Homeopathy:

A STUDY ON

Duplicated Remedies and Homeopathic Information Transfer

Author - Editor: Professor of Medicine Desire’ Dubounet, D. Sc. L.P.C.C

Abstract:
It has been established that over 70% of the people are sensitive to suggestion and to placebo response. It has also been established that Narcan (Naloxone, a medical drug for blocking endorphin response) is capable to block the placebo response. People have made radionics duplicators to duplicate homeopathics thru an unexplained and unscientific process. Could it be that this is just Placebo? Homeopathic have a distinct legal process of manufacturing and if the duplicators are as effective then it needs to be tested and validated. If the effect is merely suggestion, then it is important to inform the public of the charade. In these studies, done first in Denver 1985 and then repeated in Budapest 2002, we used Narcan that blocks placebo response to test if the duplicators work. In the study, the duplicated products were blocked from effectiveness the same as the placebo. We conclude that homeopathic duplicators are mostly placebo in action.

Introduction:
As we have discussed, there are several possible modes of information transfer. Duplicators work on a ‘supposed’ magnetic transfer. In mode number 1 (which involves chemical action), magnetics would not work for information transfer. In modes number 2 (imprinting shape) and 3 (quantic energy states), the mechanical force of succussion could change electron or molecular quantic states. Magnetics cannot effect this change. If magnetics could indeed do so, then homeopathy would be useless. The magnetic interference from a T.V. set or a telephone unit would change the information. Transport of a homeopathic through the magnetic lines of the earth would change the information and nullify homeopathic effectiveness. Homeopathy cannot be transmitted by magnetic action.

As mentioned, duplicated remedies show no change in freezing patterns or in Kirlian photography. Duplicated remedies are probably advanced placebo at best. To test this supposition, an experiment was performed with double blind capacity. There is no change in the liquid crystal effect of the homeopathic.
Procedure:

In 1985 in Denver, 35 patients were chosen from a Naturopathic Doctor's practice. In 2002 in Budapest, Hungary 24 subjects were also so tested. All patients were using certain homeopathics on a regular basis and knew what results to expect. Some patients used a Candida nosode to control bloating or other body symptoms; others used Belladonna or Lachesis for symptoms. All were familiar with their remedy's effect.

Each patient was given either a regular homeopathic or a duplicated remedy. Each patient was also given either a placebo sugar pill, or a pill with 5mg. Narcan (Naloxone). Naloxone is used to block endorphin response and has been found to block the placebo effect in placebo responsive patients. Patient profiles were chosen to exclude those with symptoms of pain as Naloxone can increase pain perception. The test was double blind with neither patient or practitioner knowing which formula was given. Patients were given questionnaires to evaluate the efficacy of the remedy. Results of the effectiveness are shown in the accompanying diagrams.

Results: The test in both studies show that the duplicated remedy performed significantly lower than the real remedy with the placebo (63% is approximately the predicted placebo effect). The placebo blocking Narcan pill significantly lowered efficacy.

Perhaps the information transfer of mode number 4 (multi-dimensional transfer) could account for the transfer of duplicators, the Narcan with its endorphin blocking action might also block other dimensional information transfer. This could account for a duplicated remedy's identification with E.A.V. equipment. Even so, the study shows a markedly decreased efficacy with the duplicated remedy. Radionic remedies have no pharmacology, quantic state or polymorphic state; thus, they are not homeopathics and homeopathy is continually blamed for radionic remedies that fail.
### 1985 Duplication Study Results

<table>
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<tr>
<th>Placebo Group</th>
<th>52%</th>
<th>65%</th>
<th>97%</th>
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**Narcan** 10% --- 14% --- 96%

### 2002 Duplication Study Results

<table>
<thead>
<tr>
<th>Placebo group</th>
<th>49%</th>
<th>64%</th>
<th>97%</th>
</tr>
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**Narcan** group 9% --- 11% --- 96%

**Conclusion to study:**

As we can see the effect of the duplicated remedies is similar to the placebo. The Narcan blocks the placebo effect and thus proves the duplicated remedy is placebo. Duplicated remedies do not work as well as real homeopathics.

