from the top to the bottom, which cover the areas of the head, the neck, the upper extremities, the spleen, the stomach, the liver, the kidneys, the organs of the pelvis, and the lower extremities. Ancient physicians differentiated among three generalized zones, instead of seven. Their blood circulation parameters can be considerably different, depending on the condition of the triple heater channel.

A special center is necessary to carry out the on-line testing of the complicated functions and parameters of the hundreds of mini hearts and to process the received information within the required time interval. Only a comparatively powerful computer can adequately process such amount of information. Logically, if part of the medullary substance was located at the level of the sinus node, it might perform this function. But neither specific masses nor even any significant concentrations of nervous tissue have been found in the area of the heart auricle.

For over 100 years the researchers had been looking for the adaptation mechanism, which could enable the central and peripheral nervous systems to regulate the amount of the bloodstream, its speed, to sort out the blood elements with regard to their age, saturation with oxygen and, finally, to dispatch the portions to their destination. But the result was negative. Moreover, a series of works present proofs (G.P.Konradi, 1973) that regional blood flow takes place without any participation on the part of the nervous system. A number of hypotheses were advanced to answer these questions: the hypothesis, which considered the existence of a peripheral arterial heart (G.I.Kositsky, 1975), the hypothesis on the chemical nature of the regulation (V.A.Levtov, 1967) and the hypothesis, which treated the heart as a centrifugal-rotary pump (M.V.Yanovsky, 1923; L.A.Chizhevsky, 1959), but none of them proved to be true.

In one of his articles A,I,Goncharenko offers a version of the information exchange between the organs and the mini hearts. He reminds the readers that a number of research works (V.A.Levtov, 1967) have proved the existence of a high-frequency resonance radiation between the tissue related cells. W.A.Zagriadsky (1996) showed that acupunctural channels can easily conduct light radiation, especially in the infrared band. It appears that the mini hearts should contain tissues related to the coupled organ and have frequency-resonance conjunctions with it. This communication between the coupled tissues must take place in the light band, and is most likely to be carried out via the channels, which, by their nature, are peculiar optical light-guides with a flexible commutation system and the absence of permanent tissue topics. Contemporary technology has already proved that the informational carrying capacity of such light-guides can reach several megabytes per second, which exceeds the nerve tissue carrying capacity by hundred thousand times.

In A.I.Goncharenko's opinion, the facts from the embryo period of the heart development give grounds to suppose that such connections are possible. During the period of embryogeny the heart, practically, forms the whole organism, and the mini hearts, as its composite elements, participate in the generating of the conjugated tissues. Histochemistry research has registered luminosity of the same kind, manifested by the DNA and RNA specimens of the heart tissues and the conjugated organs tissues. This fact proves that they are related. So. We can suppose with a high degree of probability that there is an optical communication channel between the heart and the organs, which uses light radiation of a certain frequency as the intermedium.

Another possible back-up communication mechanism, with a lower speed of data transfer can be realized through information transfer by means of the magnetic moment of the blood itself. Iron atoms of the blood haemoglobin are the physical bearers of the magnetic field. The experiments show that the impact compression of the kidney blood flow in the pulse rhythm provokes the appearance of the electric potentials in it. The physical deformation of the blood (for example, at the systole moment in the ventricle) also leads to the excitation of the magnetic pulse. It's a well-known fact that a thousandth second before the electric currents appear in the heart, a magnetic pulse is generated somewhere in the left ventricle cavity.

Every erythrocytes package, going from the mini heart is strictly dosed and its pulse (which is generated at the same time with the appearance of the package, at the moment of the mini heart's compression) has an appropriate individual frequency. When the information goes through the target organ bloodstream it can be read off.

And vice versa, the blood that goes through the organ can be magnetized in a certain way and the information can be read off in the heart. On the whole, this system reminds a tape-recorder, in which the bloodstream acts as a magnetic tape, carrying information in both directions.

Still, it is not quite clear where and how the information is analyzed. I.A.Goncharenko supposes that data processing takes place in the heart's auricle, which serves as a kind of the system's brain. From the point of view of contemporary electro physiology, this heart area represents the sinus nod, which normally generates the heart rhythm and is an automatism center of the first order. But it's absolutely out of the question that this formation should be able to control a hundred of mini hearts. Besides, the cases of infraction in this area, when the AV junction takes over the functions of the pacemaker, are not at all rare. Yet, the function of the addressed blood distribution is not affected. So, this regulatory system must have some other principle of work and form of organization.

We believe that the channel system, taken as a single whole, can perform the function of the monitoring center, which controls the mini hearts performance. We have already analyzed the multitude of functions and

physiological parameters, which the system supervises simultaneously at the level of the five primary elements. The result proves that the principle of processing information at the level of the five primary elements within the channel ‘pentagram’ is not critical with respect to the number of the controlled functions. There can be scores and hundreds of them or even more. The important thing is, that the harmony of the five primary elements, the ING – YANG and the RIGHT – LEFT balance, as well as the unimpeded flow of the TCHI energy should be maintained, while solving different regulatory problems, be it at the level of the physiological systems, organs or tissue cells.

As we see it, there are two major distinctions between the channel system and ordinary physiological systems. They are the great speed of information transfer and a different principle of its processing, which has no parallels in contemporary technology. Since the body counts scores of channels, even more diverse inter channel collaterals, to say nothing of over a thousand of BATs, we can compare this system with the vascular and the nervous systems with regard to its extension and maturity, and, surely its existence is justified. Since, within this system, electromagnetic radiation performs the function of the main information bearer, the living body is enveloped in an electromagnetic field, the shape of which can be clearly seen with the help of Kyrlian effect (1998) or by means of using special infrared detectors (E.E.Godic, Y.V.Gulyaiev, 1990).

The ideas expressed in this work can be disputed. Nevertheless, they give rather an integral insight into the possible principles of the major body vital functions channel regulation. Our conception gives logical explanations of different phenomena, especially in the cases, which cannot be explained from the position of contemporary neurohumoral doctrines. The time of uniform thinking is over. We offer our point of view at the market of ideas for the consideration of the broad public. We leave it to the time to sort things out.

CHAPTER 8
THE STUDIES OF THE CHANNEL INFLUENCE ON THE BODY'S MAIN FUNCTIONS

The aim of the research, described in this chapter, is to study the influence of different factors of life on man's channel system. Furthermore, on the basis of the results we tried to understand how the whole channel system normally works.

Three healthy male volunteers agreed to take part in the experiment. At the average they were 44 years old. The patients were subjected to tests at different times of the day and alongside with the tests filled out a specially developed questionnaire.

8.1. Models of channel regulation of the body's main vital functions parameters

1. Models of channel correlation with respect to the patients' age.

Everyone dreams of keeping young and fit as long as possible.

Having got convincing results, which prove the existence of the channel influence on the body's main vital processes, we decided to find the channels, connected with the process of aging.

It appeared that we could easily solve the task was by using the method of the single-step regression. We analyzed the testing results, obtained from 269men and 235 women without apparent pathology. Finally, in 1995, we got 2 general models with rather a high prediction reliability coefficient for this kind of research (Rsq = 0.28-0.23). The models are presented in full.

Model 2

Changes of channel activity in connection with the patients' age for men

Independent variable	coefficient	std. error	t-value	sig. level
CONSTANT	40.14	3.87	10.37	0.000
TRd	17.55	2.92	6.00	0.000
Fd	4.56	1.53	2.96	0.003
Vd	– 3.63	0.69	– 5.26	0.000
Vs	– 1.55	0.61	– 2.52	0.012

R-SQ.(ADJ) = 0.283 SE = 12.94 MAE = 9.92
DurbWat = 0.761
269 observation fitted, forecast(s) computed for 0 missing val. of dep.var.

Model 3

Changes of channel activity in connection with the patients' age for women

Independent variable	coefficient	std. error	t-value	sig. level
CONSTANT	81.47	5.28	15.41	0.000
Vs	– 5.23	0.73	– 7.19	0.000
TRs	– 11.28	4.74	– 2.37	0.018
Igd	– 6.76	2.84	– 2.38	0.018
Vd	– 3.27	0.80	– 5.28	0.000
Fs	14,1	5,32	1,74	0.026

R-SQ.(ADJ) = 0.248 SE = 14.22 MAE = 11.85
DurbWat = 0.416
235 observation fitted, forecast(s) computed for 0 missing val. of dep.var.

In this way **man's age = 40 + 17.5 TRd – 3.6 Vd – 1.5 Vs + 4.5 Fd**

woman's age = 81 – 11.3 TRs – 5.2 Vs – 3.3 Vd + 14 Fs – 71 Gd

The comparative analysis of the models once again shows a pronounced mirror inversion of a number of channels, which are known to have most articulate connections with the process of aging. The experiments involved hundreds of people and a mere coincidence is absolutely out of the question. The more amazing is such a beautiful result!

The models show that the triple heater channel is the one, whose connection with the age is the closest. Still, for men it is the channel's right branch with the '+' polarity, while for women it is the left branch with the '–' polarity.

The urinary bladder channel with the '–' polarity in both cases is the second important channel. But the most reliable influence for men was found in the right branch, whereas for women it was found in the left branch.

Since the triple heater channel is responsible for the blood circulation system and the central hemodynamics, the fact, that the process of aging primarily depends on the state of this system, is quite logical. But, while in case with men the triple heater channel's left branch hypo function accelerates the process of biological aging (in comparison with the age indicated in the passport), a stable hypo function of the TR left branch contributes to the deceleration of this process (and thus to rejuvenation!) when it comes to women.

The urinary bladder channel controls the urogenital system, and from the point of view of physiology it's only natural that it should be in suppressed state when one gets older. The depression of this system is manifested by the comparative **hyper function of both channel branches**, which is connected with the shortage of the ING-type Tchi in *water*. But we have already said that the most reliable influence on the age for men is associated with the right branch, and for women it is centered in the left one. To remain young and active one should take a special care of these energy channels and keep the testing results as high as possible!

I have already mentioned the fact of testing myself daily and sometimes carrying out the correction of certain channels for a number of years. In my opinion, which is based on continuous observation, it has contributed to the toning up and rejuvenation of my body. It should be also noted that man, who has existed as a species for over 1.5 million years, has been wearing clothes and foot- gear only for the last 2 or 3 thousand years. Having started to wear clothes he lost the possibility of receiving a permanent beneficial restorative external energy factors' influence on the channels under discussion. In this respect, a dosed influence of the natural spectrum range heat energy in the function of the feedback on the channel's individual as well as on the body's general demands can make up for the insufficient stimulation by natural factors. The effect of this stimulation can be compared to the intake of a specific energy vitamin.

Thus, we can obtain a real mechanism of the body's natural stimulation with the view to prolonging its active life by means of correcting the state of the above- mentioned channels. Therefore the offered methods can become the ideological core of the future restorative medicine.

Our observations show that the above given formulas, which reflect the results of the tests, permit to calculate the biological age of every individual, or define his active-life period. This possibility can be used in insurance medicine, for example, to estimate the insurance risks.

Besides, this system and the conclusions, we have come to, can be effectively used to carry out individual health monitoring. If one finds 10 –15 minutes a day to pursue our methods, he will soon see that the results of the tests have improved considerably becoming more balanced and harmonious.

2.THE FEELING OF HUNGER

To understand the influence of the channel system on the energy storage regulation we tried to analyze the channels' reaction, observed after food intake. For this purpose, at the same time with the test, the tested men answered the question about 'how strong their hunger was'. If the feeling of hunger was the weakest, they wrote figure 1 in the questionnaire. If it was the strongest, they put 10 points in the questionnaire. Thus, we have obtained a dynamic range of test results and the numerical values of this factor, which were statistically processed, when the model was constructed. Our aim was to find out how the channel system gets energy replenishment from the outside and what was the order of energy circulation in the channels.

Model 4.

The feeling of hunger.

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	10.866584	1.641637	6.6194	0.0000
Pd	– 1.623642	0.788143	– 2.0601	0.0437
Ps	– 1.605798	0.820116	– 1.9580	0.0549
TRs	– 2.340578	0.913501	– 2.5622	0.0129
Rd1	– 2.00325	0.649815	– 3.0828	0.0031

R-SQ. (ADJ.) = 0.2403 SE = 1.590652 MAE = 1.179316
DurbWat = 0.536
Previously: 0.2757 1.553107 1.144603 0.640
65 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

We processed the results of 65 tests to construct model 4 at the level of 24 channel branches. Its prediction reliability coefficient is equal to 24%, which is quite sufficient to define the general factors, involved in the process, for subjective observations of this kind. Some individual models, though, had the prediction reliability coefficient equal to 57%. When the number of observations grew to 300 the prediction reliability coefficient dropped to less than 10%. We explain this decrease by the fact that when the observation period was comparatively long individual tendencies came level mostly due to the difference of seasonal bio-rhythms. Still, in any case, the leading channels, having the most established influence on the process of getting hungry, remained the same. If placed in the order of importance, they are the Rd and TRs and also, both branches of the lung channel. The stomach itself, which is, logically, traditionally held responsible for the feeling of hunger, didn't fit in the model and had rather a low influence reliability value(its t-criterion is equal to –1.66).

It can be inferred that the presence of food in the stomach doesn't mean that the body has replenished its stock of the nourishing *Tchi* energy. According to the model, the nourishing *Tchi* is first formed at the lung channel level and finally at the kidney meridian level. This process is characterized by the inverse dependence of the feeling of hunger on the stock of *Tchi* (the bigger is the stock the less is the feeling of hunger and vice versa).

The ancient Chinese doctrine teaches that the nourishing energy enters the body through the food *Tchi* (**Fig.27**) into the *earth* primary element system and combines with the *air Tchi* at the *metal* level then, at the *water* level, it combines with the inbred energy, stored in the kidneys. From this level, pure energy gets into the *wood* and *fire* systems and is used to provide the person's mental, psychic, physical activities and sexual needs.

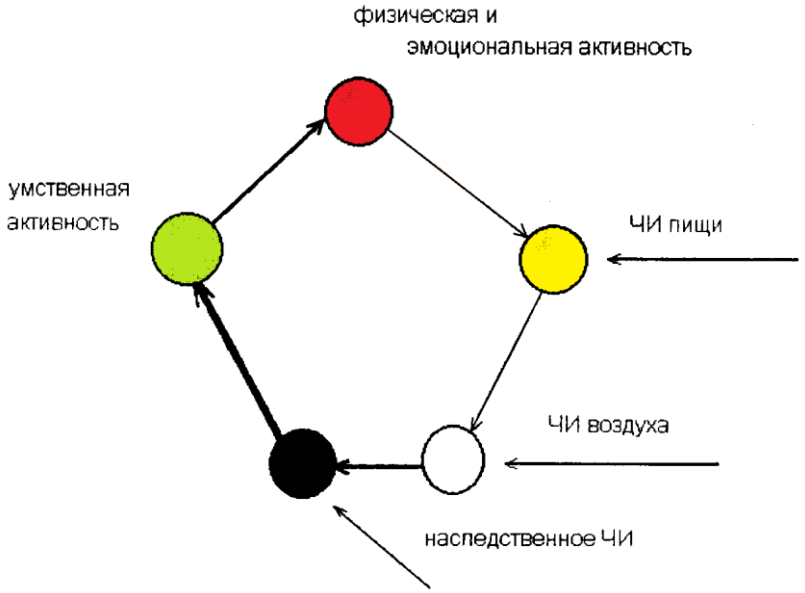


Figure 37

To all appearances, it's not by chance that the channels of the lungs, the kidneys and the triple heater, which are incorporated in the model, participate in this regulatory function. The value increase, registered while testing the channels, which corresponds to the energy hypo function, is combined with the feeling of hunger decrease. It means that the value increase, registered while testing the channels when they are in hypo function, corresponds to energy cumulation in the channels, since the influence sign of all the model's components is negative. On the contrary, the decrease of the test parameters to the values lower than the simple average reflects the hyper function of the channels in question, which corresponds to the energy consumption and is accompanied by the feeling of hunger growth.

In this respect, the state of the Rd channel is the most informative, because its parameters, which show the correlation with the food intake process for all models, both for healthy and sick patients, are the highest. It is rather paradoxical from the point of view of contemporary knowledge of the kidneys, since their function and texture have been thoroughly studied and they are believed to have quite a different functional purpose. In our conception of the channels the kidney channel is, first of all, connected with a certain spatial area of man's tissues, which includes the kidneys proper, the adrenal glands and the retroperitonial cellular tissue as the adipose matter deposits. We suppose that it is the first energy depot, where the food energy is stored as adipose matter deposits.

This thesis is supported by the results of the ultra sonic scanning. Thin women especially, those whose test results showed that they had problems with energy cumulation, had falling of kidney (nephroptosis), the degree of which was in proportion with the kidney channel activity. The easiest and the most effective method to cure nephroptosis is to introduce a high-calorie diet to gain weight. As the woman puts on weight, her kidney rises and her ING energy indices grow. With this argument in store, we successfully treated patients for nephroptosis with the help of the acupunctural method.

Our research shows that the anteromedian (front central) (VC) and the posteromedian (back central) (VG) channels, whose energy activity can be estimated with the help of our methods, take an active part in the process of energy cumulation.

Model 5

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	4.991396	0.623261	8.0085	0.0000
P	– 0.896467	0.362728	– 2.4715	0.0141
VG	0.661952	0.195201	3.3911	0.0008
R	– 1.078012	0.33055	– 3.2613	0.0012

R-SQ. (ADJ.) = 0.0768 SE = 1.565496 MAE = 1.105274
DurbWat = 0.186
Previously: 0.0392 1.597065 1.129369 0.110
279 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

In this model, apart from the lung and kidney channels, the most important established positive (+) influence belongs to the posteromedian channel. The growth of its indices (a relative hypo function) combines with the growth of the feeling of hunger.

Model 6

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	8.397533	3.082271	2.7245	0.0069
Огонь	– 0.412746	0.864193	– 0.4776	0.6333
Вода	– 1.248918	0.622867	– 2.0051	0.0459
Земля	– 0.642487	0.759398	– 0.8460	0.3983
Дерево	– 0.879967	0.830981	– 1.0589	0.2906
Металл	– 1.812493	0.849113	– 2.1346	0.0337

R-SQ. (ADJ.) = 0.0158 SE = 1.616376 MAE = 1.125565
DurbWat = 0.089
279 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 6 shows the channel connections with this parameter at the level of five primary elements, at which, the most important established influence also belongs to the *metal* primary element, the second important is the influence of the *water* element, next comes *wood*, which is finally followed by *fire*. On the whole the model confirms the ancient theory of the nourishing Tchi formation. The results, represented in the model can be used for treating bulimia, obesity, nephroptosis and a variety of other diseases.

3.THE TIME THAT FOLLOWS FOOD INTAKE

This index is a quantitative one, so it was estimated in hours. Logically, the time, which has passed after food intake must be in direct proportion to the feeling of hunger. But in practice, the observation of the patients didn't display any such direct dependency in contemporary life. We believe that this contradiction can be explained by the fact that in real life people usually eat at a definite fixed time, and not when they are hungry. On the other hand, sometimes we eat outside the schedule. For example, when energy consumption is high, we experience the feeling of hunger after some physical activity, regardless of the time.

At the level of the 24 channels 'the time that follows food intake' model can be as follows:

Model 7

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	7.471062	3.462449	2.1577	0.0330
Pd	– 2.417684	1.203159	– 2.0094	0.0469
Fs	4.631469	2.10767	2.1974	0.0300
Ed	– 2.773353	1.274186	– 2.1766	0.0316
Rd	2.12306	1.092033	1.9441	0.0543
Rs	– 2.108192	0.827037	– 2.5491	0.0121

R-SQ. (ADJ.) = 0.1149 SE = 4.287987 MAE = 3.325428
DurbWat = 2.204
Previously: 0.1357 4.237266 3.308482 2.147
120 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Like in the previous case, the lung and the left kidney channels lessen the feeling of hunger and reduce the time that has passed after food intake with the '-'(negative sign), while the increase of the Fs and Rd channels' indices corresponds to the growth of the period of the time that has passed after food intake. The '+' (positive) participation of the two latter channels does not just demonstrate the cumulation of energy in them. It can also manifest the period of time that has passed after food intake, necessary for the energy to flow from the stomach through the whole channel chain, particularly as far as the liver. The liver can be regarded an intermediate reservoir for storing the unconsumed *Tchi* in the left side of the energy system, in the 'energy consumption' part. The stomach channel-Ed, which was not represented in the 'feeling of hunger' models, is represented in this one, as obviously, it serves to accumulate the primary nourishing *Tchi* after food intake in case of men. This *Tchi* does not yet influence the formation of the subjective feeling of hunger, but, without doubt, it participates in the general balance of the nourishing energy. This data by no means contradicts the generally accepted contemporary conception of the digestive process or the general model of the nourishing *Tchi* circulation we have presented earlier.

At the level of the 12 channels, with the anteromedian (VC) and the posteromedian (VG) channels, taken into account the finite model is as follows:

Model 8

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	13.614869	2.697759	5.0467	0.0000
VC	– 1.552813	0.84711	– 1.8331	0.0678
VG	1.042602	0.943601	1.1049	0.2701
P	– 2.255496	1.108845	– 2.0341	0.0428
MC	– 3.318457	1.643548	– 2.0191	0.0444
R	– 1.498338	1.091018	– 1.3733	0.1707

R-SQ. (ADJ.) = 0.0252 SE = 4.785373 MAE = 4.206349
DurbWat = 0.087
Previously: 0.0470 4.731475 4.097258 0.130
302 observations fitted, forecast(s) computed for 87 missing val. of dep. var.

The ideology of this model is very much the same as that of the previous one, which covered the R, P and VC channels. But, unlike the previous one, it has a low reliability coefficient of the connections (t<2.0), and the model, on the whole, has a low general predictability coefficient. It can be accounted for by the fact that a pronounced counter-directional connection of the channels with a certain physiological parameter takes place only at the branch level. At a more generalized level (e.g. the channel as a total of its left and right branches activity) the accuracy of the model reduces dramatically due to the reciprocal leveling of the counter-directional interrelation vectors of the channel branches with a certain parameter. We have observed this phenomenon a lot of times. So this particular model should be treated as a preliminary one since many factors need additional studying yet.

We explain the VC and VG channels' opposite influence signs by the fact that the VC hypo function initiates the ING energy storage, the ING energy being the end energy product. Non-manual workers' (the people we tested belonged to this group as well) main energy consumption is accounted for by their mental activity. This fact justifies the '+' (positive) participation of the posteromedian channel, since it is responsible for the transfer of the 'expenditure' energy to the brain. Lack of physical exercise, little energy consumption, i.e. the general hypodynamia, result in a peculiar regulation model. Besides the energy intake of such people often happens during unjustified frequent meals 'in accordance with the time-table' irrespective of real energy expenditures. That is why the model, which is based on the results of non-manual workers' examination, has its shortcomings. The most important thing under these circumstances is the fact that, like in the case of the 'feeling of hunger' models, the channels, that have the most established influence on the regulation of the body's energy supply, remain the same and the models, on the whole, confirm the ancient theories about the constant energy circulation. It can be also noted that the comparison of the two parameters under consideration showed that subjective estimation can often be more informative and that both models, in the long run, illustrate one and the same scheme, complementing each other in the process.

Later the two models turned out to be very important for solving the problems of pancreatic diabetes diagnostics and its treatment at the channel level.

4. FATIGUE

This subjective parameter was estimated with the help of Robson scale. The maximum burst of energy got 10 points and the maximum degree of fatigue got 1 point.

Model 9

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	5.342323	1.442057	3.7047	0.0004
Ed	0.954278	0.669096	1.4262	0.1576
TRs	– 2.356677	0.904356	– 2.6059	0.0109
Rd	– 1.061227	0.550527	– 1.9277	0.0573
Cd	4.52933	1.350602	3.3536	0.0012
IGd	– 1.587289	1.045349	– 1.5184	0.1327

R-SQ. (ADJ.) = 0.1492 SE = 2.061938 MAE = 1.698111
DurbWat = 2.137
Previously: 0.0292 1.983154 1.575777 0.074
89 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The maximum degree of physical strength in this model, which comprised the 24 channel branches, is manifested by the increase of the heart channel right branch indices (t=3.3), while the minimum degree of physical strength is characterized by the increase of the stomach channel right branch indices.

Probably the Cd system is one of the main systems, controlling the level of the body's energy consumption. The increase of its right sideindices, connected with the storage, points at the reduction of its YANG energy, which is the case with physical activity, for instance. Ed channel is the food *Tchi* storage primary reservoir in the *earth* system. So, the increase of the energy storage in this area contributes to the increase of the physical strength and endurance. As a rule, energy consumption takes place in the left, YANG, side. We can trace this process by studying the TRs condition. The triple heater is the *fire* summit. It controls the general energy consumption through the blood circulation system and the thyroid gland. We can say with a high degree of reliability (t=2.6) that this channel is the biggest energy consumer. The kidney channel and the small intestines channel right branch contribute to the fatigue strengthening as well, but the reliability of this influence is much lower (t<2.0). The ancient sources say that the triple heater channel is also connected with sexual activity. Folk wisdom runs that ' The way to man's heart lies through his stomach'. The model, represented in our research, reveals the intrinsic meaning of this proverb. If a man is kept hungry for a long time, his sexual activity will noticeably decrease, as his triple heater will not get enough energy. It is also very important that the whole chain of 'the pure *Tchi*' production should be in perfect order and that the flow of the energy should not be blocked by some obstacles, which provoke energy stagnation.

The situation is similar at the level of the 14 main channels.

Model 10

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	4.608542	1.046733	4.4028	0.0000
VC	0.62684	0.26698	2.3479	0.0195
VG	0.444995	0.338875	1.3132	0.1900
P	1.042468	0.412045	2.5300	0.0119
C	0.920098	0.504453	1.8240	0.0691
IG	– 1.694595	0.614363	– 2.7583	0.0061
E	1.298954	0.535601	2.4252	0.0158

R-SQ. (ADJ.) = 0.1223 SE = 1.885665 MAE = 1.501122
DurbWat = 0.278
Previously: 0.0747 1.936130 1.546263 0.188
339 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

According to model 10, the small intestines channel index increase has the most reliable influence (t>2) on the strengthening of the fatigue. On the contrary, the stomach and the lung channels hypo function strengthen the body's physical resources, which is quite logical, since they transfer the nourishing energy. In the same way, the increase of the anteromedian and, to a somewhat less degree, of the posteromedian and the heart channels contribute to the increase of the body's physical strength.

At the level of the five primary elements (model 11) the *fire* channels influence on the reduction of the body's physical resources is the most significant (t=1.4). On the contrary, we observed the increase of the physical resources when the *earth* and, to a less degree, the *metal* channels were in hypo function, which is, in fact, very logical.

Model 11

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	6.970526	3.708825	1.8794	0.0611
Огонь	– 1.473936	1.054612	– 1.3976	0.1632
Вода	– 0.2317	0.71531	– 0.3239	0.7462
Земля	1.568959	0.869563	1.8043	0.0721
Дерево	– 0.631869	0.968022	– 0.6527	0.5144
Металл	0.675308	0.971907	0.6948	0.4876

R-SQ. (ADJ.) = 0.0156 SE = 1.996968 MAE = 1.582388
DurbWat = 0.057
Previously: 0.1223 1.885665 1.501122 0.278
339 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The key to the understanding of the channel branches role is the notion of the right and the left. For this purpose we analyzed the summary role of all the channels left and right branches (see model 12). In this connection, we would like to mention the fact that the increase of the indices, which corresponds to the channels right branches energy hypo function redoubling, contributes to the growth of the physical strength, while the increase of the left branches indices is connected with the reduction of the physical resources and with the strengthening of the fatigue. The right side cumulates the energy, while the left side, mostly, consumes it.

This is how we came to the conclusion that the right side represents ING, while the left side represents YANG with all the conceptual consequences that follow from this division. This idea is absolutely in accord with the ancient Chinese theory.

Model 12

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	7.49242	8.751736	0.8561	0.3925
правое	2.196755	4.256584	0.5161	0.6061
левое	– 3.1449	4.667415	– 0.6738	0.5009

R-SQ. (ADJ.) = 0.0292 SE = 1.983154 MAE = 1.575777
DurbWat = 0.074
Previously: 0.0156 1.996968 1.582388 0.057
339 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

On the whole, the three multilevel models: 'the feeling of hunger', 'the time that follows food intake' and 'the fatigue' represent, quite logically, the processes of the body's energy replenishment and consumption from different positions but in accordance with the similar schemes.

5. THE FEELING OF THIRST

Everyone has experienced this feeling. When we investigated the channel regulation of this parameter we were interested, first of all, in the general model of the system's response, since only the study of separate regulating fragments can give us the general impression of the principles that lie at the basis of our 'black box'.

Thirst is a subjective parameter, so we once again made use of Robson scale. The maximum degree of thirst got 10 points while its complete absence got 1 point. The channel interrelations with this parameter are represented in model 13.

Model 13

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 8.341608	2.904513	– 2.8719	0.0063
Fd	4.137238	1.440064	2.8730	0.0063
Ed	– 2.333307	1.016673	– 2.2950	0.0267
VBs	5.771818	1.199273	4.8128	0.0000
Vd	2.078409	0.475287	4.3730	0.0001
RPd	4.747872	1.707148	2.7812	0.0080

R-SQ. (ADJ.) = 0.4815 SE = 2.248010 MAE = 1.624240
DurbWat = 1.418
Previously: 0.0204 2.371846 1.893014 0.055
49 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Quite unexpectedly, the predictability coefficient of the model appeared to be rather high (48%). Two caval organs, the gall bladder and the urinary bladder, have the most pronounced reliable '+' influence (t = 4.8, t = 4.3) upon the increase of thirst, especially if their channels are in hypo function. The increase of the stomach channel right branch indeces undoubtedly points to the decrease of the thirst feeling. Perhaps, it can be explained by the fact that the urinary bladder participates in the body's liquid excretion and consumption and contributes to fluid loss, while through the stomach water is delivered to the body.

The model of 'the thirst feeling' executed at the level of the 14 main channels represents some special interest.

Model 14

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	3.685675	0.735211	5.0131	0.0000
VC	– 1.019959	0.320006	– 3.1873	0.0016
V	0.285245	0.255843	1.1149	0.2658
VG	– 0.570905	0.413715	– 1.3799	0.1687
P	– 0.036462	0.505161	– 0.0722	0.9425

R-SQ. (ADJ.) = 0.1320 SE = 2.232598 MAE = 1.761156
DurbWat = 0.255
Previously: 0.0982 2.275748 1.796830 0.215
298 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

First of all, it attracts attention by a very high reliability coefficient of the anteromedian channel influence on the body's water metabolism (t = 3.2). Its hypo function provokes the decrease of thirst. The model also confirms the urinary bladder's role as one of the main channels, connected with water metabolism. It should be regarded as the ING liquid reservoir.

The importance of the anteromedian channel can be explained by the fact, that it controls all the body's ING energy, and through its transfer the channel controls the ING urogenital system. The posteromeridian channel is mostly responsible for the food YANG energy; therefore its influence on the thirst regulation is not so significant (t = 1.3).

The increase of the thirst feeling is mostly connected with the channels' left (YANG) branches hypo function. The results of the regression analyses, presented in model 15, testify to this fact. The left branches have a bigger influence coefficient and a greater degree of reliability. These facts are quite logical, as the feeling of thirst is the opposite of water super saturation, which is characterized by the growth of the right (ING) channel branches indices. The growth of the thirst feeling means the predominance of the increased energy consumption on the left side and the dryness (a YANG phenomenon), provoked by the heat.

Model 15

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 10.699884	10.595584	– 1.0098	0.3134
правое	4.350575	5.128979	0.8482	0.3970
левое	9.913158	5.694367	1.7409	0.0827

R-SQ. (ADJ.) = 0.0204 SE = 2.371846 MAE = 1.893014
DurbWat = 0.055
Previously: 0.0000 2.403975 1.916848 0.027
298 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The data, used in this model, is based on a great number of observations. The model reveals the most active, highly reliable role of certain channels, which they play in keeping the water metabolism balance. It may be used to treat for the fluid loss syndrome.

6. HYDRO THERAPEUTIC/WATER TREATMENT PROCEDURES

We wanted to find out the influence of different external factors at the channel level. We were particularly interested in the hydro therapeutic procedures, as a lot had been said in their favour. Still, their influence on the body at the channel, bioenergetics level had not been studied. In the course of our research, all the people, who underwent testing, fixed the time that had passed since the water treatment procedure (in our case it was a shower) till the moment of the test. The time was fixed in hours.

Model 16

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	2.594666	38.045095	0.0682	0.9459
Fd	66.754178	19.098649	3.4952	0.0010
GId	31.685824	13.505442	2.3462	0.0231
VBs	– 44.915472	13.56745	– 3.3105	0.0018
Vs	– 29.96491	7.056541	– 4.2464	0.0001
RPd	70.456582	21.211287	3.3217	0.0017

R-SQ. (ADJ.) = 0.4795 SE = 29.868075 MAE = 23.272909
DurbWat = 2.038
Previously: 0.0000 31.393226 27.009013 0.016
55 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The results of the regressive analysis, represented in model 16, have a high predictability coefficient (Rsq = 48%) for the model in general, and they also showed a highly reliable degree of the influence on the channels.

