

## Report

# AN ORIGINAL PARANORMAL THERAPY

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### ABSTRACT

The authors of this paper examined relevant literature in relation to psi healing and were particularly attracted by “bioenergy therapy.” Stimulated by their previous study of telepathy, they performed some experiments (including preliminary trials and controls), in order to see if the discovered “telepathic wave” (a radio wave of wavelength 46.20 meters) also has any therapeutic efficacy. The findings were positive, i.e. the majority (48 out of 61) of beneficial telepathic messages transmitted from the agent (healer) via the original radio-amplifier—named Patulea’s prototype—tuned at the wave length of 46.20 meters to the percipient (patient) was able to cure or at least to improve some diseases.

The paper describes some of the more suggestive cases. The account is also illustrated by a schematic diagram of the device, and a synoptic table of the results. The authors speculate that the bioenergy of different bioenergy therapists could have a heterogeneous frequency spectrum and only a common part of this, a kind of “prosthetic group” possesses therapeutic properties. On the other hand, this subtle, but very active component of bioenergy could be just the “telepathic wave” of 46.20 meters. The findings reveal also that the radio wave of 46.20 meters is not just a simple telepathic one, but a component with possible multiple functions, a supposition sustained by previous works of these authors; it has effects such as precognition and, in complementary therapeutic procedures in the medical field.

**KEYWORDS:** Paranormal therapy, telepathy, biological subtle energy, complementary medicine, telepathic wave

## INTRODUCTION

**W**e examined relevant literature referring to psi healing and our attention was particularly drawn to the ability of bioenergy therapists who, by “laying on” of hands, were able to transfer a mysterious energy from their hand to a patient (client), producing spectacular results in healings.<sup>1-10</sup> Earlier, we found that telepathy could be associated with the wave length of 46.20 meters.<sup>11</sup> Moreover, our experiments suggested that this radio wave is an indispensable component of the very complex mechanism of telepathy. Of course, telepathy, as such, is a psychic (non-material phenomenon) whose nature is being studied by the application of special psychological methodology; however, we had the justified scientific curiosity to perform some experiments in order to see if the “telepathic wave” of 46.20 meters has another psi function, namely telepathic-therapeutic properties. Out of this curiosity, we were driven by the wish to ameliorate, if possible, some of the human afflictions.

## METHOD

We analyzed 61 cases and the results were positive in 48 cases and negative in the other 13. We used the notion “positive” in a very large sense, including various degrees, from temporary or weak improvement, to the complete healing of the diseases. Similarly, “negative” signified not some “adverse type effects” (otherwise, insignificant in our experiments), but the non-existence of any effects. For amplifying the telepathic (also supposed as therapeutic) messages of the agent (healer), we used “Patulea’s prototype,” i.e. a radio amplifier presented in our previous article on telepathy.<sup>11</sup> The device was based on an original design of the first author and then technically constructed, standardized, and verified at the Institute for Electronic Research of Bucharest, by the electronic engineer G. Patulea. In short, the device (Figure 1), placed between the subjects, is a high-frequency, high-gain, low-noise, narrow-band, solid-state amplifier. The tuning wave length could be varied between 45 and 48 meters and its voltage gain could be adjusted between 0 and 300 times. Gain of the amplifier is a function of the input intensity, which is not known in our experiments. Power was supplied via a mains outlet by means of a transformer and a rectifier giving an output of 12 V DC. The apparatus was connected by

