

Volume: 2014

Number: 5



ACUPUNCTURE and NATURAL MEDICINE



**MEDICAL SOCIETY OF
NATURAL MEDICINE**

ISSN 1339-4703



Acupuncture and Natural Medicine



Editorial

Dear readers, dear colleagues and friends of natural medicine and acupuncture,

time passes very quickly and a new issue of the Acupuncture and Natural Medicine has come to the light of the world. It is being published a few weeks after a very successful XVIII Medical Congress of Natural Medicine filled with wonderful speakers and interdisciplinary participation which was held in Samorin-Cilistov at the beginning of October. In spite of the fact that in the issue you will find a report from the mentioned Congress written by Teodor Rosinsky, M.D., CSc, along with the first three scientific works which were briefly presented at the Congress, as a Congress participant, I cannot help stopping at it. I admit that as a graduate of Charles's University, Faculty of General Medicine in Prague, and, thus, a typical graduate of so-called Western medicine, I was far away from natural medicine and acupuncture. After spending the last 15 to 20 years on the oncological ward and the ward of breast disease diagnosis, after many years of experience I have fundamentally reassessed my positions. Yes, evidence-based medicine... repeated blind multi-arm studies... large cohorts of patients... This is what we do not often or even usually come across in the treatment of complications of oncological diseases using the means of natural medicine. I have personally witnessed the area of skin sensitivity of a patient suffering from a spinal cord disease expanding by several centimeters due to acupuncture. I have seen how acupuncture helps with burns. On a day-to-day basis, I come into contact with female patients with post-surgery changes and complications at the start, during and after the

treatment of breast carcinoma. The insoluble lymphedema of the upper extremities, pain, vulnerable state of mind... And I will not even talk about prevention, diet, states of mind... Participation in the latest congresses of natural medicine and close cooperation with the head physician Gustav Solar, M.D., PhD, Theodor Mochnac, M.D., PhD, Zlatica Solarova, M.P., PhD, Sona Sazelova, M.D.,

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Acupuncture and Natural Medicine

among others, have significantly influenced my way of thinking.

Therefore, I am pleased that I can work together with doctors who are occupied with natural medicine and acupuncture. I was inspired and encouraged by the article by Eva Baumann, M.D., “Qi a xue from Different Views”. It opens a view on the tissue – blood, not only as a life carrier (transport of oxygen and nutrients, homeostatic element, defensive function, heat transfer, ...) but also from a psychosomatic perspective and from the perspective of the Chinese medicine and the Bible. The conclusion is not unambiguous and straightforward; simply, blood is in all organs and systems of the body, connecting the physical, mental and spiritual substance of the person. Theodor Mochnac, M.D., PhD in his article “Laserpuncture – a New Methodology in Acupuncture Treatment” informs about the effect of laser, laser groups, categories of lasers, and medical lasers. The efficacy of laser-based therapy is confirmed by the presented results of a patient group, where no negative laser therapy manifestations have been recorded. Laser works on an ergo-information level. We can only hope that the methodology will expand to other areas, too, perhaps, to lymphedema treatment... Hopefully... Another good article which offers a presentation of the results of a pilot study (by the authors Gustav Solar, M.D., PhD and Zlatica Solarova, M.P., PhD) is entitled “A Comprehensive Dynamic Pyramid Model in Acupuncture”. The authors in the article analyse

both the historical and contemporary knowledge on pyramids as a model for acupuncture, including new 3D structures. The article by Viera Murckova, M.D., “My Way to Acupuncture” is very close to me. The column “Ethics” in the Natural Medicine is an innovation in this issue. It is not a common part of a magazine of this kind but, as the discussion at the Congress showed, it is a much needed subject for natural medicine, and not just for it alone. The article by Peter Sedlak, M.D., is an inspiring introduction to that field.

I would like to conclude this editorial, through which I am inviting you to read the magazine, with a citation from the article by Viera Murckova, M.D.: “... The study of medicine provided me with fundamentals without which I could not master it. The study of acupuncture gave me wings, and not to me alone; on which I will fly further...”. It is up to each of you how you will accept the articles in this issue; it will, certainly, enrich us all.

I thank all whom I have come across on my way and, thus, opened, at least a little bit, the door to the world of natural medicine and acupuncture.

Let me wish you plenty of pleasant and instructive moments spent reading the pages of the new issue of the magazine “Natural Medicine and Acupuncture”.

**Doc. Jana Slobodnikova, M.D., CSc.,
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A1



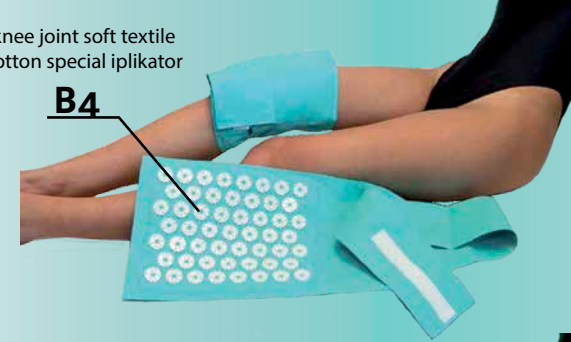
small soft textile cotton iplicator

A2



knee joint soft textile cotton special iplicator

B4



small soft textile cotton iplicator for face

A6



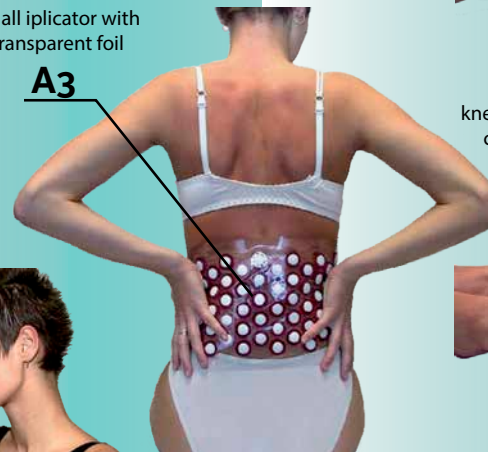
elbow joint regular soft textile cotton iplicator