In this way we got a convincing proof that the influence of water on the body is great, especially at the channel level. According to modern conceptions water is not just a usual physical substance. Its structure permits to transfer a huge amount of information, which can be received through the channel system, when water is either in direct contact with the body or at a distance.

Water treatment procedures again had the most pronounced influence of the '-' (negative directed) character on the left branches of the urinary bladder (t = 4.24) and the gall bladder (t = 3.3) channels. Thirst feeling is connected with water intake. It is controlled by the Vd ING channel. Such water treatment procedures as a bath or a shower have the maximum influence on the external YANG branch of the urinary bladder (Vc) channel. When speaking about the part, played by the VBs in both models, one should bear in mind that the main substrate of the gall bladder is gall, which has all the characteristics of a YANG fluid.

Thus, whereas water is chemically neutral and has a strong tendency to cool everything, gall is chemically active (it decomposes food), warm, more static than water, lighter than water, etc.

Right after the water treatment procedures, the left branches of the above channels get into the hypo function, which weakens as time passes. The water treatment procedure influence on these channels has a high statistical reliability, so they can be used for therapeutic purposes, for example in case of the channels' pathological hyper function, which patients can develop.

However, some time later the right branches of the liver, the spleen and the large intestine channels get into the state of hypo function. This reaction is manifested by their regulatory '+' sign in the presented model. They can be brought into the hyper function only straight after the water treatment procedure.

Model 17

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	72.643347	14.031223	5.1773	0.0000
VC	0.088559	4.6694	0.0190	0.9849
V	– 12.518787	4.150141	– 3.0165	0.0028
VG	– 1.504369	5.931141	– 0.2536	0.8000
P	3.081652	7.249651	0.4251	0.6711
VB	– 10.735469	7.077226	– 1.5169	0.1305

R-SQ. (ADJ.) = 0.0285 SE = 30.938509 MAE = 26.457032
DurbWat = 0.096
Previously: 0.0066 31.285057 26.717443 0.049
273 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 17 shows the influence of the water treatment procedures at the level of the 14 channels and, on the whole, it confirms model 16, since the biggest coefficient of the procedures' influence (-12.5) and a high degree of reliability (t = 3.0) refer to the urinary bladder channel. Besides, there's a certain, but not a well-established influence on the gall bladder and the lung channels.

At the five primary elements level (model 18) *water* also dominates with a high influence coefficient and reliability. It means, that *water* is the first to react to liquid. The part, played by the *earth* primary element, which, in this model, has a positive-signed influence on the function under analysis, is also of some interest. In this connection we can suppose that *earth*, in fact, adsorbs *water* and the hypo function of the *earth* channels contributes to the *water* energy preservation. To add to this, according to the theory of the five primary elements, *water* and *earth* form an opposition that manifests itself in destructive connections, the proofs of which we find in practice.

Model 18

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	128.505992	59.268747	2.1682	0.0310
Огонь	– 20.831434	16.708666	– 1.2467	0.2136
Вода	– 32.221585	12.110313	– 2.6607	0.0083
Земля	21.728859	14.799591	1.4682	0.1432
Дерево	– 27.08606	16.283277	– 1.6634	0.0974
Металл	– 14.740711	16.26176	– 0.9065	0.3655

R-SQ. (ADJ.) = 0.0360 SE = 30.818180 MAE = 26.247349
DurbWat = 0.098
Previously: 0.0398 30.757473 26.099527 0.109
273 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Water treatment procedures have the most pronounced influence on the channels' right (ING) branches. The results of the regressive analysis, shown in fig… prove this fact. It is very logical, as *water* has a selective influence on the ING laterality. It turns out that the channels resonate to the ING or YANG active principle of different external factors selectively.

Model 19

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	10.528595	141.412812	0.0745	0.9407
правое	33.692632	68.215552	0.4939	0.6218
левое	– 0.847737	6.554071	– 0.0111	0.9912

R-SQ. (ADJ.) = 0.0000 SE = 31.393226 MAE = 27.009013
DurbWat = 0.016
Previously: 0.0360 30.818180 26.247349 0.098
273 observations fitted, forecast(s) computed for 0 missing val. of dep. Var

When used correctly, provided that the patient's individual peculiarities are taken into account, water procedures can be successfully applied as an effective means of treatment for a number of diseases, in whose genesis the fullness or the emptiness of the above channels is a matter of great importance. The optimum

adjustment, based on the testing results and continuous observation, can be made through modeling at the channel level.

7. THE INFLUENCE OF THE TEMPERATURE FACTOR

The outside temperature at the time of testing was assumed to be the reference factor. The results of the channel activity measurings of three patients served as the basis of our model, whose prediction reliability is about 28%, which shows that the influence of the external climatic factors on the channel regulation system of different people is rather substantial. This factor has the most reliable influence (t = 4.2) on the lung's channel right branch (**Model 20**), next come the pericardium, the heart and the large intestine channels. From the point of view of contemporary physiology this phenomenon can be explained by the fact that the rise of temperature is followed by frequent respiration, and the growth of the number of heart beats (the consequences of the growing heart burden). At the same time, water and saline metabolism imbalance, which is controlled by the large intestine function, can take place. Interestingly, the measuring was done in a room with a constant temperature, which means that the direct influence of the heat or cold on the channels was insignificant. Nevertheless, the channel reaction to the temperature changes was pronounced and statistically reliable.

Model 20

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 0.717232	4.298695	– 0.1668	0.8677
Pd	– 5.327553	1.266353	– 4.2070	0.0000
GIs	– 5.625969	2.558848	– 2.1986	0.0294
MCs	15.043831	4.195639	3.5856	0.0005
Cd	9.221576	3.115321	2.9601	0.0036

R-SQ. (ADJ.) = 0.2800 SE = 7.936488 MAE = 6.095519
DurbWat = 0.670
154 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

This relationship can be traced at the 14 primary channels level (**Model 21**), still, the change of temperature has an even more reliable influence (t =4.5!) on the posteromedian channel's activity, which seems to play one of the leading roles in the temperature homeostasis and the body's energy balance channel regulation.

The formula, we have obtained, shows that the increase of the VG and the pericardium channel indices takes place when the outside temperature rises, while the growth of the lung channel indices depends on the outside temperature abatement. When it is cold respiration grows infrequent.

Model 21

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 1.633508	4.310142	– 0.3790	0.7052
VG	6.37971	1.409319	4.5268	0.0000
P	– 5.808503	2.301038	– 2.5243	0.0126
MC	11.275968	4.237978	2.6607	0.0086

R-SQ. (ADJ.) = 0.3072 SE = 7.784822 MAE = 5.861410
DurbWat = 0.685
154 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

At the five primary elements level (**Fig. 22**) the change of temperature has the most reliable influence on the negative-signed ('–') *earth* and *metal*. So, all the primary elements with a negative regulation sign demonstrate their main regulatory channels hypo function mostly when the temperature drops. On the contrary, the primary element *fire* indices grow, with the rise of the ambient temperature, but the summary reaction of this primary element channels has a low degree of reliability. Evidently, it is connected with the fact that only the previously mentioned portion of all the *fire* channels linearly takes part in the homeostasis regulation in the conditions of the ambient temperature changes, while the participation of the other *fire* channels has not been proved for sure. The fact that a high outside temperature didn't have any practical effect on the inside temperature in the testing room also tells on the results. If the testing had been carried out outside in hot weather the *fire* channels' reaction would have been more pronounced.

Model 22

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 35,427945	56,477761	– 0,6273	0,5314
D	2,774875	27,020323	0,1027	0,9183
S	41,458401	30,981047	1,3382	0,1828

R-SQ. (ADJ.) = 0.0554 SE = 9,090574 MAE = 7,107440
DurbWat = 0.250
154 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

154 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 23

Interestingly, the changes of the ambient temperature have a more pronounced influence on the left (YANG) channel branches (**Model 23**). The model shows a tenfold gap between the degree of influence reliability at the ING and YANG levels. It appears that the model mostly reflects the reaction to the high (YANG) ambient temperature. It proves that the channel system reacts to the outside temperature changes and in this way adapts the body to the environmental conditions.

8. THE INFLUENCE OF ALCOHOL

The method we have developed permits to register and study the most subtle, channel, influences of different factors, such as drugs, food substances, etc., on human body (Mujikov V.G.).

We decided to study the influence of alcohol on human body to illustrate the potential of the method by a demonstrative example For this purpose we used the method of the subjective estimation of the taken dose of alcohol. 10 points corresponded to the maximum individual dose, while one point corresponded to the minimum one. We must specify beforehand that none of our patients abused alcohol. Therefore, the difference between the doses was insignificant and the time that had passed after the intake was considerable. Hence, the low predictability coefficient (fig.24) of the channel dependence model on the taken dose of alcohol in comparison, for example, with water, whose influence at the channel is more pronounced.

Model 24

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	1.61721	1.005611	1.6082	0.1091
Pd	– 0.073878	0.316147	– 0.2337	0.8154
IGs	1.41802	0.592964	2.3914	0.0176
Es	– 1.906391	0.503636	– 3.7853	0.0002
VBs	1.165279	0.454587	2.5634	0.0110

R-SQ. (ADJ.) = 0.0688 SE = 2.247122 MAE = 1.438946
DurbWat = 0.262
239 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

In this model alcohol has the most reliable influence (t = 3.78) on the stomach channel left branch. According to the model, when the dose is big enough, the stomach channel must pass into an asymmetric hyper function, which may provoke nausea. A similar reaction, but with a low degree of reliability was registered in the lung channel right branch. The opposite reaction, connected with a transfer to the hypo function is observed in the gall bladder and small intestines channels left branches, if the dose of alcohol is increased.

In addition to the influence of an alcohol dose we studied the relation between the dose and the time that has passed after its intake with the aim to reflect the development of the process adequately. The data is shown in **Model 25**.

Model 25

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 0.250508	0.292222	– 0.8573	0.3922
Pd	– 0.091603	0.088717	– 1.0325	0.3029
Ps	0.038596	0.164421	0.2347	0.8146
MCd	0.420598	0.177123	2.3746	0.0184
VBs	0.353677	0.129641	2.7281	0.0069

R-SQ. (ADJ.) = 0.0383 SE = 0.634134 MAE = 0.367767
DurbWat = 0.138
239 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The time factor, that we had introduced, leveled the influence of alcohol on the stomach channel. So, we excluded it from the model. And yet, there is a definite influence of alcohol on the gall bladder channel on the left and the pericardium on the right. Their hypo function is usually observed during the first hours after the

intake. Since the gall bladder channel is closely connected with the peripheral and the central nervous system function, it is through this particular channel that the whole complex of alcohol intoxication symptoms is realized at the level of the central nervous system.

We believe that the pericardium is involved into the process due to the direct toxic effect of alcohol on the cardiac muscle. The lung channel's right branch is the antagonist of alcohol. Evidently, the concentration of alcohol in the blood can be reduced through the lung channel's right branch hypo function and the increase of its indices in combination with active respiration.

In conclusion we can compare the influence of alcohol at the channel level with contemporary data on the development of its pharmacotherapy. Surely, the results, that we have got, present scientific interest. At the same time they can come in handy to administer first aid by using, for example, the acupunctural method in cases of alcohol intoxication. Besides, they may be of use, when developing the abstinence syndrome channel model and treating patients for drug addiction.

9. CHANNEL INFLUENCE ON THE REGULATION OF WEIGHT

We studied this burning problem of modern life, by experimenting with a group of patients, both men and women, who addressed us for different reasons. All in all we examined 176 men and 189 women of the average age of 44. Each of them was subjected to Akabane test. Besides, the relation of each patient's height to his/her weight (the height-and-weight index) was calculated.

Model 26 reflects the channel influence on the regulation of weight for men. The model's prediction reliability coefficient is equal to 18%.

Model 26

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	0.465753	0.032544	14.3115	0.0000
Ps	0.031793	0.018904	1.6818	0.0944
Fs	0.04864	0.011122	4.3734	0.0000
VBd	– 0.021416	0.014161	– 1.5123	0.1323
TRs	– 0.054768	0.034776	– 1.5749	0.1171
IGs	– 0.05122	0.033128	– 1.5461	0.1239

R-SQ. (ADJ.) = 0.1814 SE = 0.086714 MAE = 0.058113
DurbWat = 0.953
176 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The liver channel left branch stands out in this model due to its high reliability coefficient (t = 4.37). Its hypo function leads to the height-and-weight index increase. At the same time the VBd, TRs and Igs hypo function contributes to the decrease of this parameter. Since the liver produces all kinds of enzymes, we can suppose that men gain weight due to some enzyme systems functional disorders, which result in the tissue metabolism disorder.

Model 27 reflects the channel influence on the regulation of weight for women. The model's prediction reliability coefficient is low, but it should be noted that the degree of influence reliability, especially for the triple heater channel right branch is high (t = 2.85).The steady increase of its indices leads to the increase of weight. On the contrary, the increase of this channel's left (YANG) branch indices, contributes to the decrease of weight. Just like in case of men, weight increases as the consequence of the lung channel left branch parameter increase. We have noticed that the triple heater has influence on the thyroid gland function, and it's highly probable that in some cases the triple heater channel right branch hypo function leads to hypo thyreosis and the increase of weight. This kind of metabolism regulation is more characteristic of women.

Model 27

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	0.466987	0.042328	11.0325	0.0000
Ps	0.039065	0.03111	1.2557	0.2108
GIs	– 0.061267	0.035518	– 1.7249	0.0862
TRd	0.086256	0.030179	2.8582	0.0048
TRs	– 0.087704	0.044077	– 1.9898	0.0481
Rd	– 0.013165	0.010627	– 1.2388	0.2170

R-SQ. (ADJ.) = 0.0494 SE = 0.114730 MAE = 0.079320
DurbWat = 0.556
189 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

10. CHANNEL INFLUENCE ON SEXUAL ACTIVITY

Sexual activity plays a very important role in the establishing of the body's general energy balance and predetermines the energy ratio at the main dipole level. To assess the condition of this sphere we examined three healthy male volunteers, who were 42, 44 and 47 years old. After the test they were asked to answer two questions for the purpose of their further analysis. They were to indicate the time, which had passed after the

latest coitus (in hours) and to evaluate the degree of the sexual desire, they experienced at the moment, which was estimated with the help of Robson's scale. The 'maximum' desire was equal to 10 points. **Model 28** reflects the interdependence between the condition of the channel system and the time that had passed after the coitus, while **Model 29** reflects the 'desire to have a coitus'.

Model 28

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 15,98	21,15	– 0,75	0,45
Ps	11,25	11,18	1,00	0,31
TRd	31,75	13,14	2,41	0,01
Fd	– 12,55	11,67	– 1,07	0,28
Es	14,73	10,78	1,36	0,17

R-SQ. (ADJ.) = 0.071 SE = 27,66 MAE = 21,91
DurbWat = 1,55
112 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 29

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	2,07	2,01	1,03	0.30
Ps	1,14	1,12	1.01	0.31
TRd	2,48	1,31	1,88	0.06
IGs	– 1,80	1,06	– 1,69	0.09
Ed	– 1,01	0.78	– 1.28	0.20
Es	1,66	1,00	1,64	0.102

R-SQ. (ADJ.) = 0.054 SE = 2,71 MAE = 2,22
DurbWat = 1,98
114 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Both the models have low general reliability. Nevertheless they reveal a number of interesting dependencies. Thus, in both models we obtained the most significant connections with the same '+' (positive) influence sign for three channels: Ps, TRd and Es. It appears that in the first case, the channels' indices increase alongside with the increase of the post coitus time. In the second case, their increase leads to the strengthening of the sexual desire. Special attention should be paid to the triple heater channel right branch, which significantly increases its test indices (t = 2.41) in parallel with the increase of the post coitus time interval; its influence in the second model is also the highest. It's precisely in the right branch that the potential sexual energy is stored. Sexual energy consumption takes place in the left branch. The increase of the left branch indices reflects the increase of the general fatigue and of the breakdown syndrome. Meanwhile, the increase of the right branch indices shows how much energy can be spent on getting pleasure. All this data once again testifies to the fact that the TR channel governs sexual activity at large. The stomach channel left branch is the second important with respect to the influence it has on this process. This fact once again confirms and illustrates the ancient wisdom that 'the way to the man's heart is through his stomach '. At the same time, the models show that the growth of the channel's right branch hypo function reduces the desire of sexual activity, since it has the negative influence vector. When the man has overeaten he becomes lazy. One has to choose. You can either enjoy a hearty meal or eat with moderation and concentrate on getting pleasure from love. These examples once again demonstrate that the channels' right and left branches influence on one and the same function has reciprocally directed vectors.

To draw the line, we can ascertain that the channel system directly participates in the regulation of the most important physiological body parameters and provides the body's commutation with the environment. In some special way, yet unknown, this system selectively picks out the ING or YANG foundation principle of every internal or external affecting factor or homeostasis parameter. An individual system of channel regulation for every parameter is built up on the basis of the laterality principle. We can only suppose that at the channel level the ING and YANG principle is detected by the energy dipole, whose sides selectively react to the ING-YANG factor.

The practical importance of the channel modeling method consists in the fact that continuous monitoring allows controlling and keeping the most appropriate homeostasis level in the body. Another important fact is that energy correction permits to bring the main physiological body systems into an optimal state and to preserve the vital dipole's high activity, putting off the moment when it becomes static.

Chapter 9.
Biorhythms

"Life is maya,- it is real, and it is unreal. We can find only the rhythm, through which it manifests itself" (R.Tagor, 1965).

The accuracy, with which the body follows its own endorhythm, brought about the notion of a 'biological clock'. Being an element of the biosphere, man is part and parcel of the material and energy medium; he exists within the influence of the Sun and planets gravitation field, so, he is subjected to their manifold influence, including the information one. The major rhythms of Nature, which have left their imprint on all the living creatures, came to life under the influence of the Earth's rotation with respect to the Sun, the Moon and the stars.

It has been known since ancient times that three general conditions should be observed to carry out acupunctural treatment successfully. These conditions are: the correctly chosen coercion point, the correctly chosen coercion method and the appropriate time of the coercion. Out of the three factors, the latter is the most difficult to be evaluated and used correctly, in spite of the high level of contemporary technology development, since no adequate engineering solution has been found yet. Ancient physicians assessed the patients' biorhythms with the help of pulse diagnostics, but nowadays the necessary skills have been practically lost. It means that the most important section of diagnostics and treatment has become inaccessible for the wide range of contemporary doctors.

Eastern wisdom declares that you can't enter the same river twice. Everything flows and everything changes, so the river won't be quite the same. It's just the same way with energy channels, which are constantly changing their energy level depending on the time of the day, the phases of the Moon, etc. It follows from the above that to treat with a high degree of predictability, one should know exactly how the biorhythms influence the condition of particular channels.

Currently, there's quite voluminous literature on the problems of biorhythmology in reflexotherapy. However, as a rule, the information is obtained from ancient original sources and no one has verified the channel activity estimated value at the quantitative level. Still we believe, that it would not be correct to extrapolate the data, which reflects the physical condition of the people who lived in ancient China more than two thousand years ago, on contemporary people, who are a product of centuries of evolution, and hence, dwell in a dramatically different environment, in another type of civilization and, speaking in terms of astrology in a different 'house'. The river of time has absolutely changed. Wide-scale long-term observation is necessary to get reliable results.

The results of our own observation
6.1. DAILY RHYTHMS

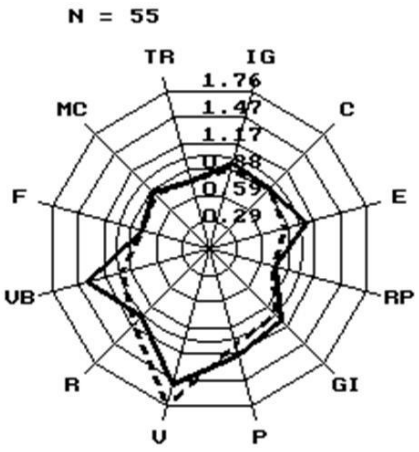
The research was done on the basis of the testing results of a fit 42-year-old man, the tests being carried out several times a day, four or five times a week.

1. Absolute value assessment results.

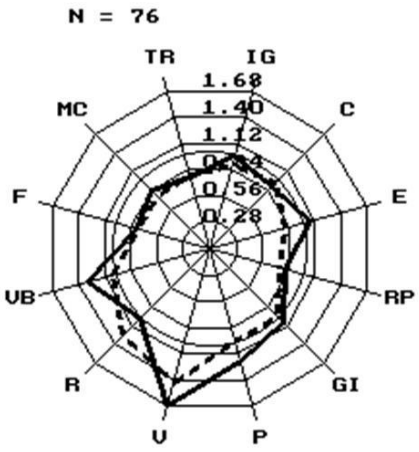
Figure 29 shows the averaged results of the 12 main channels indices, calculated every two hours throughout the day with respect to the Daylight Saving Time. The analysis covers 337 observations. The diagrams show the channels ' right branches as a firm line, and the left branches – as a dotted line.

All acupuncturists are acquainted with the ancient conceptions of the channels' maximum and minimum activity. According to these conceptions, the stomach channel maximum activity should be observed between 7 and 9o'clock in the morning. At the same time, it's the period of the pericardium minimum activity. The first diagram, which characterizes the channels activity values in the time interval between 7 and 9 o'clock, doesn't show any significant changes with respect to the above channels in comparison with all the other channels.

The second two-hour interval diagram should be reflecting the spleen – pancreas channel maximum activity and the triple-heater channel minimum activity.



7-9 часов



9-11 часов

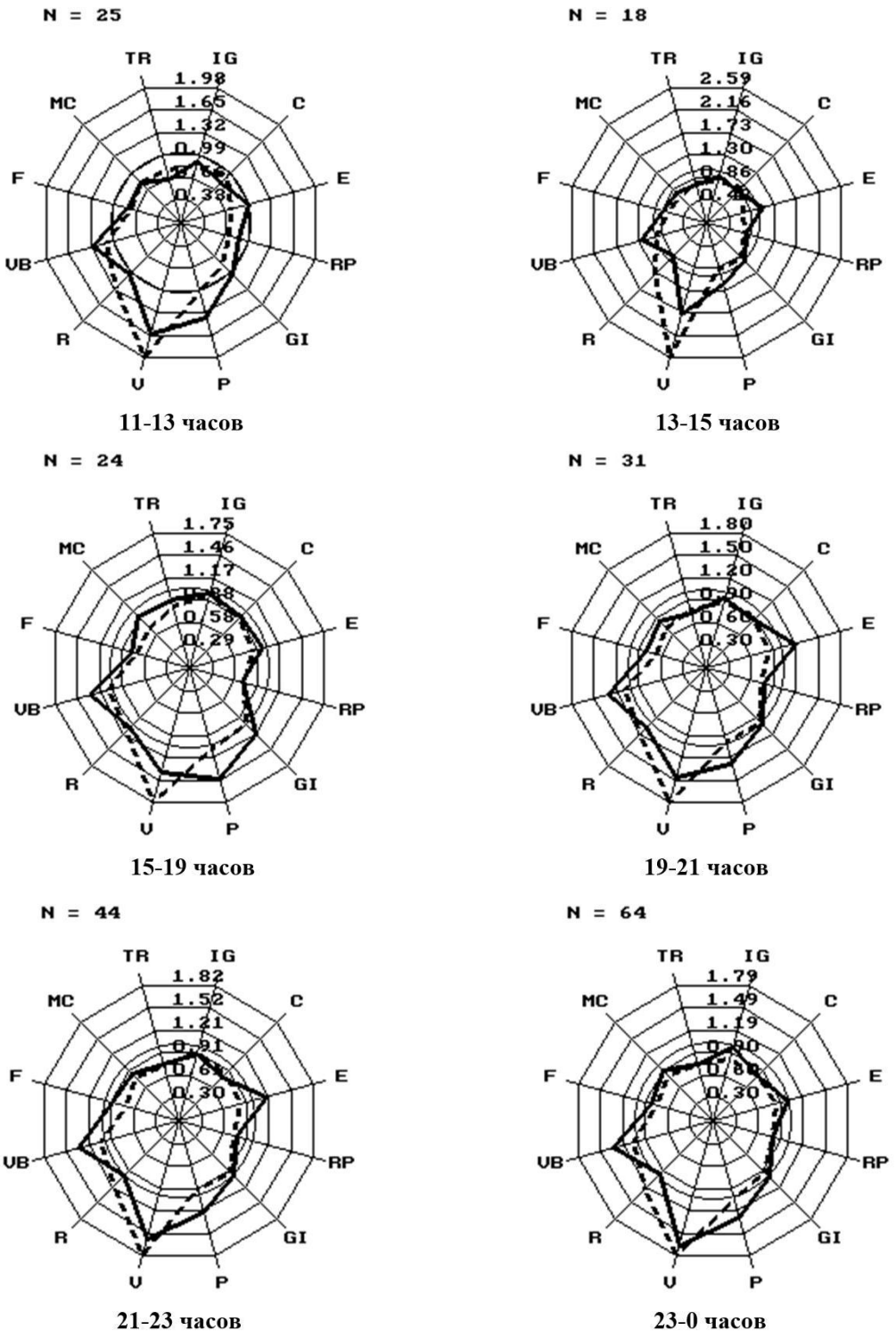


Figure 29

But if we compare it with the previous time-interval diagram or with the following one, we won't be able to trace any special differences of the resonance character with respect to these channels.

The third two-hour interval diagram, covering the period between 11a.m and 1 p.m. should be reflecting the increased heart channel activity and the minimum gall bladder channel activity. But practical observations disprove this thesis. The Chinese conception was more or less confirmed only in the case of the urinary bladder channel, whose peak of activity should be between 3 p.m. and 5 p.m. The diagram, which reflects the period between 1 p.m. and 3 p.m., on the contrary, shows the maximum values of the hypo function of the Vs, rising up to 2.59 (the value is adjusted to the averaged scale), with the maximum asymmetry. At the same time, we can observe a pronounced hyper function of the lung channel, although, according to the classical canon it should be in the maximum hypo function. According to the information we possess, the lung channel pronounced hypo function, with the asymmetry of the Pd>Ps type, takes place in the next time interval between 3 p.m. and 7 p.m.

Figure 30 shows the linear diagrams of the channels activity changes, depending on the time of the day. The vertical line gives the averaged values of the absolute unadjusted value amplitudes of the channel branches indices; the horizontal line gives the time-scale. One should bear in mind that there were rather few observations in the period between 3 p.m. and 7 p.m., therefore the changes of the channel activity during the

above period should be regarded rather as a tendency, though it's exactly during this period, that the amplitude of the changes is the highest.

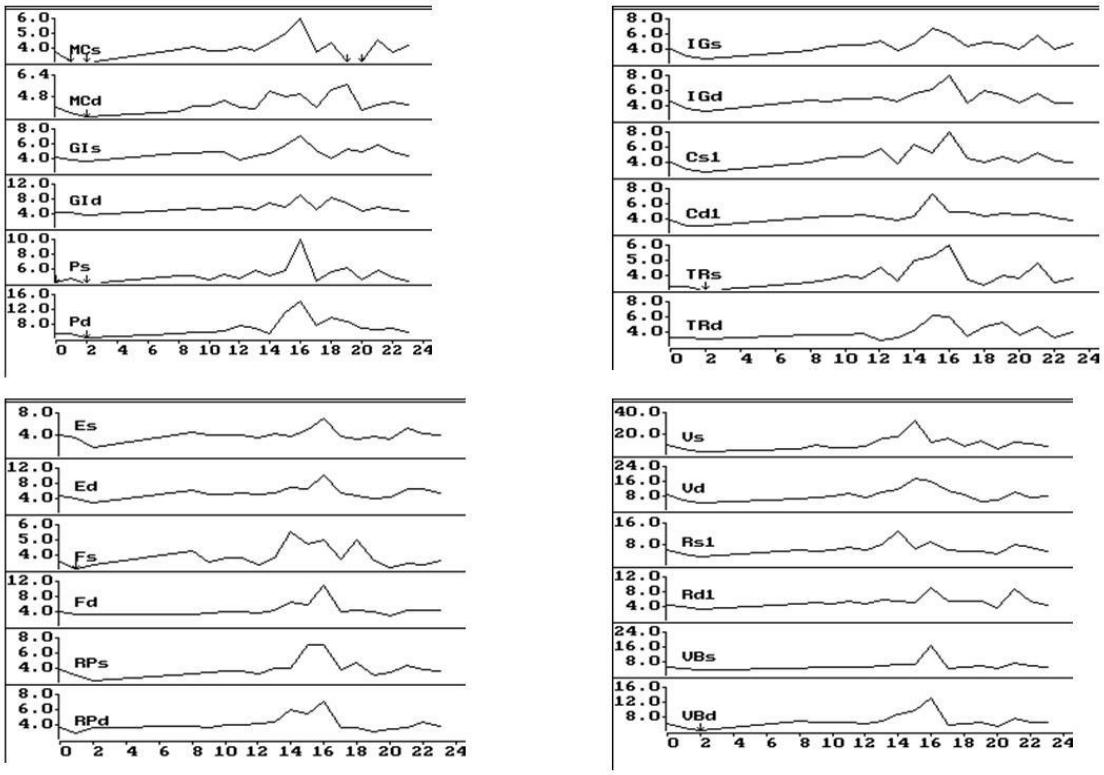


Figure 30

The urinary bladder left branch, whose indices in the period of 3 p.m. reach 40 units, is an absolute record-holder with respect to the amplitude of changes. A pronounced resonance burst of activity, which characterizes the lung hypo function at 4 o'clock p.m., is also worth mentioning. Thus, the diagrams, covering these channels, confirm previous observations.

As for the conceptions of the channels' insufficiency or excessiveness in the day rhythm, probably, due to the inaccuracy of the ancient sources translation, in the course of centuries they have changed places. Interestingly, the stomach channels hypo function peak of activity coincides with the moment when the patient experiences the maximum feeling of hunger. Therefore, it's quite possible that the notion of the channels' energy maximum strain should be understood as the time of the maximum functional strain of the physiological systems, which the channels control.

All our experiments show that the urinary bladder channel's amplitude of changes is the greatest; that is why its rhythm turned out to be the most pronounced in the course of our observation. The other channels' amplitude of value changes is not so obvious; so their insignificant burstes of activity got lost in the general noise.

We believe that several the channels' time desynchronose can be caused by several reasons. One of them, and may be the primary one, could be the changed way of life. Most likely, in ancient China people lived in accordance with a strictly fixed rhythm – they woke up, had their meals, started work strictly in compliance with a schedule, day by day for many centuries. This way of life had a certain effect on the forming of a peculiar resonance character of each channel's time activity. As a rule, people were undernourished, so all the systems, responsible for the body's nourishment were under a high strain.

Nowadays, life is less determined with respect to time and several times more copious. For example, we work five days a week and have a rest during the remaining two days, thus breaking the customary order. This factor alone can provoke a considerable time desynchronose of the channels functioning.

To add to all this, two of the patients were in the habit of getting up early, while the other was used to going to bed late, and consequently, getting up late in the morning. This difference in life-styles distorts the results by leveling, mostly, the low amplitude activity bursts.