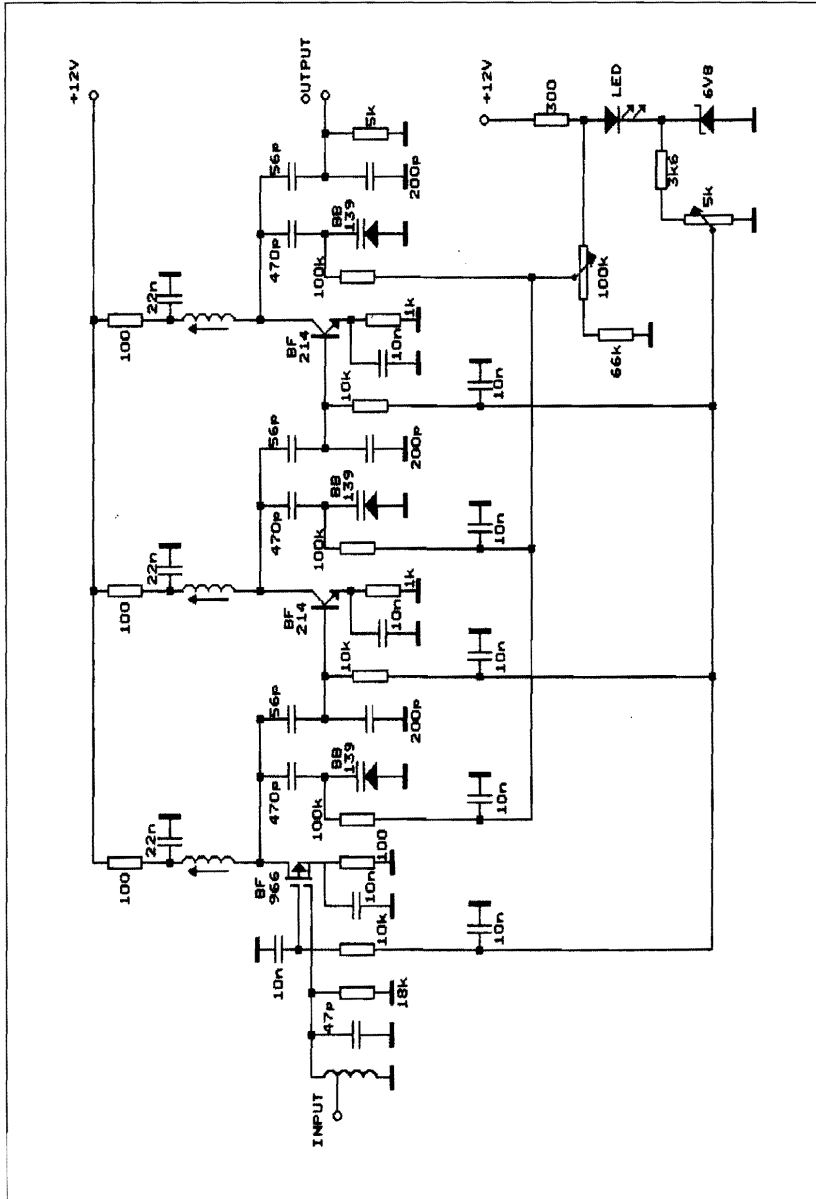


Figure 1. Schematic diagram of Patulea's prototype.

coaxial cable to two copper antennae, 70 cm in length and 3 mm in diameter (similar to those of an ordinary radio receiver). One antenna was interposed between the input of amplifier and agent (healer), while the other was interposed between the output and the percipient (patient). Each antenna was supported by the right hand of the subject (agent or percipient) and other end touched the subject's forehead.

In this paper, the characteristics of the device is presented in brief, but hopefully is sufficiently clear for an electronic specialist to comprehend, reproduce and even to improve on this radio amplifier. Moreover, we think that this amplifier could be replaced by another one, with better performance, tuned to amplify 46.20 meters.

**W**e did not try to control the influence of the 50-Hz power-line noise, nor to characterize the electromagnetic noise in the vicinity of the location where the tests were done, because such possible disturbing factors are thought to be irrelevant for us. Indeed, in our case, beneficial therapeutic messages were efficient only at 46.20 meters, independent of external conditions in which the experiments were performed. Of course, in tests by different scientists where the spontaneous weak (subliminal) telepathic ability of subjects was not artificially amplified, as in our experiments, special precautions and controls are necessary to be used, because in such circumstances some interferences or artifacts from external sources could alter the results. But, once again, it is not the case in our study. The use by us of a radio amplifier as an amplifier of the supposed telepathic-curative messages raises the question of the incompatibility between our postulated radio mechanism of psi phenomena and the classical (conventional) laws of physics. Indeed, many works (including our previous paper on telepathy) indicate that psi effects do not drop off with shielding or distance, as would be expected if psi was associated with EM waves. In addition, the antennas held by the subjects were too short (70 cm in length) to pick up or transmit wave lengths of 46.20 m.

Weak signals (such as ours) are best emitted and received by antennae that are exactly tuned to the respective wave length, namely 46.20 m. Nevertheless, the following point should be noted: we used a radio amplifier, namely a device specially designed to amplify radio waves. Logically, the amplified

phenomena in our experiments, i.e. the telepathic-curative messages do also belong or have a component in the radio frequency range. Further it should be observed that the normal functioning of the device requires proper functioning of all equipment, including the two untuned antennas.