B6



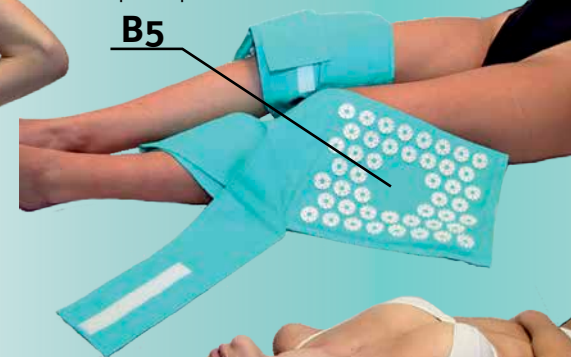
small iplicator with transparent foil

A3



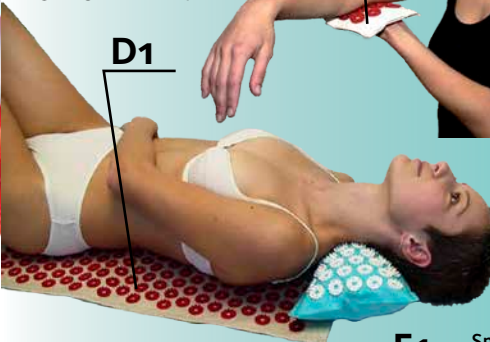
knee joint gentle soft textile cotton special iplicator

B5



large regular linen iplicator

D1

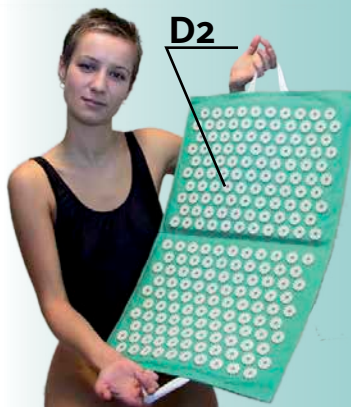


E1

Small textile cotton inflatable iplicator for cervical spinal area and lower back.

large soft folding textile cotton iplicator

D2



Large textile cotton inflatable iplicator

D5



textile cotton pneumoiplicator for lower back

large regular iplicator with transparent foil

D6



small inflatable iplicator with transparent foil for cervical spinal area

E2



Small textile cotton inflatable iplicator for reflex zones of the feet and for increasing blood circulation

E5





The complex dynamic pyramid model in acupuncture

Gustáv Solár, M. D., PhD., Zlatica Solárová, M. P., PhD.

Summary

The authors are presenting a pilot study introducing the complex dynamic pyramid model (hereafter referred to as “pyramid model”) that partially synthesizes some of the already existing models in acupuncture with new 3D structures. The pyramid model and its universal structure and relations transcend acupuncture and reaches into several other fields of natural medicine and natural science in general. It is based on historical knowledge and relations, as well as in modern physical science and provides an opportunity for studying the wave theory of acupuncture, which is to be introduced in one of the following installments of this cycle. The most obvious advantage of the pyramid model is its compatibility with and comprehensibility for modern natural science. It opens up further possibilities of an interdisciplinary study of acupuncture and natural medicine as a whole.

No model offers a complete picture of reality, which is always significantly more complex, and the pyramid model is, of course, no exception. As all models, it should be considered didactic and depicting only a part of the whole, as it is impossible to reduce objective reality into the form of a model. We could take some models in physics (e.g. the model of the atom, etc.) as an example.

The pyramid model allows for a better understanding and application of new approaches and methods in the study of acupuncture, natural medicine and other fields of natural science.

The pilot study presented here is an introduction to an extensive interdisciplinary issue.

Key words

Acupuncture system, horizontal structures in acupuncture, vertical structures in acupuncture, pyramid, complex dynamic pyramid model in acupuncture, yang concatenation, yin concatenation, Ba gua, nine palaces, triplets, transdimensional plane of the pyramid, transdimensional acupuncture

Introduction

Models are frequently used to depict certain phenomena, not only in acupuncture, but also in science in general. They often serve as an essential tool in studying various issues, as seen, for example, in the possibility of mathematical modeling and the consequential study of the laws and rules of mathematics. Acupuncture is no exception, although its mathematical modeling has not yet become common practice.

Perhaps the best known model in acupuncture is the classic pentagram, which is suitable for studying and explaining various relations and connections between the elements and the meridians. We could also mention others, such as the Ba gua, the nine palaces (Lou Shu scheme), the He Tu, etc. However, the planimetric nature of the above mentioned models denies us the opportunity to illustrate some rather important dynamic relations. Our complex dynamic pyramid model is based on numerous relations. From a historical point of view, we could consider the pyramid to be one of the archetypal spatial models, which carries coded information. Considering the occurrence of pyramids in





virtually every relevant civilization, it would be rather naïve to assume that they only served as tombs or other burial structures (Muldašev, 1998, Růžicka, 2014). Every pyramid has a base or horizontal plane and a vertical plane, which are interconnected and possess certain physical qualities. We can find pyramids in connection with acupuncture for instance in the writings of Davydov (Davydov, 2008) and we have also used the pyramid as a model in creating mammo-electroacugraphy (Solár, 2012). As you can see, putting the pyramid in relation with acupuncture is not a brand new idea.

The first premise in postulating the complex dynamic pyramid model were the Early Heaven and Later Heaven models in Ba gua, the Nine palaces (Lou Shu Scheme), S1, S2. These typical planimetric models illustrate the relations of the eight meridians. In addition, it was also necessary to accept a vertical structure constituted by another four organ meridians. The second premise consists of the yang and yin concatenations, which we described in an earlier study¹ and which have their correlates in TCM. It's clear that these two concatenations must be interconnected in a multifunctional way, which is only possible through a vertical plane. The third initial aspect is the triplets as described in the previous installment of this cycle². Last, but not least, we also based our research on the classic Tibetan or cross pentagram model.

Historical notes

We can find the monumental structures of pyramids all over the world, but the best known examples are situated in Egypt. Determining

their age varies and the interval is rather wide. Modern archeologists considered the Egyptian pyramids to be mere tombs, designed as a burial place for the royalty or other high ranking individuals. However, the structures' sheer monumentality, the precision of their execution and their technological and temporal demands question the validity of this interpretation. It's highly probable that these pyramids carry a different set of symbols and functions, as indicated by their orientation.