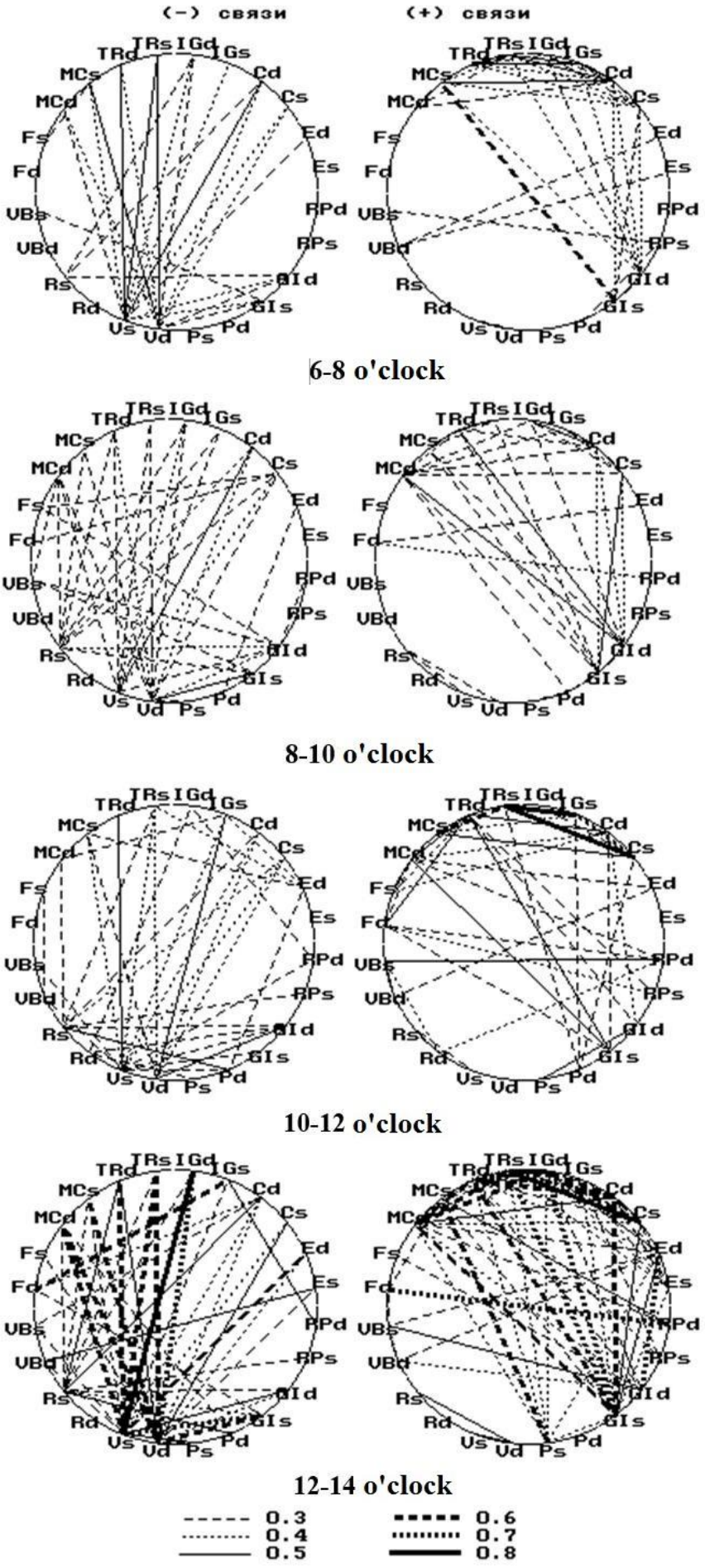
The presence of a certain connection with the urinary bladder channel, revealed by the recent measuring in the periods of time, close to those, mentioned in the ancient sources, points at a certain time correlation of the ancient theory and practical observations, though with the opposite sign of participation. According to our observations, the urinary bladder channel is a kind of a biorhythm pacemaker of the first order, just like the heart's sinus node. Through the SHU points of the back, it imposes its own rhythm, connected, in the first place, with the hormone system functioning, to the other channels. In this way, the whole channel system works as a single whole.

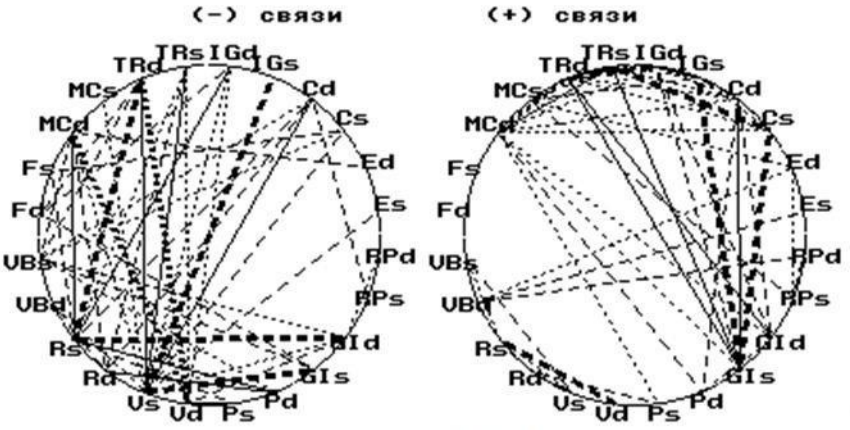
One of the most important facts, which can be easily traced in the latter diagrams, is that detailed examination never shows absolute symmetry between the channels' left and right branches. One branch is always ahead of the other with respect to the beginning of the activity burst or activity decline periods. This observation is

significant from the point of view of theory. It confirms one of the fundamental laws, which treats the difference between the living matter and the dead one, which the Chinese proved with the help of hexagrams (**ch.4.2**) four thousand years before. The law declares that: ”All the living matter is asymmetric, while the dead matter possesses the absolute symmetry.”

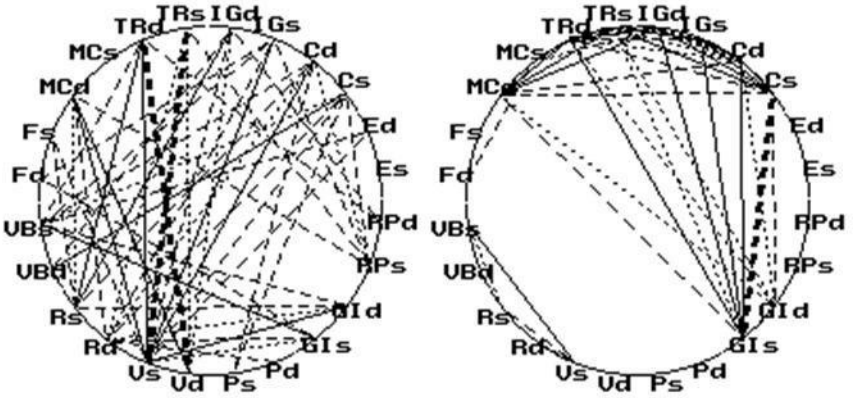
Evaluation level of the inter-channel connections

The next evaluation level of the time functioning of the channels is connected with the evaluation of the inter-channel correlating connections. The information about them is shown in **Figure 31**.

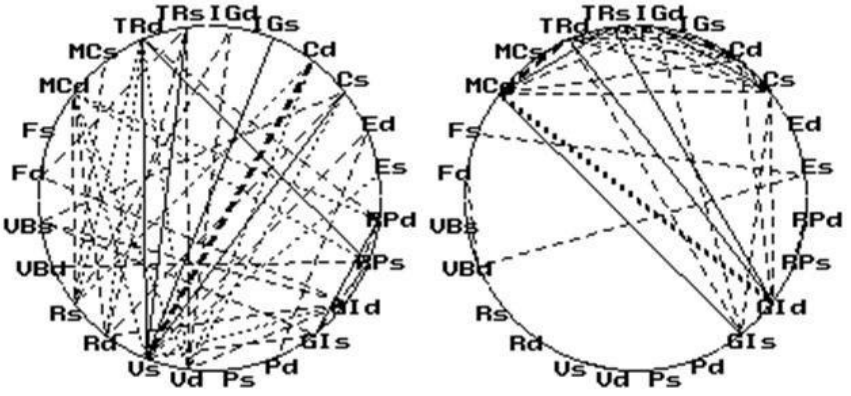




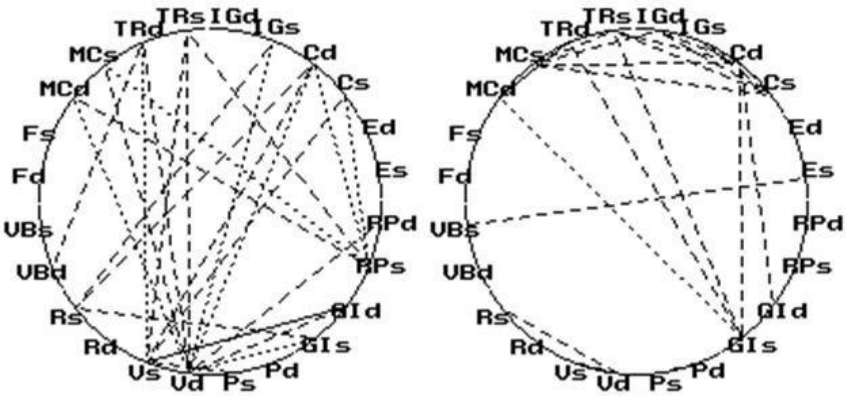
14-18 o'clock



18-20 o'clock



20-22 o'clock



22 -24 o'clock

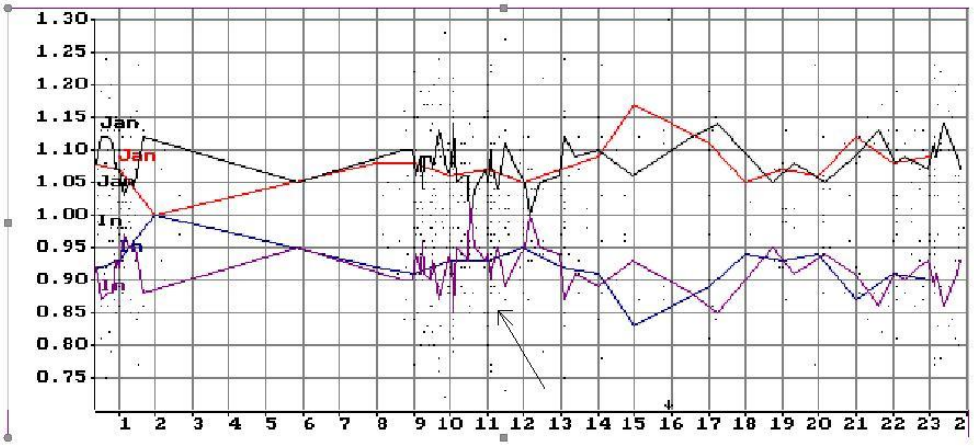
Figure 31

From the diagrams it can be inferred that the Vd – Vs is the biggest epicenter of the channels' negative interconnections. These channels have the maximum activity period from 12 a.m. to 10 p.m., with the peak of activity between 12 a.m. and 2 p.m. – the usual lunchtime. Most probably, this activity is connected with the participation of the WATER channels in the production of the pure Nutritious TCHI and the redistribution of the energy among all the channels. In the period from 12 a.m. and 2 p.m. one can observe the maximum strengthening of the positive connections as well. In general, both positive and negative connections strengthen and get more numerous from morning till midday and weaken in the evening, especially around 12 p.m. The obtained results permit to suppose that at night, for example, when the person is asleep, inter channel communication will be brought to minimum, and if there is no special reason for the group interaction, every channel exists on its own, without any specific manifestations.

Figure 32 presents the activity change diagrams of an ING – YANG channel group throughout the day (the diagram presents the analysis of the scale adjusted values), which reflect the measuring results covering a period of four years.

Since the sum of the ING – YANG values is equal to 1.0, we got two curves, symmetrical with regard to 1, which have periods of approximation as well as periods of moving apart from each other. The periods when the ING – YANG curves approach each other mean that at those moments of time the testing values of all the channels will be approaching 1.0.

Unfortunately, the observations were conducted at irregular intervals during the day. That is why the value distribution was irregular. The greater number of measurements was taken in the morning (between 9a.m. and 1 p.m.), or in the evening. The fragment of the observations made between 9-12 a.m. attracted our special attention, as it showed the clear cyclical character of the averaged values oscillations with regard to the time intervals , especially those covering 5 observations (the black and the violet lines). Due to the period of those oscillations, the curves approach each other approximately every 1.6. hours. Another fact that attracted our attention was that the periods of the energy approaching and moving off were modulated by more frequent oscillatory changes with the period of about 0.5 hour of a mutually coordinated character.



Normalized data with respect to natural hours (without taking into consideration the Daylight Saving Time), the reference time = 0. The red and the blue lines reflect the averaged values with regard to the hours while the black and the violet lines reflect the averaged values with regard to 5 observation spans.

Fig. 32

The rhythmical changes of the channels activity take place at the level of the ING – YANG, as it has been mentioned before, as well as at the level of the 'right – left'(DS), which includes 12 left and 12 right channels (**Fig. 33**)

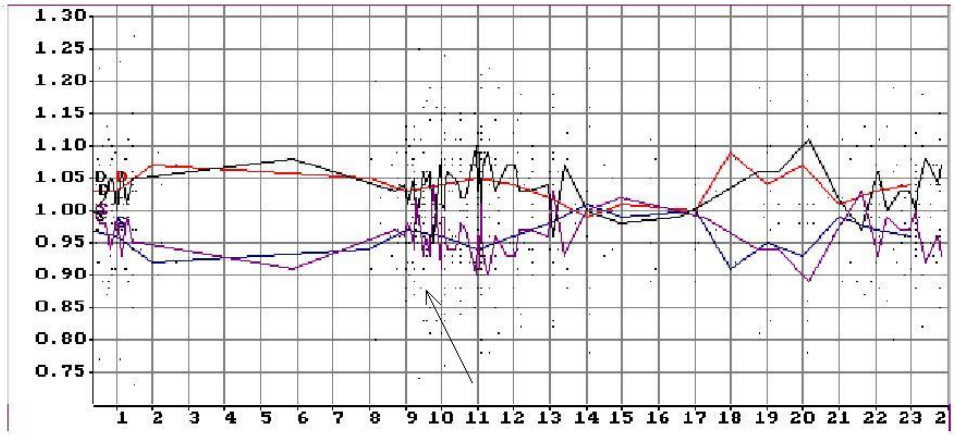


Fig. 33

We can notice that in the intervals, which are similar to those of the previous figure, the changes amplitude is considerably lowered, and the averaged period of the oscillations is about 30 – 40 minutes. The periods of all the left and right channels approaching and moving off oscillate in the same way around the value equal to 1, but with a time shift. This time shift shows that different energy fluctuation frequencies are characteristic of distinct system-defined and ideological levels.

Figure 34 shows the change of the WATER and FIRE primary elements channels activity throughout the day. These time-changes mostly have the antiphase character, when oscillations are directed either towards each other or from each other. The fact is the more interesting, because, unlike it was in the case of the previous figures, the WATER and FIRE channels averaged activity was calculated on the basis of absolute meanings, which excludes the factor of their interference. The average period of oscillations is equal to 10 – 20 minutes. The WATER primary element energy oscillation amplitude is far higher than that of the FIRE element. Generally, two bursts of activity were registered during the day. The increase of the activity difference, which takes place in the morning, reaches its peak by 5 – 6 p.m. (this period is characterized as the period of the maximum daytime sleepiness of the patient). The second burst of activity starts at about 8p.m. and is over by 1 a.m. This burst characterizes the time of the body's maximum activity as well. Since the bursts of the FIRE – WATER antiphase activity also characterize the state of the patient's main energy dipole, the period of the body's maximum activity, when it is within the limits of the 'golden section' proportion with the ratio of 1.6, takes place between 8 a.m. and 1 p.m. (0.8 FIRE activity x 1.6 = 1.28 WATER activity), as well as between 11 p.m. and 1 a.m. The comparison of the energy dipole daily activity with the similar dipole with regard to the patients' age (see fig. , chapter for reference) permits to find a lot of common features. It turns out that according to the bioenergetics profile, every day, we live, repeats the profile of the whole life. When we are asleep the body switches out of the habitual space-time continuum and is carried away to another, unreal world, at the level of the subconscious. While we are asleep our bodies die, in a way, and our bioenergetics works in another dimension. But as soon as we awake we return to our physical body and thus retain our EGO. This guess leads us by analogy to the idea that the soul might survive death and wake up in another physical body.

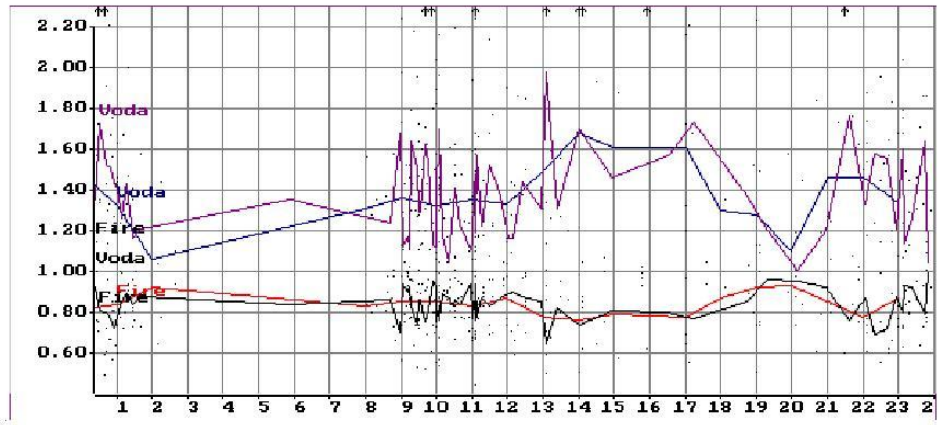


Figure 34

Upon the whole, the use of the system of channel monitoring permits to define with great precision the periods of the body's maximum working capacity, to control the moment of falling asleep, as well as to correct them at the channel level.

The analysis of the 12 main channels changes of activity in real time showed that the urinary bladder channel oscillation has the highest amplitude from 9 to 11 o'clock. The average period of the oscillations of different channels is equal to 10 – 20 minutes. A detailed analysis of the oscillations proves that at one and the same time different channels have oscillations of dissident directions. Thus, in the period between 9.00 and 9.10 Mcs, Gid, Cd and Trd pass into the hypo function, while the Fs, Rd, Vd and VBs channels get into the hyper function. So, we can state that the activity oscillations of different channels are interconnected in time and are strictly coordinated with respect to the phase. It can also be stated that there are different oscillation periods at different structural levels. Their frequency increases with the transition to more basic forms, namely, from the dipole to the channel branches.

BIOLOGICAL HOUR

Apart from the research carried out in real time, we studied the channels energy changes in biological hours. According to the ancient doctrines, the Sun and the Moon could be natural synchronizes of the rhythm of life. Therefore, the channel activity rhythmics was, in the first place, connected with the length of the daylight hours in the period from sunrise to sunset. Everybody knows that in different seasons the daylight and the night hour duration will be different. The diagrams show the time from sunrise to sunset in the period from 0 to 12 on the biological clock, which is followed by the nighttime from 13 till 24 in the latitude of St. Petersburg.

Figure 35 shows the daily ING –YANG changes according to the biological clock. The indices, which refer to the period from 0 to 2 of the daytime on the biological clock and from 9 to 13 on the same clock, are the most representational.

Unlike the previous ING – YANG diagrams, which were built on the real-time scale, the presented ones demonstrate a certain decrease of the oscillation period (especially within the period from16 to 19 o'clock) to 1 biological hour. The IN –YANG diagrams close in at regular intervals to the level of 1.0. We can suppose that the difference of the channels energy condition indices during this interval is minimal. On the contrary, at the oscillation peaks, the difference of the indices of some channels will be the maximum. It should be mentioned that sometimes, in practice, especially in the case of an established pathology, we can see the test, whose channel indices are monotonous and uniform. The analysis of the curves shows that phase transition processes, which are taking place right at the moment, can explain the test results when the indices of the conjugated channels are approaching the same value in certain bio-rhythmical phases. Fortunately, according to our observations, these processes don't take more than 3 –5 minutes and if the test is repeated after this period is over he results, usually, become more informative. A considerable decrease of the biorhythms beats amplitude is observed if the patient takes tranquilizers or sleeping pills. And vice versa, if healthy patients enjoy the state of comfort, physical and spiritual sprightliness in the 'gold section proportion, the amplitude of the biorhythms beats increases considerably.

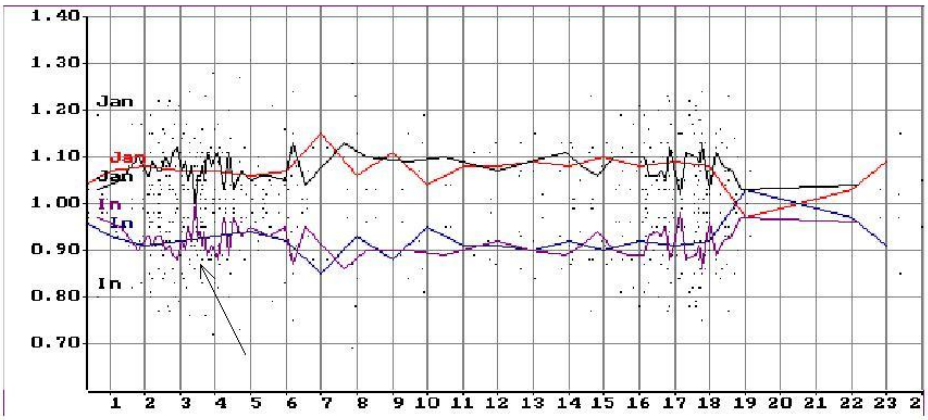


Fig. 35

The data is coordinated with the biological clock (the day and the night are divided into 12 equal biological hours, the hours from 1 to 12 are the day hours; those from 13 to 24 are the night hours), the counting out starts at the moment of sunrise.

The red and the blue lines give the averaged data, coordinated with the (biological) clock; the black and the violet lines show the results of 5 observations.

Figure 36 shows the diagrams of the ING –YANG channels index changes, expressed in biological hours on the real scale of values. There are periods of powerful bursts, which take place every 2 – 2.5 hours. Unlike it was in the case of the adjusted scale values, at close inspection one can see that the peaks of these periods do not coincide in time. It follows that at this structural level, energy pulsation has asymmetry and similar direction. If we now draw resultant straight lines through the burst tops, we will find the usual period when the body is vigilant, which lasts from 1 to 20 biological hours, although, the period of drowsiness right after dinner spoils the picture. If, on the other hand, we don't take this individual peculiarity into consideration, we can see, upon the whole, the same picture at the ING –YANG level, as we can observe at the FIRE – WATER DIPOLE level, the co-phased character of changes being the only difference.

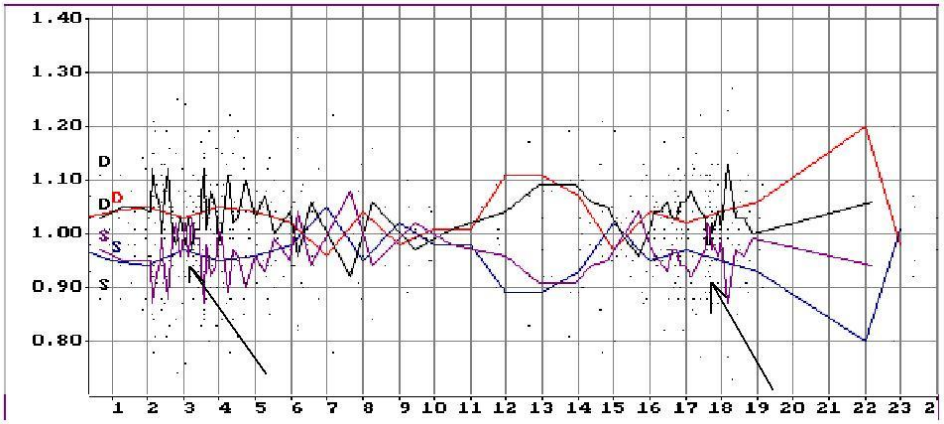


Fig.36

Figure 36 shows the diagram of changes at the right-left level (D – S), expressed in biohours (scale-adjusted values), while **Figure 37** presents the unscaled diagram. In comparison with the conventional time, the

oscillation intensity has increased both with regard to frequency and intensity. If we compare the scale-adjusted values with the ING-YANG diagram, it turns out that the period of linkage has shifted from 3.5 to 2.5 – 3 hours, which is explained by the difference of their biorhythms.

Two harmonics can be defined in the period of time from 0 to 6 biohours. One of them has the period of 2.5 biohours. The other harmonic, with the period of 0.5 biohour seems to modulate the first one. When the right and the left values meet, the oscillation frequency increases. A similar contiguity takes place at 17.40 biological time, which corresponds to the second burst of activity, registered after 8 p.m. on the diagram executed in conventional time. We can suppose that an intensified information exchange takes place at the channel level right in this time-intervals. The comparison of this diagram with the one, reflecting conventional time, shows that the diagram, which presents biological hours, gives far more information with regard to the richness of the events and the accuracy of their presentation.

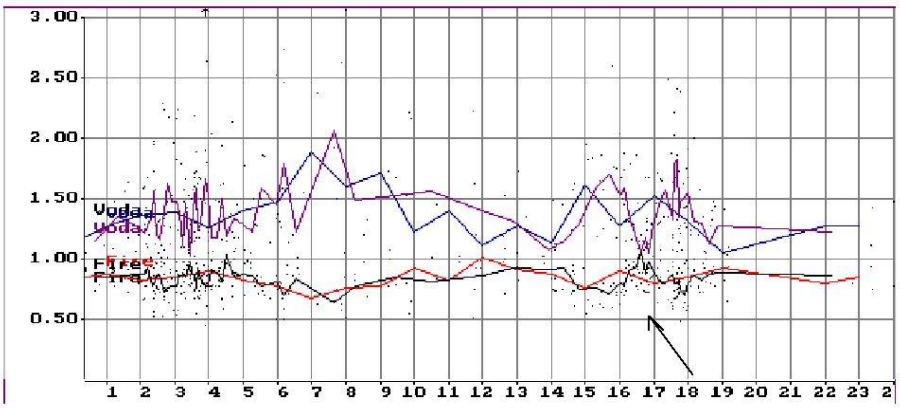


Fig. 37

Figure 38 presents the diagrams of the FIRE –WATER primary elements changes of activity, expressed in biological hours in the scale-adjusted values, while **figure 39** shows the same unscaled values. There are two points of contact of the scale-adjusted values, which are registered at 3.5 and 16.4 o'clock biological time. This fact means that this system has its own individual periodicity of mostly in-phase oscillations, with the oscillation period of 0.4 and 2.5 biohours. Upon the whole there are two periods of activity: daytime activity with the peak at 7o'clock biological time and another peak, which takes place at 16o'clock biological time. It should be noted that during the observation period, which lasted several years, the patient worked and took his meals in accordance with the usual conventional time, regardless of the season. Nevertheless, in terms of the biological time, the general picture, instead of getting blurred, becomes even more distinct, but the 'period of sleepiness' has a 10 – 12 hour shift. This fact, once again, leads us to the conclusion that natural synchronizers, such as sunrise and sunset, have a most direct influence on the organism's bioenergetics.

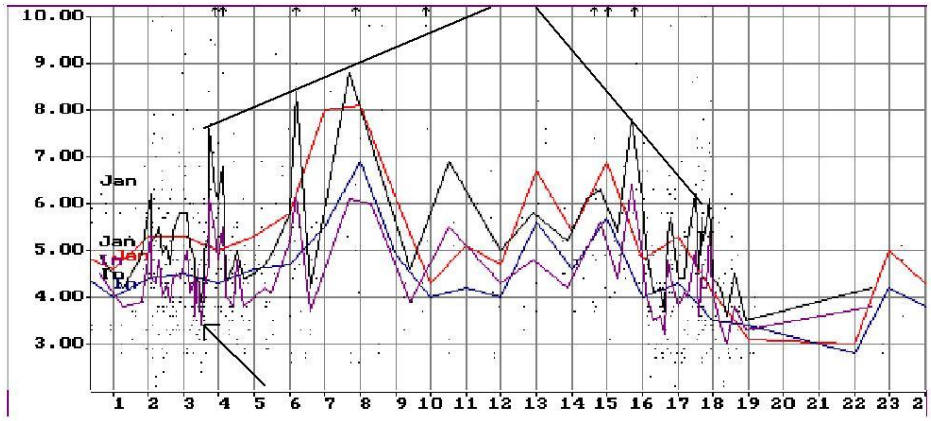


Fig. 38
Fig. 39

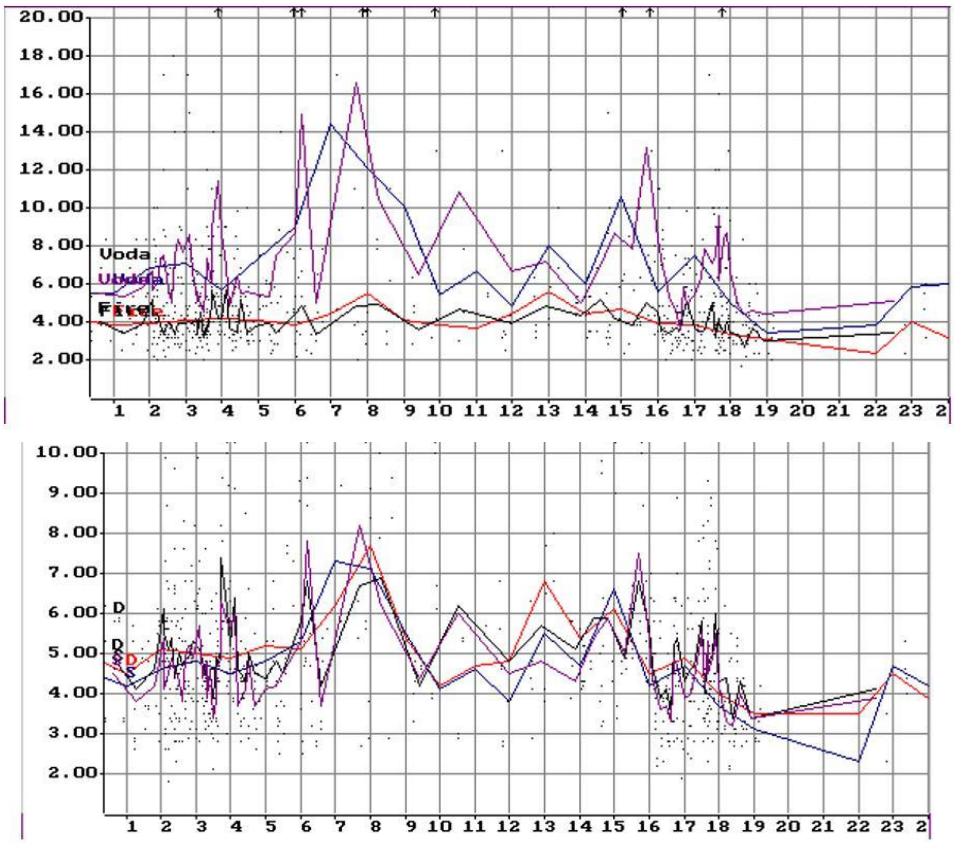


Fig. 40

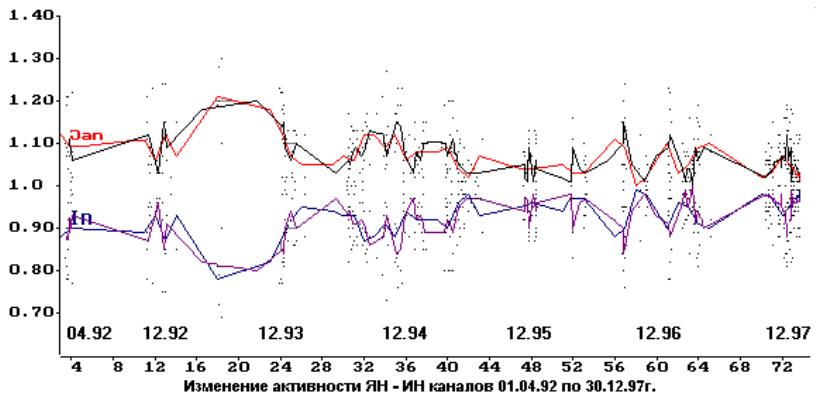
If we extrapolate the ascending and descending parts of the curve, enveloping the peaks, the right lines will cross in the interval between 12 and 13 o'clock, when the patient felt most sleepy. So, we can suppose that the time of sunrise and sunset has certain influence on the channel system. The analysis of the diagrams of channels activity, expressed in biological hours and presented in real values, shows the burst of the lung right channel maximum hypo function, which falls on that interval. It is quite possible that the lung channel, which controls the tissue respiration function, is closely synchronized with sunset. The ancient Chinese believed that the lung channel peak of exertion takes place in the interval between 3 and 5 a.m. of the real time, which corresponds to the time of sunrise in the latitude of St Petersburg in summer. So, both, ancient sources and the research, we have carried out, show a certain connection between the activity of the above channel and the solar activity, but the sunrise and the sunset have changed places. The analysis of the diagrams of the channel activity, expressed in biological hours, shows their individual character, connected with the patient's day regimen.

The approach, which evaluates channel activity in terms of the biological hours, can appear to be very fruitful, as it shows the most pronounced cyclic changes in the course of time. Man, as a biological species has existed for many hundred thousand years. People have used the notion of time, expressed through astronomical hours, only for the recent several hundreds of years. That is why, the internal biological structures of the body at large are still guided by such global factors as sunset, sunrise and the change of the seasons.

The comparison of the activity peaks changes dynamics of separate channels as well as at the level of the primary elements and other formations of the system at large gives the possibility of simulating the direction of the energy currents flow in the body in terms of space and time.

THE RHYTHMS OF THE PERIODS LONGER THAN A DAY

Figure 41 shows the diagrams, which reflect the ING – YANG averaged scale-adjusted values changes



covering the period of 68 months (from April of 1992 till December of 1997).

Fig. 41

It follows from the diagram that the changes have a pulsating character and initially, especially during the 20th month of the observation period, the ING – YANG indices have the most pronounced bursts of values. In the period between the 40th and the 52d months the difference became minimal. So, in addition to small oscillations with the period of about 4 months we can trace the contours of a longer biorhythm with the period of about several years.

Figure 42 shows the diagram of changes of the right and the left channels within the similar time interval. The diagram shows several rhythms at the same time. One of the shortest periods in the interval between the 32d and 36th months is approximately equal to 1 month. The second short is the period of about 3-4 months, which is, probably, connected with the season. The diagram at large gives the impression that the values of the right and the left channels are the closest in the interval between the 24th to the 36th months , and then the pulsation amplitude begins to increase, due to the influence of the biorhythm with the period of several years.

