

PSYCHIC HEALING AND THE ANISOTROPIC UNIVERSE

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ABSTRACT

Drawing on his training in advanced physics and quantum theory, together with an in-depth questioning of the latter's known inconsistencies, physicist/psychic healer Nicolai Levashov has concluded that the universe is anisotropic, i.e., non-uniform in spatial structure. This concept, while backed by serious support in the field of astrophysics, runs directly counter to the classical view that the structure of space is uniform (isotropic)—which holds that space has the same qualities and properties in all directions and that matter, therefore, must manifest similarly in all directions of space.

However, Levashov, from his dual perspective of healer and physicist, believes that spatial anisotropy plays a pivotal role in all creation, both macro- and microcosmic. This process unfolds through the eternal interplay of subtle and physical matter in quantized space, which, he concludes, is the cradle of all creation, and is governed by *specific and quantifiable parameters* resulting from spatial anisotropy. Levashov has laid out the mathematical formulation of this process.

A healer, trained by Levashov to access an advanced state of consciousness and elevated energy potential, must draw on this understanding of the universe, in order to orchestrate the creation or dissolution of matter for healing purposes, in accordance with natural law.

Levashov's basic training of a healer is described, along with the attendant pitfalls and challenges. The steps of the healing process itself, e.g., scanning, detoxification, cellular ablation and regeneration, etc., are detailed in the light of Levashov's cosmological position; and two fully documented cases are presented of children with classically incurable problems, successfully treated by Levashov.

KEYWORDS: Anisotropic, psychic, distant healing, holistic, non-locality

INTRODUCTION

Psyhic or “distant” healing is a venerable practice, global in scope and diverse in modalities, all of which share the phenomenon of “non-locality,” its current rubric in alternative therapy literature. The term is borrowed from quantum physics to account for so-called “non-local” events, where things, seemingly unrelated, come together without any discernible causal nexus. Such “quantum weirdness” underlines sharply the dilemma of modern physics where apparent randomness, manifesting below a certain order of magnitude, has supplanted the model of a predictable clockwork universe.

The elucidation of psychic healing faces a similar challenge: how to account for what transpires during that “mysterious leap” from mind to living matter that unfolds without the help of any physical contact. Psychic healing modalities are legion, as are the attempts to explain how they impact living subjects (human and other species) over modest or lengthy distances.

Such attempts include, among the vast literature we examined, the following: studies on cells, fungi, yeasts, bacteria, plants, healing experiments on humans, evaluation of subjective experiences and clairsentient diagnosis, energy transmission from healer to subject, and channeling of “spirit guides”; healing through empathy and hypnosis; evocation of a transcendent universal consciousness, practiced by several modalities including Reiki, Therapeutic Touch, Pranic healing, and Qigong; practitioners combining spiritual and energy modalities, as exemplified by Montgomery, Holzer, Schwarz, Kraft, and Sui, several of whom are critiqued by Targ and Kutra; shamanistic healers cited in Eliade, Mehl-Madrona and MacManaway.¹⁻¹¹

In 2002, we authored a survey of more recent psychic healing articles and noted that several of the above modalities had found their way into mainstream medical journals, as august as *Annals of Internal Medicine*.¹² While our survey yielded no definitive answers to the riddle of mind/matter interaction, it did signal that anomalous healing had come of age as a subject of serious research, appearing with increasing frequency in reputable medical journals and duly subjected to the rigors of multivariate analyses. All the studies dealt only with cohorts of patients, not individual cases, with short-term but no longitudinal

follow-ups. (See our review article, “Distant Healing Revisited: Time for a New Epistemology.”)¹³

More helpful, in our view, is the growing call for a new epistemology, an expanded view of reality. Eminent researchers, like William Tiller and Marilyn Schlitz have echoed this need, e.g., Schlitz suggests that “. . . distant intentionality might not be an anomaly . . . but part of another order of reality” and that data derived from it may help to “. . . revise the epistemological and ontological assumptions that are used to guide modern science itself.”^{14,15} She further avers that “. . . the space-time matrix in which we are grounded *is not the only model of reality.*”

Also probing riddles of non-locality, from a somewhat different and more heuristic approach, is Russian-born physicist/healer Nicolai Levashov. Fortified with a strong background in science, Levashov has created a unified theory that addresses many of the conflicts in current physics and presents a unique approach to the dynamics of mind/matter interplay.

Lending support to his theory are the clinical results of his healing work—thoroughly validated through detailed medical documentation, archived by the authors and *thoroughly perused by qualified peer reviewers.*¹⁶⁻²¹

THEORETICAL CONSIDERATIONS

To place Levashov’s work in context and to better understand his method, let us consider the following:

COSMOLOGICAL CONUNDRUMS

In the seventeenth century, the western nations had to deal with the *angst* of discovering that planet Earth was not the center of the universe and the stars were **not** fixed and immutable—contrary to their most cherished beliefs.

Contemporary humanity, too, is grappling with the recognition that many of science’s most cherished models of reality no longer hold. Within the past

thirty or forty years, conventional physics has been facing the collapse of some of its most fundamental laws, as more and more empirical research data reveal their inherent inconsistencies.

A striking example is the information about anisotropy coming from the Hubble telescope. Two noted astrophysicists, Nodland and Ralston, after analyzing the propagation of radio waves from 160 distant galaxies, noted that *such data are incompatible with the sacrosanct notion that space is isotropic (uniform)*—or, as succinctly put by *New York Times* science expert, Wilfred Noble, *space is not the same in all directions* and does, in fact, have “a north and south” (“up” and “down”)—as well as an “east and west” orientation.^{22,23} Hence, the speed of light in a vacuum cannot be constant, and the Big Bang theory is seriously undermined.

With the advent of more sophisticated photographic techniques, anisotropy of the universe received further support detailed in a BBC news report, trumpeting the emergence of a new image of the universe produced from data collected by the Wilkinson Microwave Anisotropy Probe.²⁴ They pronounced the image: “The best map yet of the Cosmic Microwave Background (CMB) Radiation—the so-called echo of the Big Bang—showing the Universe may not be the same in all directions.”