Materials and methodology

The authors analyze historical and contemporary knowledge about the pyramids. The basis of the analysis is constituted by the yang and yin concatenations, the five models of Ba gua (the schemes Fuxi, Wen, S1, S2 and Universal Ba gua), the Lou Shu scheme according to Wen and the triplets. The 8 meridians are organized on the pyramid's basis or horizontal plane according to the Wen, Fuxi, S1 and S2 schemes, which constitute the 'Universal' scheme. Another four meridians in the horizontal plane make up the pyramids vertical structure. The wave characteristics of the individual meridians are based on this analysis. This paper uses the Latin (or Greek) nomenclature of the meridians, in order to make them medicinally comprehensible in every language.

CO (**cor**), IT (**intestinum tenue**), VU (**vesica urinaria**), RE (**ren**), PE (**pericard**), TC (**tricalorium**), VF (**vesica fellea**), HE (**hepar**), PU (**pulmo**), IC (**intestinum crassum**), VE (**ventriculus**) and LP (**lien pancreas**)

The mutual relations of the meridians in the vertical and horizontal plane are based on the circadian rhythm (Table 1).

¹ Solár, G.: TRIPLETS, CONCATENATION, BA GUA AND PATTERNS IN ACUPUNCTURE, In Akupunktúra a naturálna medicína Bratislava. LSNM, 2014

² same as above





Tab. 1. The circadian rhythm and the rule of *midnight* and *noon*

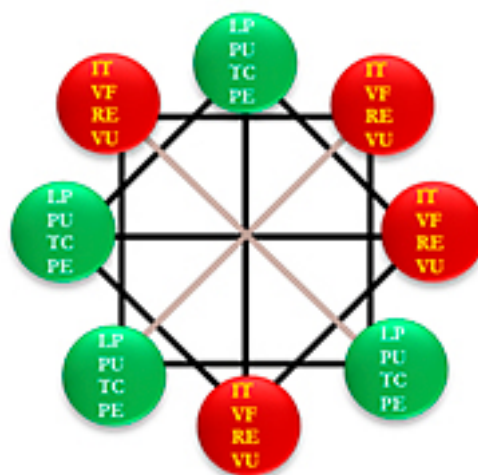
The time of the meridian's apex	11 a.m.–1 p.m.	1 p.m.–3 p.m.	3 p.m.–5 p.m.	5 p.m.–7 p.m.	7 p.m.–9 p.m.	9 p.m.–11 p.m.
Meridian	CO	IT	VU	RE	PE	TC
Meridian	VF	HE	PU	IC	VE	LP
The time of the meridian's apex	11 p.m.–1 a.m.	1 a.m.–3 a.m.	3 a.m.–5 a.m.	5 a.m.–7 a.m.	7 a.m.–9 a.m.	9 a.m.–11 a.m.

The order in the circadian rhythm: CO (**cor**), IT (**intestinum tenue**), VU (**vesica urinaria**), RE (**ren**), PE (**pericard**), TC (**tricalorium**), VF (**vesica fellea**), HE (**hepar**), PU (**pulmo**), IC (**intestinum crassum**), VE (**ventriculus**) and LP (**lien pancreas**)

The vertical depiction of a plane in the pyramid model constitutes pairs according to the rule of *midnight – noon*, while the four meridians CO, HE, IC, VE constitute the vertical structure. The vertical pairing defines the mutual relations and connections of the vertical and horizontal planes.

The model's structure

The meridians in the horizontal plane are organized according to the Universal Ba gua, which is the sum of the Wen, Fuxi, S1 and S2 Ba guas (Figure 1)



Obr. 1. Universal Ba gua

Green circle LP, PU, TC, PE – **yin concatenation**;
red circle IT, VF, RE, VU – **yang concatenation**

LP (**lien pancreas**), PU (**pulmo**), TC (**tricalorium**), PE (**pericard**),
IT (**intestinum tenue**), VF (**vesica fellea**), RE (**ren**),
VU (**vesica urinaria**).

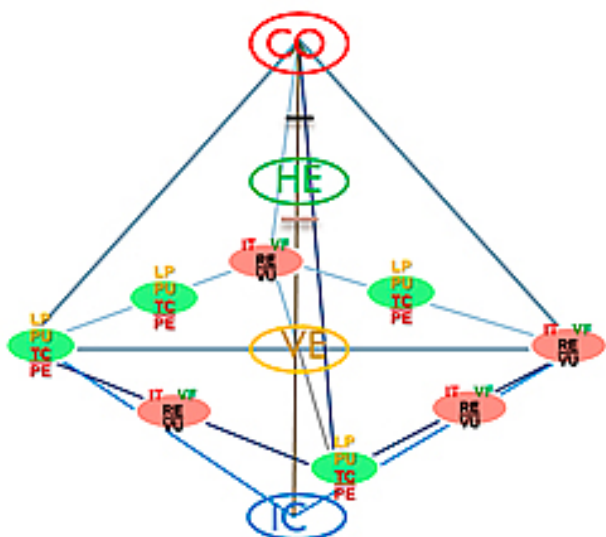
In the horizontal plane, schematic configuration is applied (Lou Shu according to Wen), while the dynamics of the yang and yin concatenations are taken into account as well. The fifth position in the configuration according to the Lou Shu center scheme is intersected by the vertical axis (vertical structure) of the complex dynamic pyramid model. The progression in the horizontal plane contains four yang and four yin concatenations. (Figures 1 and 2)





The mutual positions of the yang and yin concatenations' components are characterized by continuous movement and, at the same time, discontinuous quantized configuration.

This leads to further consequences concerning the dynamics of the model and its configuration. It's also related to the energo-informational network in acupuncture (described in a previous installment). From the spatial perspective, no two walls of the complex dynamic pyramid model have the same structure, which corresponds with our current knowledge about the qualities of the pyramids (Figure 2). A fractal structure applies to the complex dynamic pyramid model as well.



Obr. 2. Universal Ba gua

Horizontal plane

yang concatenation (red circle): LP (lien pancreas), PU (pulmo), TC (tricalorium), PE (pericard),

yin concatenation (green circle): IT (intestinum tenue), VF (vesica fellea), RE (ren), VU (vesica urinaria).