Every experimental session in the present work was carried out in the following manner. The agent (healer) and the percipient (patient), connected to the antennae, sat in different rooms separated by a distance of about 10 meters. The radio amplifier was placed midway between the subjects in a hall located outside their view. In the preliminary trials, the amplifier was handled by an experimenter (who is blind to the conditions of the experiments) who stayed close to the device. During experimental tests, the agent himself handled the amplifier. The reason of these two kinds of manipulation of amplifier will be discussed later. Communication between the subjects or with the blind experimenter, either verbally or by gesture was prevented. The percipient with eyes closed tried to be as relaxed as possible. On the other hand, the agent attempted to emit, telepathically, beneficial messages in a very intense way for all symptoms of the percipient's disease, as well as their cause (if the etiology is known) to disappear or at least to diminish. He looked (if possible), or imagined the affected organs of the percipient and, simultaneously, made with the free hand (without the antenna) some movements, similar to those of a speaker who intends to emphasize his ideas in front of an audience. This last maneuver (accomplished only sometimes by agent "B") was not at all obligatory, but seems to fortify, to a certain extent, the efficiency of the transmitted messages (if the amplifier is tuned to the wave-length of 46.20 m). An experimental session lasted for about 30 minutes. Generally, a complete treatment consisted of 1 to 3 series, each one having 10 experimental sessions, one per day, for 10 consecutive days. Each series was separated from the following by a period of one week.

## RESULTS AND DISCUSSIONS

### PRELIMINARY TRIALS AND CONTROLS

**Preliminary Trials.** Preliminary trials were employed with the first author as agent (healer) and 10 percipients (patients), different than these used in the experimental tests. They have all, more or less, similar respiratory forms of

influenza, with ordinary symptoms: fever (38.7°C - 39.5°C), rhinitis (sneeze), laryngitis (hoarseness), bronchitis (cough) and, head and muscle pain. Our treatment consisted of one series (10 sessions) for every person. The device was silently and secretly manipulated by a blinded experimenter (neutral person), without any kind of intervention of the subjects. It was tuned to radio wave lengths other than the “telepathic wave,” namely to 45.00 m, 45.50 m, 46.80 m, 47.00 m and 47.40 m for five patients and on “telepathic wave” of 46.20 m (supposed also as curative one) for five other patients. The results concerning the first five subjects were negative, although they received as all the persons, beneficial messages: they developed influenza. On the other hand, the last five patients were exhibiting influenza symptoms clearly less severe than the first group, excepting maybe one of them, who manifested a form rather comparable with those of the first group of patients. It is possible that this sickness (like others) could have some self-limiting tendency, but the improvement was clearly manifested in the last five cases. These preliminary trials suggested that:

- a) only the wave length of 46.20 m seems to provide the therapeutic properties;
- b) the telepathic-curative ability of the healer is not sufficient by itself to effect a cure, since with the “non-telepathic waves,” his transmissions were inefficient;
- c) a self-suggestion or placebo-type of reaction in percipients (patients) could be excluded, because beneficial effects were absent on “non-telepathic waves,” in spite of their possible expectation that curative signals reached them.

**Controls.** Our paper includes, implicitly, controls, although, in fact, we did not make specific protocol in that direction. More clearly, the cases investigated by us were, more or less, “desperate,” in the sense that the administration of previous classical treatments (medicaments, procedures) were without consistent positive effects, or without any effect at all and hence, they could be considered as “controls” in relation to our radio-telepathic treatment which, usually, resulted in positive effects on the patient’s health (see below).

## EXPERIMENTAL TESTS

Concerning our experiments, some preliminary observations are necessary:

- a) The amplifier was always “on” and tuned to 46.20 meters (with an amplification of 220 times);
- b) The presence of a blind experimenter was not necessary and the device was silently handled (at the beginning of experiment) by the agent (healer) himself; indeed, the preliminary trials discussed above indicated the inability of this for spontaneous transmission of telepathic-curative messages; additionally, we could remind the numerous controls performed in our previous report on telepathy, which obviously attested to the absence of the agents used by us even for simple telepathy (using Zener cards);
- c) Any classical medical treatment was withdrawn two weeks before our treatment and also during and even after this treatment (if it was warranted). This procedure is not at all novel. It is an elementary rule for a scientific experiment to suppress all (possible) factors, in order to observe the real influence of the experiment studied by the researcher. In the field of medicine, the physician intending to test the efficacy of a new medication may remove the previous medication if this action is not hazardous to the health of the patient. In our case, a similar situation was present. Moreover, in our case, the administration of previous treatments was without positive effects and, logically, their absence would not disturb the health of the patient. On the other hand, our psi therapy has usually beneficial effects and the adverse reactions noted sometimes were insignificant. Certainly, the medical ethics was assured in this work;
- d) Nevertheless, before the experiments, the nature of our method and the possible negative effects was fully explained to the patients, and their informed consent was always obtained. The first patient investigated was one of the authors of this paper;
- e) Concerning the medical side of our research, we benefited by the valuable support of numerous physicians, that included in the establishment of a precise diagnosis in every case, in prescription of their treatment and in assessment of the results of our therapy;
- f) This work is essentially an experimental one, and consequently the clinical side of our results will be only summarily noted, but, we hope, to perceive the “kernel” of the results;

- g) As is known, in the medical field it is often difficult to establish whether a disease is really cured after a certain treatment. This is our case too: the “healing” of some dysfunctions by the radio-therapy we invented must be considered a high probability and not an absolute certainty, even if the respective symptoms completely disappeared, sometimes for a very long period of time.

In the following, we present the findings and some remarks in relation with the more evocative cases:

1. The patient “L”—the coauthor of this paper—was suffering for some time, from a cervical dorsal spondylosis, and a discreet left scapulo-humeral arthritis, with Arnold’s neuralgia (pain of the nape), dorsalgia (backache) and frequent insomnia. “L” used a variety of treatments such helio-marine cures, anti-inflammatory, analgesic and hypnotic drugs, local infiltrations with xyline and novocain, physiotherapy, acupuncture, naturist tea and even bioenergy therapy with a well-known Romanian bioenergy therapist, but with no detectable results. After our treatment—with “B” (the first author of the paper) as the healer—consisting of 3 series, each with 10 sessions, there was a spectacular improvement (almost a total disappearance of all sufferings), which continues till the present, for nearly 8 years.
2. Our therapy could manifest interesting responses: in the case related above, during treatment, the patient “L” developed a fleeting influenza in the evenings for 2-3 days with a constant body temperature of 38.7°C. Then, in our telepathic transmissions the command to decrease the corporal temperature to 36.7°C was included (without the patient’s knowledge). “Mysteriously,” after 6-8 hours the same evening, the body temperature of “L” was exactly of 36.7°C and remained normal during the following period. Of course, the temperature was measured under exactly similar conditions: “L” was always wearing same type of clothing, the temperature in the room was constant, the same thermometer was placed in the same position, and two measurements were taken every evening at nine o’clock, for a period of one week. The other manifestations of influenza (cough, hoarseness, etc.) also decreased quickly.
3. Patient “V” (sister of “L”, healer “B”) was suffering by an incipient coxarthrosis, with painful crises of his basin’s articulations (loin pain) especially during locomotion, a characteristic symptom of this disease. The



medications prescribed by physicians (tranquilizers, analgesic and anti-inflammatory drugs) and avoidance of the great or prolonged physical effort produced only temporary improvements. We tried our method and after 20 sessions, “V” achieved some amelioration of her state, excepting during the metrological periods with changes in atmospheric pressure, when her loin pain reappeared. The patient was watched till the present, i.e. for a period of 7 years and her state maintained without any change in the above improvement.

4. It was observed that some dysfunctions of the patient disappeared when the healer had knowledge about them; however, he was not thinking of these during the transmissions; in other words, the healer completely forgot their existence and, consequently, he did not transmit any beneficial messages in this direction. The most interesting case was of the patient “V” presented above, who from her youth was suffering from psoriasis and tried all known classical treatments, including anti-inflammatory medications, corticoid substances, vitamin therapy, helio-marine cures in the morning (ultraviolet waves of “a type”), even skin transplantations, but without positive effects. After 20 sessions of our therapy, aiming in fact at the coxarthrosis, the skin psoriasis lesions of the patient completely disappeared and as of now, seven years later, is in complete remission without any other treatment.
5. Moreover, for the same patient “V” an unexpected beneficial result was noted with reference to a very difficult to treat cystitis (only neoxasole was able to produce short ameliorations). The healer “B” had no knowledge of this condition and, hence did not transmit any beneficial telepathic messages in relation to this disease. After the above mentioned treatment, this sickness totally disappeared, with its characteristic painful and frequent urinations, till the present, i.e. for 7 years.