Real homeopathy is indeed a viable medical therapy that works on many levels (as outlined in the appendix). The duplicated remedy does NOT work as well as real homeopathy. The duplicated remedy does indeed work better than simple placebo. It could indeed be called a super placebo. The power of intention and the mind is indeed profound and should be used in all of
medicine. However, to not use real medicine for the sake of profit, convenience, or greed is a major insult to the purpose of medicine.

-Appendix-

**POSSIBLE MECHANISMS OF HOMEOPATHIC INFORMATION TRANSFER**

Homeopathy is a medical art used for centuries to treat illness. But what are the ways in which a homeopathic can work? At this time, we can speculate on the list below:

1. **Pharmacology:** Low potency products which in dilute form follow two Basic and simple laws regarding the dilution + potency:
   - **Arundt Schultz Law:** A very small dose of a poison has reverse effects of the larger megadose, i.e., homeopathic belladonna relieves the redness and dryness that raw belladonna produces
   - **Wilder’s Law of Initial Values:** As the quantity of substance is proportionately reduced the potent effectiveness can elevate, paradoxically reverse, or reduce depending on the substance itself.

2. **Imprinting of a message into the polymorphic structure of the carrier water and alcohol mixture.**
   Here the clath rate structure of water is changed to receive a message transfer this message to a patient. The receptors for this message would be on the cell membrane and be similar to olfactory receptors of the nose. This might explain the ability of strong odors to block homeopathy.

3. **Quantic storage of information in the quantic states of the electrons, atoms and molecules of the carrier fluid.** This transfer would be disrupted by sunlight, x-ray, or other photon or particle release. Homeopathics are sensitive to the same. Energy is needed for this shift and possibly could be supplied by succussion. (There seems to be a minimum of times a product needs to be succussed, 10 to 15 times.)

4. **Liquid crystal effect of the water and alcohol.** An electrical trivector field has been discovered that holds the water and alcohol of homeopathy into a shape that cause effects on shape receptors in the human.

5. **Storage might take place in dimensions beyond the 1st, 2nd, 3rd, and 4th.** Some shift of matter in dimensions 4, 5, and 6 and the subspace of the consciousness of the universe. This might be a
possible place for memory storage of a homeopathic. This might explain in the imponderables of homeopathy or the power of energy healing.

In mode number 2, we speak of the memory ability of water and alcohol. This phenomena can be studies through photon scattering tests, nuclear magnetic resonance and simplest of all, freezing. If the water holds a plastic amorphous memory in liquid form as it enters solid form, this shape should have some effects on the ice patterns. A freezer that maintains -5c within 1 degree was used to crystallize the substances.

The homeopathics used were less than 5% alcohol to allow proper freezing. They were put into 1 in. circular 1/8 in. deep trays, then allowed to cool in the refrigerator for 2 hours at +5c before insertion into the freezer at -5c. After 12 hours the disks were frozen and allowed investigation. Patterns would form on the homeopathics. There was indeed some shape transfer even beyond 25x where probabilities of product existing are minuscule. More research is needed to further validate the hypothesis.

Another easy way to measure energetic homeopathics is through Kirlian photography. This involves simply placing the product in a highly charged electrical field over a piece of photographic paper. The electric charge alters the paper, but the homeopathic acts as a prism to direct the charge and each homeopathic produces its own fingerprint or pattern of colors to identify it. These charged particles will be enhanced by the polymorphic shape of the water, the quantic states of the sub-molecular bodies and perhaps by the quasi dimensional memory. It is also interesting to note that so called duplicated remedies show no fingerprint under freezing or Kirlian photography.