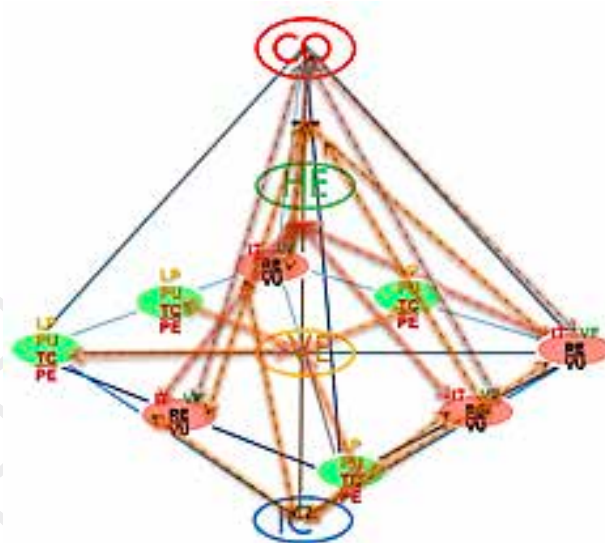
Vertical plane

CO (cor), HE (hepar), VE (ventriculus), IC (intestinum crassum).

Dynamics

Linking the Universal Ba gua on the vertical and horizontal plains of the complex dynamic

pyramid model results in five different pyramidal spatial structures, while four of them (apexes in CO, HE, VE, IC) are organized in a ratio of one yin and three yang pyramids (Figure 3) and are characterized by yang concatenation. The vertical structure has a dynamic *yang* character, while the horizontal structure is *yin* in its essence.



Obr. 3. Universal Ba gua – „functional pyramids“ with apexes in CO, VU, HE, VE, IC.

Horizontal plane

yang concatenation: LP (lien pancreas), PU (pulmo), TC (tricalorium), PE (pericard),

yin concatenation: IT (intestinum tenue), VF (vesica fellea), RE (ren), VU (vesica urinaria).

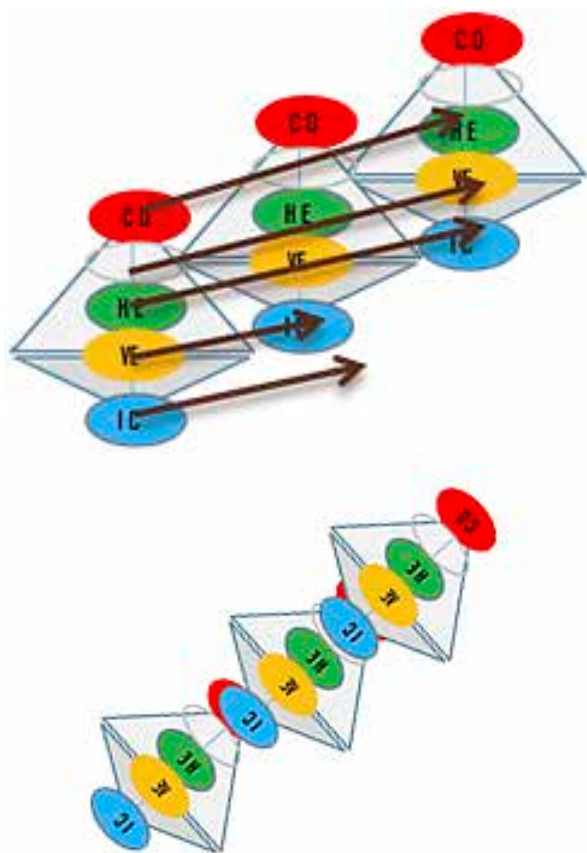
Vertical plane

CO (cor), HE (hepar), VE (ventriculus), IC (intestinum crassum).

Vertical dynamics model the structuring of other pyramids representing other dimensions of the system. These are expressed by spatial arrangement, e.g. the angle of the vertical structure.

Changing this angle results in a change of binding and consequently the alteration of the whole vertical structure (Figure 4)





Obr. 4. Different types of alignment in the vertical structure of the pyramid model



Obr. 5. Ten depictions of the pyramid model and the Lou Shu scheme in the horizontal plane

A standard arrangement of the pyramid's horizontal axis usually depicts the part from the basis to the apex, the organization of the lower and middle third (the pharaoh's chamber is usually found here), and the apex of the pyramid. The lower part i.e. the apex below the basis is usually not depicted, although this is exactly what the pyramid's complex structure is like. However, there is an area that is usually neglected: the arrangement of the middle and upper thirds of the pyramids vertical axis from top to apex. This area has a unique position in the structure: it is the place where two pyramids meet in the vertical structure, as well as the place where the VU meridian of the urinary bladder (see Figure 6) is projected. The location of this meridian is unique because it is projected in both the horizontal and vertical planes (as opposed to the other meridians projected in the vertical structure). The meridian of the urinary bladder constitutes a pair with the meridian of the lungs according to the rule of *midnight – noon*. This projection creates a space connecting two vertical pyramids representing different dimensions of the whole. That is the reason we call this area *transdimensional space*, which contains the pyramid's fifth apex. Within this context, we would also like to note that the meridian of the urinary bladder has a special position in classic acupuncture as well, since it is the only meridian possessing Shu points (transporting points). Besides that, including this meridian resulted in the presence of all five elements in the vertical structure.





Obr. 6. The meridians' vertical structure

Vertical structure: CO (**cor**), VU (**vesica urinaria**), HE (**hepar**),
VE (**ventriculus**), IC (**intestinum crassum**).

“Functional pyramids” with apexes in CO (**cor**), VU (**vesica urinaria**), HE (**hepar**), VE (**ventriculus**) and IC (**intestinum crassum**) (Figure 3), which constitute the horizontal-vertical connections, are pulsating structures. This pulsation has a discontinuous quantized character. *The meridians of the horizontal structure are spatially located in four places at the same time, which would be impossible to explain in a continuous alignment.*

The complex dynamic pyramid model expresses multileveled and transdimensional relations, which have both continuous and quantized characteristics.

Discussion

The pyramid model as presented here has not yet been discussed in related contemporary works. Davydov's pyramid model is more concerned with astronomical relations and is based on the I Ching (Davydov, 2008). While interpreting the arrangement of schemes (Ba gua) according to Fuxi (He Tu map) and Wen (Lou Shu map), Davydov assigns all twelve meridians, resulting in some of the trigrams having two meridians assigned to them.

It is not our aim to discuss this type of arrangement, as Davydov's model is not analogous to ours, although it describes a complex universal system related to the cyclical

nature various phenomena in the macro- and microcosm. The Korean physician Kim Hong Kyung, who has rediscovered traditional Korean SaAm acupuncture, also assigns twelve meridians to the eight trigrams, with the addition of the front middle (JM) and rear middle (TM) meridians.