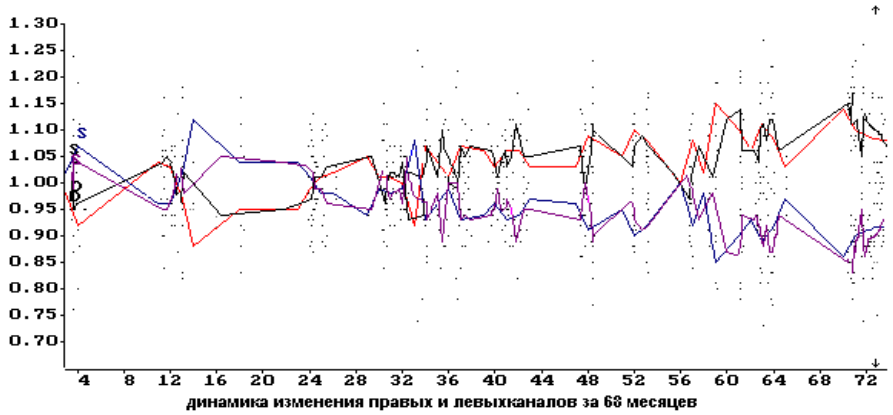


Fig. 42

Figure 43 presents the diagram of the changes of the FIRE – WATER primary elements values amplitude during the same period of time. These changes have the maximum amplitude excursion and , therefore, are the most illustrative. One can easily see a global yearly biorhythm with the period of about 7 years. The indices become the closest in the interval between the 42d and the 48th months. The maximum burst of the amplitude difference took place at the beginning of 1992. There are yearly bursts of the FIRE channels seasonal activity mostly in summer and at the beginning of autumn, which is quite logical. The last portion of the information, which the diagram reflects, refers to the December of 1997 and shows the increasing difference of the FIRE – WATER values. Unfortunately, reasoning from Kotelnikov's theorem, it's difficult to estimate the period of this particular diagram, though it will be possible in the nearest future since the research is being constantly carried out. In general, we can say that there are some common temporal points (in this particular case they are the 12th and the 40th – 48th months) in this time continuum, when activity is equalized at all the levels, though every channel group has its own rhythm. The general theory teaches that during these phases of the lowered activity of the systems they are the most sensitive to all kinds of external factors and, consequently, these points of time are most important in determining the object's further fate. The system of the bioenergy monitoring, that we suggest, allows identification of these temporal points for every individual as well as a timely correction, should the need arise.

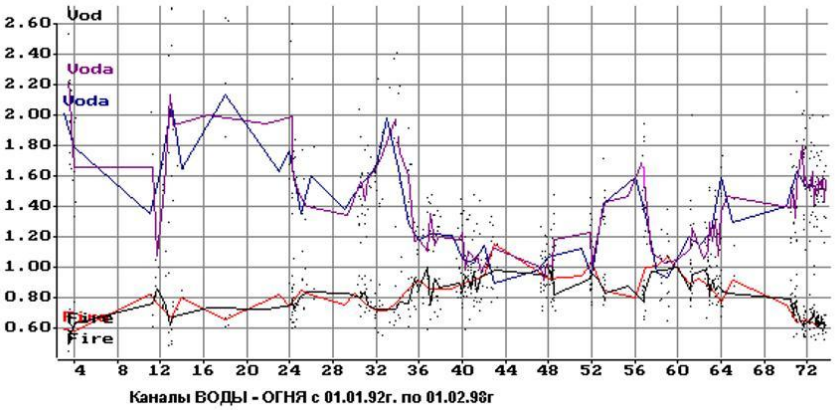


Fig. 43

Figure 44 shows the diagrams of the arms and legs channels as well as ING and YANG and right and left channels activity during the same period expressed in the absolute change values. It follows from the diagram that all the groups have approximately the same activity bursts and decay periods. This fact proves that the same global biorhythm manifests itself through their activity.

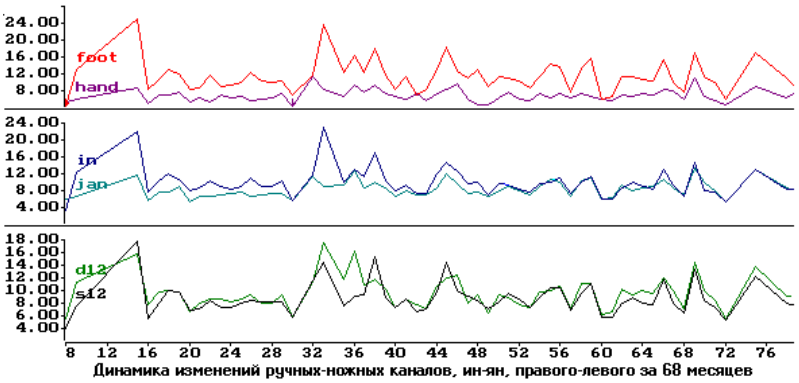


Fig. 44

At the same time, thorough examination shows that different levels of the channel system have their own individual biorhythms. Their maximum and minimal activity periods do not always match. Thus, if the indices maximum proximity in the WATER – FIRE system takes place in the interval between the 40th and 48th months, in the ING – YANG system this section is shifted to the right and in the right – left system it is shifted to the left. The whole system functions in such a way, that every structural level has its own rhythm spectrum. The rhythms of the spectrum are coordinated among themselves as well as with the rhythms of higher and lower energy structures in accordance with their hierarchy.

Channel biorhythms.

According to the data we possess, the urinary bladder channel rhythmic changes amplitude has the biggest excursion out of all the channel biorhythms. As its pulsation has the biggest excursion it can be clearly seen on the spectrogram. **Figure 45** presents the diagram of the Vs – Vd channel averaged activity changes, which covers the period of 56 months. Due to the leveling of individual pips through the averaging-out of the values, the diagram shows clearly seen oscillations of regular sinusoidal shape, which are in the in-phase in the left and right branches.

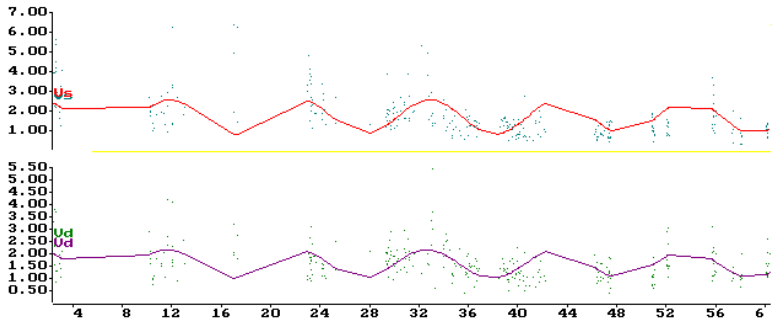


Fig. 45

The oscillation period was equal to 11 – 12 months at the average. Such clear and pure activity oscillations cannot be traced in the other channels, since the nature of their changes is of a more spontaneous character, as the channels are subjected to the resonance influence of different internal and external factors. On the whole, the biorhythms periodicity is proportional to the number of the channel BAPs (biologically active points). A bigger number of BAPs accounts for the channel's increased 'energy authority' and inertia, which lead to the channel being better protected from external influences, to it being less sensitive to external influences and, hence, to a prolonged oscillation period. That is why we may suppose that the urinary bladder channel is a peculiar source of the dipole's pure rhythm, as it has the maximum energy importance.

Interestingly, natural biorhythm synchronizers can influence channel biorhythms. The organs, connected with functional periodicity and their appropriate channels can play the part of such synchronizers. They are the large intestine and the urinary bladder. Therefore the dysfunction of the large intestine rhythmic performance, connected with constipation can provoke the blood pressure regulation disturbance, since the blood pressure is closely linked with the large intestine channel.

In the similar way, the urination rhythm, for example in the case of cystitis, can influence the urinary bladder and the whole organism general rhythmic function.

Self-observation on the influence of walking on the organism's biorhythms also presents some interest. Walking one or two kilometers a day doesn't involve any considerable energy consumption. Nevertheless it leads to the considerable harmonization of the test. According to observations, this fact is connected with the influence of the pace rhythm on the body biorhythms synchronization, and not with energy consumption. Thus,

rhythmical walking leads to the disappearance of the asymmetry between the channel branches. Walking is especially effective when it comes to the leveling of the FIRE energy excess. But walking exercises its influence mostly through the urinary bladder channel. In this connection, it's a most interesting fact that, according to our observations, walking two or three kilometers every day, especially in the middle age, delays the development of the prostate gland adenoma, by which men pay for their adynamy.

6.3 SPECTROMETRY DATA

We have never come across the data, covering real measuring of quick biorhythms of the channel system, under examination, in available literature. Meanwhile this data is of vital importance if we want to understand how this system functions in time. All the above models were static, while dynamic variability in time is the most essential of all the living organism's properties. It becomes especially important when we want to find an answer to the question, which, at first glance, seems to be easy: how much time passes between the introduction of a needle into a BAT and the organism's reaction. It's very difficult to give a definite answer to this question, since no one has studied the rhythmic of the energy flow in the channels. Usually the reference is made to ancient works, written before Christ, which mention the two-hour rhythm of the energy flow. But we have already proved earlier that this ancient data is seldom confirmed by the results of the real measuring.

In this connection, having amassed a certain sufficient number of observations, although they all refer to one and the same person, we made an attempt to carry out a preliminary research of the channel energy changes rhythm with the help of advanced mathematical methods.

Spectrometry research was carried out with the help of Fourier analysis. The rhythm period was calculated in accordance with the formula below:

$$T = l/f$$

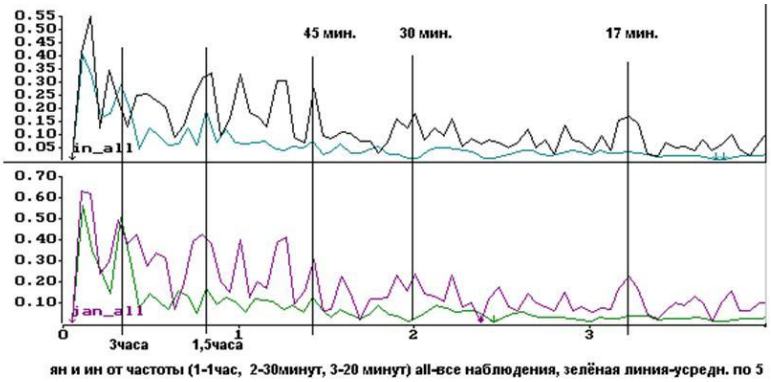
Oscillation frequency was calculated on the basis of the spectral analysis. The diagrams' horizontal lines represent the frequency values; their vertical lines show the amplitude characteristics.

The research was carried out in two directions.

Spectrometry, covering the results of 346 tests, performed on one and the same person, was used to evaluate short three-hour biorhythms with the help of Fourier analysis. To exclude seasonal influence all the tests were carried out in summer. Only real, unscaled parameters were evaluated.

We used Fourier analysis of the tests, performed on men and on women, depending on their age at the moment of the testing, to evaluate the presence of long biorhythms. As each group comprised over 300 observations of the patients of different ages, we used this opportunity to reconstruct the dynamic order of changes, which might help to identify some rhythms, characteristic of those age groups.

1. Evaluation of hourly rhythms



ян и ин от частоты (1-1час, 2-30минут, 3-20 минут) all-все наблюдения, зелёная линия-усредн. по 5

Fig.46

Figure 46 presents the spectral characteristics of the ING and YANG channels. The most powerful bursts of the resonance character, according to the whole series of observations as well as according to those, averaged by 5, take place in the ING and YANG channels synchronously, within the range of 3 hours and 1.5 hours. There are bursts of activity within an hour, 45, 30 and 17 minutes. However these bursts of activity can be observed if we examine the whole sum of observations. They find no confirmation if we take the values, averaged by 5, though, even in this case, a certain increase of activity is registered within the range of 45 minutes.

Figure 47 shows the spectrum of the frequency activity of the right and the left channels.

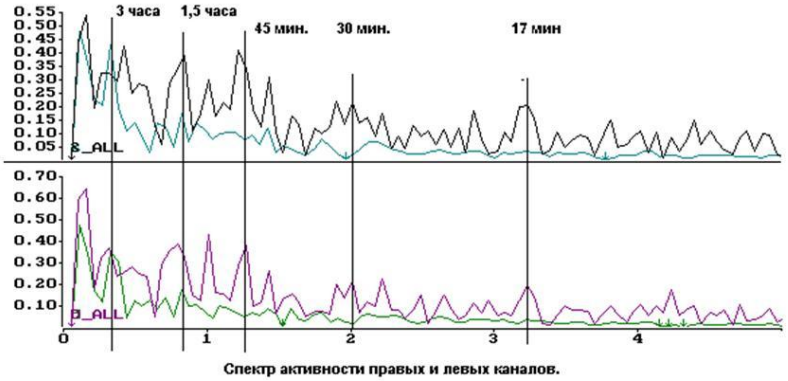


Fig.47

On the whole, the diagram repeats the data, presented in **Fig.45.1**. Bursts of maximum activity are registered here within the range of an hour, 45, 30 and 17 minutes as well. In this way both independent investigations gave approximately the same results. This is another proof that they are both reliable.

The analysis of the five primary elements spectral activity results shows the multiplex character of the oscillation bursts, which last from several minutes to several hours. In our opinion, the upper bound of the spectral range right part is somewhere within the range of 3 –7 minutes, because it takes exactly this time to carry out the testing procedure. The channel rhythms of a higher frequency can be examined only with the help of the pulse diagnostics system.

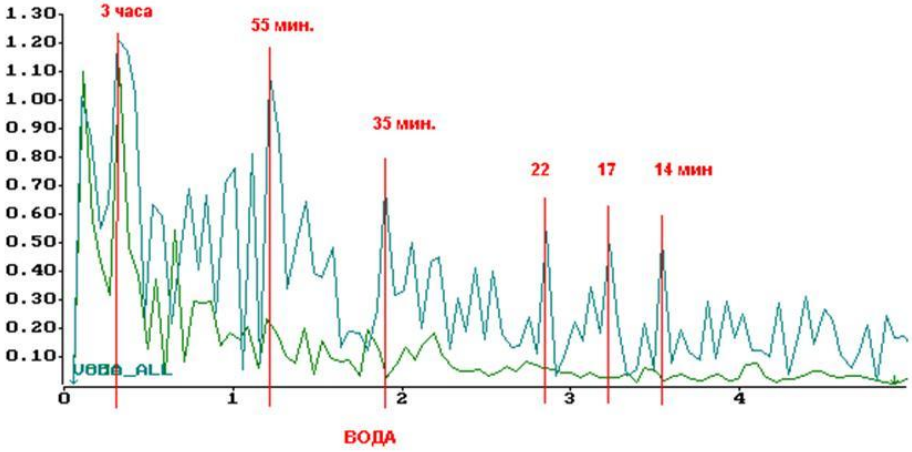


Fig.48

In the WATER primary element channels (**Fig.48**) the oscillation with the maximum amplitude takes place at the level of every 3 hours, then 55 and 35 minutes. Besides, there are 3 bursts of activity, every 22, 17 and 14 minutes correspondingly, in a higher frequency band.

In the METAL primary element channels the bursts of spectral activity were marked every 1.7 hours, 1 hour, 45, 30, 25, 18 and 7 minutes.

In the WOOD primary element channels the maximum bursts of activity take place every 2.5 hours, 1 hour, 45, 30, 17 and 7 minutes.

In the EARTH primary element channels the maximum bursts of activity take place every 3 hours, 2.5 hours, 1.5 –1 hour, 40, 27 and 18 minutes.

Upon the whole, taking into consideration the ING –YANG and the right – left systems spectrometry data, we can single out a number of the most characteristic rhythms. For the time span of more than an hour the most characteristic rhythms are those equal to 3 hours, 2.5 hours, 1.7 hours and an hour. The spectrum of a higher frequency is characterized by the rhythms approximating 45, 30, 17 and 7 minutes. The evaluation of the 12 main channel biorhythms showed that mostly the channels manifest activity within the above spans. The maximum amplitude oscillation activity was demonstrated by the urinary bladder channel (up to 2.0). Next comes the lung and kidney channel (1.2). The border layer, spleen and liver, channels show the minimal spectral activity amplitude (0.4 and 0.45). The same data leads us to the conclusion that the urinary bladder channel is a peculiar biorhythm pacemaker of the first order, which defines the main energy dipole rhythm.

'Border layer' channels, as we have already said, carry out the fine balancing of the whole dipoles' system equilibrium and mere logic prompts that their pulsation should be minimal. Our research just proves this assumption. The spectral characteristics we have got may come in handy in the process of developing the dynamic model of the channel system functioning.

In general, the analysis of the data, obtained in the course of our research work, proves that each of the channels is a circuit, which has poly-resonance characteristics within a large frequency band. Each of the channels, through its BATs and inner connections with the organs, in a certain way resonates to a number of external and internal factors and in this manner influences the flow of energy through its circuit. The flow of energy has a rhythmical character. Strong inter-channel connections account for the presence of the echo rhythms, alongside with the channel's own rhythm in the rhythmical pattern of every channel. The echo rhythms represent higher as well as lower energy structures. This fact explains why the channel's frequency resonance peaks are rather blurred and consists of a multitude of oscillations.

The problem of the minimal time necessary for the channel system to respond to the irritant is very important for clinical practice. Clinical observations showed that the minimal time interval, especially in the case of the exposure to the modulated infrared radiation, between the stimulation and the response was close to 7 minutes. Within the span of 17 minutes the reaction to the stimulus becomes strongly expressed. So, we can suppose that some of the time levels, which we received in the course of the channels and primary elements spectrometry, might represent, in a way, the time of the system's reaction to a certain external stimulus, since they have, in many respects, a resonance character, which proves that they are typical for this system.

The data we have obtained permits to develop a real system of prognosticating the patient's general condition. It can be done by drawing points, which represent individual measurements of each channel in a two-dimensional system of coordinates (**Fig. 49**). Then, the rhythms that are actually present at the level of the measurements are defined with the help of spectrometry and mathematical plotting.

Theoretically, these biorhythms can be extrapolated into the future to predict the patient's illnesses and crises. This method is used to find out the organism's inner biorhythms. However it is not free from the influence of diverse external exogenous factors, which selectively resonate with the channel's biorhythm and change its characteristics. Theory doesn't give any ready method to overcome this difficulty, but practice shows that the specific solution is connected with the time factor and accumulation of voluminous data. In this connection, the fact that unlike in the case of chaotic water molecules Brownian motion, the energy flow in the channels is subjected to strict time regulating mechanism and observes a certain rhythm inspires optimism.

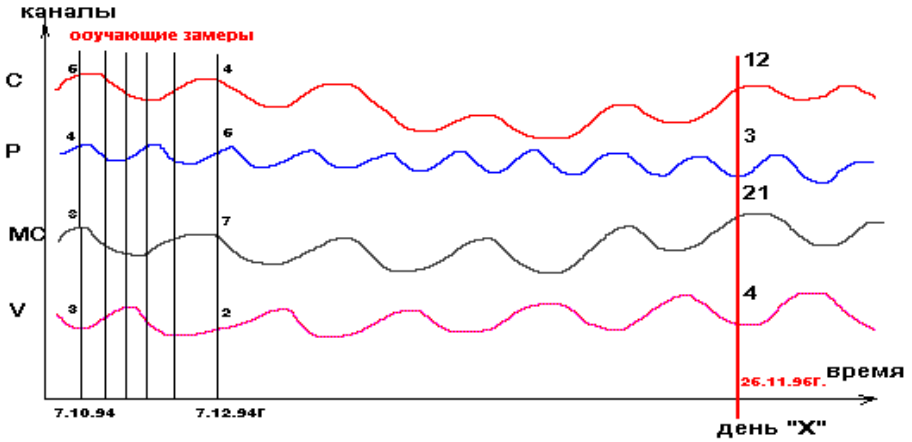
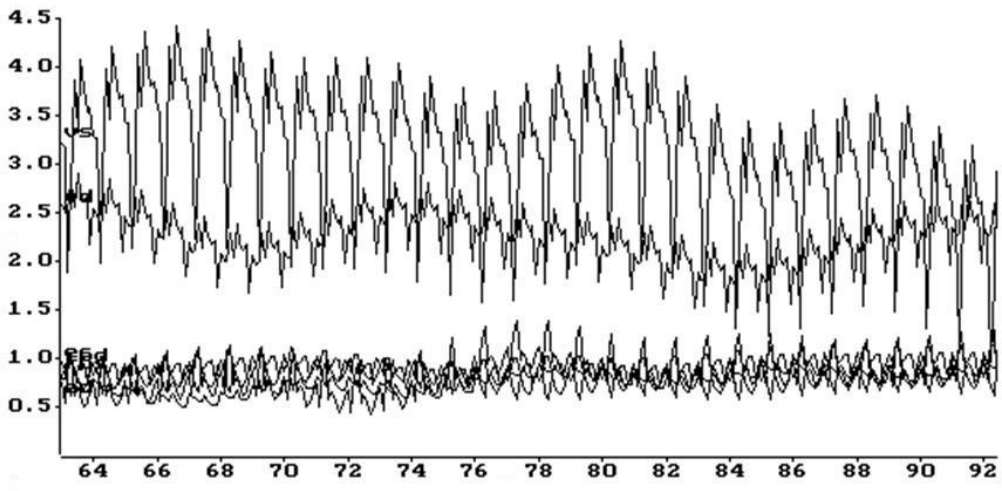


Fig.49

We believe that our readers will get interested by the possibility to prognosticate their condition and will proceed to a thorough self-examination making use of the methods we suggest for their consideration.

We imply that only by way of information exchange we can solve this problem by joint effort. The mathematical apparatus, that we possess, enables us to bring to light channel biorhythms at the level of hours, days, months and even years, on the basis of the results, obtained in the course of ordinary channel testing, providing it is properly carried out. But in this case, according to Kotelnikov theorem, the reliability of the prediction will cover only the period equal to the period of observation. In other words, if the daily testing has



been carried out for a month a reliable prediction can be made only for a month ahead. We cannot bypass this time obstacle, until we have collected sufficient data, covering lots and lots of individual cases, which will enable us to make conclusions about the global rhythm-forming factors of the whole population. **Figure 50** shows a fragment of the rated biorhythms for the WATER channels, which cover the period of time equal to 28 days.

Fig. 50

On the whole, we can see that biorhythms have a very complex structure. In fact, every channel biorhythm is composed of several individual biorhythms, which modulate one another. As a result, when the rhythm phases coincide, they give rise to intense amplitude bursts or drops, which can provoke breakdowns of the system's regulatory mechanism and, hence, result in the person's crisis or disease.

Chapter10.
The methods of BATs exposure to modulated infrared radiation

10.1. The methods of BATs exposure to modulated infrared radiation

A Chinese sage wrote: "If you have cognized the principle of vibration – you have got hold of the scepter of power" (Yang-Xin Shun, 1972).

Recent research (G. Hone, 1990; E.K.Borozdin, 1996) has established the fact that the structure of the matter and the stability of its forms result from the interactions of its energy fields or energy frequencies, which, in their turn depend on the harmony of the given interactions, especially of those that have a resonant character. G. Hone writes:" Irrespective of its ability to produce a soniferous song, any life form, be it just a grain of sand or a complex animal, has its own life vibration, its own inner sound. The nature of this individual song involves a specific frequency band, a specific super structure, which enables external sound resonance of different kinds either to stimulate it beneficially, or inflict it damage by excessive stimulation. So, any exposure can bear either the positively signed influence ("+'), or the negatively signed one ("–").

In terms of reflexotherapy the same idea can be referred to the 'slowing' or the 'stimulating' needle exposure.

The restrictive factor, that prevents a broader use of acupuncture in modern medicine, is the fact that only trained professionals can apply acupunctural methods. Hence, we aimed at developing methods of simple, non-invasive energy channel correction, making use of universally accessible natural factors, one of which is the heat, whose beneficial influence on all living objects is well known. The human body perceives the heat energy quite well within the infrared electromagnetic radiation frequency band, as its tissues are especially penetrable at the frequency of 700-1000 nM.

In spite of the fact that infrared radiation is widely spread in Nature, we assumed that under certain conditions it could become an extraordinary stimulant directly for BATs and stimulate the required acupunctural channel.

Of course we had to draw some parallels with acupuncture. How does the body perceive the exposure to needles? First of all it's a special irritant for a specified BAT and for the body on the whole, since, firstly, the needle violates its integrity, and presents some danger for the body: and secondly, as the body is rarely exposed to the effect of the puncture it can immediately identify this unusual exposure factor. The therapeutic effect is based on the above mentioned ability of the needle to influence channel points with clear prescribed affiliation and in this way to intensify or weaken the amplitude of the channel energy waves. Due to the transformation of the channel contour spatial topology, the needle changes its resonant frequency and restructures its energy influence on the body.

In the same way, if we invest infrared radiation with some unusual features, for example, is we modulate it at the frequency, resonant with that of the channel's, the body will identify this unusual physical factor most sharply. If, in this case, we expose a certain BAT to radiation, characteristics of the channel's contour, taken as a whole, will change, and the final result of this exposure will be commensurable with the results of acupuncture.

Sometime around 1990, reading an American journal for gynecologists, I came across an interesting article 'Treating women for frigidity'. The author claimed that at the moment when a man or a woman experiences an orgasm the prostate gland or the womb correspondingly contracts with the frequency of 28Hz. The method of

treating for frigidity, suggested by the author, consisted in superimposing 2 electrodes with an input alternating stimulating potential equal to 28Hz on the abdomen in the area of the womb projection. In this way, the patients were stimulated to experience an orgasm or its equivalents.

At that time we were experimenting with the auricle BATs, so we decided to check if it was possible to carry out a simulation of that kind through the auricle's womb (prostate gland) BAT, using a source of the modulated infrared radiation of the same frequency instead of the electric current. We were sure that our method was easier in application and more aesthetically acceptable. As for the idea of this kind of stimulation by therapeutic indication, it is quite admissible from the point of view of medical ethics. To be more particular, we had quite a few female patients, who were constantly complaining of migrating pains and the general feeling of discomfort, but the detailed examination of those patients showed that the source of all the complaints was rooted in the sphere of sexual derangements. In fact, there are many 'patients' of this kind. According to our observation, even the stimulation of an artificial equivalent of the orgasm leads to a certain 'discharge' of the whole organism and harmonization of the main energy dipole. Besides, it has a beneficial influence on the patient's mood and general health. A series of experiments in this direction proved that the effect of the infrared exposure in the 'orgasmic frequency band', carried out via the channel, reaches every distant conjugated cell and causes its activation. A similar sensation is experienced at the moment of a natural orgasm, when the person feels the thrill of joy, the rapture and the ecstasy of every body cell. On the whole, this extraordinary state of bioenergetics needs further close examination, since it can be the key to the understanding of the most important energy processes that take place within the body.

After we have worked out the methods of exposure, which lead to the stimulation of an equivalent of the orgasm, we noticed that the exposure leads to the anesthetic effect as well. Later we began to use the above method for direct exposure with the aim to stimulate different channel BATs, without using needles. A special infrared diode with the radiation aperture of about 30 degrees, with the total area of 2mm, with a discontinuous source of infrared radiation, in contrast to the natural sources, and with the infrared radiation in a special frequency modulation band. While working in different frequency bands, we analyzed clinical manifestations of the exposure, as well as the difference between the results showed by Akabane tests, which were held before and after the exposure in comparison with similar tests, carried out before and after the classical needle exposure.

According to modern conceptions, the exposure frequency of 28Hz is similar to the B-2 (beta-rhythm) rhythm frequency of the brain. It is well known from special medical literature that essential hypertension patients lack this rhythm; it is also known to soften epilepsy fits. So, we can suppose that this rhythm is good for the organism, to some extent, as it suppresses various pathologic syndromes. Besides, there is data (A. Kasamatsu, T.Hirai, 1972; L.I.Spivak, 1996), testifying to the fact that beta rhythm is observed at the deep stage of meditation at the so-called 'lucid' moments. According to the data, presented by G.M.Fyodorov (with co-authors, 1999), the brain frequency rhythms of this band correspond to the high degree of the brain activity, emotional tension and concentrated attention, indispensable when it is necessary to carry out a new task, which requires intellectual effort. They are characterized by heightened information perception and processing, as well as by greater adaptability and mobility of the brain systems. It can be said that the exposure of the above frequency band in a certain way stimulates intracellular metabolism, and, at the same time, has the most pronounced analgesia effect in the case of various pain syndromes. It means that just this exposure frequency is easily conducted through the channels and agrees with the nervous system.

Quite the contrary, the exposure at the frequencies lower than 15 Hz, especially within the range between 5 – 10 Hz, had (according to the results of the tests) a sedative effect on the channel, and even when the inhibitory action was recommended, was accompanied by unwelcome clinical manifestations, namely by headaches, unpleasant sensations along the length of the channel, and the aggravation of the pathological process. Yu.V.Markov pointed out similar unwelcome side effects of intensive exposure to the modulated electric current at the frequency of 6-8 Hz (1992).

On the other hand, infrared radiation can be modulated in a higher frequency band, for example between 40-60 Hz. In this case, we also registered a somewhat stimulating effect, but as the infrared radiation modulation frequency increased, the effect weakened. Evidently, by analogy with the neuronal system, the channel system has some limiting frequency of the signal transmission and the discrete signals of higher frequency are not identified and are perceived as a homogeneous background. Thus, for example, an electric bulb in the usual circuit consumes the energy of the alternating current of the frequency equal to 50Hz, but we perceive these oscillations as a continuous light flux.

As for the principal of the sedative or restorative influence on the channel, we believe that the use of direct energy inhibition, which suppresses activity by a physical factor, through exercising influence on certain BAPs, is anything but beneficial from the point of view of the circulation rate decrease and energy loss at the level of the system at large. As a matter of fact, the final objective is to carry out a kind of energy 'donation' and its harmonious redistribution and not to deprive the organism of energy. Therefore, in our further developments we exposed BAPs exclusively to the influence of the stimulating type. To activate the channels, which were in hypo function, we initially used the same BAPs that are used in classical reflexotherapy, for example, the BAP, called *juang-lo,* or '*the preceding element*'. Later, however, we gave up that method in favour of a simplified one, which involved acting through the same 'input-output' BAP that was used for the purpose of testing the channel. It's a well-known fact that the stimulation of distal points has the most pronounced effect on the channel. It appears that the 'input-output' points are the most universal and efficient but their use in

acupuncture is limited by the fact that the process of inserting a needle in this area of the nail bed is very painful. We eliminated this obstacle by using the modulated infrared radiation. Besides, it is much easier to remember the location of 12 'input-output' points than to study and memorize the topography of more than 600 main acupunctural points and a load of rules on their combinations, which are used in classical reflexotherapy. That is why, not only specialists, but patients themselves can use our method after a short course of studies. Besides, we use a super miniature 'iron', with the contact zone of about 2mm, for the natural heat exposure.

A meridian restoration being our objective, *we always exert influence strictly on the channel branch in the state of hypo function. The aim of the treatment is to eliminate the obstacle in the way of the Tchi flow by maintaining a harmonious wave process in a certain channel branch. As a result, the balance between the left and the right torsion component, between energy storing and energy consumption at the level of the channel branches should be restored.*

In the case of excessive channel energy, the exposure was exerted indirectly, through strengthening sedating influences in compliance with the rule of *U-Sing*, taking into consideration the results of the preliminary test and using inter channel connections (thus, if the *fire* channels are in hypo function, the *water* channels should be stimulated, etc.). Practice has shown that it's better to use inter channel connections personal correlation matrixes, since the structure of the inter channel connections is rather individual, especially in the presence of some pathology.

Most often, if the case of channel branches asymmetry, we exert influence on the branch, which is in hypo function, through its 'input-output point'. To strengthen the effect, we exercise additional influence on the previous element point and the LO checkpoint inside the channel itself. This combination is the most effective.

Apart from exercising influence on the major channels, it is quite possible to apply coercion to the BAPs inside the affected channel, where, as we well know, there are the points that belong to the *fire, the water, the metal, the wood and the earth* primary elements at the level of the BAPs. In this case an additional testing of these five points inside the channel is required. Thus, if we deal with excessive activity of the large intestine left branch, and the intra channel testing shows the excessiveness of the *metal* point (the minimum number of pulses in the course of the test), the latter can be inhibited by exerting stimulating influence on the *fire* point inside the channel. Or, for example, if there is excessiveness in one of the *water* channels, the *earth* point of the channel should be activated, etc.

However, if the test shows the channel insufficiency, it's exactly the *water* point that should be stimulated. In a word, the *U-Sing* rule should be applied, but, this time, inside the affected channel branch.

One of the most complicated problems of reflexotherapy is the problem of the duration of the exposure.

According to classical standards, there are two fundamentally different methods of the BAPs exposure to the influence of the acupunctural needle – inhibitory and stimulating. When the inhibitory method is used, the time of the needle exposure on the BAP can be equal to 30 – 40 minutes, while the stimulating method involves the needle exposure, equal to 5 –10 minutes. In the first case we aim at inhibiting the Tchi of the channel; in the second case we stimulate it. But there are no specified indications or time criteria, concerning the duration of the exposure to the influence of the needle, although, as we have mentioned before, every organism has its own individual peculiarities. Why should the needle be applied exactly for 10 or 40 minutes, and why can't the exposure last, say, for 11 or 39 minutes instead?! This tactics is clearly unfounded. Personal experience and intuition have always been ruling in classical acupuncture up to the present moment.