The explanation of these two last results (about psoriasis and cystitis) is difficult. It seems that our psi therapy allows, sometimes, to penetrate profoundly into the “abyssal levels” of the psyche (subconscious, unconscious levels) and to draw upon telepathy as also some other paranormal abilities, such as clairvoyance.

6. During the sessions, some patients manifested a kind of “pseudo-crisis” of their disease, but these “secondary” (adverse) type effects were transient (20-30 minutes), and weak in comparison to the authentic crisis and had never dangerous consequences. For example, patient “O” (sister of “L”) having a very old migraine, presented in the course of transmissions of healer “L” a right hemi-cranial pain (pain on the right side of the head), nausea, dizziness (giddiness) and photophobia (phobia to light), namely the symptoms of her disease, but in a feeble form. After finishing the procedure (30 sessions), beginning 5 years ago, the state of “O” was acceptably ameliorated, but unfortunately for two years only.
7. The psi therapy could manifest a strong analgesic (calming) effect. This was the case of a neighbor, the patient “Z”—healer “L”—affected for 3-4 days by a right hemi-thoracic zona. The syndrome was characterized by appearance of pustule eruption on the right part of the thorax, with tendency of extension, a very strong and painful sensation of burning, fever (38.2°C) and anxiety state. We tried our method. The treatment consisted of one series of 10 sessions. Just after the first transmission, the painful sensation of burning completely disappeared and her body temperature reduced a little (37.9°C). In the next 6-7 days, the pustules regressed and finally disappeared. We did not research the profound cause of this syndrome. In any case, for five years after this, no episode of zona has manifested.
8. An interesting case is of the young patient “A” (daughter of “B,” friend)—healer “L”—who was often suffering from claustrophobia. The disease was expressed by an intense and frequent crises of pathological fear of any small or closed spaces (room, car, elevator, etc.), with sensation of suffocation, increased respiratory rate and dilated pupils of the eyes. The medications prescribed by physicians (especially tranquilizers), walks in fresh air, or hypnosis’ sessions were ineffective. Our treatment, performed 4 years ago (20 sessions) consisted in transmission at distance of messages regarding the disappearance of all symptoms mentioned above. A similar set-up as in our previous paper on telepathy was used, i.e. the “input” antenna and the healer were located at their address and the “output” antenna was taken out of the building and set up by a window. The patient was at her home, about 3 km away. Further, during the experiment, the healer looked attentively at a photo of the patient. The results

were satisfactory; after the end of treatment the crisis experienced by “A” diminished substantially in frequency and intensity. These results attest once more the telepathic nature of our messages, telepathy being defined classically as “transmission of thoughts from a distance.”

9. The next case “G” was a spectacular one. “G” is a French medical doctor practicing in Paris. We met her accidentally at a Congress held 7 years earlier in Bucharest. “L” was overwhelmed by her extended psoriasis, which she tried to cure by all known procedures, but without any success. It was proposed to “G” to try our method and she accepted. There were 20 sessions (with healer “L” working) during which each person was located in their respective homes: “L” in Bucharest and “G” in Paris. The procedure used was the same as in the case of “A,” only this time the separating distance between the two subjects was large (almost 2000 km). Of course, the transmissions were planned taking into account the difference between the time in Bucharest and Paris. “L” asked “G” to communicate us, after one year from the start of treatment (with discretion, without reference to the used method), the results. We received from “G,” after that time a postal message in which she mentioned the results were positive. We do not know the present situation of “G” (healing?).

This case seems to suggest the exciting possibility that the mind could communicate in a form without its habitual concrete linguistic shell (English, French, etc.). Indeed, the transmissions have been in Romanian language, “G” being a person without any knowledge of this language.

10. Our psi therapy seems to be ineffective in some serious afflictions (at least at the amplification furnished by our device). For example, a young patient “M” (daughter of “O”)—healer “B”—diagnosed with paranoid schizophrenia, interned three times in neuro-psychiatric clinics and subjected to aggressive neuroleptics, electroshocks, etc., was also a patient for our psi method. After 30 sessions, performed six years ago, we have not noted any improvement and her disease continued.