We point out these facts only because in our pyramid model we assign one meridian in the body to one trigram – an approach that we haven't found any support for in the works we had studied.

On the other hand, we can find examples of assigning complex meridians (magical meridians) to individual trigrams in the works of several authors (Vinogradov, 2009), (Maciocia, 2006). We base our approach of assigning only one meridian to one trigram on this concept. Every complex meridian (magical meridian) has its own cardinal point, while the course of this meridian is identical neither to the meridian of the cardinal point, nor the meridian of the composite point. We are dealing with a triplet where the initial component is the cardinal point, the peak component is the course of the meridian itself and the transitional component is the composite point. From this point of view, the key meridian seems to be the one that contains the cardinal point, as it is the most determining. This kind of arrangement fully corresponds with the yang and yin concatenations published earlier in this cycle, as well as the relations and connections between the Ba gua schemes according to Fuxi, Wen, S1 and S2. The observed factors affirm the soundness of this arrangement, with no exceptions found. We based our approach of pairing with the vertical structure's meridians on the circadian rhythm.

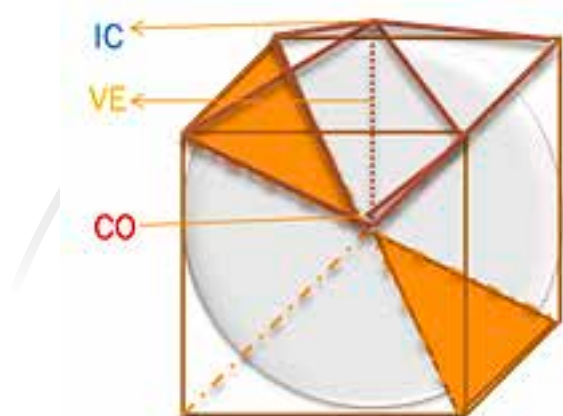
As we have already noted, 3D modeling results in additional pyramidal structures, with apexes in the individual meridians of the vertical structure and bases in the horizontal





plane in the respective points of the Universal Ba gua. The pyramids are depictions of pulsating waves of these mutual informational relations. Although it would be premature to draw any final conclusions in this phase of our research, it is quite clear that each meridian is projected to the pyramid's base four times in four different places. Even if we assume the existence of linear relations, non-linear quantized relations are undoubtedly present. For instance, a pyramid structure with its apex in CO and its base in VF (of course this applies to all pyramidal structures), VF can be found in every position of the Universal Ba gua's yang concatenations. TST (Tactile Solar Test) diagnostics clearly indicate that separate findings in various microsystems and TST positions constitute triplets, while it is near impossible to define a hierarchical organization of the findings, which

are not solely based on the clinical picture. If we return to our example of the pyramid with its apex in CO and base in VF, we know where the VF activity is potentially located, but it is impossible to determine which of them is active in any given moment and what the nature of the hierarchical organization of the yang concatenation in the corresponding area of the pyramid's base is. Consequently, we can assume the existence of non-local and discontinuous relations, but also the influence of consciousness on the choice and a consequent fixation on one of the possibilities. Besides consciousness, there are, of course, numerous other factors outside the organism on various levels and different planes. To illustrate this point, we could point out the fact that six pyramids with their apexes turned to each other constitute a geometric shape closely resembling a sphere (Figure 7).



Obr. 7. Projection of the pyramid model in the upper part of a cube (sphere)

Figure 7 shows that the central element is fire, while the surface is made up of the earth and metal elements, a fact that suggests certain analogies to our planets structure. We consider this information a possible inspiration for geological science.

From the medicinal point of view, the pyramid model has a universal character that models the relations in- and outside the organism, these

relations being both linear and quantized in nature.

We intend to continue discussing this issue in further publications. The topic presented requires complex interdisciplinary research and the verification of every hypothetical conclusion. However, it can be helpful in postulating integral medicine.





Conclusion

The pilot study presented here introduces the complex dynamic pyramid model in acupuncture. The pyramid model, seen in a broader context, does not only relate to the human organism, but the material world as a whole (in the broadest sense of the word), in a similar way, for example, to the Wu xin theory.

The pyramid model opens up opportunities for verifying hypotheses, developing therapeutic diagnostics and prevention in acupuncture, natural and integrated medicine as well. It can inspire a study of energo-informational networks. The possibility of mathematical modeling is also an undoubted advantage of the model, since it allows for further research opportunities.

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Qi and Blood in different views

Eva Baumann, M. D.

Abstract

The article gives an overview of the available Czech-Slovak

and foreign literature on the vital energy qi (qi) and blood. It is based on perception of qi and blood in traditional Chinese medicine. Blood in this sense is not only a liquid flowing in the blood vessels, as we know from the allopathic medicine. Importance of blood in traditional Chinese medicine is closely related to the vital energy qi. It does not make sense to deal with blood, without taking into account the vital energy qi at the same time. The author links the traditional view of Chinese medicine with some psychosomatic contexts.

Keywords

blood, qi, traditional Chinese medicine (TCM), psychosomatic, bible

Introduction

In Slovakia we often use phrases as “sweat blood”, when something is difficult included in normal everyday language. Or, if somebody is mentally troubled, he has a “bleeding heart”. “Blood boils” when he is angry, or “blood solidifies” when he is scared. “Blue blood” is usually used in the context of nobility. In literature we can find a description of a blood vengeance or signing the contract with blood. There are many phrases where the word blood plays its role and most of those usually refer to emotional or symbolic expression. During preparing this contribution we studied more possibilities of views on blood. We supposed to extend help to people in their treatment. We will

have a look on known and less known points of view.

Blood in allopathic medicine

Let's begin with the description of blood in allopathic medicine. The blood originates from mesenchymal layer and physiologically it is a fluid, which is composed of blood cells and blood plasma. Blood flows in vessels. Oxygenated blood flows through arteries throughout the body and deoxygenated blood flows from the body to the heart, the lungs, where it re-oxygenates again and is re-directed to the heart and into the body. The embryo begins to form the blood from stem cells in the yolk sac in the third week after fertilization. By the sixth week blood begins to form in the liver of the embryo. Spleen comes in formation of fetal blood from the twelfth week. In the fifth month fetal bone marrow gets involved in the process of hematopoiesis.

In people we know four basic blood types: 0, A, B and AB. Due some theories people alone by their blood type show some characteristics.