CONCLUSION TO FILE:

It should be pointed out that any processing of an herb or other natural product is a SINthetic process done by man. As such it is important to see that man tries to improve nature and often does not. We should thus try to minimise the SINthetic processing and try to maximise the natural. With this in mind choose your therapy wisely and honestly. If your duplication is not getting results, then try more natural ones. Follow your heart and diminish greed anger and delusion.
Partial antagonism of placebo analgesia by naloxone

Author links open the overlay panel. Numbers correspond to the affiliation list which can be exposed by using the show more link.

Priscilla Grevert, Leonard H. Albert, Avram Goldstein

Abstract

Thirty subjects were given a placebo (intravenous saline), which was described as a known pain killer, once a week for 3 consecutive weeks. Experimental ischemic arm pain was produced prior to the placebo and again 1 h later. In a double blind procedure, half of the subjects received 10 mg of naloxone after placebo; the remaining subjects received naloxone vehicle. In addition to the placebo session, there were control and naloxone sessions each week to determine the normal changes in pain and the effect of naloxone on the pain, respectively, when no placebo was given.

Significant placebo-induced analgesia was demonstrated, and a group of consistent placebo responders was identified. Although naloxone alone had no effect on the experimental pain, naloxone diminished the analgesic effectiveness of the placebo, suggesting that endogenous opioids are involved in producing placebo-induced analgesia.

A neurological explanation for the placebo effect?

By Tiffany O'Callaghan Aug. 26, 2009

It has been well documented in medical literature that when people believe they are receiving treatment, they will actually experience a reduction in symptoms—even if their “treatment” is an inactive placebo. This is particularly true when it comes to pain reduction, or analgesia; patients who believe they are being given powerful medication for pain will actually experience a drop in discomfort, even if no active pain medication has been administered. Yet what is it about how the brain is wired that causes this effect?

A group of neuroscientists and psychologists from Hamburg, Germany believe that patients’ expectations of pain relief in part cause the brain to produce its own natural painkiller—previous studies have shown that expectation increases the production of endogenous opioids, which are generated in sophisticated frontal parts of the brain associated with pain regulation. Yet, in addition
to this, the researchers found that a more primitive pain processing network was also employed—the opioidergic descending pain control system, which links up to the deeply seated amygdala, hypothalamus and other regions and can inhibit pain processing in the spinal cord, thereby minimizing pain responses in the brain.

In a study published in the August 27 issue of the journal *Neuron*, the researchers recruited 48 men for a three day trial, during which they were given a cream, applied to the forearm. Half of the participants were told that the cream was a painkiller, while the other half weren’t (presumably they thought it was just a moisturizer). On the first day, the subjects were exposed to mild pain stimulation on the region of the arm where the cream had been applied. Each day after, they underwent the same stimulation, but the researchers secretly lowered the intensity. Through all of this, researchers kept track of brain activity using a technique called pharmacological functional magnetic resonance imaging (fMRI).

In addition to the cream, participants were also given an injection—either with a control saline solution, or with the drug naloxone, which has been shown to block the body’s opioids, or painkillers. What they found was, among patients led to believe they’d been given an analgesic cream, there was a marked placebo effect—they reported an average pain reduction of 23% compared with the control group (who, again, actually had the same cream). Yet they also found that, in the group whose pain reduction capacity was blocked by the naloxone—in contrast with those given saline—the placebo effect was much less powerful. Those who received saline experienced a 36% reduction in pain, compared with only a 10% reduction on the naloxone. There was no significant difference among the control group, with or without naloxone.

Throughout the trial, the brain scans showed that, in the placebo group given naloxone, pain reduction responses were dulled in the brain. What’s more, when the placebo effect was evident, the researchers saw connectivity between the brain’s frontal, more sophisticated pain processing hubs and the descending pain control system, which regulates pain processing beginning in the spine. Going forward, they suggest, new research could help reveal just what roles this system plays in other types of pain regulation beyond the placebo effect, perhaps even helping clarify the neurological basis for pain reduction techniques such as hypnosis.
Fig. 1
Theoretical model of issues impacting development of expectancy and how brain outputs may produce a placebo effect.

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