Our approach to the solution of the above problem is based on the following prerequisites. If the channel has increased energy, any additional, energy increasing stimulation of its BAPs is unfavourable for the channel and for the body in general, as it has been already shown by the example based on the Akabane test. The channel testing, conducted in the described case, shows that by getting involved in regulation, the body itself raises the threshold of pain response.

On the contrary, if the channel's energy function is low, with the signs of energy stagnation, external energy stimulation of the channel will be only to its advantage. Akabane proof test confirms this fact.

While conducting the test, we try to minimize the influence of the coercion source by disguising the infrared signal as a pulse component. We use infrared radiation, modulated within the frequency band, resonant for the channel, which is absolutely opposite to the former one by nature, to treat the patients. If the level of the channel energy is low, the above infrared radiation has a stimulating effect. If this kind of stimulation is prescribed, it is favourable for the given channel and for the whole body, since it lowers the threshold of pain response. The time, which passes from the beginning of the exposure to the first pain sensations will grow proportionally to the degree of the channel's initial depression. If the channel is the state of energy excess, pain will appear right from the start of the exposure.

Thus, guided by the threshold of pain sensitivity in the course of treatment, we, for the most part, solve the problem of the time exposure of the influencing factor, *giving energy replenishment to a particular channel in the function of its demand., making use of the feedback principle with regard to the organism.*

Another important advantage of this method is the possibility, it gives, to carry out energy subsidy at different energy levels. By applying current of a bigger value for the infrared source power supply and, consequently, by applying more energy, we can reduce the time of the exposure, which passes before the pain threshold is reached. And vice versa, by exercising coercion at a low energy level we prolong the time of the channel's 'energy uploading'. We think that the radiation energy, which determines the time of the pain threshold within the limits of 2 – 4 minutes, is optimal for the therapeutic influence on the channel branch in the state of hypo function.

Table 12 presents the data of a part of Akabane test on four channels and the time of infrared exposure in seconds, which had passed before the first pain sensation appeared. The radiation power was equal to 80, 70 and 60% of the threshold. It follows from the table that the BATs located on the channel, whose energy potential is lower (the large intestine channel – GI) need a more intensive stimulation than the BATs located on the channel, whose level of energy is sufficient. The reduction of the exposure power was generally followed by the lengthening of its time in geometric progression, which is especially true with regard to the channels, whose energy function was low at the time of the exposure. This observation permits to work in the wide range of power values in compliance with the rule, which says that the higher is the exposure power, the shorter is the time of the exposure.

Channel	**BAP**	**Akabane test The number of the pulses**	**The time of the exposure on the BAPs (in seconds) with the power values equal to …% from the threshold**		
			80%	**70%**	**60%**
P	**Shao-shang**	5	8	12	26
GI	**Shang-yang**	12	28	36	69
MC	**Chzu-chung**	4	7	12	24
TR	**Guang-chung**	6	11	16	37

This method solves two important problems of reflexotherapy: we have developed an easy, safe non-invasive way of therapeutic action on the BAPs, in which the dose of the exposure is determined individually on the basis of the universal principle in the function of a particular channel demands.

In this case *the time of the exposure is the factual criterion of the channel's energy assessment*. If, for example, we take two branches of different channels, whose level of hypo function is more or less the same, according to the results of the test, and start exercising on them influence of the same power and frequency through the 'input-output' points, the duration of the exposure can be considerably different. So, we have obtained another additional way to give a more accurate estimate of the level of 'emptiness'.

And, finally, the third essential moment, which has been mentioned before, namely, consists in using the 'input-output' points for the purpose of exercising the influence. This possibility solves the problem of the method's wide application. The most striking fact is that any person can exercise this therapeutic action, since it is so easy to find the necessary point, that special medical training is not required for this purpose. This device, in combination with corresponding computer support programs, could be a kind of a 'family doctor', which might help to diagnose the case and carry out therapeutic treatment.

Here is a number of clinical examples to illustrate the effect of using the above exposure method.

Example 1. ***The patient is 63 years old. The list of diagnosis contains the following data: CHD (coronary heart disease), myocardial cardio-sclerosis; the sinus node syndrome, tachyo-brady form.***

Tue Jan 28 1997 01:38:51 AM

Model 56

Independent variable	**coefficient**	**std. error**	**t-value**	**sig.level**
CONSTANT	81.455944	6.060211	13.4411	0.0000
TRd	– 34.642236	7.441908	– 4.6550	0.0006
VBs	12.413338	2.701635	4.5948	0.0006

R-SQ. (ADJ.) = 0.7213 SE = 3.950517 MAE = 2.594351
DurbWat = 2.658
25 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The patient complains of recurring reduction of the number of heart beats to 40-50 beats per minute, which is sometimes changed for the fits of tachycardia with the Heart Rate of over 100 heart beats per minute, while his normal Heart Rate is equal to 50-65 beats per minute. Holter monitoring showed the migration of the pacemaker from the sinus nod to the auricles and the A-V junction, with the periods of bradycardia when the Heart Rate falls to 38 beats per minute. At the same time, during the short paroxysms of atrial tachycardia the Heart Rate reached 115 heart beats per minute. 25 tests were made in the course of observation, with the parallel registering of the Heart Rate. Model 56 presents the results of the regression analysis.

The model's prediction reliability coefficient is equal to 72% (Rsq=0.72) and both components have pronounced (t>4.0) influence on the Heart Rate coming from the gall bladder channel (on the left) and the triple heater channel (on the right), but with the opposite signs. The diagrams of their regulatory influences are presented correspondingly I figures 58 and 59.

Fig.58

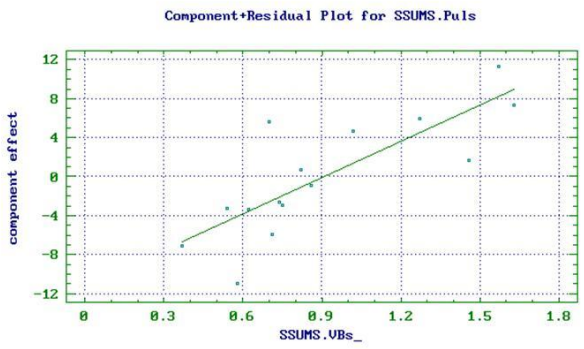


Fig.59

The general formula of the Heart Rate channel regulation for this patient is the following:

Heart Rate = 81 + 12VBs – 35TRd

In this model the values of the gall bladder channel's scaled indices are above 1.0 (this value is obtained by dividing each channel's absolute value by the averaging index of the whole test) while it is in hypo function. This fact leads to the increase of the Heart Rate with the influence factor equal to 12. The shift of the channel's indices to the values below1.0 is accompanied by the decrease of the Heart Rate, proportionally to the degree of the channel's hyper function and its influence factor.

The triple heater channel exercises the strongest influence on the Heart Rate in this model. Its influence factor with regard to the Heart Rate is equal to 34. When the channel is subjected to certain kinds of exposure, which shift it into the state of hyper function with the scaled indices values below 1.0, we will observe the Heart Rate increase. Its shift into the hypo function will lead to the clear decrease of the Heart Rate. So, these channels function as peculiar controls, with the help of which we can exercise influence on the Heart Rate in the wide range of its meaning.

In the course of one of the observations, the Heart Rate grew up to 100 beats per minute. The following test results were obtained in that case:

P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	Channels
6	11	13	5	8	11	9	12	10	18	322	36	right
10	10	13	10	7	14	13	11	11	35	13	25	left

Since the general pain threshold can change in the course of observations, it is necessary to reduce the obtained results to the same denomination to compare different observations. The procedure consists in dividing the indices by the averaged value for every test.

For example, the sum total of the 24 channels indices is equal to 343; the averaged index (343: 24) is equal to 14.2 conventional units. The TRd scaled value is equal to 0.35 (5:14.2=0.35). The VBs scaled value is equal to 2.4 conventional units.

Thus, the general formula is: Heart Rate = 81+12x2.4-35x0.35 =98 beats per minute, which corresponds to the clinical picture. Besides, this test confirms that the presented model reflects real inter channel relations at the given time of the day and covers the whole totality of the other channels biorhythms.

We used a stimulating coercion of the modulated infrared radiation on the gall bladder channel left 'input-output point, applied in accordance with our routine method, to arrest the tachycardia attack.

30 minutes after the exposure, the Heart Rate decreased to 72 heart beats per minute due to the increase of the gall bladder channel's energy activity on the left from 2.4 to 1.42 with the parallel decrease of the triple heater channel's activity from 0.35 to 0.65.

In this case, the calculated Heart Rate = 81 + 12 x 1.42 – 35 x 0.65 = 75 heart beats per minute.

Here are the results of another test performed on the same patient at the moment of bradycardia attack, when his Heart Rate was equal to 50 heart beats per minute, as well as the data, which reflects the effect of the therapeutic exposure:

Before the exposure

P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	Channels
8	5	7	9	6	5	7	5	7	13	17	16	On the right
6	7	5	4	3	6	8	9	10	6	24	15	On the left

After the exposure

P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	Channels
7	7	6	6	5	5	7	6	8	8	8	11	On the right
7	10	8	7	4	6	6	8	13	10	9	18	On the left

The some total of the test indices before the exposure was equal to 198, the averaged index was equal to 8.25 conventional units.

The calculated Heart Rate value = 81 + 12 x 0.72 – 35 x 1.09 = 52 heart beats per minute.

This result confirms the correctness of the chosen model for the given period of time.

The best way to increase the Heart Rate, taking the above formula into consideration, is to transfer the TRd channel into the state of hyper function. It was done by exercising modulated infrared radiation on the channel's 'input-output point (Guang-chung), using the same mode of operation. 20 minutes after the exposure the Heart Rate increased up to 68 heartbeats per minute, and the results of the control test showed the increase of the TRd energy activity from 9 to 6 units (Akabane test). These facts confirm the stimulating effect of the exposure. The averaged test index was equal to 7.9 conventional units and the value of the Heart Rate, calculated with the help of the above formula, was equal to 71 beats per minute, which was in accord with the clinical data, available at the moment.

Example 2. One of our patients often complained of spontaneous headaches, which were not connected with any external factors. They were mostly localized in the area of the calvarium and the back of the head, and sometimes at the temples. Tests were performed at the moment of the attack and also when the patient didn't suffer from the headache. The patient estimated the pain intensity with the help of Robson scale: strong pains got 10 points, and the absence of pain got 1 point.

Model 55

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	– 0.456456	2.314597	– 0.1972	0.8444
Ps	2.220165	0.737171	3.0117	0.0040
Ed	– 2.342803	1.04124	– 2.2500	0.0286
TRd	3.593354	1.685573	2.1318	0.0377
Vs	1.232181	0.310369	3.9701	0.0002

R-SQ. (ADJ.) = 0.3544 SE = 2.287377 MAE = 1.786172
DurbWat = 1.535
Previously: 0.0215 2.249392 1.528155 0.052
28 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Model 55 shows how the channels activity changed, depending on the intensity of the headache. The model's reliability coefficient is rather high, if we take into consideration the subjective character of the symptoms evaluation (Rsq=35%).

The urinary bladder channel left branch has the most reliable influence (t=3.97) on the growth of the headache intensity. This fact, upon the whole, corresponds to the clinical symptoms of the headache localization within the limits of its projection. The headache might have been caused by disharmony at the sex hormones level, since the balance between the sexual energy storage and its consumption had been broken due to the excessive consumption of the Vs channel. The triple heater gets involved into the process with regard to destructive connections. That is why considerable changes of the Vs can provoke hemodynamic disorders of the attack order, such as tachycardia, the hypertension syndrome and the feeling of 'numbness', due to the derangement of the local blood flow.

The lung channel left branch hypo function is also known to intensify the headache (the reliability coefficient - t= 3.0). This kind of disbalance is usually connected with tissue hypoxia, provoked by the insufficiency of its saturation with oxygen. On the contrary, the growth of the stomach right branch hypo function, when the process of the food Tchi energy prevails over its consumption, contributes to the decrease of the headache intensity.

The patient is an intellectual. Strong headache was mostly caused by overstrain, and vice versa, the number of attacks decreased when the patient carried out some sort of outdoor physical activity.

To draw the line, we can say that the nature of this kind of pathology is purely functional and it is connected with the person's life style at large. We believe that the general reason of this ailment consisted in the defects of the process of forming of the pure nourishing Tchi, first of all at the level of the *earth* primary element system, due to the poor dietary habits, which lead to the food Tchi forming failure. Then, this shortage was aggravated by the lack of the air Tchi, which dramatically reduced the total energy flow into the *water* primary element. Hence, even insignificant consumption of the sexual Tchi in the sexual sphere (its influence reliability is the highest) brought about the general disbalance of the energy storage-consumption system. The urinary bladder dysfunction (along its destructive connections, to begin with) caused the repletion of the triple heater channel, which, evidently because of the arterial spasms, provoked the headache.

Therapeutic tactics, in that case, consisted in providing first aid and working out the prophylactics measures against the crisis.

We successfully used the exposure of the Ps and TRd channels 'input-output' points to modulated infrared radiation of the stimulating type to arrest the attacks of the headache in acute cases. This exposure contributed to the decrease of their indices during the control testing as well as to the reduction of their influence on this regulating process. The urinary bladder left branch was subjected to the exposure only if the difference between the Vs and Vd channels indices exceeded two times. If the overfall was less, the stomach and the lung channels

harmonization influenced the harmonization of the urinary bladder channel. As a rule, the headache disappeared 20-30 minutes after this kind of exposure. Sometimes, when the headache was especially bad, we used additional analgetic action through the BAPs of the ear, corresponding to the pain projection of the moment (the area of the forehead, the calvarium, etc.).

According to the patient's own empirical observations, normalization of the dietary habits and the improvement of the diet quality also contributed to the decrease of the headache. The test data showed that the patient's stomach channel left branch usually got into hypo function right after food intake. This shift transformed the whole energy situation into the positive one. So, the main prescriptions for that particular patient included orderly dietary habits and out-of-doors exercises, which were supposed to provide a sufficient amount of the pure Tchi for his organism in the long run.

This observation helped us to confirm the ancient truth, that the person's life style influences the formation of pathology, once again. Our conclusions have nothing in common with usual general phrases, as they are based on real parameter measuring. Our bioenergetics models are based on mathematical analysis, which determines the main channel factors taking into consideration the affection laterality. Only this kind of integral, multi factor individual model permits to get reliable results in the course of treatment with the help of the body's energy correction at the channel level.

***Example* 3.** Patient P. is 49 years old. He suffers from recurring paroxysms of sinus tachycardia. The patient has been taking different kinds of medicines for a long period of time without any visible effect.

We built the patient's individual model of the influence the channel system had on his Heart Rate (model 54) on the basis of the dynamic testing results. All the 24 channels were included in the initial model, which permitted us to define their sign and the reliability of their participation in the regulation of the Heart Rate.

Model 54

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	102.029439	8.87097	11.5015	0.0000
Fd	– 20.519443	8.275618	– 2.4795	0.0306
Vs	– 4.747964	1.248615	– 3.8026	0.0029

R-SQ. (ADJ.) = 0.3902 SE = 5.932660 MAE = 4.378150
DurbWat = 1.507
44 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

Later, we reduced their number to two, using the method of single-step regression. As for the final model, it includes only those two channels, which were the most important in that particular case. When people are in good health and have a normal Heart Rate, the latter is controlled mainly by the regulatory systems, which possess quick reaction, so the summary level of the two channels influence on this function is not very high. In fact, it is equal to 39% (Rsq = 0.39 with the significance level, in accordance with Fisher's F-criterion, equal to 4.00).

A more subtle analysis of the regulatory influences sign needed a conceptual elementwise model of channel regulation, which is presented in figure 60. The model takes account of the 24 channel branches influence signs, presented in the initial table. Since each channel regulatory influence sign can be '+' or '-', the signs can be presented as dipole terminals, due to the fact that dipoles exist at the level of the five primary elements system at large as well as at the level of its separate elements.

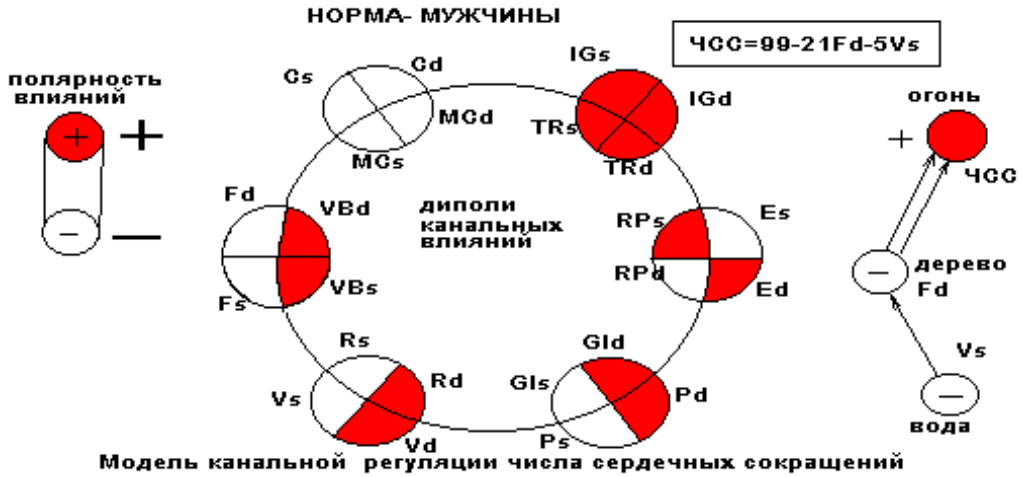


Figure 60
Heart Rate channel regulation model
1. THE NORM FOR MEN
2. Influence polarity
3. Heart Rate =99-21Fd-5Vs

4. channel influences dipoles
5. fire
6. Heart Rate
7. wood
8. water

Considering the situation at large we can find a balanced common dipole. It happens when the number of the channels with the '+' influence is equal to the number of channels with the '-' influence. At the same time the dipole terminals of the *fire* primary element system include four channels each, while the dipole terminals of the other primary elements systems possess only two channels each. Our conclusion is that the situation points to the functional character of the pathology, and discloses the system's good spare capacities.

In the case of men, the Heart Rate regulation function refers to YANG ones. The strengthening of *fire* will lead to the increase of the Heart Rate, while the strengthening of *water* will lead to its decrease. Normally, men (YANG) tend to have the increased Heart Rate in comparison with women (ING), for whom bradycardia is more natural. So the main strategy of the Heart Rate regulation for a man, disposed to tachycardia, consists in weakening his YANG through strengthening his ING by means of the urinary bladder left branch ING energy potential growth. In this case direct destructive connections, directed from the *water* element begin to influence *fire* as well.

The presented model clearly shows that the primary elements dynamic balance is fragile and that a slightest change of activity on the part of any channel, especially that of the 'border layer' (Fd), will result in the general dipole disequilibrium and in the change of a particular physiological parameter characteristics.

The patient admitted to taking strong drinks and this fact must have lead to the 'border layer' system's regulating function instability, mostly induced through the liver channel right branch. Besides, the patient's sexual activity was very low. According to our observations, in the case of men, sexual activity results in the urinary bladder channel left branch hypo function growth. On the contrary, low sexual activity leads to the growth of the channel's right branch hypo function, as the sexual energy storage prevails over its consumption.

The patient was successfully subjected to several séances of therapeutic exposure with the aim to increase his Fd – Vs indices.

***Example* 4** presents the case of a 52-year-old female patient. Her list of diagnosis included exertional angina (pectoris) 3 f.k., essential hypertension of the second stage and the brady form of the sick sinus syndrome.

The patient complained of slow pulse, 40 beats per minute, fits of dizziness and heartache. The EKG shows bradycardia with the Heart Rate of 52 beats per minute. Background testing, conducted under Holter monitoring showed the following results:

CHANNELS /background preliminary testing/

Time	**P**	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**	
13/30	**14**	11	6	7	6	6	**11**	5	5	7	19	20	**D**
	7	6	8	5	5	4	5	7	6	10	11	27	**S**

/control test/

	P	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**	
14/00	9	6	9	7	6	4	4	4	6	11	6	22	**D**
	5	8	8	5	5	6	8	7	2	11	21	18	**S**

In this particular case, the patient had not been subjected to testing before, so we had no individual mathematical models of the channel influences. As it is usually done in urgent cases, we subjected to the exposure those channels, whose left and right energy indices showed pronounced asymmetry. The channel with pronounced hypo function was directly acted upon to stimulate the Tchi flow.

Since the test showed evident asymmetry of the lung and RP channels branches, the most rational and logical way of correcting this energy disbalance through the lo-points of the above channels. At 13.45 the da-du and gung-sung points of the RP channel on the right as well as the thai-yang and le-tzue points of the lung channel on the left were subjected to the modulated infrared radiation at the frequency of 28Hz and with the power equal to 4 conventional units. Twenty minutes after the exposure the number of the heartbeats increased from 50 to 62 beats per minute. At the same time, the monitoring showed that the test indices and the Heart Rate normalization were accompanied by the decrease of the number of the superventricular extrasystoles, which was observed till 11p.m. the Heart Rate increase effect could be observed till 10p.m. The results of the control testing, which was carried out at 2 p.m. showed normalization of the left and right branches indices of those channels, which had been subjected to the exposure. This fact proves the favourable effect of the exposure at the channel level.

***Example* 5** presents the case of a 62-year-old female patient. Her list of diagnosis included CHD (coronary heart disease), exertional angina (pectoris), essential hypertension of the second stage, bronchial asthma of the dysovarial variant and the cyst of the left ovary.

The patient complained of the recurring blood pressure upsurge up to 200mm of the mercury column and more. Holter monitoring showed that the average initial level of the blood pressure was 210\140mm of the

mercury column with all the clinical symptoms of a hypertension stroke. The background testing, which was carried out at 12.10 showed a pronounced asymmetry and dysfunction of the triple heater and the large intestine channels. At 12.30 therapeutical exposure of the modulated infrared radiation was executed through the input-output points of the GI channel on the left and of the TR channel on the right, in accordance with the suggested method.

The monitoring data, obtained at 1p.m., showed the blood pressure decrease to 160\110mm of the mercury column. This tendency lasted till 3 p.m. and was accompanied by a considerable improvement of the patient's state. Later the pressure rose to 180\130mm of the mercury column. Control testing, conducted t 2 p.m. revealed visible normalization of the test parameters, which proves the efficiency of the executed exposure.

CHANNELS Background preliminary testing

Time	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	
12/10	9	9	8	31	6	5	9	4	9	8	11	10	**D**
	11	21	13	19	7	9	8	7	6	8	8	12	**S**

Control testing

Time	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	
14/00	9	9	11	10	10	6	6	5	5	6	6	10	**D**
	11	8	8	12	8	9	8	6	5	6	6	7	**S**

10.2. Treatment and diagnostics round test

Having successfully realized the above-described principles of therapeutic exposure, we set about developing another method of treatment, which we believe to be very effective. We called it treatment and diagnostics round test (Pat. RU).

According to the U-SING theory there are multi-contour systems of positive and negative regulatory influences between the channels. In this connection it must be said that while carrying out the treatment with the help of the classical reflexotherapy and exercising influence on one of the channels, we seriously distort all the inter channel relations activated at the moment of the exposure. Thus, for example, while exercising restorative exposure on the lung channel, i.e. increasing its energy, we, at the same time, depress the liver channel, strengthen the kidney channel and, in a certain way, stimulate the spleen-pancreas channel – all through destructive connections. The change of these three channels energy, in its turn, will lead to new changes in the system, etc. However, in reality, such a chain of uncontrolled derived changes can lead to undesirable disbalance in comparatively 'fit' channels.

So, it is clear that the work with this system needs a fundamentally new approach to regulation. It seems logical that influence should be exercised not on the 1 or 2 most 'sick' channels, but on the whole system at large. The therapeutic exposure should be based on the knowledge of inter channel connections. It should be carried out in series, following the circle of energy regulation, and every channel should receive its individual dose in accordance with its energy needs.

The question arises – why nobody tried to do it before? The matter is that using a needle as an instrument of the exposure has a number of inconveniences. Even if one needle is used for every channel a patient will need 24 of them. But the most difficult problem is connected with defining the time of the exposure for every needle. Since the feedback principle of energy regulation is out of the question, it would be necessary to define the time of every needle action at random, relying only on one's own intuition and experience.

The use of a modulated infrared radiation source instead of a needle opens new possibilities. We can exercise therapeutic action on all the 24 channels in sequence, in accordance with their regulatory connections and energy demand. The time of the exposure, in this case, becomes a representative index of its energy condition at the moment of the exposure. If the desired effect cannot be achieved in one round, several cycles, which harmonize the whole system at large, can be performed.

Still, recently, we have been applying selective approach rather than executing action on all the channels. It is quite possible to restrict oneself to 3 – 4 channels, whose disbalance is the most pronounced (according to the results of preliminary testing). But, in any case, the exposure should be exercised step by step in the clockwise order, for example, RP → P → R → F, etc. Reducing of the required time of the exposure to some average values for every channel can be the signal of the termination of the exposure. However, it doesn't refer to the urinary bladder and the kidney channels, since, in compliance with the above given reasons, it isn't advisable to procure their energy parity with the rest of the channels.

We take the most stable channel, in terms of its energy condition, which, as a rule, is on the opposite side of the five primary elements with respect to the most problem one, to start the exposure. The most rational way is to start acting on the channels of the 'border inter dipole zone' (*earth, wood* and *metal* channels). Case history analysis, the results of clinical and instrumental examination, as well as testing results are used to determine the channel to start the exposure from. We believe that in the case of the liver channel dysfunction, it is advisable to exercise the exposure in the following order: RP → P →R → F. As a rule, by restoring the preceding energy connections, we create all the conditions to normalize the 'sick' channel's energy, even without contacting it directly. We believe this approach, which was practiced in ancient times as well, to be the most appropriate. The fact is that direct action on the affected system, whose compensatory potential is damaged, can lead to their further exhaustion and, in this way, to compensatory breakdown. By harmonizing the elements, which precede the affected channel in terms of energy, we create the necessary prerequisites for normalization of all the

connections and for applying the treatment based on mobilizing the body own resources. In this way the thesis, which claims that: “It is necessary to threat the man and not the disease” is implemented in practice. The following example serves to illustrate the principle described above.

The patient is a man of 38. The case was diagnosed as essential hypertension. Holter monitoring was carried out to register the patient’s blood pressure when he was in a state of a hypertensic crisis, with the arterial pressure rising up to 180/120 mm of the mercury column. Background preliminary Akabane testing, performed at 9 a.m., was followed by a treatment and diagnostics round test 15 minutes later and the subsequent control Akabane testing at 1 p.m.

Time CHANNELS Background preliminary testing

9.00	**P**	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**
D	13	20	6	9	8	7	13	9	8	11	15	27
S	9	12	9	8	7	14	12	6	13	32	22	16

Treatment and diagnostics round test/ the time of the exposure in seconds/

9/15	**P**	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**
D	16	35	9	20	15	19	25	10	16	14	11	55
S	18	19	12	17	14	12	13	15	22	43	24	19

Control testing

13/00	**P**	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**
D	7	6	7	6	7	5	9	7	10	18	11	19
S	8	8	6	9	7	9	7	6	7	13	8	14

The background testing brought to light the hypo function of the lung and large intestine channels right branches and the hormone background disorder of the feminine type, i.e. the Vd indices are much higher than the Vs indices. At the same time, in the case of men, who suffer from essential hypertension, the blood pressure indices are determined by the state of the VB, GI, IGs, Es and Vd channels.

The background test generally kept in line with the common model of channel regulation of the ABP (arterial blood pressure). The exposure was carried out in accordance with a sequential scheme starting from the *earth* channel, going further to the *metal wood* and *fire* channels, finally ending by the *water* channel, since the channels of this primary element control the hormone system and perform the function of the biological pacemakers of the first order, which made the correction especially difficult. The exposure was exercised at the frequency of 28Hz with the power equal to 50%. In compliance with the prediction, the channels, which initially were in hypo function, demanded bigger energy replenishment, in terms of time. The degree of their energy emptiness also appeared to be much higher than according to the traditional test.

The control test showed the body’s energy balance general normalization. After the exposure, Holt monitoring registered a stable decrease of the ABP to 130/80mm of the mercury column during the day, accompanied by the normalization of the patient’s general state.

The method we are describing can be used as widely as, for instance, acupuncture, but unlike the latter it is non-traumatic, non-invasive and painless. Besides, it permits not just to treat the disease but also to restore the patient’s health at large.

Another important advantage of this method of correction is the fact that it is less dependent on the state of biorhythms at the given moment. Thus, if the previous methods, which applied the principle of the prognosticated exposure, needed constructing a preliminary model of a particular pathology and then performing a control test to check that it was adequate to the given moment of time, the principle of round exposure enables us to solve these problems in a more simple way.

This method of correction is the most effective when used in the case of multi system pathology and stress, when several primary elements are affected and when the preliminary testing shows unvarying parameter values, which point to the marked tension of all the regulatory mechanisms and to the absence of free *Tchi* in the organism.

10.3. General strategy of diagnostics and treatment

Nowadays there are two opposite views of the causes and the essence of illness.

Thus, western medicine mostly deals with those diseases and pathogenic agents which yield to identification and which it tries to isolate, modify, regulate or exterminate. The treatment starts from defining the symptoms. The search of the mechanism that provokes the symptoms, i.e. the search of the particular cause of the disease, follows. An accurate diagnosis is the culmination of the first stage. It presents a detailed quantitative description of some particular type of pathology. Once the case has been diagnosed, the essence of the treatment consists in isolating or exterminating the cause of one single disease.

On the contrary, a Chinese practitioner, who possesses the knowledge of the ancient ideology, directs his attention to the patient’s general physiological and psychological condition. Diagnostics and symptomatology become one indivisible whole until the ‘structure of the disharmony’ at the energy level is found, including the locality of the channel system affected parts.

Western medicine defines two stages of the development of any disease: the stage of functional disorders, and the stage of clinical and morphological disorders.

Chinese medicine names three stages of the disease. First of all come energy disorders, which are followed by functional and clinical ones.

The view held in the East is that as long as the energy can flow freely along all the channels of the system, maintaining a stable level and a certain degree of purity, the person enjoys good health. The diseases crop up and all kinds of organic lesion develop if the flow of energy is restricted, if Tchi becomes stagnant; if its purity is upset, if the level of Tchi is either insufficient or, vice versa, excessive. A disease is treated as a failure to restore stable equilibrium and harmony in the channel energy system (Yang-Zungmin, 1997).

So, while western medicine defines the beginning of a disease as a functional disorder of some particular organ or system, eastern medical tradition places it with an earlier stage, i.e. according to eastern conceptions, the disease starts with the appearance of energy disbalance, which precedes external manifestations.

Unlike in the West, eastern methods of diagnostics do not look for the essence of a particular disease or its accurate morphological reason. They describe a disease as a constellation of its symptoms. Usually their final diagnosis singles out one major symptom, which gives an almost poetic, but quite suitable for practical work, all-embracing description of the disease at large. For example they may define a disease as, resulting from the lack of *wind*, or lack of *water*. The words *water* and *wind*, in this case, have a very wide and capacious meaning, incommensurable with the physical notions of water or wind.

This kind of diagnosis reveals energy excess, insufficiency or emptiness of certain channels at the primary elements level. Successful treatment involves, identifying the affected channels in the system of a certain primary element, taking into consideration the laterality of the affection, as well as normalizing the free flow, the level and the purity of the Tchi energy.

There are three factors, which can provoke the illness. They are: bad influences, emotions and the way of life. Strictly speaking they do not cause the disease, they create a certain favourable 'climate', for its rise – first at the energy level, then at the level of functional disorders and finally at the organic level. As a rule, the disease appears when a recurring, unfavourable for this particular organism, period of time combines with hereditary predisposition and the above- mentioned provocative factors. So, the time factor, regarded from the position of the periods of time, critical for a particular individual, is directly responsible for the rise of the disease. According to our observations, these periods of vulnerability are in many ways connected with the signs of the zodiac and individual astrological forecasts.

Supposedly, there are six harmful external factors: the wind, the cold, warmth, humidity, dryness and the summer heat (Kaptchuk, 1983). According to Chinese doctrines, their sudden strong influence, especially if it happens during the critical period of time, breaks the body's energy balance. We have formed a somewhat different opinion. I have long been observing a patient, whose arterial blood pressure rises dramatically in windy weather. During these periods his test shows a pronounced asymmetry of the VB channel. How can this paradoxical connection hardly be explained? Science still has great doubts as to what factors contribute to the change of weather.