The main function of blood is to carry nutrients and oxygen to tissues, exhaust emissions of metabolism. The blood brings vitamins, hormones and affects the regulation of the body, thereby ensuring the metabolism of all cells. Blood participates in the management of homeostasis, maintains stable pH, osmotic pressure, the stability of the acid-base balance, constant body temperature. Blood plays an important role in defending the body against infection. It provides the stability of blood volume and is relevant in the maintenance and control of blood pressure. It transports the warmth in the body.





The Concept of Qi and blood in TCM

In traditional Chinese medicine Qi is a basic substance of human body. It is a fundamental substance to maintain vital functions – manifestation of life in human body. We don't see Qi, we cannot hear it, we cannot measure it, but we can perceive its manifestations.

Human Qi is derived by cooperation of three parts. Its base is the inborn essence coming from parents, which is stored in kidneys. Secondly, the essence derived from food and water by action of spleen and stomach. Inborn essence can thru nutrition from water and food maintain normal physiological functions. Third part is Qi that is derived from inhaled air, a process ruled by lungs.

Physiological functions of Qi

Qi has following physiological functions:

1. **Supportive function** – Qi supports and stimulates the growth and development of the body as well as physiological functions of all organs, meridians and tissues. Qi supports the formation and circulation of blood and formation and circulation of body fluids.
2. **Warming function** – Qi is the source of warmth on the body. Qi enables to maintain and regulate the body temperature and that is important for correct function of organs and tissues.
3. **Protective function** – Qi can protect the surface of the body and defend the body from invasion of outer pathogenic factors.
4. **Control function** – Qi controls blood and body fluids from flowing away, it prevents the loss of blood and body fluids. In that way blood stays in vessels. Qi also controls sweating, urine and nasal discharge, saliva and stomach fluids, fluids in the intestines and sperm.

Supportive function and control function of Qi are opposite of each other and they help each other. Qi controls the flow of blood and distribution and secretion of body fluids. Qi controls fluids and prevents them from flowing away abnormally. These two functions of Qi cooperate in maintaining normal circulation, secretions and discharges of body fluids.

Qi movements

Qi is always on move and flows thru the body. In literature we can find a description of four basic movement of Qi: ascending, descending, entering and exiting of Qi. The balance between ascending and descending is crucial for normal activity of organs. For example in lungs exhaling is exiting of Qi, inhaling is entering of Qi, dispersing is the ascending movement and descending activity of lungs is the descending of Qi. These movement are opposite to each other but they are harmonized in function. Generally we can say, that all physiological activities must be coordinated. If we look closer to different organs in the body we can see a certain tendency of Qi movement. Liver Qi and spleen Qi ascend, Qi of lungs and stomach descend when these organs function normally.

In certain circumstances Qi moves pathologically. To abnormal Qi movements belong:

Stagnation of Qi – Qi is blocked in a part of the body, the smooth flow of Qi is disrupted.

Counter flow of Qi – Qi has an opposite movement as is normal for that particular organ. It is an attack of Qi upwards. Symptoms of this state are hiccups, asthma, vomiting, belching, expanding headache, redness of the face and eyes, irritability, coughing up blood, and the like.

Falling of Qi means too much descending and too less ascending movement of Qi. It results in inadequate nourishment of head and eyes and to





sinking of organs: sinking of stomach, kidneys, uterus, prolapse of rectum etc.

Closed Qi – Qi is closed inside the body and cannot exit the body. Symptoms are loss of consciousness and painful cold in the limbs.

Collapse of Qi – Qi leaves the body and cannot be held inside. Its symptoms are loss of consciousness, weak breath, trembling of limbs, profuse sweating, losing the control over sphincters, diminishing pulse and eventually death.

Classification of Qi

Yuan Qi is the original Qi. It is derived from inborn essence that we become from our parents. However, Yuan Qi needs to be complemented and nourished by the essence of food and water. Thru the triple burner it get to all organs inside the body and to the surface of the body. Its functions include supporting the growth and development and stimulation and support of physiological functions of the body.

Zong Qi is gathered in the point CV 17 (the see of Qi) in the chest. It is formed from combination of the essence from food and water that ascends with help of spleen and from pure Qi from the air that arrives here from lungs. Zong Qi helps lungs to control breathing, it controls the voice and, since it flows along the heart meridian it activates the flow of blood, too. Circulation of blood, temperature and activity of the body, senses vision and hearing, the strength and rhythm of heart are all connected to Zong Qi.

Ying Qi is also called Ying-nutrition and blood. Ying Qi is derived from the essence that is produced from food and water by spleen and stomach. It flows inside the vessels and it is full with nutrition. Ying Qi pertains to yin and for that reason it referred to it as to Ying-nutrient yin.

As its name says, Ying Qi provides nutrition of the organism and producing blood.

Wei Qi is protective Qi and since it pertains to yang, it is also called “protective yang”. Wei Qi is also derived from the essence from food and water. In some sources Wei Qi is described as wild and courageous because it is active, it moves very fast between the skin and muscles. Functions of Wei Qi include protection of the body surface, defending the body from outer pathogens, its warms Zang and Fu organs, tissues, skin and hair. It regulates the opening and closing of the pores and excretion of sweat.

The concept of blood on TCM

In traditional Chinese medicine blood is considered as more materialized form of Qi. It is a red fluid that circulates in vessels and it is full of nutrition. Blood is one of the fundamental substances necessary in body formation and maintaining its vital activities. Its functions are nourishing and moisturizing the human body. Blood vessels are paths where blood circulates, they are also called “house of blood”.

Blood is produced from Ying Qi and body fluids. Production of blood need the support of Ying Qi and lungs. Essence is derived from food and water in stomach and spleen and this essence is ascending to lungs by ascending function of spleen. There it mixes with pure inhaled Qi and supported by lungs and heart it enters the vessels, mixes with blood, complements blood and changes into blood. Body fluids and Ying Qi becomes also a part of blood.

Essence and blood can be transformed from each other, because essence and blood share the same source. Essence is stored in kidneys, blood is stored in the liver. Their cooperation is as follows: sufficient essence in the kidneys can nourish blood in the liver and sufficient liver





blood can help kidneys store enough essence. (Zhu Bing, 2010)

Functions of blood in TCM

Nutrition and moisturizing belong to the functions of blood. With correct function of the heart, the lungs, the spleen and the liver the blood circulates in vessels to the whole body and provides nourishment to all Zang Fu organs and tissues. Blood cools the body as opposite of warming of the body provided by Qi.