Corollary to the above is a recent work by J. Mageuijo, Professor of Theoretical Physics at London’s Imperial College, postulating the existence of VSL (varying speed of light) based on the connection between VSL and theories of quantum gravity.²⁵ His model appears to be built on mathematical formulations, rather than the behavior of electromagnetic and CMB radiation.

LEVASHOV’S ANISOTROPIC UNIVERSE

A key assumption of Einstein’s Relativity Theory is that the universe is isotropic (i.e., uniform or homogenous). This means that it has the same qualities and properties in all directions and that, therefore, matter manifests in the same way through all coordinates and areas of space.

The General Paradigm. Levashov breaks sharply with this tradition. At the heart of his theory lies the notion of an anisotropic (i.e., nonuniform or

nonhomogeneous) universe, wherein the qualities and properties of space *are constantly changing* in every region and direction of space. As noted above, other astrophysicists of repute support this view.

In such a universe, he postulates, *the architecture of space itself is quantized*. As a consequence, all regions of space are organized (patterned) into *quantifiable ranges or intervals* that can be expressed as numerical values, the mathematics of which Levashov has formulated. Such quantization of anisotropic space imposes an obligatory pattern of distribution on all matter moving within it. *In other words, the numerical ranges of every region of space actually define and impose the limits within which its chaotically moving matter may exist and the degree of stability it may maintain.* (Axiomatically speaking, matter always seeks a state of maximum stability).

This can be likened to a simple, classical example of spatial quantization, such as seen in the obligatory distances within which electrons orbiting an atom's nucleus are allowed to exist. This is determined by their distance from the nucleus. If an electron does not fall within the allowable numerical value parameter, it cannot exist. In more complex atoms, where electrons may have several orbits, the distances between the orbits, as well as their distance from the nucleus, are also quantized. As we shall see below, Levashov hypothesizes that the subtle energy realms also possess an analogous quantized architecture. What are the consequences of this "Pythagorean" worldview?

Primary (Primordial) Matters. Everything that exists in the universe consists of primordial "building blocks" of creation, (dubbed "primary matters" by Levashov), moving chaotically in space. All primary matters possess their own distinctive properties or qualities and a specific *energy potential* that allows them to respond to the ever-changing conditions of their eternal trajectory through space.

It is precisely these two specific hallmarks, *quality* and *energy potential*, that determine *where* and *in what state of stability* matter exists in its surrounding region of space.

How does this come about?

Anisotropic Space—The Cradle of Creation. *Fluctuations* in the numerical parameters of quantized space occur continuously and *are responsible for every expression of nature that happens in the universe.* Such fluctuations are sparked by *perturbation*—both in the microscopic world of atoms, as well as the macrocosmic realm of deep space. In the microcosm, it is triggered by electromagnetic waves from radioactive decay on earth or thermonuclear reactions on the sun. In deep space, large-scale thermonuclear reactions, e.g., supernova explosions, provide the trigger.

Let us examine the consequences of this celestial activity.

During the journey of matter through space, turbulence—triggered by a supernova explosion, for example—*impacts and deforms the curvature of the surrounding space, thereby altering its numerical parameters.* This creates a ripple effect (like a stone tossed into water)—generating a series of additional deformations of space, which further alter the architectural relationship between space and matter.

As a result, local areas of anisotropy are created with specific parameters that allow primary matters to interact with each other. This is possible only when a matter form enters a region of space that possesses parameters similar to its own. When this “match” occurs, primary matters, the “building blocks of creation,” begin to coalesce and form new hybrid matter forms—providing endless opportunities for cosmic creation to manifest its richness and diversity.

The merging process of these basic building blocks is construed as follows: Each matter form represents a discrete unit that can merge only with other units of like qualities and potential. Consequently, one primary matter cannot combine with *one half* or *one quarter* of another matching primary matter form, but only with one or more *whole* similar primary matters.

Thus primary matter forms that were once roving free, “ignoring” each other in their chaotic journey through space, become empowered to interact with one another whenever they enter a compatible local region of deformed (anisotropic) space.

When the *quantity* of change in parameters reaches some critical value, a new *quality* and new manifestation of reality are created. Here, in a compatible

region of space, the primary matters “settle in” and ultimately create a stable system, like our planet Earth. (See below “Planet Earth: The Physical and Subtle Matter Spheres”).

No matter where we focus—at every level, every dimension, we observe that anisotropy and quantization are the organizing principles at work—imposing on free-flowing matter an obligatory pattern of distribution

The Healing/Cosmological Connection. We have noted that in Levashov’s anisotropic model, *fluctuations in the numerical parameters of space dictate everything that happens in the cosmos*—from the creation of black holes to the decay of an atom, from biogenesis to the origin of consciousness. It is a recurrent *leit motif* throughout Levashov’s work.

In the dynamic reciprocal interplay of quantized space and matter, we have also observed how matter, in areas of turbulence, constantly impacts and deforms the curvature of space—generating ever-increasing fluctuations in the architectural patterns of space and matter.

Simply put, space changes the matter within it, while—*simultaneously*—matter changes the space it occupies. At some point, following the “reshuffling,” this interaction may reach a state of equilibrium and a planet is born. Transformation to a new level of reality takes place whenever “critical mass” is reached and new qualities emerge.

In this eternal cosmic dance, proper conditions arise and parameters are met that bring about the merging of primary matters into various combinations. *This occurs when the parameters of the surrounding space are compatible with the qualities and potential of the primary matters within it.* Conversely when this match no longer prevails, the matter forms and hybrid combinations lose stability and disintegrate. *The Levashov healer-trainee must have an in-depth understanding of these concepts if he is to work with regenerating or ablating living matter.* (See “Cellular regeneration” below).

Herein lies the connection between cosmology and healing. Healers, fortified with a unique cerebral apparatus (to be described below), *must do what nature does:* choreograph—on the healing site—the necessary materials and parameters for supporting their work.

To do this, they must mobilize the correct qualities and potential to impact the healing site, thereby bringing about the specific parameters and conditions to support their healing intention. This is done by selecting from their mental “paraphernalia” the right qualities, i.e., the matching compatible primary matters which will enable them to program and consummate the healing task with a high degree of precision and accuracy. (See below “The Specifics of Healing with Mental Intention”).