The Earth behaves as if it were an unpredictable living organism, and more and more often weather forecasts do not come true. According to the torsion theory, a continuous stream of in formation gets to the Earth from the depth of the Universe. This information stream, in the first place, interacts with water, in which the information is registered, and modifies its phase states, causing storms, tempests, rain or snow, which might be accompanied with wind. The Earth has the structure of an energy ING and YANG dipole with the peaks at the poles, which can be further subdivided, just like man, into 5 primary elements-continents, which may behave in absolutely different ways at one and the same moment of time. That is why a certain energy package from the outer space can activate certain fractals of the Earth surface, causing wind, and, at the same time exercising influence on the five primary elements in the structure of the person, sensitive to this command, will result in the VB channel dysfunction, which will lead to the rise of the arterial blood pressure. Selective sensitivity to different weather factors is determined by the sign of the zodiac as well as by the features acquired in the course of life. In general, defining the dependence between the wind and arterial hypertension, whose genesis is still unknown to contemporary science, the Chinese united them into one notional construction- 'the disease of the wind'. Following this principle, other disease can be accompanied by other climatic phenomena, since all things in our world are interrelated.

Eastern medicine affirms that emotions and mental health exercise influence on all the functions of the body. Therefore, Chinese practitioners apply the same conceptual method both to psychic and physical diseases, as they influence the channels in the same way. In comparison with the previous centuries life of modern man has improved greatly. It has become much more comfortable. People eat well; they are warmly dressed and live in comfortable houses. But, on the other hand, psychic burden and stress factor have increased. That is why the psychosomatic scenario of disorders often plays the leading role. Many diseases result from the general weakness of the organism due to some insignificant reasons, for example, as the consequence of continuous getting slightly cold.

As for people's lifestyle, neither western nor Chinese doctors have any doubts about its importance. Dietary habits, physical and sexual activity together with the general state of the nervous system are the most important factors, which influence people's health.

Other kinds of external influences, for example, casual injuries, are treated by Chinese practitioners as less important.

It has been known since ancient times that any pathology usually develops in the clockwise circle of the five primary elements energy circulation. For example, it passes on from the *earth* to the *metal* and further to the

water, etc. If the disease has affected all the five primary elements, it means that the life cycle of the patient has come to the end, since the reserve capacities of his five major regulatory structures are completely exhausted. Therefore, the 'markers' of channel damage should be looked for in the process of compiling the case history in the course of physical inspection and instrumental examination. Any kind of pathology leaves a trace on the body, but not every doctor can read it. The art of healing consists in reading these hidden signs. It is based on experience and intuition.

On the other hand, it is more expedient to conduct the treatment in accordance with the above-mentioned principle, i.e. 'to treat the patient, not the disease', and in the same order as the pathology itself developed. Here is an example to explain this idea.

A 42-year-old female patient complained of recurring palpitation seizures with the Heart Rate exceeding 160 beats per minute, periodical aches in the neck portion of the vertebral column, headaches, localized at the back of the head, shifting aches in the areas of the shoulder and elbow joints, constipation and abnormalities of menstrual period. The woman had undergone repeated treatment with the following diagnoses: rheumatism in the non-active phase, myocardium cardio sclerosis, tachycardia paroxysms, spastic colon, and chronic cystitis.

It was found out from the case history that when a child, she was frequently subjected to tonsillitis, was repeatedly laid with pneumonia at the age of 8 – 10, underwent appendectomy at the age of 12, had been suffering from chronic cystitis since the age of 14 and had had tachycardia attacks since the age of 38. The patient's test data is presented in table 13

Table 13

	CHANNELS											
	P	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**
right	8	21	5	6	6	5	28	4	5	8	6	7
left	11	6	6	5	2	8	6	5	6	6	8	38

The test shows a marked asymmetry of the right and left branches indices of the following channels: the spleen channel (which is responsible for the immune system and for the pains in the joints), the large intestine and the heart channels (which control the heart rhythm) and the urinary bladder channel (which accounts for the pains in the vertebral column, headaches in the back of the head as well as for the sexual hormone background, which in this particular case, manifests a man-type disorder, i.e. Vs indices are considerably higher than Vd ones). All these indices are quite commensurable with the facts about the pathology development given in the case history as well as with the laws of energy interrelations in accordance with the theory of the five primary elements. The model of this particular pathology is presented in **figure 61**.

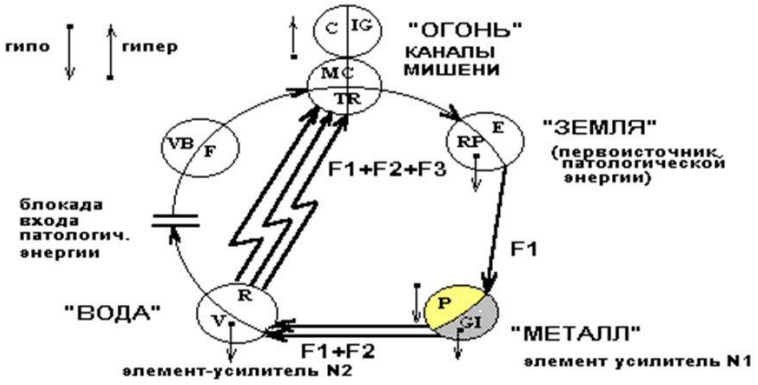


Fig.61

hypo ↓ ↑ hyper

1. Protective entrance block against pathologic energy
2. 'FIRE' – target channels.
3. 'EARTH' – the source of the pathologic energy.
4. 'METAL' - amplifier-element No1.
5. 'WATER' – amplifier-element No2

Thus, the primary lesion of the immune system in the childhood (the spleen channel), whose 'markers' are tonsillitis and, especially, appendectomy, through direct energy connections, had lead to the lung channel hypo function and to the large intestine channel dysfunction. The regulatory function disorder of the first two primary elements, in its turn, caused the development of the urinary bladder channel dysfunction, accompanied by pronounces disharmony. The weakening of the *water* element had brought the channel into the state of hyper function through destructive connections only, as a result of the decrease of their inhibitory influence on the *fire* (there isn't enough *water* to put out *the fire*). This energy excess was regularly discharged through the heart channel during by way of tachycardia attacks.

So, in spite of the patient being rather young, the pathology had damaged four out of her five primary elements. The *wood* primary element was in great danger since there was shortage of *water* energy. Clinically, the situation might eventually lead to ventricle fibrillation or some other serious rhythm disorder.

The model permits to build an aetio-pathogenetic treatment regimen for this particular kind of multi system pathology at the channel level. In the first place, the scheme implies normalization of the patient's state with respect to the *earth* channels, the next channels to undergo the exposure will be, subsequently, the *metal* and the *water* channels and only after that, if there will still be a need, the *fire* channels should be treated directly. However, we know from our own experience that systematic normalization of the primary elements, which precede the affected one with respect to its genesis, leads to the disappearance of the symptoms of the underlying disease. If the character of the pathology is purely functional, and if it involves only one primary element, one or two therapeutic séances, provided that they are well grounded, can be enough to eliminate it. During the exposure we, kind of, remove the obstacle from the way of the life Tchi flow. If several primary elements are involved in the pathologic process, we have to deal with several obstacles of this kind, and the Tchi flux force weakens considerably. Besides, if channel lock lo-systems and 'miracle' channels are also affected, energy plugs that develop in the main channels lead to asymmetry between their left and right branches. In this case, in the process of treatment, we don't limit ourselves to taking away the obstacles from the usual course of the Tchi flow; we often use roundabout collaterals to restore the normal energy flow, opening them by exercising action on certain BAPs. On the whole, our long experience of treating patients through the system of acupunctural channels has convinced us that energy, as a physical substance, is really in some ways similar to water from the point of view of its behavior ideology. In this connection the name 'acupunctural channel', from the point of view of its semantic meaning, fully reflects the nature of this system. The principle aim of the treatment is to harmonize the patient's channel system at large.

Any disease manifests itself through a combination of pathologic symptoms, which spoil the patient's life. For example, in the case of essential hypertension the patient is bothered not particularly by the increase of his arterial blood pressure. The things that really bother him are headaches, troubled sleep, constipation, nausea, etc. If in the course of the treatment we can gradually eliminate these manifestations of the disease one by one, finally it vanishes and the patient feels fine and this is the most important achievement.

The analysis of pathology development in modern conditions, from the point of view of the five primary elements, permits to distinguish between two main types of primary lesions.

1. The first group includes the diseases, connected with the metabolism function, which dominate in modern society and across which we came in 70% of our observations. They take hold of the organism by way of the food Tchi mostly through the *earth* primary element system. Here belong the diseases connected with inappropriate eating habits, and also allergies, provoked by low-quality food and harmful chemical additives. Another harmful factor, that can provoke the diseases, which belong to this group, is a low quality respiration Tchi of the air, which gets by way of the *metal* primary element.

When the primary lesion affects the *earth, the* diseases of the tissues are the first to appear. The *water* primary element is the next to be affected (if the pathology moves clockwise).

2. The second group comprises the diseases of a psychogenic character, which first affect the *wood* primary element and then, through the 'tree roots' (or the nervous system), they get hold of the whole organism. The primary destructive psychogenic factors in this case are excessive rage and anger. They first lead to the dysfunction of the gall bladder channels, which then is joined by the liver channels derangement and, as a result, the liver gets into the state of lateral hyper function. Liver hyper function, in its turn, deactivates sex hormones and provokes the development of disharmony at this level through the urinary bladder channel, which causes the *water* channels energy exhaustion, and as a result, *water* fails to neutralize *fire*. In the case of women, the *water – fire* system stable disharmony, mostly through the V – TR couple, is often accompanied by excessive weight (evidently due to hypothyroidism through the TR dysfunction). Besides, such cases are characterized by vegetovascular distonia of the hypertension type. According to our observations, the *fire* element hyper function, which is not counter balanced by *water*, leads to the development of various kinds of heart arrythmia, to cardiac infraction or to strokes, unless the energy is discharged through the small intestine channel.

In the case of men, the diseases develop in accordance with this scheme mostly as a result of a stress. First, sympathoadrenal system is affected through the kidney channel. Then the lesion spreads to the urinary bladder channel and is manifested through the depression of the sexual function. As a rule, the first manifestations of men's stress reactions are connected with the R and V channels hyper function. Then, the *fire* channels are affected through destructive connections. The TR channel lesion, at that, often leads to blood circulation insufficiency. The C channel lesion results in the development of arrythmia. The combination of the MC and F channels lesion causes cardiac infraction. A combined TR and RP channels lesion provokes the onset of strokes. The degree of the pathology intensity, in all these cases, is proportional to the degree of the asymmetry between the channel's left and right branches.

In the case of stress, due to channel interrelations, the R and V channels hyper function often gives a peculiar kind of testing results, which we named a 'rigid test'. In the case of a 'rigid test' we deal with stable, monotonous index values. The test gives practically no information. It should be noted, that such results are usually obtained while testing very old people, whose channels activity is minimal and the corresponding physiological systems are exhausted. Similar results are also shown when the general circulation of the free Tchi in the body is badly affected, for example in the cases of oncopathology, aggravated diabetes, etc. The

shortage of the free Tchi, for the replenishment of the system, intensifies inter channel regulatory connections, due to which the energy resources of every channel are closely connected with the energy resources of all the other channels. Sometimes, this picture can be observed when the patient takes tranquilizers and soporifics, whose presence in the organism has a considerable effect on the pain temperature threshold. It is also quite possible that the effect of these kinds of medicine is not limited to the patient's sensations but in some way spreads to the channels energy potential. Anyway, this problem needs studying.

To relieve the stress reaction in the presence of transitional energy processes within the channels, the best effect is achieved by acting on the 'collar zone' (da-dju, da-djuy BAPs, etc.) with the help of the mai-hua-djang method, a clustered needle or modulated infrared radiation. In this case, strong pathologic inter channel connections are broken, the results of the test look natural and the patient's stress reaction is relieved at the level of the organs.

Example. A 64-year-old patient complained of troubled sleep, high nervous tension, cardiac fibrillation, all of which appeared after a psychic trauma. The patient admitted to taking tranquilizers and soporifics every day.

Table 14

	P	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**
D	6	7	5	5	4	6	6	6	5	5	7	8
S	5	6	5	5	4	5	6	8	6	8	6	6

Table 15

	P	**GI**	**MC**	**TR**	**C**	**IG**	**RP**	**F**	**E**	**VB**	**R**	**V**
D	6	6	7	6	6	8	31	36	6	27	8	1
S	9	8	6	16	9	9	12	9	5	9	9	1

Table 14 presents the results of the test, used for the patient's initial examination. Monotonous channel indices create the general picture of the 'rigid' test. The patient was recommended to give up tranquilizers and soporifics in order to get the necessary therapeutic effect. The clustered needle therapeutic action on the 'collar zone' of the patient's cervical section (in the da-dju, da-djuy BAPs) was performed as an emergency measure.

Table 15 shows the results of the test to which the patient was subjected an hour later and which radically differ from those of the initial test. It looks as if some rigid regulation contour was taken off the channels and each of them appeared in its natural state. The main pathology, shaped as cardiac fibrillation, can be traced through the heart and the triple heater channels. A pronounced general dysfunction of the spleen, the liver and the pancreas channels points to the possible presence of pancreatic diabetes (the results of the purposeful examination soon confirmed our diagnosis).

In the course of further treatment, several modulated infrared radiation exposure procedures considerably normalized the patient's energy portrait. His sleep was restored, and his permanent cardiac fibrillation transformed into a transient form with rare paroxysms.

The initial lesion of the dipole basis at the *water* and *fire* level is not a frequent case, especially when it comes to young and middle-aged people. One of the exceptional reasons for its development can be a psychic trauma in the childhood, which results in the kidney channel damage. The clinical consequences of this sort of damage usually appear at the mature age and take the shape of urolithiasis, for example. Sometimes, the initial lesion may later develop into the persistent hearing impairment or some skin manifestations, like persistent impetigo or total alopecia.

Other provocative factors of a primary element system lesion are drug and alcohol addiction, which affect, according to the data we possess, the urinary bladder channel, with all the inevitable consequences. The *water* and *fire* primary elements functional disorders are caused by either a heat injury or as a consequence of getting too cold.

10.4. Diagnostics algorithm based on the test data

In our opinion, the philosophy of the present diagnostics must rely on fundamental differences between the state in norm and pathology which follow from the general theory.

It is this pathway of looking for the fundamental differences between norm and pathology at the level of bioenergetics that we have chosen. Guided by this principle, in the course of many years' work we elaborated a multi-level system of diagnostics' algorithms which can be reduced to the following steps:

1. *The evaluation of the activity of the principal energy dipole as an integral index of the general activity of the human system and the amount of energy reserves*. At this, the optimum correlation between the activities of the poles of the *fire* and *water* dipole repeats the *golden section* in a proportion 1.62 which corresponds to 38% and 62% of the activity.

The excessive activity of the *fire* meridians is generally observed in youth and leads to the general instability in the human system at the level of physiological and psychic processes and excessive emotional lability. From the viewpoint of the treatment strategy at the level of bioenergetics it is a preferable situation since there is excessive energy which can be used for harmonization of the energy profile.

An opposite situation, when the ratio of the dipole's pole approaching 50% to 50% is observed in aged persons with vegetative dystonia or low activity of sex hormones in their systems. Such a situation is generally accompanied by the *rigidity* of the test's indices when all the values are approximately equal. In this situation it

is difficult to borrow energy from the redundant meridians for the sole reason that they are nonexistent. The main correcting principle consists in increasing the values of the indices of the meridian of the urinal bladder (V) and kidneys (R) by increasing, in the first turn, those of the indices of the channel of lungs (P) and large intestine (GI).

2. *An estimation of the asymmetry between the left and right branches of meridians*. The presence of such pronounced asymmetry on the meridian is the principal symptom of pathology. We proceed from the following structure of estimates.

Asymmetry of 10 to 20% is a physiological one and mirrors normal processes of assimilation and dissimilation in the human system.

Asymmetry of 20 to 38% is generally the sequence of pronounced functional or initial organic disturbances.

Disturbance of 38% and more corresponds to pronounced organics or marked functional disturbances.

The difference of organics from the functional disturbances is expressed in that organic disturbances are stable in dynamics of observations whereas funtional ones are transient, especially, under the action of treatment.

When evaluating pathology from the level of asymmetry of indices, it should be remembered that, referring to the meridians of lungs (P), the right branch generally shows indices by 30 to 40% greater than the left one. This asymmetry correlates with the level of saturation of the blood haemoglobin with oxygen. The greater is the saturation the greater is asymmetry.

Another exception from this rule is associated with the meridian of the urinary bladder (V). The asymmetry degree is very much dependent on the level of the individual's sexual activity and his (or her) sexual hormonal background. It must be noted that in males (the *Yang* sign dominating) the indices of the left branch should exceed those of the right branch. In females (the *Yin* sign dominating), we observe an opposite regularity (D>S).

3. *A comparison of the activity of a meridian with the number of points on it.*

We have established that predominantly at a young age the sum of the testing pulses referred to the left and right branch of a meridian is equal or proportional to that of the points on the meridian. At an older age there occurs a process of closing points on the meridian due to the lessening of the information bonds with the general torsion field. That is why, getting older, the proportion is on the whole preserved, yet the transformation coefficient decreases. In the case of distortion of the general energy profile's configuration of a definite meridian we must think of the functional insufficiency of a definite organ or physiological system related to this meridian.

4. *The evaluation of the structure of inter-channel relations at the trigons' level.*

Since in the given test the values of the proportions agree with the number of the points on a meridian, then it is possible to assess pathology at the level of the *Yin–Yang* relation of the hand and foot meridians forming 4 trigons. Note that the summed indices of the hand Yang meridians should be equal to those of the foot Yin meridians, and the sum of the indices of the foot Yang meridians should be five times the sum of the indices of the hand Yin meridians. The violation of these proportions can be corrected effectively through acting on the group *Lo* points.

5. *The evaluation of the correctness of the test in technical terms.*

This is an important item to assess the quality of testing, paricularly, when it is carried out by the patient. We have established that, despite constant changes of the indices, sometimes, by a factor of manifold, the relation between the sums of the right and left branches of the meridians varies in a proportion 50 to 50% within a small error of 2 to 3% (generally to 5%). If a test is misconducted, then these fluctuations are much greater, exceeding 10%.

6. While appraising the patient's state in the course of observation, especially, when the patient is subjected to standard stress testing, it has been noticed that sound channels have a small range of index deviations, while a 'sick' channel has a wide range of parameter changes (**Fig.62**). It is connected with the fact that a disabled system has a regulatory disorder as a result of a compensatory potential failure and, consequently, a less rigid regulating contour. This principle of pathology detection has high specificity and is easy to apply.

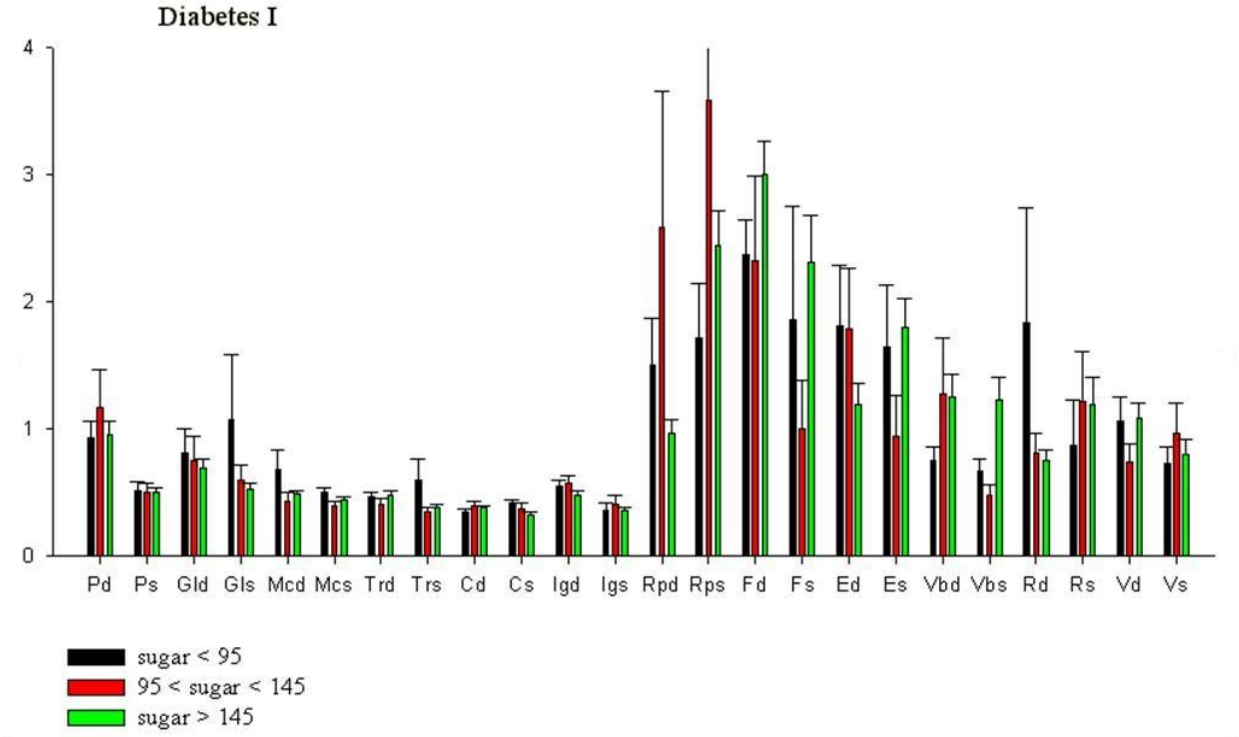
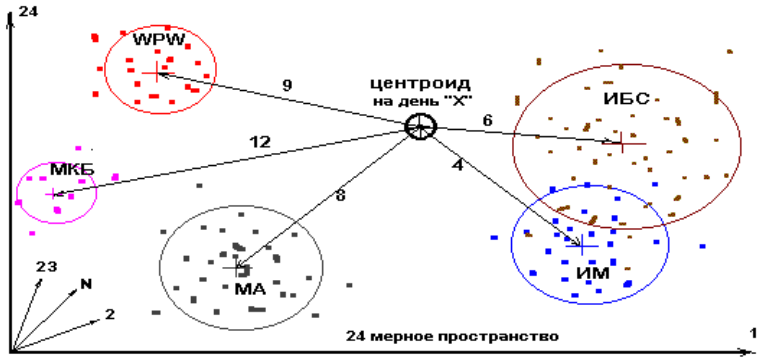


Fig.62

7. Given a pronounced asymmetry at the level of the right and left meridians, the branch of the meridian whose temperature sensitivity threshold is higher is compared with the results of modelling its effects on various physiological and biochemichal parameters. Thus, by referring to these concrete data, it was first possible to conduct standard European diagnosis taking into account analysis of the physiological and biochemichal changes in the human system.

8. European diagnosis, especially when pathology manifests itself in the form of organic changes at the level of an organ or a physiological system can be established with quite a high degree of precision with the help of discriminant analysis. Every stable pathologic state, which manifests itself through a disease, can be represented as a kind of an attractor with stable energy, which can capture a system with unstable energy. This attractor has certain co-ordinates of its epicenter (of a centroid) in the 24-dimensional mathematical space



(**fig.63**).

Fig. 63

It will also be in accord with a certain ratio of Fibonacci figures, which reflect the results of the channel testing. To realize this principle it is necessary to have a 'teaching group' with a set of tests obtained from the patients with different verified diagnoses. If we, now, take a patient with an unestablished diagnosis and define his position within this coordinate frame, we can judge, depending on how close it is to a certain centroid, about the intensity with which this or another disease manifests itself in his body-system.

In practice, we constructed such centroids, including those of the norm, of the WPW syndrome, of the weak sinus syndrome, of the A – V block, of the myocardial ischemia and of the cardiac infraction, on the basis of comparatively small 'teaching' groups (including from 22 to 64 observations). The precision of the newly made diagnoses for the yet unidentified cases was 42, 27, 42, 48 and 27% correspondingly. This precision can be easily increased by extending the number of observations in the 'teaching' groups and by other real techniques.

Just for the sake of satisfying our curiosity, we composed a 'teaching group', which included people with different eye colour. Then we tested the patients, the colour of whose eyes was unknown. The most striking fact was that the tests permitted to define the colour of the patients' eyes correctly in 62 –84% of the cases. On the whole, the method reminds me of dactyloscopy, when a single fingerprint enables the detective to find any person. Since the main principle of eastern philosophy is 'everything contains everything', we can suppose that a fingerprint contains the person's individual channel portrait. All the sides of human nature are interrelated, just like everything is interrelated in Nature.

In our opinion, the idea of creating health-monitoring Internet centers for the purpose of further realization of the above described methods of diagnostics seems very promising. It permits any Internet user, providing he has got the testing device and has done a minimal course of testing technique (1-2 hours), to do his own testing and hand over the information to the regional data bank. The data bank personnel could perform the real health monitoring of the patients, comparing the received data with the 'teaching groups' and individual models. Since changes at the energy level are prior to functional, to say nothing of organic changes, the testing results could help to prognosticate and keep track of the most important physiological parameters, warn about the onset of a disease or a crisis state as well as monitor the most subtle biochemical indices, for example, blood sugar, with a high degree of accuracy (V.Mujikov, 2000). A patient, should the wish arise, could even correct his health condition, making use of an infrared radiation device and of a thoroughly calculated individual prescription, received from the health-monitoring center. So, we can witness the birth of a new medical monitoring and correction technology with extremely wide possibilities.

10.5 Strategy of the treatment at the channel level

1. As it has been already mentioned, it is very important to define the degree of influence of the primary lesion factor. The treatment should be carried out in the same sequence (in the clockwise order) that a particular pathology has been developing in time. In the course of therapeutic treatment, the channels in the state of energy asymmetry, hyper or hypo function, all of which are not characteristic of the main energy dipole normal functioning, should be corrected gradually, séance after séance, one after another, in the clockwise order. This is how gradual normalization and harmonization of the test results are carried out.
2. Stimulating action should be applied to the channel branches, whose degree of asymmetry is the maximum. In the presence of pronounced disbalance of this kind, therapeutic action is exercised in the case of emergency indications, with the due consideration of corresponding symptomatology.
3. In the case of a 'rigid test' the coercion should be aimed at breaking pathologic inter channel connections.
4. The final restoration of the patient's energy portrait and his life energy is realized through forming of the 'golden section' in the *fire – water* dipole. The manipulation itself seems to have a redecoration character. Nevertheless, if it is performed correctly the patient feels a burst of energy.

We hope that these simple rules will help the practitioners to choose the correct algorithm of diagnostics and treatment.

10.6. Methods of exercising therapeutic action on the BAPs of the ear

Therapeutic action of modulated infrared radiation can be successfully exercised on the ear auricle BAPs, since, as we have already mentioned, the ear auricle has projections of particular organs (liver, kidneys, womb, eyes, etc.), and different parts of the body (for example, the projections of different parts of the vertebral column, of the hip joint and other joints, of the neck, the chest, the abdomen, the forehead, the temples, etc.) as well as the BAPs, connected with particular physiological systems, which influence particular physiological functions (the BAPs of thirst, hunger, of the vegetative nervous system, of the brain, of the tonsils, of the appendix, etc.). Unlike in the case of the channels, whose anatomical address is rather indefinite, *the exposure, exercised on the BAPS of the ear, is directly addressed to particular anatomical formations and physiological systems. We can explain it by the channels being related to a particular fractal within the human body. The channel points, at that, have strictly determined and specified localization (topics) and designation, but the image of the addressee, subjected to the exposure, is somewhat blurred. If the therapy is conducted through the BAPs of the ear, the situation is quite the opposite. Now the address of the exposure realization is accurate, but the point itself, which is located in a certain fractal on the ear surface, is blurred. Even in the case of one and the same patient a BAP can keep shifting about a certain area of the ear. That is why there are a lot of schemes with different variants of BAPs location. But upon the whole, the combination of the channel and the auricular exposure produces a good cumulative effect, when one system complements the other.*

We can note that the auricular exposure is the most effective when used for the purpose of anesthesia. The principle of the exposure remains the same.

Let's assume that the patient has pains in the right hip joint. Taking into consideration the decussation of the nerve trunks, we exercise counter lateral therapeutic action, i.e. we exercise it on the left auricle. A microprobe is used to make sure that the choice has been made correctly. It is done by probing the areas of the hip joint points localization on both auricles.

Usually sharp pain, accompanied by reddening or even by a vesicle and a small ulcer (if the case is especially acute) is felt at the point, in which the process is the most developed. If the process has just recently started and has not reached the acute form or is localized in the area of the body medial line, it may fail to provoke the reaction on the auricle. In this case the exposure is exercised in compliance with the 'lefthander – right-hander'

principle. If the patient is a right-hander the exposure should be first exercised on the right auricle, and if he is a lefthander – on the left.

During the procedure the patient should be as relaxed as possible (he should be sitting or lying). He should keep his eyes closed, since it helps to concentrate on one's own sensations. Infrared radiation exposure is performed with an average power, at the frequency of 26 – 29 Hz. If there is inflammation in the BAP area, the procedure should be performed at a distance of 3 – 5 mm from the surface of the skin. If there is no inflammation, or when acting on the general profile BAPs, the exposure can be exercised directly on the skin but with a reduced power (in the function of a feedback) until the patient feels a slight tingle at the point of the exposure.

As a rule, if the BAP has been selected correctly, numbness is felt in the target organ projection area or in the part of the body at which the exposure is directed, within 40-60 seconds from the beginning of the séance. Besides, the patient may feel heat and a pleasant light vibration. At this moment either the exposure power should be reduced by 2 – 3 units or the distance between the source of radiation and the skin should be increased. On the average, the procedure should last from 3 to 7 minutes. The operator should be very careful, as the exposure overdose makes the pain return, or provokes a headache. We explain it by the fact that when the exposure is performed on the auricular BAPs the information gets to the organ directly through the brain, which is very delicate. So this channel should be treated with care and by no means should be overloaded. If the pain appears, for example, at the temple we shift the irradiator to the 'temple BAP' and expose it to infrared radiation until the pain sensation has disappeared, after which the exposure should be stopped.

Most frequently, we use this type of exposure to carry out primary anesthesia in the case of acute pathology. Thus, if the patient is suffering from an attack of radiculitis, it' s by this method exactly, by controlling the tension symptoms that we manage to reduce the pain sensations. After that we pass over to the standard method of channel testing with the help of Akabane test and identify the affected channel (as a rule, at the level of the channel energy, this particular type of pathology is accompanied by the pronounced asymmetry of the urinary bladder or the gall bladder channels indices).

After the diagnostics has been accomplished, we perform a standard procedure to increase the energy of the channel, which is in hypo function. Usually we use the lo-point and the preceding element BAP on the given channel to stimulate the low energy level channel. The effect of the local channel energy correcting exposure can be intensified by using the auricular 'urinary bladder BAP'. Apart from the auricular BAPs directly connected with this particular process, we usually use the auricular general profile BAPs as well (Sheng-meng, zero BAPs). In addition, taking into consideration possible abnormalities in the systems of the other primary elements, it is advisable to exercise exposure on the systems, which were involved in the process of the pathology development in the past or have changes at the energy level at the present moment. Thus, in the case of radiculitis, accompanied by the lesion of the urinary bladder, we can usually suppose disharmony at the sex hormones level, which we believe to be the main cause of osteochondrosis and radiculitis. That is why it is advisable to exercise additional exposure on the ovary and womb BAPs in the case of women or testis and prostate in the case of men. Usually it produces a positive pronounced cumulative therapeutic effect.

The clinical signs of the procedure success in the case of radiculitis are the absence of pain while moving, the appearance of a pleasant warmth and vibration in the leg, into which the pain might have shifted and further localization of these sensations at the lower part of the abdomen. This clinical effect achieved, exposure should be interrupted. Control testing of the patient is performed 20-30 minutes after the exposure. If control testing discovers disorders in some other channels, one more round exposure is performed, but this time, on the problem channels, which were recently discovered. It is desirable that the exposure should be repeated as many times as it is necessary for a considerable normalization of the energy system. So, we can see that even in the course of one procedure pain sensation and pathologic symptoms manifestations can be reduced (according to the patients) by 70-80%.

It happens so that the exposure at the channel level doesn't produce the expected normalizing effect. As a rule it happens if we deal with severe anatomical changes, for example in the case of disk hernia. Then the patient can be only relieved from pain through exercising anesthesia on the auricular BAPs with further operative treatment if the diagnosis is confirmed. Treatment regimens of this kind for other types of pathology can be developed by practitioners individually.

The final aim of eastern medicine is to maintain harmony and restore the balance of the Tchi energy in the systems of the human body. But this aim cannot be achieved once and for all. It's a life-long process or program, which people should follow.

Chapter 11.
The system of channel monitoring for pancreatic sugar diabetes

In the previous chapters we tried to show the connection between the channel system and the process of the body's major physiological parameters regulation. But the most striking discovery we made, concerned the

interrelation between certain channels' activity and the blood biochemical and regular elements. But let me begin from the beginning.