The results described above are schematically presented in Table I, almost all the patients (percipients) being closely observed by the healers (agents), from the beginning of the treatment till the present.

**Table I**  
**Synoptic Representation of the Results**

| PATIENT-<br>HEALER | DISEASE                      | NUMBER<br>OF SESSIONS | DURATION OF<br>PATIENT<br>SUPERVISION | RESULT                     |
|--------------------|------------------------------|-----------------------|---------------------------------------|----------------------------|
| "L"- "B"           | Spondylosis<br>and arthritis | 30                    | 8 years                               | Spectacular<br>improvement |
| "L"- "B"           | Influenza<br>febrility       | 1                     | One week                              | Healing                    |
| "V"- "B"           | Coxarthrosis                 | 20                    | 7 years                               | Mediocre<br>improvement    |
| "V"- "B"           | Psoriasis                    | 20                    | 7 years                               | Healing                    |
| "V"- "B"           | Chronic<br>cystitis          | 20                    | 7 years                               | Healing                    |
| "O"- "L"           | Migraine                     | 30                    | 5 years                               | Temporary<br>improvement   |
| "Z"- "L"           | Zona                         | 10                    | 5 years                               | Healing                    |
| "A"- "L"           | Claustrophobia               | 20                    | 4 years                               | Significant<br>improvement |
| "G"- "L"           | Psoriasis                    | 20                    | 1 year                                | Healing?                   |
| "M"- "B"           | Paranoid<br>schizophrenia    | 30                    | 6 years                               | Negative                   |

In the findings presented in this paper (and the others not discussed), a statistical analysis of data, which of course should increase the scientific level of the work, seems to be extremely difficult to be applied, owing to their immense informational complexity and especially of many unknown elements. Indeed, before we perform a statistical analysis of 61 cases studied by us, it would be necessary to know and to express mathematically, the result in every case, i.e. to establish at what probability level each case may be considered cured.

For example, in relation to the coxarthrosis of "V," some questions must to be clarified:

- a) How to quantify the genetic predisposition of "V" which determined the beginning of her disease at a certain time (and not before or later) and also only to "V" (and not to any other patient);

- b) What was the real contribution of the risk factors, such as body weight, alimen-  
tation, drugs (tobacco, alcohol), or other previous and present dysfunctions of  
“V”;
- c) How could we quantify the reappearance of painful crises, that depended on  
atmospheric changes;
- d) How serious is the coxarthrosis of “V,” in relation to other diseases investigated  
by us (the spondilosis of “L,” or psoriasis of “G”);
- e) What is the authentic prognosis in this affliction of “V”;

The list could continue. It must be recognized that the quantification of the  
coxarthrosis of “V” is not at all a simple problem and that a statistical analysis  
of all 61 cases studied by us that varies so qualitatively—would be, for the  
present, difficult if not impossible.

## CONCLUSION

**O**ur findings attest that the radio-wave of 46.20 meters is not a simple  
“telepathic” one, as suggested by our previous paper on telepathy, but  
a component with various functions, this supposition being supported  
by a personal work on precognition<sup>12</sup> and, of course, by the present study  
about a complementary medical procedure, in which telepathic-therapeutic  
messages of great complexity were used in effecting a cure.

Taking into account the results obtained in this paper, we presume that the  
energy from a bioenergy therapist could be of heterogeneous structure,  
depending of the therapists. Only a common part of this, a kind of “prosthetic  
group” seems to possess therapeutic properties. This subtle but very active  
component of bioenergy could be just our “telepathic wave” of 46.20 meters.

It seems that the succession of the events in the energetic variant of telepathic  
therapy is, approximately, the following:

- a) The agent (healer) emits, consciously or unconsciously, beneficial telepathic  
messages of subliminal intensity;

- b) The device (Patulea's prototype) tuned to wave-length of 46.20 meters receives, amplifies and transmits these signals in space, including to the brain of the percipient (patient);
- c) There, these beneficial information, although originating from the healer, are appropriated by the patient, as his/her own message with "paranormal dimensions"—to effect a cure;
- d) So "activated," the brain of the patient sends to the affected organs (by unknown mechanisms), very efficient impulses to produce their healing.

Finally, we are convinced by the relativity of our findings, which in fact are preliminary research results in this interesting but controversial field of parapsychology, the psi therapy. Certainly, the question is far from elucidated and future studies conducted more fully are necessary for completely decoding the problems exposed in the present paper.

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