The ability to access such tools comes from the unique training and brain transformation devised by Levashov. Unlike many other training protocols, there is no meditation, channeling or subliminal manipulations of the brain involved.

In essence, the healer must tune in to the eternal interplay between matter and spatial architecture that determines creation or dissolution. The total spectrum of being, from microcosm to macrocosm, is born or dies according to this interplay—whether it is the healing of a living cell or the creation of a black hole.

Understanding this process unlocks the key to biogenesis, memory formation, the nature and development of consciousness and, ultimately, spiritual evolution—all of which are detailed in the corpus of Levashov’s works.

To clarify how a healer uses this knowledge to manipulate matter in a subject’s targeted healing site, we must first consider the following:

Planet Earth: The Physical and Subtle Matter Spheres. The physical realm that we apprehend with our physical senses (aided by devices based on those senses) is but a small portion of the total reality that surrounds us. There are several realms or adjacent “layers” of reality interdigitating with our planet that, due to developmental limitations, most of us are unable to perceive.

These are the so-called “subtle energy,” or, more accurately, “subtle matter” realms which a few cutting-edge physicists have begun to explore theoretically. An example is the thought-provoking article, “Modern Physics and Subtle Realms: Not Mutually Exclusive,” by astrophysics professor R. D. Klauber,

who notes the following: “There is a common misconception, held by many scientists and nonscientists alike, that the laws of physics preclude the existence of nonphysical entities and any concomitant metaphysical realms. . . . DeBroglie’s discovery of the wavelike nature of matter changed that perspective dramatically.”²⁶

We see an interesting application of that change in Professor Tiller’s cosmological model, which depicts seven distinct levels of substances interpenetrating each other with minimal interaction until triggered “through the agency of mind.”²⁷ He derives his model from “the yogi philosophy of the seven principles operating in man,” which he interprets as signifying the existence of seven distinct levels of unique substances, each having a different configuration, composition and obedience to its own set of laws.

Levashov’s model also posits the existence of separate and distinct subtle matter realms. He construes them as consisting of varying combinations of primary matters, none of them physically solid like our Earth sphere, and so normally not accessible to our senses. And they are distinct from our physical planet and from each other in the quantity and properties of the primary matters that compose them.

Specifically, he posits, on planet Earth we have six interdigitating spheres composed of different hybrids of primary matter and separated from each other by a mostly impenetrable qualitative barrier. The physical sphere is the innermost one. Interestingly, *he has calculated that their respective distances from each other and from the centrally placed physical realm are quantized* (attesting again to the all-pervasive organizing principle of quantization).

Perhaps the most compelling empirical demonstration of subtle energy is the work of Russian quantum biologist, Vladimir Poponin.²⁸ This came about as a surprise, after a sample DNA placed and then removed from a laser photon correlation spectrometer continued to register vibrational excitation as if still present in the chamber. After lengthy and rigid scrutiny to rule out lab error, Poponin and his colleagues concluded that the newly dubbed “DNA phantom effect” might be interpreted as a manifestation of a *new physical vacuum substructure* which had been previously overlooked: “We believe *this discovery has tremendous significance for the explanation and deeper understanding of the*

mechanisms underlying subtle energy phenomena including many of the observed alternative healing phenomena.” (emphasis theirs) [Tiller’s work is referenced in this article]. They also suggested that their finding could provide a basis for a more general nonlinear quantum theory and eventually lead to a physical theory of consciousness.

According to Levashov, most people (except clairvoyants) see only into the physically solid realm and cannot penetrate the interlevel barriers of the subtle matter realms. The reality we perceive, he notes, is commensurate with our stage of evolutionary progress. But these are the realms that the healer must navigate mentally.

In the course of evolution, notes Levashov, most of our species have developed only the physical senses needed to maximally support our adaptation to a particular ecological niche. While that is their sole purpose, it in no way implies that there is nothing more “out there.” On the contrary, as we evolve and begin to change, some of us reach out beyond the physical senses and come to perceive all manner of new qualities and levels of reality.

For a healer to functionally perceive the other realms of existence requires *a progressive development of the cerebral neurons—an actual transformation of the cerebral apparatus.* (This is discussed under “The Making of a Healer”). People so evolved are capable not only of seeing into these otherwise invisible realms, but also of developing significant psi abilities—including the ability to heal. Several of Levashov’s advanced trainees have exhibited such qualities.

How is it possible for humanity to take this developmental leap?

Homo Sapiens: Physical and “Subtle Matter” Bodies. According to Levashov, humans possess a physical body and six interpenetrating, rudimentary “subtle matter” bodies (a total of seven in all) that may or may not be developed in any given lifetime. The subtle bodies are sometimes referred to as “spiritual bodies,” but this has no organized-religion connotation. He postulates that our six subtle bodies, like those of our planetary spheres, are composed of various combinations (“hybrids”) of primary matters, each with distinctive qualities and characteristics, and each representing a higher evolution and potential than its predecessor. Together they constitute man’s higher consciousness, or spirit.

The subtle bodies, he notes, differ from each other and from the physical body in the number of primary matters that compose them. However, they all possess structural replicas (e.g., cells, organs, organ systems, etc.) that correspond exactly to those of the physical body. Levashov's healing method involves impacting the physical through work on the subtle bodies. Most people on Earth have developed—in addition to their physical body—only the first two subtle bodies. The other four bodies, existing in rudimentary form, are not activated.

It is interesting to note that Tiller also refers to seven bodies, each with its own pattern of substances and speaks of a “ratchet effect” whereby action beginning at higher levels can “work its way down” to impact the physical level, and vice-versa. In Levashov's model, as noted above, there is also a system of seven bodies, comprising one physical body and six subtle bodies. He advocates that healing work take place first on the subtle bodies in order to impact and transform the physical body. The primary matters from the subtle bodies then flow down to the physical level, triggered by the brain's enhanced energy potential.

Levashov adds that in the normal course of evolution, and subject to life's vicissitudes, it is extremely difficult for one, unaided, to activate a higher-stage subtle body. It is mostly a slow and unpredictable process. When transformation to a higher level is successful, its attainment signals a quantum leap in brain potential, psychic ability and spirituality.

How does this development unfold if, like most of us, we can perceive and operate only on the physical level? How does Levashov “heighten” conscious intentionality?