In the summer of 1998, I had an opportunity to give a seminar on this subject in Studgard, Germany. During the seminar over 30 of the attending practitioners agreed to be subjected to the testing procedure. The results, shown by one of the men, attracted my attention, since the parameter value of his PRd was equal to 84, while the number of testing pulses for the RP was 16. From our conversation I got to know that he had been suffering from I-type pancreatic diabetes for 20 years and was given big insulin doses, however, at that moment he had problems with regulation of the level of sugar in his blood. But for his high blood sugar level, we might have ignored this most interesting subject. Much depends on a mere chance. With his tests at our disposal, knowing that this type of asymmetry between the branches can be corrected, we carried out medical intervention. Since the patient also suffered from the 'syndrome of cold feet' and, according to his own words, had not been able to get his feet warm for years, we applied the intervention with modulated infrared radiation to other channels apart from the RPd channel. As far as I remember, the initial intervention lasted over 10 minutes, as the channels were almost 'empty'. About 30 minutes after the intervention had started the patient felt intensive warming-up in the area of both feet and shins, accompanied by a pleasant vibration sensation, which spread as far as the abdomen lower chakra. We have also registered the decrease of the sugar level without any insulin injection. We repeated this procedure during the next two days and succeeded in evening out the main manifestations of the disease.

On arriving in St Petersburg, still under the impression of that case, we decided to study the problem of pancreatic diabetes (PD) more closely. With this purpose in mind, we arranged and carried out the testing of patients while their venous blood was being taken for the biochemical analysis. By the winter of 1999 we have already tested over 180 patients. The preliminary computation of the tests gave amazing results. The reader must have noticed that earlier we were mostly interested in pathology of the essential genesis, whose nature and origin are not quite clear to contemporary medicine. Thus, we studied essential hypertension, the sinus node weakness syndrome, and the WPW syndrome. We chose that approach particularly because eastern medicine could solve the problems for which contemporary western medicine had no issue. Besides in the course of our research we gave a workout to the universal methodological approach to pathology mathematical modeling at the channel level.

Originally, any intervention, aimed at correcting the pancreatic diabetes patients' condition, seemed hopeless, since the available doctrines and observations easily and clearly accounted for its pathogeny, except, maybe, for one thing: what causes the illness and what factors influence its clinical course. However, the vivid impression of my German experience encouraged me. It showed that even warming the diabetic angiopathy patient's feet in the course of a simple intervention, would do them a lot of good.

The more cases we observed, the more sure we became that the choice had been made correctly. After a certain number of observations and after acquiring some practical skills we were able to see by sight, just by glancing at the test results, that the level of sugar in the patients' blood was directly connected with the pancreas and the liver channels activity fluctuations, irrespective of the diabetes type, which was especially true for those patients who had recently fallen ill. We also noticed that in case of successful insulin treatment, the changes evened-out and it was impossible to diagnose diabetes by the test results after an adequate replacement therapy against a background of normal sugar level indices. It is difficult to diagnose by sight the I-type pancreatic diabetes at its the acute initial stage. In this case the test often shows only the general stress reaction. Evidently, during this period the channel system is not fully involved into the regulating function and is in the process of self-adjusting after the major breakdown.

Mathematical analysis made a lot of things clear once and for all.

Model 47

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	313.98965	603.444984	0.5203	0.6068
Fire	6.840267	182.783456	0.0374	0.9704
Voda	3.781617	91.799823	0.0412	0.9674
Zem	3.256496	91.84086	0.0355	0.9720
Der	3.453837	92.478143	0.0373	0.9705
Met	0.890854	92.206623	0.0097	0.9924
VC	**– 12.674582**	**23.053581**	**– 0.5498**	**0.5867**
VG	– 4.31545	23.570555	– 0.1831	0.8560
d\t	**0.397344**	**0.591567**	**0.6717**	**0.5071**

R-SQ. (ADJ.) = 0.0000 SE = 4.776904 MAE = 3.261745
DurbWat = 1.916
60 observations fitted, forecast(s) computed for 1 missing val. of dep. var.

The first generalized models of channel influences were based on the test results of diabetes patients irrespective of their gender and diagnosis.

Model 47 shows, how the anteromedian (VC) and the posteromedian (VG) channels' five primary elements activity together with the correlation ratio of the injected insulin dose to the time that has passed after the

injection, influence the venous blood glucose level. Each primary element activity value is calculated on the basis of the correlation between the activity sum total of the channels that form the primary element to their number.

In this model, we were interested in the possible connection between large channel conglomerations at the primary elements level and the concentration of sugar in the patient's blood, in spite of the fact that the model's reliability was extremely low. The data, obtained by the modeling, showed that the correlation of the insulin dose to the time that had passed after the injection had the maximum, though doubtful influence on the blood glucose, which was to be expected. The anteromedian channel proved to be the second important with respect to the interrelation t-criterion and the coefficient of the influence on the sugar level. That model was a kind of a pilot balloon on the way to the depth of the energy system in the case of diabetes.

Model 48 shows the purely channel influence on the blood glucose level, without taking into consideration the channel branches laterality.

Model 48

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	11.09999	5.932366	1.8711	0.0693
VC	– 4.18261	4.03075	– 1.0377	0.3062
F	**13.878131**	**2.736802**	**5.0709**	**0.0000**
E	– 9.230855	4.367204	– 2.1137	0.0413

R-SQ. (ADJ.) = 0.3974 SE = 11.214341 MAE = 6.890254
DurbWat = 1.757
Previously: 0.3774 11.399304 6.922650 1.785
61 observations fitted, forecast(s) computed for 1 missing val. of dep. var.

This model's prediction reliability had already grown to 40%. With the help of the single-step regression method we discovered three main channels, which influence the glucose level. Thus, the increase of the liver channel indices, with a high degree of certainty (t = 5.0), leads to the glucose level growth, while the increase of the stomach and the anteromedian channels, on the contrary, leads to the decrease of the level of sugar.

The examination of the manifestations of channel influences in the heart of the system at the level of the main channels' left and right branches (**Model 49**), carried out in 1999, permitted us to obtain the group dependence for the I-type pancreas diabetes, the most significant from the point of view of practice with prediction reliability of 66%.

Model 49

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	17.323788	4.932497	3.5122	0.0012
RPs	**– 7.951568**	**2.381384**	**– 3.3391**	**0.0020**
Fd	**6.563005**	**1.311208**	**5.0053**	**0.0000**
Ed	– 9.123228	3.646809	– 2.5017	0.0170
RPd	**4.377225**	**1.371605**	**3.1913**	**0.0029**

R-SQ. (ADJ.) = 0.6648 SE = 8.364126 MAE = 5.653132
DurbWat = 1.925
61 observations fitted, forecast(s) computed for 1 missing val. of dep. var.

In this model, the liver channel right branch, whose hypo function leads to the glucose indices growth, has both the highest degree of certainty (t = 5.0) and the highest coefficient of the influence on the blood glucose. Next, with respect to the influence reliability, come the pancreas left and right branches. It should be noted, that the left branch has a double negatively signed component of the influence on the glucose level, while the right branch influence is positively signed. The stomach channel right branch also has a reliable negatively signed influence. So, we have got a kind of peculiar sugar scales. On one of the pans we find the positively signed Fd and RPd channels , which, with certainty, rise the level of blood glucose; on the other pan we can see the negatively signed RPs and Ed channels, whose hypo function , with a no less degree of certainty, brings down the level of the blood sugar.

From the point of view of contemporary biochemistry this channel mechanics is not devoid of certain logics. Glucose is produced in the liver, while the insulin is the product of the pancreas. A certain dynamic balance between them is natural.

The channel influence laterality is indeed the fine point of the regulation process. As the pancreas and the liver are not paired organs, and since no reverse functioning structures have been found by histologists and physiologists in their corresponding left and right halves, these models lead us to a certain ideological dead-end.

The question arises: which of the functionally opposite structures in the above, unpaired, organs can be referred to the left and which to the right channel branches?

It was just in the process of analyzing and trying to understand this data that it dawned on us: every organ and every piece of its substance contained cells with the torsion component of different orientation. These cells control the right and the left branches of one and the same channel at the same time. The liver and the pancreas

cells with the right side component, in the long run, increase the blood sugar level, if they are in hypo function, both in the case of men and women, while those with the left side component, on the contrary, decrease it. As for the glucose, it's a pronounced clock-wise light polarizing optical isomer – dextrose, and it must be produced in the liver cells with the clock-wise torsion component. Should it be levulose, it would be more likely to be produced in the liver cells with the left side component of channel influences.

The same happens in the pancreas, in which, at the islet of Largenhans level, histologists found two types of cells: alpha and beta. According to contemporary conceptions, the alpha cells are involved into the production of the glucagon , which stimulates the production of glucose in the liver and helps to oxidize fatty acids. The beta cells of the islet of Largenhans produce endogenous insulin, which contributes to the glucose entering the cells, where it is consumed. The models give grounds to suppose that the pancreas channel right branch is most likely to be connected with the right alpha-cells, whereas the left branch should be connected with the left side torsion component. In this way we can say that Nature has already foreseen a certain functional equilibrium between these two cells. We can judge about it on the basis of the two pancreas channel branches energy activity. Models, built for men and women separately, helped to increase their prediction reliability level. Thus, model 50 shows how the channels influence the level of blood glucose of women, who have type I pancreas diabetes. The model's prediction reliability coefficient has reached 75%.

Model 50.

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	23.881392	5.918608	4.0350	0.0005
RPs	– 6.106297	2.759818	– 2.2126	0.0371
Fd	**6.432937**	**1.32788**	**4.8445**	**0.0001**
Ed	**– 13.91464**	**4.019018**	**– 3.4622**	**0.0021**
Rd	– 4.004711	1.893141	– 2.1154	0.0454
RPd	**5.202921**	**1.436439**	**3.6221**	**0.0014**

R-SQ. (ADJ.) = 0.7522 SE = 8.393783 MAE = 5.667226
DurbWat = 1.814
Previously: 0.4522 12.480549 7.979804 1.556
33 observations fitted, forecast(s) computed for 1 missing val. of dep. var.

Upon the whole, the model repeats the major components of the previous one, including the choice of the channels, their influence polarity, etc. Besides, this model includes the kidney channel right branch, whose influence on the blood glucose level is certain, and whose hypo function results in the decrease of the blood glucose level. According to our observations, this channel joins the regulating process mostly, when the blood sugar indices are high. In this case, when the Rd channel is in hypo function we deal with sugar loss due to its diffusion from the blood into the urine through kidney membranes. So, we can say that this model is very logical from the point of view of modern biochemistry and pathophysiology. Model 51, based on the results of the venous blood analyses of 39 women (of the average age of 52), who suffered from the second type diabetes, showed that alongside with the reliable participation of the liver channel right branch, the large intestine and the posteromedian channel left branch hypo function ensured the increase of the sugar level. At the same time, the hypo function of the pericardium channel right branch and the urinary bladder left branch cause the decrease of this level. The decrease of the blood sugar level through the pericardium channel happens due to physical exercise, while the urinary bladder brings down the blood level by filtering the excessive blood glucose into the urine. As for the considerable influence on the blood glucose increase, supposedly exercised by the posteromedian (VS) channel, we can say that most probably its role is limited by forming general energy-balance failures at the level of the right and the left. So, this model reflects the more general disorders, characteristic of the type II diabetes.

Model 51.

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	7.327654	1.450743	5.0510	0.0000
Fd	0.392879	0.139362	2.8191	0.0081
GIs	5.520564	1.918687	2.8773	0.0070
MCd	– 5.344965	2.473209	– 2.1611	0.0380
Vd	– 0.371822	0.245483	– 1.5147	0.1394
Vs	1.478282	1.097076	1.3475	0.1870

R-SQ. (ADJ.) = 0.3729 SE = 2.230171 MAE = 1.652609
DurbWat = 2.319
Previously: 0.3699 2.235497 1.491330 2.506
39 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

In general, when we compare this model with model 50, based on the results of the venous blood analyses of type I pancreas diabetes women patients we, at once, pay attention to the absence of the pancreas in it. Nowadays, it's common belief that type II diabetes is not accompanied by the failures of endogenous insulin

production, therefore it's quite logical that the pancreas channel is not presented in the model. The channel whose influence on the glucose level increase is certain is the large intestine channel, which must produce some factor that provokes the glucose level increase. As new information became available this thesis got new proofs. But we got the most important proofs of the influence, exercised by the large intestine channel on the shaping of diabetes, quite recently, assessing the patients' blood S-peptide level. This test permits to assess the pancreas beta cells function on the basis of endogenous insulin secretion, since there is a pronounced correlation between the S-peptide increase and the endogenous insulin serum level. While in the case of type I pancreas diabetes the models showed that the endogenous insulin level was mostly determined by the pancreas channel, we got the following **Model (52)** for type II, insulin independent, diabetes, whose prediction reliability is equal to 64%.

Model 52

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	0.25721	0.439613	0.5851	0.5667
Pd	– 1.584151	1.045723	– 1.5149	0.1493
GId	**3.321098**	**0.765989**	**4.3357**	**0.0005**
GIs	**– 4.338186**	**1.19096**	**– 3.6426**	**0.0022**
MCs	3.309802	1.53676	2.1538	0.0469
TRs	– 4.055804	1.356595	– 2.9897	0.0087
Cs	– 0.073628	1.445216	– 0.0509	0.9600
IGd	2.843614	1.0484	2.7123	0.0154

R-SQ. (ADJ.) = 0.6464 SE = 0.732186 MAE = 0.440594
DurbWat = 1.494
Previously: 0.1423 1.140272 0.723586 1.234
24 observations fitted, forecast(s) computed for 0 missing val. of dep. var.

The model shows that the large intestine channel right and left branches have a high level of reliable (p =4.3; 3.6) influence on endogenous insulin secretion, the left branch hypo function being connected with the decrease of endogenous insulin production and the right branch being responsible for its concentration in the blood. The dependence, we have obtained, permits to suppose that the intestine microflora can have some influence on the level of endogenous insulin concentration in the blood, as well as on its activity, especially in the case of type II diabetes. To- day one of the ways to explain this fact can be as follows.

Millions of bacteria, which form their own bio-energy field, live in the large intestine. Normally we can observe their complete symbiosis with the man's system. The increase of the blood sugar concentration improves the conditions of the bacteria colony development and growth. Therefore, the development of type II diabetes can be as well treated as the factor of the bacteria colony aggression, which they undertake in the course of the fight for the improved living conditions. As the bacteria summary bio-field is the dominating factor in the formation of the GI channel's activity, bacterial flora can interfere in the energy exchange. The bacterial colony growth happens in cycles, which depend on a whole multitude of external bio-rhythmical influences, which the can selectively sense, as well as on the body's internal factors. This may be one of the reasons why the course of diabetes and even fluctuations of the blood sugar level may seem absolutely unpredictable. Still, according to our observations, it is always possible to prognosticate the natural fluctuations of sugar concentration of diabetes patients by controlling their GI channel activity, since the changes at the channel energy level always precede the clinical manifestations of the disease.

We also observed considerable influence, exercised by the large intestine channel on the course of type I diabetes. A similar mechanism of the pathology development may take place in this case as well.

The model (table 3) of the channel influence on the fructosamine level for the type II diabetes women patients can be given as another proof of this theory.

Table 3

Fructosamine =	359	– 11,4 GIs	+ 9,9 GId	+ 4,4Rs
t	12	2,9	3,0	2,4

Generally, the blood fructosamine level should correspond to the averaged blood glucose concentration over the period of the preceding 2 or 3 weeks. Therefore the model presents the averaged channel influence on the sugar level over the mentioned period. It is clear from the model that the interrelation of the parameter with the large intestine channel left and right branches, which, as usual, have the opposite regulating signs, is the strongest.

Upon the whole, by proving the existence of reliable channel influences of the opposite polarity on the endogenous insulin and fructosamine production level, we have found a way to scientifically grounded principles of the therapeutic correction of this particular disease through the systems of energy channels.

The above models show that the large intestine channel takes an active part in the regulation of other major physiological body parameters, for example of the blood pressure, whose behavior, especially in the case of

essential hyper tension, is unpredictable, but is also connected with the GI (Pat.RUN). That is why we have a good reason to believe that the intestine aggregate micro-flora acts as some kind of a peculiar bio-energy sensor device, which connects our organism with the environment external biorhythms. In the case of essential hypertension this connection at the blood pressure level becomes oversensitive.

Fire channels exercise considerable influence as well. The triple heater and the heart channels left branches hypo function is connected with the decrease of the endogenous insulin production, while the pericardium channel left branch and the small intestine right branch hypo function has reliable influence (p>2.0) on the increase of the body's own insulin production.

The matrixes of channel interrelations before (**fig.64**) and after (**fig.65**) food and insulin intake of type I diabetes male patients can be given as another graphic demonstration of the channel influence on the carbohydrate metabolism regulation level.

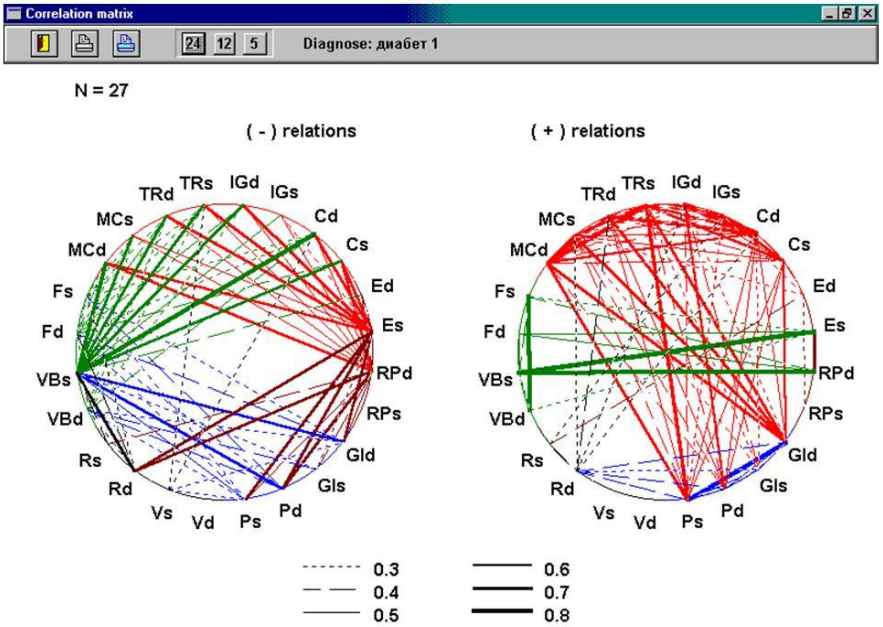


Fig.64

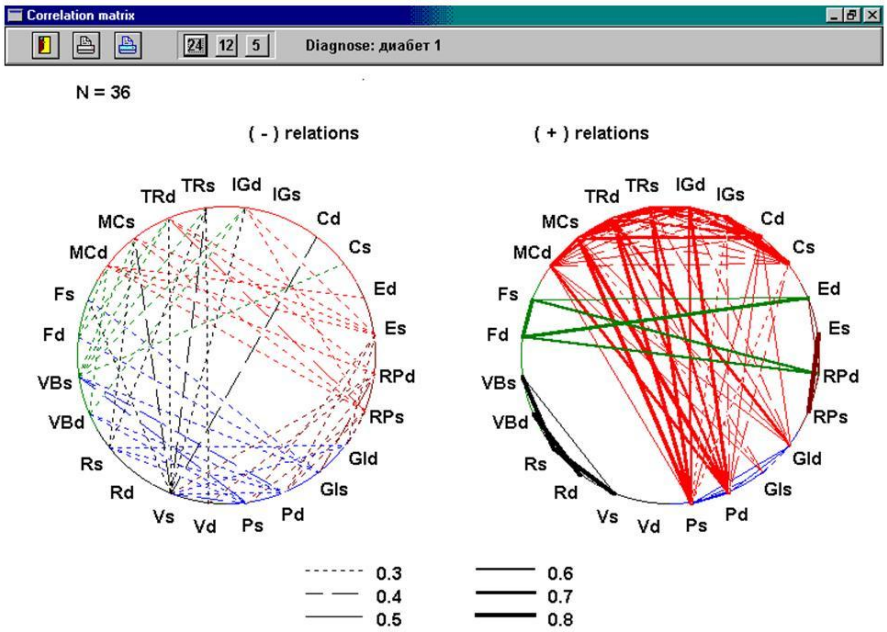


Fig.65

In the first case, we observe the change of the main dipole energy structure, which usually takes place against the background of low blood sugar values and low insulin level concentration. The epicenters of the negatively signed influences issue from the VBs, Es and RPds channels. The positively signed influence comes from the Ps, Gid, VBs, and RPd channels. In the first place, this situation characterizes the regulating influences tension at the liver – pancreas – stomach channels level, i.e. at the level of the channels that are responsible for the food nutrients inflow and carbohydrates assimilation at the cellular level. According to our observations, the connections at the *fire* – lungs and the large intestine level testify to the presence of tissue hypoxia. In this connection it must be said that since the GI channel takes part in the endogenous insulin regulation, it has indirect influence on the hypoxia intensity.

The character of channel interrelations changes dramatically after food and insulin intake (fig.65). This change can be particularly referred to the negative correlations, which, to some extent, helped to restore the

main dipole structure with the influences from the urinary bladder channel. In connection with the positive correlations, we registered a certain increase of the cellular hypoxia, due to the increase of the blood sugar level. According to our observations, the strengthening of connections between the *fire* channels and the lung channel is also a signal of hypoxia. In both cases we registered the Gid channel high activity, which, according to model 64, is conductive to the production of the body's own endogenous insulin. In this way, making use of similar graphs, one can assess the activity of certain physiological systems individually in every particular case. *On the whole, we can announce the creation of a new powerful mechanism, which ensures the study of this kind of pathology through the assessment of the corresponding channels activity.*

Every person, especially if he is unwell, has a lot of individual distinctions at the level of bioenergetics. Therefore, the best results can be obtained by drawing individual models of channel influences on the blood sugar level, irrespective of the type of the disease. Of course, the models include the individual assortment of channels, which determine the 'portrait' of the disease. Besides, unlike generalized models, which include the averaged group data, the models of this kind permit to find out individual coefficients of the inter channel regulatory connections, which is especially important for all sorts of further calculations. **Model 53** shows the results of the channel influences on the blood sugar level, obtained from one of our type I pancreas diabetes female patients in the course of continuous observation. In spite of the fact that it is a linear model, the prediction reliability coefficient reaches 92%.

Model 53.

Independent variable	coefficient	std. error	t-value	sig.level
CONSTANT	38.737325	3.974909	9.7455	0.0000
RPs	– 7.27543	1.698505	– 4.2834	0.0004
Fd	**10.918353**	**0.711864**	**15.3377**	**0.0000**
Fs	– 14.867348	3.006534	– 4.9450	0.0001
Ed	– 5.541321	2.3918	– 2.3168	0.0318
Rd	– 6.976714	1.219125	– 5.7227	0.0000

R-SQ. (ADJ.) = 0.9275 SE = 4.848804 MAE = 3.733570
DurbWat = 1.408

Previously:	0.5984	11.409031	7.818426	1.857

25 observations fitted, forecast(s) computed for 1 missing val. of dep. var.

The model is characterized by exceptionally high influence reliability indices, especially with respect to the Fd. The model adds the liver channel left branch, with the antipodal sign of influence with respect to the right branch at that, to the already known channels with reliable influence on the level of blood sugar. At the same time, the pancreas channel right branch was not included into the model, because of its little reliability. The regulating component of the kidney channel right branch has also considerably increased. All these facts prove that it is absolutely necessary to draw individual regulation models in order to find the finest regulator mechanisms, which are very important for the elaboration of a treatment scheme for every particular patient.

In the process of drawing regulation models, we faced the problem that there was a certain difference between the models of sugar regulation, based on the results of the analyses of the blood, drawn from the finger and those of the venous blood. All the above models presented the evaluation of the glucose level in the venous blood. We had found this method to give the most precise results, so we chose it to be the basic one. The models of the channel influences on the level of blood sugar, based on the results of the analyses of the blood, drawn from the finger, look somewhat different. The results of the biochemical analysis of the blood, drawn the from the finger, have a wider range of values with respect to the blood sugar and, consequently, a lower degree of reliability, which is reflected in the resulting model at large.

There are certain biochemical distinctions between the blood, drawn from the finger and from the vein. Thus, venous blood has lower oxygenation, contains metabolism products, slag, and all the biochemical ingredients that get from the gastrointestinal tract, and in the first place from the intestines. The blood, drawn from the finger, mostly contains the capillary component of the oxygenic arterial blood, which has passed through the biochemical laboratory of the liver.

The main difference lies in the fact that a healthy individual's carbohydrate spectrum is presented by a variety of kinds. Thus, alongside with glucose, which and mannose, which belong to the disaccharide group, the blood contains a certain amount of monosaccharides (allose and altrose) as well as oligosaccharides and polysaccharides. We examined venous blood particularly for the glucose concentration. In the case of the blood, drawn from the finger, the term 'sugar' comprised all the above- mentioned carbohydrates, with their own peculiarities of molecule structure, optical and physical characteristics and their own individual metabolism cycles. It follows that each of these saccharides can have a different degree of relation with respect to the primary elements and channels. This fact was pointed out by Doctor Pak Chze Wu (1999). He offered the classification, in which he referred different carbohydrates to different primary elements. That is why the models, which present glucose and sugar may have considerable channel distinctions.

Besides, the venous blood samples were drawn at a strictly fixed time, on an empty stomach, before the insulin injection at 8 a.m., right on waking up, which enabled the researchers to study the carbohydrate

metabolism regulating structure in the natural conditions of general metabolism, without the insulin intervention. This standardization, achieved through leveling all the involved factors, also made for the increase of the models' reliability.

But repeated venous blood drawing is out of the question when it comes to continuous dynamic monitoring of the patients' condition throughout the day. Therefore, further illustrations mostly contain the results of the blood sugar assessment, based on the biochemical analysis of the blood, drawn from the finger at any given moment of time.

Type I pancreatic diabetes

The models of the channel influence on the blood sugar level were based on the results of the analyses of the blood samples , drawn from the finger in the daytime from 11 a.m. till 2 p.m. By that time over 80% of the patients had already received both their prolonged and short-term insulin injections. This factor brought in a considerable degree of error, since the insulin of the exogenous origin might possibly disagree with the channel system, which didn't have any influence on its production in that particular case. Besides, some differences might proceed from the calorie content of the breakfast, exercise and the like.

Anyway, we believe that our observations are of great value, since they reflect the real life carbohydrate metabolism regulation.

Men

We observed men of about 34 years old on the average. Table 4 presents the regulatory dependence between the blood sugar and certain channels, which we obtained by using the method of linear regression.

Table 4

sugar =	8,2	+ 0,16 Pd	– 0,2 RPs	– 0,04 Vd	+ 0,27 TRs
t	7,4	3,1	1,6	1,6	1,5

In contrast to the previous models, the lung channel right branch has a reliable regulating influence on the increase of the sugar level. The increase of the triple heater channel left branch hypo function values exercises similar influence on the sugar level. On the contrary, the increase of the pancreas channel left branch and the urinary bladder right branch hypo function contributes to the decrease of the blood sugar level. however these latter influences are doubtful. The arbitrary participation of the pancreas channel left branch in the regulation process presents great interest. It's general belief that type I diabetes is characterized by the inability of the organism to produce its own insulin. But if it's true, how can we account for the decrease of the blood sugar level in most cases when this branch is in hypo function? It's our firm belief that this problem needs further studying. The decrease of the sugar level in this model also takes place due to the derangement of glomerular filtration and the glucose withdrawal together with the urine.

The reliable increase of the sugar level when the lung channel right branch is in hypo function can be explained by the insufficient oxidative reaction, which might be a result of the glucose combustion disorder at the cellular level. The less complete is the degree of sugar consumption at the cellular level in the absence of insulin, the higher is the concentration of sugar in the blood. The process of carbohydrates consumption is directly connected with the FIRE channels' function, and particularly with the function of the triple heater left branch, whose participation in the process has the greatest degree of reliability.

Our conclusion is based on the results of the analysis of the inter channel correlation connections within this group. They are presented in **figure 66** and show the inter channel correlation connections, which cover 69 observations.

The names of the channels are given in the German transcription, in which **M** corresponds to **E**, **MP** to **RP**, **DI** to **GI**, **Lu** to **P**, **B** to **V**, **N** to **R**, **G** to **VB**, **Le** to **F**, **KS** to **MC**, **3E** to **TR**, **Dü** to **IG** and **H** to **C**.

In these correlation matrixes the attention is attracted by a considerable difference between the inter channel connections structure and the norm. Thus, there are, practically, no inhibitory connections between WATER at the urinary bladder channel level and FIRE, which is especially clearly seen in the norm, particularly for the presented age group. On the other hand, the structure of the positive creative connections , which normally are well pronounced and presented only at the WOOD, FIRE and EARTH channels, is also harshly altered. In this particular case we observed the formation of a pathological connection between the FIRE and the METAL primary elements, which, to our minds, is the ideological basis of this pathology. Our attention was especially attracted by the pronounced connections between the FIRE element and the large intestine channels, which was accompanied by a most intensive energy exchange.

Evidently in this group the large intestine channel is fully involved in the endogenous insulin level regulation. The models of the channel influences on the blood biochemical indices show that the large intestine channel has the leading role in the regulation of creatinine, sodium, β-lipoproteins, blood regular components, etc. These observations suggested the idea that the large intestine channel synchronizes our homeostasis major indices with different natural factors of the exogenous character through its own microflora, which is a kind of a living sensor device. However, his problem needs thorough analysis.

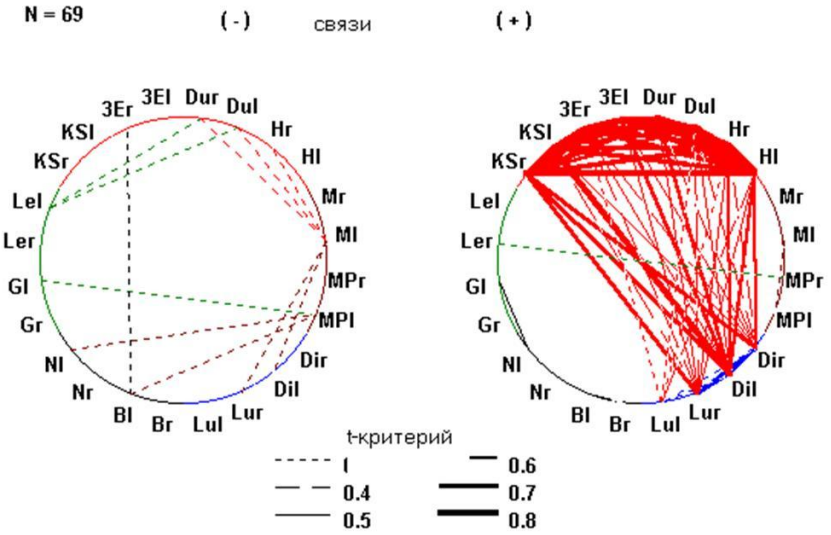


Figure 66

Women

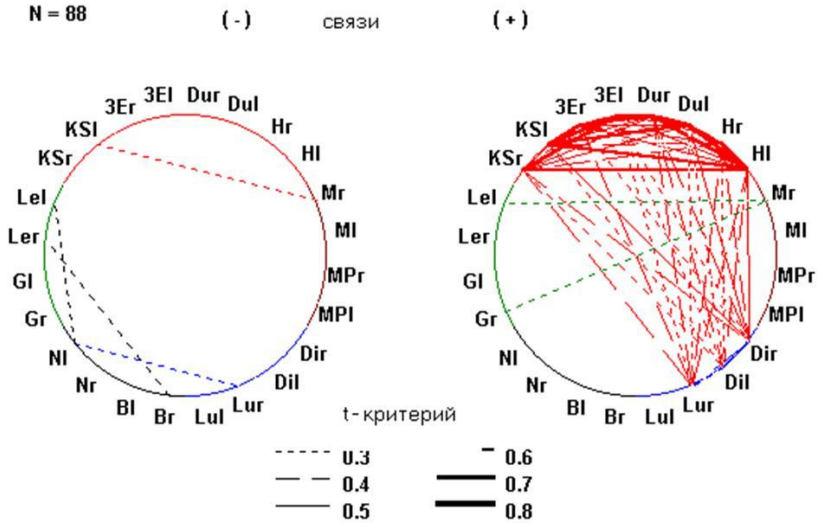
On the average, the patients were 45 years old. Table 5 shows the regulatory sugar dependence of the channels.

Table 5

Sugar =	9,2	+ 0,15 RPd	– 0,15 Vd	+ 0,2 Vs	– 0,13 Fs	– 0,6 GIs
t	3,7	2,7	2,2	2,7	1,9	1,5

The model has preserved the major regulatory units, presented in the above basic models, which were based on the analyses of venous blood for glucose; in particular they are the RPd and the Fs channels. As it was in the case of men, the urinary bladder channel takes part in the regulating process, but there is a distinction: now both branches are engaged, though with differently signed influence vectors and with high degree of reliability. Besides, the large intestine left branch exercises considerable influence too, which is probably connected with the regulation of the endogenous insulin level.

88 observations were subjected to correlation analysis. **Figure 67** shows the model of correlating connections. On the whole the structure of the inter channel connections has a lot of common features with the similar structure for men, but the intensity of the connections is less pronounced. In the first place, this difference refers to the FIRE – METAL interrelations. In both cases, in the METAL primary element the major connections go through the large intestine, while the lung channel left branch doesn't participate in the regulatory process. This data once again confirms the special part, played by the large intestine in shaping of this particular type of



pathology.

