

Water Memory-Information containing Muscle Extremely High Energy Frequency: Is the Therapeutic Problem of Chronic Fatigue Syndrome solved?

By

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Introduction.

As I wrote formerly (1), till July 1st, 2011, water memory was an argument of large discussion, really a conjecture.

In fact, nobody has ever proved that water is able of retaining a memory (I use also the term INFORMATION) of substances dissolved in it once to arbitrary dilution. In the referred paper, precise information on utilizing Water Memory-Information was provided.

While some studies, including Benveniste's, reported this effect, double-blind replications of the experiments involved have failed to reproduce the results, and the concept is not accepted by the scientific community.

On the contrary, I illustrated the CLINICAL, Quantum Biophysical Semeiotic Demonstration of Water Memory-Information, curing my gastroenterocolitis due to Gram-positive bacteria, I had been suffering from for 4 days (1).

Importantly, every my experimental evidence can be bedside reproduced easily and quickly, at the condition that scientists, who want reproduce it, know the quantum biophysical semeiotic method!

For 4 decades I have been suffering from **Chronic Fatigue Syndrome** (CFS), an unsolved therapeutic problem till now. Thanks to earlier treatment, based on free-radicals scavenger and anti-inflammatory drugs, I obtained partial and transitory benefit (2-8).

Chronic Fatigue Syndrome: State of the Art.

Chronic fatigue syndrome, CFS, is a debilitating and complex disorder characterized by profound fatigue that is not improved by bed rest and that may be worsened by physical or mental activity. Persons with CFS most often function at a substantially lower level of activity than they were capable of before the onset of the illness.

The fatigue of CFS is accompanied by characteristic symptoms lasting at least 6 months, including self-reported impairment in short-term memory or concentration, severe enough to cause substantial reduction in previous levels of occupational, educational, social, or personal activities; sore throat is frequent or recurring; tender cervical (neck) or axillary lymph nodes; muscle pain; multi-joint pain without swelling or redness; headaches of a new type, pattern, or severity; very common un-refreshing sleep and post-exertional malaise (extreme, prolonged exhaustion and sickness following physical or mental activity) lasting more than 24 hours.

However, many CFS patients may experience other symptoms, including irritable bowel, depression or psychological problems, chills and night sweats, visual disturbances, allergies or sensitivities to

food, odours, chemicals, medications, or noise, brain fog, difficulty maintaining upright position, dizziness, balance problems or fainting.

CFS: the hypothesis 0, I cannot falsify.

Quantum Biophysical Semeiotics facilitates CFS diagnosis, as illustrated here after.

The hypothesis 0 to falsify was that in CFS skeletal muscles, a part from the possible causes of such a disorder, are altered from the structural and functional view-point: structure and function are two poles of the same equation!

As a consequence the relative energy frequency, gathered from skeletal muscles, e.g., biceps and quadriceps, was altered, too, so that after modifying it properly with Cem Tech, and retransmitting it to a glass of mineral water that patients swallow, physicians will ameliorate until normalize their muscle structure and function, especially regarding local mitochondria respiratory activity, altered in CFS.

As a matter of fact, such a water, thanks to Cem Tech, contains Information on the muscle physiological structure, conserving it as Memory for a time to prove – two days after the experiment beginning – results are present yet, as I am going to illustrate here after.

Quantum Biophysical Semeiotic Methods.

Basal QBS evaluation showed that, under “intense” (= such an adjective is “quantitative”, rather than “qualitative”, indicating that it brings about upper ureteral reflex, typical of Artero-Venous Anastomoses (AVA) type A, group II, according to Bucciante) (19-13) digital pressure, latency time of (biceps and quadriceps) skeletal muscle-gastric aspecific reflex was 9 sec. (NN = 10 sec.); duration pathologically increased to 7 sec. (NN > 3 sec. < 4 sec.; paramount parameter value, paralleling the efficiency of local Microcirculatory Reserve Function); finally, the time of reflex disappearing lowered to 3 sec. (NN > 3 sec. < 4 sec., perfectly identical to fractal Dimension of local microvessel fluctuation, calculated in a really refined, but difficult, way) (9-12).

In addition, the Free-Radical QBS evaluation resulted positive, emphasising an high tissue level of oxygen reactive substances (8): at the second assessment, exactly 3 sec. after the basal evaluation, latency time of muscle-gastric aspecific reflex decreased pathologically to 7,5 sec.

At this point, I have captured with Cem Tech two devices (crystals) frequency from my right biceps and respectively from my left quadriceps, for 1 minute.

Subsequently, after applying the two devices on myself on the same sites, cited above, I assessed for the second time the identical parameter values of skeletal muscle-gastric aspecific reflex.

Latency time of the reflex raised to 20 sec. (basal value = 9 sec.), as it happens in QBS physiological preconditioning (11, 12). Reflex duration decreased to 3 sec., showing a perfect muscle vessels Microcirculatory Functional Reserve. Finally, the time of reflex disappearing returned to normal value: > 3 sec. < 4 sec.

At this moment, I removed from my body Cem Tech crystals, emitting extremely high energy frequency, and immediately reflex parameters showed identical pathological parameter value, as those observed in basal examination, referred above.

At this point, I directed the extremely high frequency energy, contained by Cem Tech devices, towards the water, precisely mineral water, present in a glass, placed on the table 10 cm from my body, by applying the two crystals directly on the base of glass bottom for 10 min.

Starting from about 4 minutes, parameter values of the above illustrated reflex progressively ameliorated, and after less than 10 sec. they showed the values, typical of QBS physiological preconditioning.

Every observation was possible thank to, and enlightened by, n-DNA and mit-DNA Antenna theory, I demonstrated formerly (14, 15).

At this point, I went away from the water in the glass, as well as from Cem Tech devices: the evaluation of reflex parameter values resulted again in pathological ranges, showing the same data, referred above!

Soon after I drunk that energized water, I observed identical, significant increasing of all parameter values of muscle-gastric aspecific reflex: Latency time of the reflex raised to 20 sec. (basal value 9 sec.), characteristic of QBS preconditioning (11, 12). Reflex duration lowered to 3 sec., showing a perfect Microcirculatory Functional Reserve of muscle microcirculatory bed.

Finally, the time of reflex disappearing returned to normal value: > 3 sec. < 4 sec.;

Importantly, the cleaned glass was inactive, i.e., it did not bring about increasing of reflex parameter values!

Interestingly, two hours after the experiment beginning, all parameter values, illustrated above, were yet identical. I walked for 45 min. without feeling fatigue, like now while I am writing this Manuscript. **Benveniste was right!**

Interestingly, the above illustrated positive results lasted exactly for 14 hours; then all parameters values slowly decreased in the three subsequent hours until the latency time of skeletal muscle reflex decreased to 12 sec. (NN = 10 sec.); reflex duration lowered to 3 sec. (NN >3 sec.< 4 sec. indicating a perfect Microcirculatory Functional Reserve); finally, reflex disappearing time was 4 sec., showing that fractal Dimension of local microvessels oscillations was at highest value.

After two days all parameters showed normal values.

Conclusion: the significant data of this quantum-biophysical-semeiotic experiment, illustrated in details from the technical view-point, aiming to treat **Chronic Fatigue Syndrome**, allows me to state that a “possible”, really efficacious therapy of CFS has been discovered, if it will be corroborated on a very large scale, of course.

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