The Making of a Healer. Levashov's experience with upwards of 300 physicians in the former Soviet Union, plus healing work on thousands of subjects, led him to the following conclusions: *In the general population there is a broad spectrum of sensitivity indicative of a subject's capacity to transform.* According to Levashov, most individuals fall in the middle range. At one end of the two extremes are those who, thanks to genetic endowment, can undergo structural transformation almost instantaneously. (Levashov is able to screen such subjects by a simple test).

At the other end of the spectrum are those with minimal sensitivity and maximum inertia. In such cases, transformation is still attainable, notes

Levashov, but requires substantial preparatory work and may take up to several years. A similar observation was made by a dean of remote viewers, Russell Targ, who noted that *in the general population there are some individuals who, like "world class musicians," possess a natural ability to perform, while others range from potentially competent musicians to those devoid of talent.*²⁹

Likewise, Levashov has found that, in addition to the "naturals," many individuals are capable of becoming competent healers in his method and of receiving the healing "apparatus" he installs. He has currently produced a body of students who are practicing his techniques and documenting their often positive results with strict medical records. The neophyte healer must invest a great deal of time and energy to activate the equipment and learn by experience and guidance. As with any fine equipment, if it just lies on the shelf collecting dust, there will be no progress.

Simply put, the healing apparatus is a functionally altered, "upgraded" brain purposely transformed by Levashov to levels of *increasingly greater energy potential*. The healer so equipped must be trained to access and sustain an advanced state of consciousness. To achieve this outcome, Levashov installs special subtle matter structures into the brain, following which students can see into the human body, mobilize their now heightened potential and work with primary matter. Empirically this is reflected in the before-and-after medical records of their subjects.

The sophisticated cerebral apparatus, or "upgrading," enables the users to muster large quantities of energy potential for their work and to scan at will, using sensory powers quite beyond their ordinary tools of perception.

A cautionary note is in order here. We are not speaking of an intellectual transformation *per se*. If successfully transformed, subjects will develop new ways of thinking, i.e., *new thought processes that will free them from linear or "binary" modes of thought* and propel them into broader perspectives of reality, new attitudes and higher standards of behavior. In other words, a true transformation means expanded consciousness, emotional maturation and spiritual evolution.

Therefore, the dedicated student receives a tremendous boost up the evolutionary ladder: along with a literal transformation of brain anatomy and physiology, *there is a parallel development of subtle or "spiritual" bodies.*

While this method is applicable to a host of disciplines other than healing, *Levashov requires that all aspiring healers be thoroughly grounded in the basic medical disciplines, including anatomy, physiology, cellular biology, genetics, etc.*

The Pitfalls of a Healer. Healing with Levashov techniques is an arduous path. One student characterized it as “oscillating between exhaustion and exaltation.” Like many of the subjects they may eventually treat, trainees often undergo drainage of heavy loads of toxins, as well as soul-searching emotional upheavals. Along the way, many shed immature character traits and undergo positive attitude changes.

To make real progress, working healers must be able to access and sustain the specific condition in themselves, the altered state of consciousness, that triggers the potential to bring about the intended changes. They must steadfastly maintain this focus throughout the healing task: wavering from it, they will accomplish little or no transformation, either for themselves or for their patients.

The biggest struggle comes from the thinking patterns of “*homo normalis*,” who clings tenaciously to old and familiar paradigms and often vilifies those that challenge them. Typically their thinking unfolds in a linear or “binary” fashion—patterned in “yes-no”, “black-white” responses instead of a much-needed broadening and shifting of perspectives.

Also afflicting would-be healers are problems of narcissism, e.g., the desire for power in order to aggrandize themselves or assuage their feelings of inadequacy. If such motivation, rather than the subject’s well being, becomes the healer’s priority, the path turns counter-evolutionary and leads to spiritual downfall.

THE SPECIFICS OF HEALING WITH MENTAL INTENTION

The Etiology of Disease. According to Levashov, there are many factors that can cause physical disease and disharmony between the various bodies: the categories, which vary with the individual, include genetic defects, infections, karma and environmental factors.

Particularly insidious are the latter, usually viruses or bacteria, introduced *in utero* or during the neonatal phase. Many of these are initially subclinical, leaving *in situ* their secreted toxins or remnants of breakdown products. While usually of minor significance early in life, these infections acquire major importance in initiating and maintaining chronic disease later in life, as individuals age and the immune system becomes compromised by a variety of environmental stresses and externally transmitted toxins.

At such a time, toxic residues in the cerebral spinal fluid start to infiltrate nerves originating in and transiting the cord and brain, and thence move via the nerves to various organ systems, where they induce pathological changes. When these residues damage the nerves themselves, the result is chronic degenerative neuropathology or neurodevelopmental disorders.

A landmark finding from the Harvard School of Public Health is credited with being “*the first to link direct laboratory evidence of specific maternal infections [e.g., genital herpes] with the later development of schizophrenia in adult offspring.*”³⁰ [Emphasis ours]. This was a meticulous longitudinal study that involved collecting blood samples during pregnancy to determine maternal levels of class-specific immunoglobulins and for specific antibodies directed at recognizing perinatal pathogens capable of affecting brain development. A subsequent check of the offspring as young adults revealed a significant correlation between gestational elevated levels of maternal immunoglobulins and psychosis in the adult offspring.

Targeting the Subtle Bodies. According to Levashov, it is essential that the healer direct major interventions first at the structures (e.g., cells, organs, organ systems, etc.) on the subtle matter level. (Cf. also Tiller’s “ratcheting” effect, mentioned above). These structures hold the basic organizational patterns, the architectural blueprints, of the physical structures. It is here that healers must make changes in the microspace architecture to set up the necessary conditions for transformation.

To do this, they must mobilize the correct *quantity* of energy potential and correct *quality* of primary matter to support their healing intention. Every step in the process requires great precision and extreme caution to achieve the desired results. We may liken the process to clicking the correct keys on a computer in order to access information or initiate an action.

The energy potential is what “fuels” the process of changing the spatial architecture around the site. The primary matters, which are thereby set in motion, represent the “building materials” of this process. Healing interventions made only on the physical level may afford palliation but cannot ensure permanent relief.