Fig.67

Type II, insulin independent diabetes

According to our observations there are considerable distinctions in the models of diabetes regulation for type I and type II.

The fact is that type II diabetes, unlike type I, lacks a clear and simple regulating mechanism at the level of the liver and the pancreas channels activity balance. This disease is more polyetiologic, especially at the channel level. In the majority of cases the opposed channels are those that control energy production and those that are responsible for its consumption. The regulating model of the younger patients, whose energy production and

consumption are both high, as a rule, include FIRE and WATER channels, but for more mature people these primary elements are not so important.

Men

The most characteristic feature of the type II diabetes sugar regulation models of men in declining years (they were 61, on the average), based on the analyses of the blood samples drawn from the finger, is the considerable influence, which the small intestine left and right branches (the Igd has a positive influence component, while the Igs has a negative one) exercise on the level of blood sugar. The stomach channel left branch also forms part of the regulation model with the '+' sign and the most reliable level of influence. Table 6 presents the regulatory formula for the men of this age group.

Table 6

Sugar =	12	+ 0,26 Es	+ 0,37 IGd	– 0,54 IGs	+ 0,1 Rs	– 0,53 Fs	– 0,04 Vd
t		4,7	4,04	3,1	3,5	3,2	2

This regulation model shows that the dominant factor of the blood sugar growth for men is the alimentary one, when the increased food consumption is not compensated for by appropriate energy consumption. The FIRE channels at the TR, C and MC level do not participate in this regulation model. As for the participation of the small intestine channel in the regulation of the blood sugar, its system, as well as the stomach channel, in this particular case, regulates the absorption of the food carbohydrates by the blood. So, we can see that these channels control a kind of gates, which should be open to absorb the amount of carbohydrates appropriate for the organism.

Figure 68 shows the model of inter- channel regulatory connections for this group of patients. In the first place the fact, that in spite of the patients' declining years, there are destructive connections between the channel systems of the WATER and FIRE primary elements, attracts our attention. This fact is not surprising by itself; as such connections are also registered in the state of the norm. However, in the WATER primary element, the kidney channel dominates instead of the urinary bladder channel, which is a signal of dysfunction at the level of the genital-hormone system.

As for the positive creative energy connections between the FIRE and the WATER channels they are widely represented, if less intensive. But their structure differs from that, of type I diabetes male patients. Mostly, these connections can be traced at the MCs –Pd, Gis – Cs and Cd couples level. The regulatory connection at the VBd –Es level is also well pronounced.

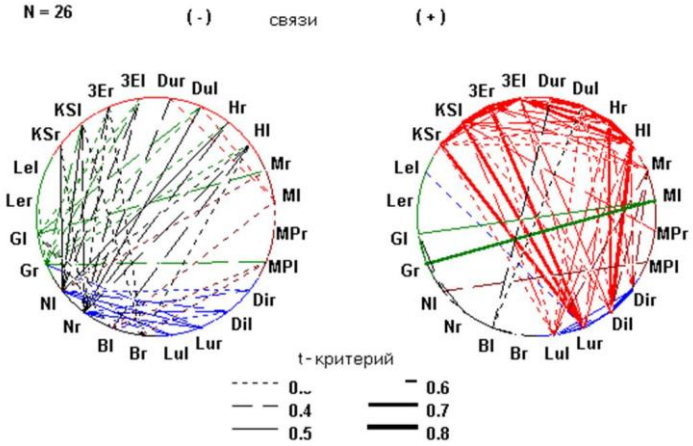
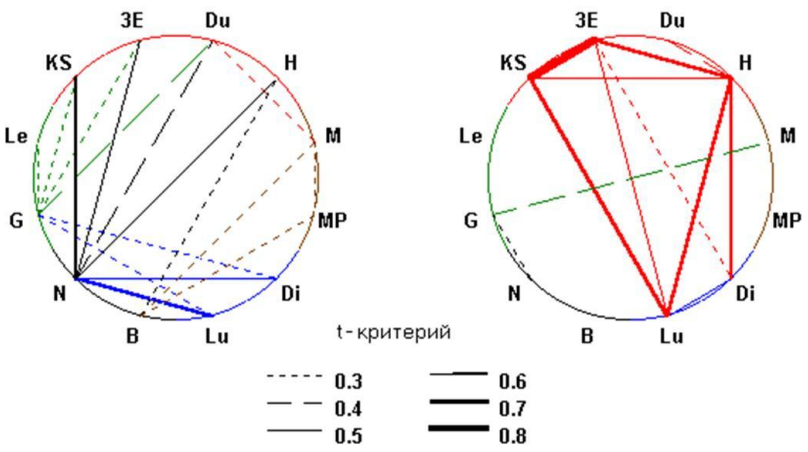


Fig.68

Figure 69 shows the model of these inter-channel correlation connections at the level of the 12 channels. Due to the greater degree of generalization, the model permits to trace general regulation patterns more clearly. The majority of type II diabetes patients examined in the hospital received insulin treatment to correct high blood sugar indices. Therefore the method of channel modeling, used to assess the level of blood sugar for different kinds of diabetes, is also important for clinical practice as well as for theoretical research from the point of view of studying the action of insulin at the channel level. An insulin dose, preceding the test, was taken as a quantitative index for the regression analysis (presented in action units). Table 6 shows the model of the



channel response to the injection of a certain insulin dose to a type II diabetes male patient.

Fig.69.

Table 6

Dose insulin	15	+ 0,54 Ed	– 0,52 Fd	+ 0,43 Fs	+ 0,42 VBd	– 0,2 Vs	– 1,1 GIs	– 0,42 RPs
t		5	4,3	3,3	3,4	3,3	3,2	1,9

It was important to detect the channels, which respond to the action of insulin and to assess the changes of their activity, which take place after the injection.

Table 7 presents the changes of the channels' activity (in hours) in response to the injection of insulin to the same group of men.

Table 7

Tame (hours) =	0,08	+ 0,04 Ed	+ 0,06 Fs	+ 0,2 TRs	– 0,08 GIs	– 0,04 Rd	– 0,07 VBd
t		4,1	4,2	3	2,4	2,8	1,7

The comparison of the two models shows that the same channels play the main regulatory role with respect to both indices. They are the stomach, the liver and the gall bladder channels. It is not surprising that these two ideologically determined parameters are reflected through being realized in the same channels with a high level of reliability. The high level of reliability and the recurrence of the results with respect to different parameters prove that the models are quite trustworthy.

The analysis of the blood sugar regulation model and the model of the influence of a certain insulin dose at the channel level revealed a number of channels that are engaged in both of them.

Let's try to compare the basic steady cores of the two models. **Table 8** shows the results of this comparison.

Table 8

Sugar =	12	**+ 0,26 Es**	**– 0,5 Fs**	**+ 0,05 Fd**	**– 0,04 Vd**	+ IGd
Dosae Insulin =	15	**+ 0,5 Ed**	**– 0,5 Fd**	**+ 0,4 Fs**	**– 0,2 Vs**	+ 0,4 VBd

The picture, which we get by comparing the two models, reveals the involvement of four channels with similar influence signs, but with the opposite branch laterality. The four channels in question are: the stomach, the liver and the urinary bladder channels. The increase of the blood sugar takes place against the background of a proportional growth of the above channels left or right branches hypo function. At the same time, a certain dose of insulin, which is introduced into the organism as a variant of therapeutic help in response to this factor, provokes the hypo function of the opposite, with respect to their laterality, branches of the above channels. This is how the body channel symmetry is restored in the course of adequate treatment. Similar research was carried out to examine a group of type II female patients, whose blood sugar level was corrected by insulin injections.

Women

Table 9 presents a similar regulatory model of channel interrelations with the level of the blood sugar for women, based on the analysis of the blood samples, drawn from the finger.

Table 9

Sugar =	5,7	+ 1,3 TRs	– 0,3 VBs	+ 0,1 RPs	+ 0,03 Fd	– 0,05 Fs	– 0,7 MCd	+ 0,35 Ps
t-krit.	4,5	4,2	4,0	4,0	2,4	1,9	2,8	1,8

In compliance with the theory, the model includes the liver and the pancreas channels with high indices of the influence reliability. But the triple heater and the gall bladder channels' roles in this model are more important. The fact that the women of this group were younger than the men of the previous group permits to suppose that the triple heater and the pericardium channels, which are both the FIRE channels, control the organism's vital activity at large through its energy consumption. That is why they should be included into the model to represent the age component of the energy balance.

It has been already mentioned that the triple heater, according to our observations, controls the thyroid gland function. So, hypo thyreosis and type II diabetes, especially in the case of women, have pronounced representation at the channel level and complement each other. We have observed doctors face special difficulties, when they tried to select an adequate insulin dose for the patients of this kind. Such patients had high blood sugar levels in spite of the high insulin doses, a strict diet and the absence of asymmetry at the RP – F level. This phenomenon can be explained by a higher level of regulatory failures through the breach of balance between energy consumption and energy production at the level of the thyroid gland and the hypothalamus.

According to our observations, the gall bladder dysfunction, in the case of women, can be connected with the dysfunction of the periphery nervous system and of the genital sphere (the V channel influence on the VB).

As for the lung channel, represented in the model, we can account for its participation by he presence of tissue hypoxia, which is rather pronounced in the case of such patients. In the long run, the carbohydrates, which serve as the body's sources of energy, should be used up in the process of oxidation. And since the lung channel is responsible for tissue respiration, among other functions, its leading role in this pathology can be convincingly explained from the positions of contemporary physiology.

On the whole the comparison of the models of channel influences on the level of blood sugar for men and for women revealed a considerable difference in their genesis, alongside with the components they have in common (the participation of the F, RP and VB channels). Thus, if the alimentary component, connected with

overeating and hypodynamia, leads in the case of men, one of the most common reasons of high blood sugar level for women, according to the results of mathematical modeling, is hormone failure with manifestations mostly at the TR and V levels.

As for the urinary bladder channel, which, according to our observations, controls the genital – hormone sphere, it was not reflected in the women's regulatory model, perhaps because of the patients' advanced age, when the genital differences at the channel level become insignificant. But with younger patients, the channel plays an important part with respect to the decrease of the blood sugar level. Practically all the patients mention this fact. They have noticed the level of the blood sugar go down after a period of high sexual activity. Our research shows that if the activity in this sphere corresponds to the age norm and if the test results at the level of this particular channel come to harmony, the insulin dose, necessary to keep the level of blood sugar within the range of the norm, can be reduced approximately by one third for both men and women. So, by harmonizing the patients' urogenital system, through exercising influence on certain BATs, we increased their sexual activity, which permitted to reduce the averaged level of their blood sugar.

The task of a common practitioner in the conditions of a hospital is to bring the level of the patient's blood sugar down until it reaches, or at least approaches, the limits of the norm. But the problem is, that even in the conditions of a hospital, when the patient is under strict observation, the level of the blood sugar is unsteady, and it's impossible to understand, which interrelations make drop or grow. The results of the channel testing together with the results of the usual clinical tests can help to create the finest bioenergy regulator mechanisms for separate physiological systems and in this way to exercise therapeutic action in compliance with the individual peculiarities of the patient's bioenergy. For one group of patients, food restrictions can be the leading therapeutic factor, while for another group, the increase of physical and sexual activity may have the most therapeutic effect. Besides our techniques permit to observe the patients not only in the hospital, where all his life activities are extremely restricted, but also at home, in his natural environment, leading his usual life, and where all the factors, which influence the energy exchange find their real, natural expression.

Figure 70 shows the matrix of inter channel correlating connection for the above group of female patients and cover 80 observations.

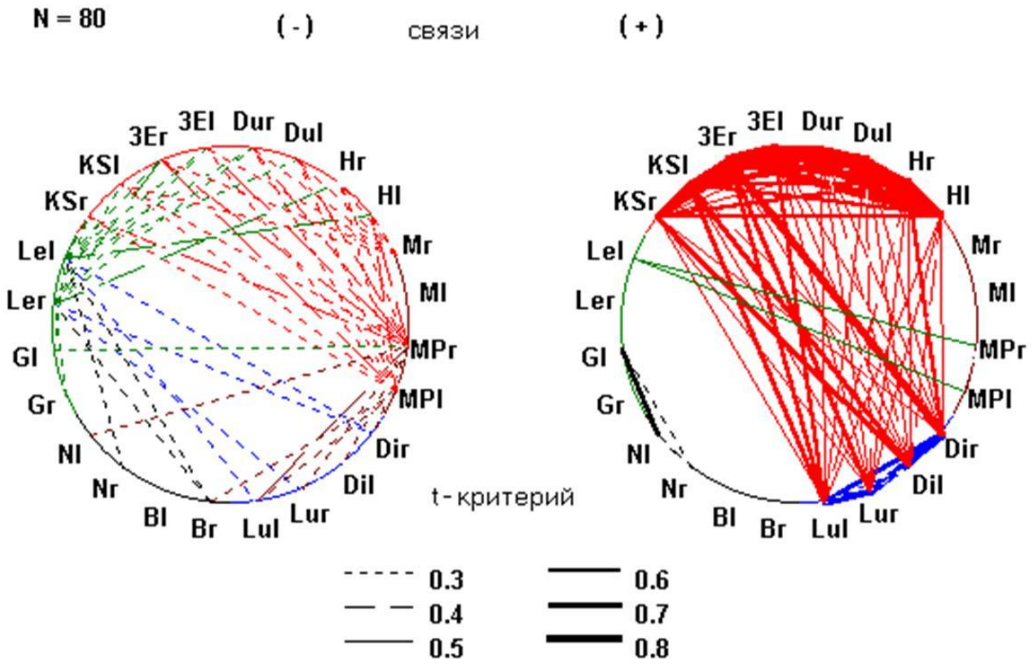


Figure 70

We assume that the readers' attention will be at once attracted by a dramatic change of the destructive correlations structure, with two oppositely directed regulatory terminals, formed at the border layer level of the main energy dipole. One of them is located at the liver channel level, the other at the level of the pancreas channel. But, interestingly, the liver and the pancreas have no direct regulatory connections at the structural level. They need intermediaries for information exchange. A similar picture was obtained in the case of type I diabetes male patients before the food and the insulin intake (fig. 64). But in the latter case we processed 80 observations made in the first half of the day before the meal as well as after. On the whole this picture characterizes a certain stress of the pancreas – liver regulating system, due to which the majority of patients had some sort of compensation. These patients showed the absence of the main energy dipole at the FIRE – WATER level.

When it comes to the positive connections, their structure has no significant distinctions from the main element, which are characteristic of diabetes at large. The only peculiarity worth mentioning is that of the presence of pronounced connections between the lung channel left branch and the triple heater and the pericardium channels, which reflect obvious tissue hypoxia.

We have made conclusions about the beneficial nature of the connections between RP and F and about the connections, which are unfavourable for the patient and characterize the presence of tissue hypoxia between the

fire channels and the P and GI. Channels, on the basis of the assessment of their correlating connections with a certain feature. For example, **figure 71** shows the matrix of the correlating connections, which includes the results of the examination of over 100 type II diabetes women patients. The matrix traces the connections between the channels and the level of the blood sugar, which is marked as the central point.

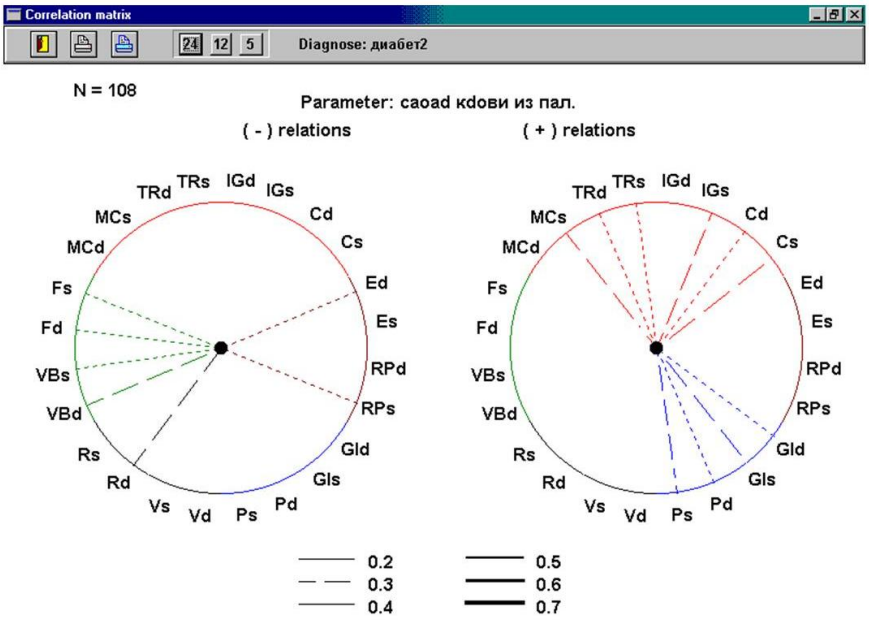


Figure 71

The diagram shows that negative connections, which provoke the decrease of the blood sugar level, take place when the *wood* and the *earth* channels are in hypo function; while the connections with the positive sign, which provoke the increase of the blood sugar level, are carried out through the *fire* and the *metal* channels. Thus, in the case of pancreatic diabetes, we can observe 2 regulator axes of the opposed directions at the level of the five primary elements. In general, the assessment of group bioenergy portraits as well as of individual ones at the level of the inter channel correlating matrixes can be quite fruitful, as it permits to reveal the finest regulator components. On the other hand, it enables the researchers to subdivide the patients, suffering from one and the same disease, into several groups in accordance with the evaluation of their fine bioenergy regulator structures. It turns out that in fact there are much more than the two types of diabetes, commonly accepted in the medical practice, and each of them needs specific treatment.

In the course of our research we revealed a lot of group and individual peculiarities of different diabetes types at the channel level, but their description is beyond the limits of this book, which aims at the preliminary familiarization of the reader with the subject and the presentation of the general methodology of this scientific trend. The results of a more detailed research form the subject of a special study.

Since the above women patients were treated in hospital, they were also subjected to the correction of the blood sugar level by small insulin doses. Table 10 shows the model of the insulin dose influence on the channels.

Table 10

Dose Insulin.	– 6,9	+ 0,27 Fs	+ 1,47 Ps	– 0,2 Es	+ 1,3 GIs	– 1,8 Cs	– 0,9 Pd	+ 1,4 TRd	– 0,4 RPs
t	3,2	6,3	4,4	4,5	4,3	3,8	3,3	3,0	3,0

The model at large, as well as the indices of particular channels, have a high degree of reliability (t>3.0) with respect to the participation in the regulating process. The ‘+’ signed gall bladder right channel is not reflected in the model because of its rather doubtful influence (t = 1.2).

Now, just as we did in the case of men, let’s try to compare the basic steady cores of the blood sugar level and the insulin dose regulation models. Table 11 shows the results of this comparison.

Table 11

Sugar	5,7	**+ 1,3 TRs**	**– 0,3 VBs**	**+ 0,1 RPs**	+ 0,03 Fd	**– 0,05 Fs**	– 0,7 MCd	**+ 0,35 Ps**
Dose Insulin	– 6,9	**+ 1,4 TRd**	**+ 0,1 VBd**	**– 0,4 RPs**	– 0,21 Es	**+ 0,27 Fs**	+ 1,3 GIs	**+ 1,47 Ps**

The comparison shows that in both cases the model comprises 5 basic channels. The model shows that the high blood sugar level provokes the increase of the TRs channel hypo function. In response to the high concentration of blood sugar, the doctor prescribes insulin, which leads to the hypo function, proportionate to the insulin dose, of the triple heater right channel. In this way, in the process of treatment, the channel symmetry at the level of the right and the left is restored.

But many times the testing results showed the state of the symmetrical hypo function of the channel. This was usually a temporary state, a certain phase in the process of the transition to the stable dynamic balance. Such phases are described in the tables and diagrams of the hexagram changes, given earlier in this work. So, after a short while, in the course of a recurrent testing, the numerical values of the channels, which determine this type of pathology, pass into a normal harmonious state in compliance with the individual’s personal main energy

dipole profile. After the channel branches indices even out, the particular substance of the disease, presented by high sugar level indices, disappears as well. The energy situation, similar to that of the triple heater channel, takes place at the level of the RP and F channels. But in the case of the latter only the left channel branches were engaged in the models. As a result, the leveling of the channel's torsion field resulting vector takes place due to the opposed influence signs of sugar and insulin.

The model demonstrates a more complicated situation with respect to the lung and the gall bladder channels; however, in this case we didn't observe full complementation, unlike it was the case with the previous group, which comprised only men. Perhaps it happened because the models reflect a certain aggregate of individual regulation models, in which the number of cases with the positive influence component within the channel is more than the number of cases with the negative influence component. Besides, since, as we have already mentioned, the women patients had the symptoms of another hormone pathology, as a rule, insulin treatment alone couldn't level them out. We can as well come to the conclusion that some of the women, alongside with the classical anti diabetes insulin treatment, need additional treatment, for example, by means of sugar-decreasing medication, individually selected with the help of the test. This medication should even out the channel pathological manifestations. Additional influence upon the TR could be another way out.

In a way, I think that we were lucky to have a chance to study diabetes at the channel level, because the insulin medication is an ideal remedy for diabetes, since the organism should produce it on its own. Upon the whole, even for the generalized models, it is absolutely suitable for the treatment on the channel level; it fits the organism just as the key fits the lock. These observations helped us to formulate the main principle of the therapeutic action: ***therapeutic agent, whether it is a medicine or a physical coercion on the channel, should even out the effect of the main disease factor at the channel level and restore the principle of the channel's left and right energy symmetry at the level of the channels, in which the pathology is realized.***

This principle can be effectively used for treating the patients as well as for constructing new medicines. We have already expressed the idea that with respect to pharmacodynamics, it is important to study the effect of the medicine at the level of particular target-channel laterality. Unfortunately, these universal principles of the symmetry-dissymmetry energy leveling are not used in contemporary pharmacology. By adopting them, pharmacology can accomplish a real qualitative break-through.

In the long run, logically, we can single out 26 main medication principles, strictly selectively correlated with the main 14 channels, with respect to their left and right laterality. By combining them in the appropriate proportions and making use of the pathology models, one can construct ideal combinations, which will even out the pathology at the channel level. This approach is, to some extent, applied by homoeopathy, but, on the other hand, its methods of diagnostics has not changed since the times of Honemann and need modernizing. If the suggested method of channel metrology is used in pharmacology, the efficiency of every medicine will considerably increase.

Besides it will be possible to avoid some side effects of the medicines, when their certain ingredients can create illness-like energy dissymmetry at the channel level. In this case, we can speak of creating 'pure', from the point of view of bioenergy, medicines, without any side effects, which might affect other systems.

We would like to give a number of examples to demonstrate how the channels can influence the blood sugar level:

Patient L, male, 46 years old, DS: type II diabetes. The main method of treatment in his case is dietary therapy. The results of the testing, carried out at the same time with the venous blood analysis show the absence of the dysfunction and asymmetry signs, with respect to the main channels, participating in the regulation of the body's energy balance (F, RP, E, IG, V, C). The biochemical research showed the glucose level equal to 5.6mMol/l

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	VC	VG
D	5	5	4	3	3	3	4	4	4	4	4	2	3	2
S	6	2	3	2	3	3	5	3	6	6	6	9		

Patient F., female, 47 years old, DS: type II diabetes. The test was carried out on an empty stomach at the same time when the patient's venous blood sample was being taken for the biochemical analysis. The results of the test were as follows: the test showed pronounced changes of the channel energy, characteristic of the high concentration of blood glucose, as presented in the above models. In the first place the above disbalance refers to the TR (TRs>TRd), RP (RPs >RPd), F (Fd >Fs), which form the high glucose indices. The high Rd values, probably, point at the high concentration of the pure TCHI, presented by glucose. The biochemical research showed the glucose level equal to 15.0mMol/l.

	P	GI	MC	TR	C	IG	RP	F	E	VB	R	V	VC	VG
D	7	6	3	3	4	8	46	94	11	16	96	7	4	4
S	8	7	6	7	8	7	83	11	37	12	20	16		

Patient R., female, 46 years old, DS: type I diabetes. The results of the testing: the test showed pronounced disbalance of the RP (RPd >RPs), F (Fs >Fd), which corresponds to the high level of blood sugar, which, according to the results of the biochemical analysis of the blood drawn from the finger was 16.0 mMol/l.

The knowledge of the general principles of the channel influences on the blood sugar level, permits at a glance to make suppositions about the low or the high blood sugar indices, using the results of the test.

In general, the monitoring has to be organized in two stages. During the first phase, in 'the study period', the emphasis is made on collecting the data; during the second phase, after individual models have been obtained, it is possible to give a preliminary evaluation of the biochemical indices, which present interest, by using the testing data for the calculations with the further construction of individual regulator models of the glycohemia level.

The assessment of inter channel correlating connections is carried out by comparing individual models with the models of the norm and with the models, that represent different degrees of pathology severity.

It is especially important to carry out channel monitoring, when altering the dose on insulin or other medicines of the similar action. When passing to new medicines, the results of channel testing can help to evaluate the adequacy of the therapeutic effect they have on every particular patient and to get the general picture of their interaction with the patient's individual channel system.

This assessment will be appropriate in case the patient changes his life style. Thus, the increase of physical exertion will affect the FIRE channels and, through FIRE channels the effect will spread to the WOOD and EARTH channels. Channel monitoring will help to choose the optimum individual combination of energy consumption and energy production at the channel level by selecting appropriate foods, adequate exercises and the necessary doses of different blood sugar-lowering medicines, and in the long run, it will lead to the lowering of the injected insulin dose. Besides, individual regulatory models increase the therapeutic effect of direct action, for example of acupuncture, or modulated infrared radiation, on the channels, involved in the sugar regulation process to correct their condition.

According to our observations, it is most important to destroy the positive connections between FIRE and METAL, which form the core of this type of pathology.

Since the channel system is a poly resonance contour, connected with all the major indices of the organism's vital activity, which reflect their values, it is possible to use it for the assessment of other biochemical indices (cholesterol, urea, creatinine, electrolytes, etc.), apart from the evaluation of the blood sugar level and the effect of the insulin treatment, as well as for the evaluation of the blood formula.

This is how the method can be useful for the everyday medical practice:

1. Channel modeling in the case of pancreatic diabetes permits to assess the blood sugar level by a non invasive method. By introducing the results of the test into the formula it is possible to calculate the preliminary values of the blood sugar as well as of other biochemical indices with the purpose of their constant monitoring. The self-learning system of non-linear modeling permits to get more accurate results.

2. The method of individual channel modeling, which implies the method of regression and correlating analysis, permits to find the regulatory process compensation and de- compensation mechanisms, with the parallel assessment of the organs and physiological systems functioning.

3. The models of this particular pathology permit to carry out non-invasive therapeutic correction, well grounded from the point of view of patophysiology, using modulated infrared radiation or other physiotherapeutic methods.

4. The knowledge of the medicine's effect at the channel level permits to define its appropriate dose and individual advisability.

5. the intensity of tissue hypoxia can be defined by the intensity of the correlation connections between the lung channel and the *fire* primary elements channels.

CONCLUSION

The facts, presented in this work, once again remind us that our body is as complicated as the world we live in. It will always remain a mystery. However we are on the threshold of discovering new principles and methods of its cognition.

The most outstanding feature of fundamental theories is the accuracy, with which the results of theoretical calculations fit the experimental data in the field of knowledge for which the theory is true. It is this fact that makes a fundamental theory an effective instrument for the cognition of the world around us. All other, experimentally discovered interactions, which require the use of 'fitting' parameters, are purely descriptive, while science should aim at creating meaningful, i.e. fundamental theories.

The theory of the five primary elements and the doctrine of the energy channels as the basic system of maintaining the body's vital functions can be rated as fundamental theories in full measure. The theories, which appeared scores of centuries ago and have passed the test of time and practice are unclaimed by contemporary medicine mostly due to their peculiar conceptual apparatus, which integrates the material, the spiritual and the energy foundations, regarded at the level of an individual. As for contemporary medicine, its approach to man is primitive and mechanical. This is the core of the conflict.

The doctrine of the DNA, as a data depository, which contains information about all the body's organs and functions is believed to be the greatest achievement of contemporary medicine. However, even from the point of view of its physical capacity, it can't store this amount of information. Besides, such a supercomplex, centralized multilevel regulatory system should be subjected to failures and disorders. For this reason DNA, as a material carrier of information, should be coupled with some other back-up regulatory factor of a different order, with different principles of operation. We believe the channel system to be this factor. During this interaction of DNA, as a material information carrier, and the field, induced by the channel system, they complement develop and back up each other, since the pentoid system of the channels has its own 'intellectual' and regulatory functions, which permit to perform efficient control of thousands of vital body processes at the same time. The data, presented in this book, proves that the main difference between the living body and the dead one lies in this combination of matter and field.

Our main task was to show that man's channel system is one of the real basic signal systems, which has regulatory influence on all the main body functions. The more so that contemporary medicine has so far ignored the importance of this system for the organism. Up to this day, the majority of doctors believe the system of acupunctural channels to be speculative, non-existing and fictitious or just label it 'eastern exotics', the purpose of which is unclear. Therefore our task was, not just to revive the ancient knowledge, but also to interpret its principles in the algorithm, comprehensible for contemporary doctors.

We hope that the book has convinced you that the suggested new methods permit to enter a new region of medicine, which is connected with the realization of the role of the channel system. Since the system's parameters can be measured and objectively assessed, we can draw some very important conclusions about how it works, how the energy is redistributed, what is good and what is bad for the body at large by observing it in the development of the norm and pathology. This is exactly how we managed to deduce some essential rules of its functioning in the condition of the norm and in the state of pathology. On the other hand, the understanding of the principles of the system's functioning can help to develop a great number of devices for diagnostics and treatment on their basis. It will give a start to a new branch of medical industry. And the appearance of the devices, which use the principles of the channel system functioning, will cut short the critics, who deny the fact of its existence and the part it plays in the human body. Then, instead of repeating 'it can't be true' they will declare 'we have always believed it can't be other way'.

They say that 'constant dropping wears away the stone'. We have attempted to analyze, making use of modern technical means and mathematical apparatus, a small portion of the facts about the channel system function and the sphere of its influence with respect to the human body in order to break the prejudiced attitude to the energy channels. So, if the reader at least gets the impression that the understanding of the channel system might be important for the understanding of the nature of life at large, the mission of this book will be accomplished for 'first there was a word'.

It is quite possible that the book will rise more questions that it will be able to answer, but is not so bad, either. It is important to draw the attention of the medical society to the 'blank spots', which still exist in modern study of man, to find the answers to these questions together.

It is our firm believe that this scientific trend can become one of the most fruitful of the 21st century medicine, in which the *dao* of the East and of the West should become one integrate whole.

Fig.2-3

Akabane Test

Name_____No_____year

Channel		D	S	D	S	D	S
Lungs	P						
Large intestine	GI						
Pericardium	MC						
Triple heater	TR						
Heart	C						
Small intestine	IG						
Spleen-Pancreas	RP						
Liver	F						
Stomach	E						
Gall bladder	VB						
Kidneys	R						
Urinary bladder	V						
The date, the time of the test	01/02/10:15						
Testing power	8 units						
Arterial blood pressure	120\80						
Heart Rate	75 beats p/min						
General state of health on Robson's scale							
Complaints	8						
Time that has passed after meals	–						
Time that has passed after sleep	2						
Time that has passed after stool	3						
Time that has passed after diuresis	2:30						
Mood, evaluated on Robson scale	3						
The day of the menstrual period	9						

Medicine intake **Other parameters**	**21** **–**						

A reference standard Akabane test questionnaire on the current data

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Valerie Mujikov was born in 1951 in Kungur in the Ural region of the former Soviet Union. After leaving school in 1978 he started his medical carrier in the Perm medical institute, ending as a surgeon in Kungur. Following the subsequent training on surgery in S.Peterburg. he then worked 6 years managing a trauma surgery department in that city. In 1996 after his dissertation on surgery he began to work as the assistant of the professor on the faculty for postgraduate education for GP's. At that time he began to take a great interest in acupuncture and started his work on the design of the first devices on diagnostics and treatment. He has more than 30 printed works, 11 patents for the inventions in area of acupuncture diagnostics and treatment.

Bridging the world of Eastern and Western

Introduction

In 1950 the Japanese acupuncturist Kobe Akabane (re)discovered a possibility to assess the energy status of the Meridians. He used the glowing end of a sandalwood stick to touch the BAP's (Biologically Active Points - the begin/end points of the Meridians) until the patient observed a mild burning pain. The time until such sensation was observed for both the right and left channels and the results compared. A large difference is considered pathological.

Recently Dr. V. Mujikov from the University of St. Petersburg researched and evaluated alternative ways to measure the energy status of the Meridians using a highly efficient and therefore cool infrared diode, rather than glowing sandalwood, to charge the Meridians. Also he developed software to analyze the measurement results in order to facilitate interpretation by physicians. This effort was validated in clinical work with thousands of patients. In addition following diagnosis a hypo charged Meridian may be treated by application of energy in the same infrared range as used for the diagnostic procedure. Both diagnostic test and such therapeutic intervention are non-invasive and have no known side effects. This approach to medicine is considered parallel to, rather than opposed to, regular (western) medicine.