The correct function of blood is the base of mental activities. When blood is sufficient, circulation is smooth and harmonized function of Zang Fu organs there is enough mental energy, the mind is bright and the perception is sharp. When blood is insufficient a person is down, he easily frightens, sleeps poorly and might have disturbing dreams and poor memory. (Zhu Bing, 2010; Ando, 1995)

Pericardium meridian is the one that has physiologically the blood circulation under control. Some sources do not mention this meridian, but some interconnections of this meridian surely are worth mentioning in relation to blood and Qi. Pericardium meridian is of yin polarity, its controlling organ is pericardium and its corresponding tissues are blood and vessels. There is the most visible connection to controlling the blood circulation. Pericardium meridian belongs to the element fire and its corresponding emotion is joy. In the vertical structure of the pyramid model pericardium meridian is connected to stomach meridian (Solar, Solarova, 2014) what shows another connection.

Relation between Qi and blood in TCM

Blood and its functions are in traditional Chinese medicine so closely connected with Qi and its functions that it makes no sense to discuss one without mentioning the other. Qi pertains to

yang with its dynamics while blood pertains to yin with its nourishment. Qi is considered to be the governor of blood, it controls and rules blood.

Qi creates blood: Ying Qi/nutrient Qi directly influences blood production, it is the main part of blood. Activities of Qi are a motivating force of blood production.

Qi moves blood: Blood pertains to yin and is considered as a quiet substance. Blood cannot move without Qi pushing it. Qi is a motivating factor that pushes blood to move. This relation functions correctly when heart, lungs and liver function correctly. When Qi fails to push blood the circulation slows down and stagnates.

Qi controls blood so that blood does not escape from vessels. This happens by correct functions of spleen with holding blood in vessels and liver with its function of storing blood. These two organs cooperate in maintaining the normal circulation of blood. If this relation of control is abnormal, bleeding occurs.

Blood is considered to be the mother of Qi, blood creates Qi. The quality of Qi is closely related to the quality of blood. Blood is the carrier of Qi and provides sufficient nutrition for Qi. Qi has to bind with blood and body fluid in order to stay in the body. If Qi loses its carrier, it loses also its root and collapses. If there is insufficient blood, Qi easily weakens. If blood collapses, Qi also easily collapses. (Zhu Bing, 2010)

Psychosomatic view on blood

Psychosomatics studies the interaction between mental processes and physical processes in the development and treatment of diseases. Best known psychosomatic diseases recognized in allopathic medicine are asthma





and gastric ulcer. Which connections are there in psychosomatics in relation to blood and its diseases? Blood symbolically represents the seat of the life force and life, it is the material carrier of life. A powerful force that is in motion. Rudiger Dahlke (1996) describes blood as a connection of four basic substances: blood serum representing the water, electrolytes representing earth, oxygen representing air and red color representing fire. There are information about a whole person in only one drop of his blood. That is the reason blood represents the individual dynamics of a person. Blood ensures energy and nourishment. We can find the word energy here that is other than nutrition as something that is necessary for a functioning organism except of nutrition.

In a psychosomatic view blood pressure is a phenomenon that includes energy and resistance in contact between the wall of the vessel and blood. Blood pressure ensures the dynamics in supplying the organism with energy and nutrition. It represents also the ability to harmonize or balance between the drive (what a person can reach or do) and accepting facts (a person has certain limits in his human existence). (Dahlke, 1996; Tepperwein, 2011)

Psychosomatics – some interconnections

There are several psychosomatic interconnections related to blood and its diseases. Maybe the most common diseases are those related to blood pressure.

High blood pressure is in psychosomatics related to long term unsolved emotional problem. It is a maladaptation to a situation where a person should start to solve the problem but he avoids the conflict instead. This maladaptation has often its origin in an expectation of a performance that he does not do. Energy that is mobilized with a

visualization of a performance is stuck in a form of mental tension at first. Chronic mental tension leads to a permanent high blood pressure. A person always expects, he wants to perform. An authentic expression of his own personality is missing instead of a dictate of own beliefs about an appropriate behavior. This person looks socially adaptive, eager and dutiful but there are unexpressed aggressions and emotions inside. This form of self-control causes constriction of vessels that can lead to catastrophe at the end. High blood pressure means a need to be more flexible, to give up the ambition to achieve a lot, to be mindful of own emotions and to do the right thing. It is also a request to be more kind to oneself and to others.

In case of **low blood pressure** there is also conflict avoiding, but here it happens through withdrawal from the contact. Low blood pressure is an indicator of resignation before the start of conflict solution. This person rather withdraws from the contact, he does not stand for anything, avoids challenges, even sexuality. Blood withdraws as well as the person withdraws from contact. This often results in disorders of peripheral blood circulation, even to unconsciousness. Symbolically the “important thing” does not get the chance to live. This disorder is often related to the primary trust that is built during prenatal life. If this primary trust is not sufficiently built, it is very difficult to acquire. However, that becomes a one’s life task than. Real change is brought only with change of attitude. One should recognize and accept that life prepares tasks for the development one needs. When he avoids those tasks, they repeat until one learns. (Dahlke, 1996; Tepperwein, 2011)

Blood in the Bible

In Slovakia, 70% of population register as Christians. We suppose that the current





population in Slovakia has grown in direct or indirect contact with the Bible. Some verbal phrases that are used in normal everyday life have their origin in the Bible. In some people Bible becomes the so called background, on which other worldly matters come to the foreground. In others Bible passages become the foreground of life and experience. Anyway, Bible is an important part of our perception of the world, so it is logical to consider this aspect of the view on blood.

Blood is mentioned on several places in the Bible. In this contribution, we knowingly do not focus on all those places where blood is described but we prefer to point out some ways blood is mentioned in the Bible. In the story about Cain and Abel a blood of innocent Abel is shed when Cain killed his brother out of envy. Lord said to Cain, "Where is your brother Abel? Your brother's blood cries out to me from the ground." (Gen 4:10) Cain is guilty of murdering his brother, but Lord did not allow anyone to kill Cain under threat of sevenfold vengeance. A period follows in which people follow their own conscience and we know that it did not end up well.