With consistent work on the subtle energy bodies, the healer can effect changes at the cellular, organ, tissue, and systemic or genetic level. The subject is never physically touched. The healer may also work at a distance by creating a holographic image of the subject. A careful and correct process will transform both the physical and subtle bodies, thereby assuring prophylaxis against recurrence.

Levashov believes that with work on the physical body only, the pathological organization of the subtle bodies remains in place and eventually reasserts itself at the physical level. He cites as examples the frequent five-year “cancer cures,” where all vestiges of pathology are apparently cleared up, only to resurface years later, at intervals depending upon the natural regenerative cycles of the various bodily tissues affected.

Scanning. The first task of the healer in the treatment of disease is to scan the body and through a detailed systems analysis develop a comprehensive plan of treatment. The healer reviews the various tissues and organs usually by passing a hand proximal to the patient’s body without touching or physically manipulating him. In the process, the healer mentally poses several detailed questions as to *etiology, severity, etc.*, and often asks his/her upgraded brain for visual cues, such as highlighting or color-coding the locus and nature of the pathology present. The healer must then map out a healing strategy aimed at targeting the primary causes of the problem, rather than just clearing up symptoms, which are really the “side effects” of the disease.

Detoxification. Every living organism produces toxins from normal metabolic activity. These are routinely cleared by a healthy body. But, additionally, there are myriad pollutants in the environment, in our nutrients and in our modern life-style trappings that chronically assail us with a tremendous toxic load. *Mobilizing and removing these toxins plus the residues of old (often subclinical infection) of the central nervous system is an important first step in the healing*

process. Avenues of drainage include the lymphatics, blood circulation, lungs, kidneys, intestines, skin, sweat glands, sinuses and Eustachian tubes.

Patients will vary as to which pathways the body chooses to access. Commonly, there is considerable discharge from the brain into the back of the throat via the sinuses; this gets swallowed and expelled through the GI tract. Other patients will drain mainly through the kidneys and lymphatics, but nearly all pathways may be used in the course of a healing. Skin eruptions, sometimes dramatic, can also occur. As always, the subtle matter structures are worked on first.

It is essential to ensure the body's capacity to eliminate the resulting detritus—otherwise the patient may become overwhelmed and at risk of succumbing to the overload. Therefore, if the excretory organ systems are not intact, they must be worked on first.

Cellular Regeneration. Trained healers, thanks to the programmed structures installed in them by Levashov, have the potential to impact the parameters around the target's microspace. This is not to imply that they sit down at a computer to calculate mathematical formulas. With training, they are able to use their heightened consciousness to influence the organizational patterns of nature which are in the matrix of creation. Once the microspace is impacted by a healer's energy potential and intention, the primary matters will follow the healer's directive according to natural law.

At the subtle matter level, the healer enters the targeted structure with his mind and sets into motion a series of "programs" to accomplish a specific task. For example, if the task is to regenerate a diseased cell, he/she must first (with a variety of optional maneuvers in the learned repertoire) disintegrate the cell, causing it to release its constituent primary matters. These provide the building blocks for the creation of new healthy cells.

This protocol must unfold within the correct parameters of the cell's microspace, brought about by impact from the healer's potential. After the cell ruptures, releasing its components, the force of this "explosion" breaks the qualitative barrier between the physical and subtle matter levels. The healer may then mentally project into this arena a "template" or "blueprint" of a

healthy cell, around which the freed-up primary matters coalesce to form a replica of the healthy cell. The process is somewhat akin to the obligatory line-up of iron filings around a magnet.

Resetting the Immune System “Thermostat”. Every pathological change in the body upsets the homeostasis of the organism, i.e., the harmonious working of all body parts in unison. This alters the feedback loop between brain, central nervous system and organ, which is the biological “thermostat” of the body. Disease changes this “thermostat” to a setting lower than optimal. Even after recovery from illness, depending on its nature and severity, the body will remain at, and adjust to, this decreased level of functioning, commensurate with the lower setting.

To avoid relapse, healers must ensure the continuation of their results by “recalibrating” this feedback loop, and “informing” the subject’s brain of the changes made. This brings the organism into harmony with the changes made in both the physical and subtle bodies of the organs and restores the “thermostat” to its optimal pre-morbid setting.

Some Caveats. It is important to note that psychic healing is a process, not an instant miracle cure or energy boost. Occasionally a single healing intervention, which gives the patient the necessary correct energies and information, can set in motion a viable healing pattern. However, unless the latter is buttressed with balancing corrections in both the immune system’s feedback loop and the subtle bodies, the initial healing impulse will abate and the patient will either fail to improve further or be unable to sustain the improvement gained.

Patients should also know that there is often a delay between the healer’s beginning work on the subtle bodies and the manifestation of change on the physical level. Sometimes the effects are immediate; at other times it may take weeks before the patient realizes that changes are taking place. Patients should also be cautioned that, especially during detoxification, the system becomes heavily loaded and can lead to feelings of weakness or emotional ups and downs.

The Levashov method of psychic healing is not a panacea for all problems. A crucial consideration is the degree of damage to the organism. If too severe,

there is little or no health in the body to support the healing work. When correctly done, however, on an organism that can support and sustain the healing process, the Levashov method can effect changes at the deepest levels of the physical and subtle bodies, achieving lasting cure of even the most chronic and debilitating dysfunction.

CASE STUDIES

The following two presentations demonstrate clearly Levashov's healing paradigm and documented results considered unattainable by conventional approaches.

Both cases have full medical documentation before, during and after the healing intervention and offer a longitudinal perspective as to their outcome. In both instances, the various medical tests performed actually illustrate the step-by step *in vivo* unfolding of the healing process itself. In both the definitive outcomes are more than palliative, or indicative of small gains; their effectiveness, by all conventional medical criteria, point to highly successful and unexpected denouements.

The first case of a young child, (Isabelle), also has the advantage of ruling out any possibility of suggestion as playing a role in the outcome. "Spontaneous remission" is equally unlikely in view of the four craniotomies performed and extirpation of almost the entire right frontal lobe. In *both* cases, the physical changes wrought are compelling in the face of the expected and well-documented history of their afflictions—an invariable death-sentence diagnosis in the first and genetically missing *anlagen* in the second.³¹

CASE #1: ISABELLE P. GLIOBLASTOMA MULTIFORME IN AN INFANT

The following case illustrates two outcomes outside the realm of mainstream medicine: (1) the destruction of a persistently-recurring, rapidly fatal brain tumor, followed by the patient's long-term survival in an optimal state of health; (2) the subsequent regeneration of healthy, functional brain cells to replace

those eradicated in the course of multiple surgeries—a task deemed technically impossible by conventional medicine.

Glioblastoma multiforme is, historically, one of the most relentless, lethal and invasive brain tumors.³² Especially problematic is its exuberant growth rate and massive size which, if unchecked, speedily crushes all the healthy tissue and brain structures confined within the bony skull. The lesion in its pure form is extremely rare in infants.

Traditional interventions, such as craniotomy, e.g., debulking to alleviate pressure symptoms, and chemo- or radiation therapy, have never succeeded in halting the disease's swift and inexorable course. Compounding the difficulty is the fact that the tumor does not form a capsule, and therefore infiltrates and intertwines with healthy brain tissue, which is also surgically removed along with the malignancy. This invariably leaves the patient with serious neurological deficits.

Case History. In August 1993, Isabelle P., a three-month old female infant, presented at the University of Iowa Hospital with a right frontal lobe mass, diagnosed as glioblastoma multiforme and excised on August 23, 1993. One month later, she was admitted for post-operative complications (bacterial meningitis) and treated with broad spectrum antibiotics.

On January 17, 1994—five months after the first craniotomy—severe pressure symptoms due to tumor recurrence necessitated a second excision, which revealed a large tumor mass and typical findings of high mitotic (cell division) activity and extensive necrosis (cell death). Post-operative course was benign and she was discharged for outpatient follow-up.

In the seven-month interim following the second craniotomy, the patient developed a progressively enlarging right frontal cyst, resulting in left hemiparesis (slight motor weakness on one side of the body) plus increasing irritability. Biopsy of August 17, 1994 showed recurrence of glial neoplasm. On the same date, seven months after the second debulking, the patient underwent a third right frontal craniotomy for cyst evacuation; removal of the tumor and necrotic tissue; and placement of drainage apparatus into the cystic bed. She was discharged two days later and scheduled for outpatient follow-up.

Following this procedure, the patient did quite well for two months, until October of 1994 when she developed a near life-threatening illness characterized by high fevers and lethargy. She was then given an intravenous one-month course of an experimental anti-cancer drug (non FDA-approved), supplied by the parents. The drug was withdrawn owing to the patient's systemic intolerance. Thereafter, some clinical improvement was noted for about four months, following which she started to decline. A CT scan of February 16, 1995 showed a 50% increase in tumor size. This surprised the surgeon who had expected an even greater increase in growth, given the nature of this particular lesion; however, it appeared that while the experimental treatment may have slowed down the growth rate of the tumor, it was unable to halt its progress or destroy it.

Levashov's Intervention. At this point, the attending neurosurgeon told the parents that Isabelle was terminal and recommended chemotherapy, which they refused. Although a fourth craniotomy was proposed and scheduled, the parents began to have serious misgivings about subjecting their child to any further suffering in view of her near terminal condition and poor prognosis.

Shortly thereafter, on March of 1995, Levashov was consulted. Isabelle was now almost two years old, moribund after three craniotomies, and with a robust tumor regrowth despite its temporary slow-down by the experimental drug.

Levashov told the parents that despite the size of the present tumor and its natural history, he would try to help. His healing strategy was geared first toward isolating the tumor—then disintegrating it and transforming it into a semi-fluid mass that could be drained from the head and body.

The work consisted of in-person sessions of a few minutes' duration, five times weekly for a total of three weeks, with the healer in close proximity, but never actually touching the child. Isabelle's initial reaction was a total systemic release of toxins through massive sinus drainage, vomiting and diarrhea. The healer reassured the concerned parents that this was a very positive response and would subside. After two months, the toxic reaction ceased and Isabelle began to thrive.

In May of 1995, two months into Levashov's work, the parents noted a slight swelling in the right frontal region. The region was aspirated, yielding a semi-

liquid material thought to be either pus from an infection or the egress of necrotic tumor debris, since it was similar in appearance to material found in her last debulking and pathologically consistent with dead tumor debris. The neurosurgeon then proceeded to do a fourth craniotomy for further debulking and to determine whether the previously placed catheter and shunt were infected.

This was performed on June 25, 1995, three months after Levashov had begun work on the large, new tumor growth. What they found was an intraoperative picture never before reported in a case of pure glioblastoma multiforme. Totally missing was the classical finding (seen in the three previous debulkings), of a solid, non-encapsulated tumor mass, infiltrating and spreading its roots into the patient's healthy brain tissue. Instead, the neurosurgeon's letter, dated July 25, 1995, listed the following: a fibrotic mass adherent to dura (the fibrous membrane covering the brain), five or more cysts filled with xanthochromic (yellowish) fluid; absence of necrotic tissue: "curiously a thick fibrotic wall around the tumor islands;" and a 240 cc fluid cavity.

The above findings illustrate *in vivo* the not-quite-completed third stage of Levashov's healing strategy during the initial three months of his work: as planned, his first step consisted of isolating the tumor from the healthy surrounding tissue by constructing a capsule around it—despite the fact that this particular lesion never forms a capsule; the second step was destruction of the tumor; and the third was to transform the detritus into a liquid mass that could be gradually expelled from the head and body. In Isabelle's case, another step, outside the realm of traditional medicine, was clearly necessary: replacement (i.e., regeneration) of the lost brain tissue sacrificed by the surgery.

A follow-up CT scan two months later actually showed the completed third stage of this process—the presence of a fluid-filled cystic tumor bed with no evidence of tumor regrowth or additional cyst recurrence. The cyst fluid gave the same signal as ventricle fluid (neurosurgeon's report of August 18, 1995). In other words, the tumor mass had disappeared and been entirely replaced by a fluid-filled cyst. At this point, another recommendation to institute radiation or chemotherapy was offered and refused.

A repeat brain scan on October 20, 1995 showed no significant change and "no evidence of tumor growth into tumor cavity" (neurosurgeon's communi-

cation). Isabelle was reported as doing very well—alert and happy, and playing with other children. The neurosurgeon, though quite surprised at the turn of events, cautioned the family that due to the extensive loss of normal brain tissue, mostly in the right frontal lobe, the child would have serious mental and motor deficits, including failure of speech. A few months later, the surgeon noted in the medical records that the child was speaking fluently.

Subsequent Follow-up. CT scans of January and June of 1996 and February of 1997 continued to show no tumor recurrence. From March 1997 through February 1998 there were episodes of shunt malfunction, followed by replacement of the ventriculoperitoneal shunt in May of 1998. Her most recent scans, in January of 1999 and December 2001, likewise showed no regrowth.

To date, the healing sessions continue and consist of sporadic telephone contacts between the mother and Levashov, usually when Isabelle is asleep. Upon awakening, the child reports that she has seen Nicolai “and his rainbow” (referring to the energy field she sees around him).

The distance healing is supplemented by week-long visits to San Francisco once a year for daily in-person sessions of a few minutes’ duration. Clinically the patient has made enormous strides in every area. She is a class leader in her school, very popular with her peers and aspiring to become a medical professional.

A recent meeting between the authors and Isabelle, now almost eight years of age, revealed a tall, attractive, highly intelligent young girl—vivacious, active and outgoing. Her movements were speedy and agile despite a slight left-sided limp. The left arm, though held in a position of flexion, had shown a gradual return of movement and function and was expected to become fully functional with exercise.

SUMMARY

This case illustrates two striking results, outside the realm of contemporary medicine.

The first is the total destruction of a pure glioblastoma multiforme and the long-term survival of a patient stricken with this inevitably swift and fatal lesion. To date, computer searches instigated by the writers have been unable to uncover any long-range survivors of this lesion, other than the patient described. For this reason—and to allay the incredulity of physicians who were apprised of the case—the original frozen sections of the initial biopsy were sent to a well known outside pathologist for confirmation of the diagnosis and to rule out a more prognostically favorable lesion.

The second outcome is the seemingly impossible regeneration of brain cells and the restoration of neurological function in a patient following near-complete removal of her right frontal lobe. The consequences of such a loss normally include inability to speak, as well as significant motor and intellectual impairment. Following the fourth and final surgery, the neurosurgeon had specifically cautioned the parents in this regard.

This prompted the parents to bring Isabelle, then age 2, to the Iowa State Special Education Division, to evaluate her status. They were told that Isabelle's cognitive function, at age 2, was equivalent to that of a child in the first or second grade—or about twice the mental age of a two-year old child.

The above results provide the empirical demonstration that Levashov has achieved both of his healing goals: (1) the destruction of a rapid, invariably fatal lesion, coupled with long term (and continuing) survival of the patient; and (2) the actual regeneration of her destroyed cerebral neurons, as manifested by the restoration of high-level neurological functioning.

CASE #2. ALEXANDER K. CORRECTION OF TESTICULAR AGENESIS

Alexander K., a native of Archangel, a leading seaport in northwest Russia, was born on June 3, 1987 and evaluated at age one month by the family doctor for bilateral cryptorchidism (undescended testicles).

In normal embryonic development, testes first appear high in the posterior abdominal wall and, during the latter half of the seventh month, start their

descent to the anterior abdominal wall. Cryptorchidism, which occurs in about 3% of full-term infants, is a significant cause of sterility because the higher temperature of the pelvic cavity destroys the developing sperm.

In most cases (about 80%), the testicles descend spontaneously during the first year of life. If the condition persists, injections of human chorionic gonadotropin (HCG), administered between the ages of two to five, may stimulate descent. If this proves unsuccessful, surgical correction is an option when the child is about five years of age.

Case History. On October 16 of 1998, the patient, age 11-1/2, presented at the Archangel Polyclinic Medical Academy for evaluation of bilateral cryptorchidism dating back to infancy.

Early history obtained from the mother, recorded by the Polyclinic pediatrician, included the following: testicular absence was noted at age one month, but no interventions were sought until the patient, at age five, was evaluated at the State Children's Hospital. According to the examining physician, a minuscule "formation" of indeterminate nature was palpable in the lower right abdominal quadrant. Surgery was recommended at that time and refused. No further action was undertaken until the patient, now on the threshold of puberty, was brought to the present facility.

Serial tests of free testosterone, measured against three different concentration levels, yielded the results noted in Table I (October 16, 1998):

Free testosterone	Concentration
ng/dl	ml
0.01	16.10
0.01	28.10
0.01	30.10

Normal testosterone range for males (Russian scale) is 7-35 ng/dl (nanograms per decaliter). Chromosome studies were also done to determine biological gender and showed the patient to be a genetic male (46-XY). Surgical intervention was recommended and refused by both mother and patient.

No further action was taken until the end of December 1999, when Nicolai Levashov began distant healing on the patient. This came about through the mother's efforts to contact Levashov after she had attended a public lecture in Archangel just prior to his move to the United States in 1991. Through the intercession of mutual acquaintances, the mother subsequently re-established contact by phone and sought his help.

Levashov replied that, in view of the boy's age, it was rather late to undertake such a case, but he would be willing to try. In turn, the mother would arrange to have the child's condition monitored medically and make all records available to him. (This was feasible since Archangel is an active seaport with modern diagnostic facilities).

Distant healing sessions were conducted five days a week, consisting of the following: one phone session between Levashov (in San Francisco) and Alexander (in Archangel), and four sessions (without phone contact) performed at a specified, prearranged time, during which Alexander was asked to rest quietly. Levashov found him to be a highly intelligent, sensitive and cooperative patient.

On March 24, 2000 (four months after start of the healing sessions), ultrasound examination revealed the following: on the right lower quadrant a new structure was visualized, described as round in shape, with well-defined contours. It measured 1.7 x 1.0 cm and was thought to be a testicle. The left side revealed a somewhat amorphous mass, 2.1 x 1.3 cm, not round in shape or as well delineated. A determination of free testosterone levels done two weeks later registered a level of 2.8 ng/dl-in contrast to the previous reading of 0.01.

On May 3, 2000, studies done at the Center for Radiological Diagnostics reported the following findings: bladder of normal size though somewhat elongated in shape; recognizable channels for descent of testes from the level of the second lumbar vertebra to the hip area; and the presence of rudimentary structures thought to be testicles.

On August 29, 2000, ten months after the start of Levashov's work, testosterone levels revealed a near normal figure, for adolescents, of 6.0 ng/dl—indicative of functioning testicles. (Normal range, depending on age, is 7-35). This was in sharp contrast to the two previous readings of 0.01 (before Levashov began), and 2.8 (four months after the work was initiated).

On September 13, 2000, axial tomography (10 mm interval) reported the following: bladder of normal size and with normal wall thickness; prostate normal in structure with no enlargement; presence of intra-abdominal structures, ovoid in form, emitting strong signals similar to testicular tissue.

A follow-up ultrasound of March 20, 2001, sixteen months into the work, revealed the presence of bilateral, 8 mm, perfectly formed testicles within the abdominal wall. Testosterone level now registered a normal figure of 10 ng/dl, and, as of January 2002, reached a level of 16 ng/dl.

A further update (October-November of 2002) yields the following: The gonads are now partially descended as far as the upper margin of the scrotal sacs, and look and function like real testicles. The testosterone level has risen to 20 ng/dl placing it squarely within the normal adolescent range. (As noted above, Alexander, at age twelve initially produced only 0.01 ng/dl—as compared to the normal male range of 7-35 ng/dl or even the female range of 3-5). In essence, he is actually producing 20,000 times more male hormone than he did before Levashov intervened.

Additionally, he is now experiencing age-appropriate manifestations of libido, including nocturnal emissions (“wet dreams”) and the incipient development of secondary sexual characteristics

It is highly unusual for partially undescended testes to manufacture sperm, given the higher temperature of the abdominal environment. In this instance, tests showed the production of living, perfectly formed sperm, albeit somewhat slower-moving than usual. Levashov said he could correct this as soon as testicular descent to the normal extra-abdominal position was complete.

Final Outcome. At this point, it was decided to perform two separate surgeries, one for each testicle, during the patient's summer school break. To date, two

perfectly formed, functional gonads have been identified and successfully positioned in two separate procedures. Alexander is now an anatomically normal adolescent male with a fully functional reproductive system, complete with viable sperm.

DISCUSSION

Alexander's case graphically illustrates not only the morphological but also the *evolutionary* stages seen in the progressive unfolding of Levashov's approach. For several years, in the wake of technological advances, countless patients on "transplant lists" have been lining up for the daunting procedure of having their damaged or diseased body parts surgically replaced. But for all the technical virtuosity involved, the aftermath of transplanting donor or machine-made parts is fraught with functional and quality-of-life problems.

In patients, whose organs were *present from birth* and later ravaged by disease or trauma, Nicolai Levashov, has produced some unprecedented results without the dire sequelae of more conventional approaches. Case #1, for example, depicts the regeneration of a fully functioning right frontal lobe in a toddler with a history of 4 craniotomies.

But there is also a population of genetically defective patients *born minus specific body parts*—a situation even more problematic to fix. A big stumbling block is the fact that the formation of functionally viable organs can develop only inside the embryo within a given time frame that is genetically ordained. The chronicle of young Alexander, suggests that such defects may be addressed with a new, epistemologically distinct, healing paradigm. It is important to stress that the problem of this prepubescent boy, born without testes, was consistently followed and verified by medical professionals since his infancy.

Levashov's protocol: To achieve his goal, Levashov used the following protocol, based on paradigms unique to his system.

- First, he had to *identify* and *create* the missing piece of the defective chromosome causing the problem.

- Second, he had to incorporate the information into every single one of the several billion cells that make up the human body.
- Third, he had to artificially program the stages of the chromosome's evolution from an initial one-celled structure through to the multicellular transformations that normally occur, step by step, in the embryo. That is, he had to create and grow each organ as if it were actually in the womb.
- Fourth, once the creation of the organ was achieved, he faced the problem of having a newborn's organ in the body of a prepubescent child. This involved the speeding-up of the organ's evolution in order for it to catch up and be compatible with the patient's current body age. In other words, he had to juggle 2 separate evolutionary processes within one single organism.
- Fifth, he had to ensure that the reproductive system was complete in all its components. This involved creating channels in the abdominal wall to accommodate and orchestrate full descent of the testes.
- Sixth, he had to compensate for the size discrepancy between infant and pubertal physiques in order to ensure a timely descent of the gonads into the scrotum. In an infant they would have to traverse a distance of approximately 3-4 cm, as opposed to the 20 cm distance in a patient of Alexander's age.
- Finally, he had to ensure the production of normal, viable sperm.

The above-cited imaging of complete, newly-formed gonads, plus the finding of a normal testosterone level as early as sixteen months into treatment, clearly point to the remarkable result of Levashov's distance healing—the genesis of functional testes in a chromosomally damaged but genetic male, with no prior physical or hormonal evidence of gonads for the first eleven and a half years of his life, and no traditional interventions of a surgical or hormonal nature.

To accomplish this, the healer had the dual challenge of creating missing parts of the defective genes that control testicular development and of actually growing gonads in a subject who, at age 11-1/2, was far past the biological

time table for testes to develop. This process unfolded in accordance with the natural laws governing the interplay of physical and primary matter, impacted and programmed by the healer's energy potential.

CONCLUSION

Nicolai Levashov's work represents a rare meld of science and spirituality. An important aspect of this is seen in his practice of backing up his work with impeccable medical evidence, in tandem with the pursuit of his avowed prime objective—the elevation of human consciousness.

Most memorably, he has brought us a new way of looking at the healing process, that goes far beyond the riddle of how healers heal. He offers us a “unified theory,” based on his formulation of a non-isotropic universe, a view he supports with a detailed elucidation of the behavior of matter and energy in the architecture of anisotropic space.

Levashov's theory addresses many unsolved riddles outside the field of healing, which are beyond the scope of this paper. Vis a vis healing itself, his theory provides a possible explanation of how and why mind *non-locally* impacts matter through conscious intention of the healer—as well as a demonstrable method to heighten conscious intention in the aspiring neophyte practitioner.

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