A change in perception of blood occurred after the flood when people got some more guidance connected to blood. Lord said to Noah: "Everything that lives and moves about will be food for you. Just as I gave you the green plants, I now give you everything. But you must not eat meat that has its lifeblood still in it" (Gen 9:3-4) Catholic translation writes about meat with soul that is in the blood. This information has two levels. On the physical level it introduces rituals for hygiene, people needed to survive somehow in their given surroundings and meat with blood inside is highly perishable. In the spiritual level there is a soul in the blood, so if blood is shed, the soul is released. Only the Lord has the right on the soul. That is why various rituals that are

with blood, are mostly focused at someone, and thus violate the First Commandment: Thou shalt have no other gods.

The quotation goes as follows: "And for your lifeblood I will demand an accounting from every animal. And from each human being, too, I will demand an accounting for the life of another human being. Whoever sheds human blood, by humans shall their blood be shed; for in the image of God has God made mankind." (Gen 9:5-6) Blood becomes an object of punishment, even death. Absolute justice says: blood for blood, life for life. In the Old Testament the shedding of the blood of pure animal purgative character and served to purify individual or society from sin against the Creator, as described Deu 21:1-9.

In the New Testament the approach to blood changes. During the last supper Jesus "took the cup, and gave thanks, and gave *it* to them", saying, "Drink from it, all of you. For this is My blood of the new covenant, which is shed for many for the remission of sins." (Mat 26:28) The same thing Old Testament was prohibiting the New Testament strongly recommends in the spiritual level. As Abel's blood contained a soul, also Christ's blood contains the Spirit, the life-giving principle. Blood of Jesus Christ who died instead of murderers is the only powerful substance that can delete the sin of shedding innocent blood in lives of those who accept it. Christ's blood becomes a symbol of life on one side and releases people from absolute justice on the other side. Question remains what kind of spirit is accepted and searched by a particular person.

Integration?

Quantum physicist Amit Goswami (2014) explains different levels of functioning of human organism. He understands these levels as five





regions of reality that are regarding subtleness ordered hierarchically one above another.

We know the **physical body** from western medicine. Representations of more subtle bodies are created in the physical body. Goswami divides the soul or the psyche into three bodies.

The **body of vital energy** that we call Qi in traditional Chinese medicine is the power that is active in the treatment of the physical body. Goswami suggests that morphogenetic fields described by Rupert Sheldrake are also a part of the vital body. Morphogenetic fields rule for example the differentiation of cells in the process of forming a new organism from one-cell embryo.

Mental body, the mind is a region of consciousness what we people use to give meaning to things around us. We know that do not always react to the reality that we experience with our senses. We give a meaning to perceptions and we react to that meaning. The mind gives meaning to things around us. How does the mind give a meaning to events around us? Goswami describes three possibilities. First, it is the *conditioning* that we know from work of Pavlov. The bell rings and the dog starts to drool, because he learned that ringing means food.

Second possibility how mind gives meaning is a *situational creativity*. This lower level of creativity means the ability to find new meaning by a combination of known contexts. The situation becomes a meaning by combination of our past experiences.

The highest level of creativity is the *fundamental creativity*, which means the ability of a quantum jump from known interconnections. It gives new meaning on the base of new contexts. It is a base of discovery and belong

to the **supramental intellect**. We can enter this field with help of intuition.

The fifth body is the **body of bliss**, a field of wholeness and oneness.

Coming back to the topic of the contribution we realize that blood is a part of the physical body and Qi belongs to the body of vital energy. In the view of pathogenesis and treatment we can also consider a conscious influence of mental body on the etiology and the treatment of diseases. As we mentioned above, these areas are hierarchically ordered one above another. Mental body – the mind gives meaning to information from the physical and vital bodies. If this meaning is negative or positive it influences backwards the vital body-plans of biological functions and also the physical body appropriately. In the treatment of diseases after a first aid (as stopping the bleeding) it is necessary to search for the roots of health problems connected to blood.

Basic questions should be asked: is this state really a problem only of the physical blood? Blood is the mother of Qi and Qi is the governor of blood, in what state is Qi? Since we give everything a meaning, which can be individual based on our previous experience or common based on the symbolism of a group, what meaning does this disease have for this particular person? What is the function of this disease? What is this disease pointing at? If a patient has some spiritual background, what does blood mean symbolically for this patient? How is this patient dealing with guilt, punishment and forgiveness or with his sense of life?

These questions open a wider field of cooperation between the patient and his doctor.

Conclusion

We described several possibilities of views on blood and Qi. Which one is the truth? Is it possible anyway to decide about one absolutely truthful





view on blood? Is it possible that different views on blood and Qi are like different windows on one house? We incline to the positive response to the last question.

Blood and Qi are in the whole organism, in all organs of human body and their representation is also in the mental and spiritual fields. This is the reason why any blood disease in a form of a western diagnosis has a great further diagnostic value and it can point to an appropriate approach to the patient.

When processing different perspectives on the blood the complexity of certain pathological as well as physiological condition became apparent. Pregnancy is a physiological condition when the blood of the mother mixes with a blood of a fetus. If we consider blood as a fluid, blood as a vital power and blood as a soul, we open wide possibilities of further investigation of physiological but also pathological interconnections.

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Laseropuncture. The new methodology in the acupuncture treatment

Teodor Mochnáč, M. D., PhD.

Abstract

The group of 28 polymorbid patients (15 men and 13 women), underwent 44 examinations and treatment interventions. Based on TST diagnostic algorithm of rotary microsystems of extraordinary vessels and rotary microsystems (RM), on the basis of the info-interactional diagnostic methodology of rotary microsystems of the face and rotary microsystems of extraordinary vessels (REV) we determined the acupuncture diagnosis i.e. the energy-interaction state of an organism manifested through the somatic pathologies. In the treatment, we used Class III bio laser (b) with infrared laser light wavelength of 830 nm. With energy, power and frequency for each patient and examination established individually.

Results

The average duration of the laser application was 13.8 minutes. The average duration of the laser application in the acupuncture point was 5.5 minutes. The duration of the micro-system treatment ranged from 11 seconds to 37 minutes. In 88% of cases micro-system balance occurs, in 97.7% and there is lessening of clinical symptoms.

Key words

laseropuncture, info-interactional level, element

Introduction

Laseropuncture is based on the application of the photon effect in the electromagnetic interaction with the human organism.

Three basic physical forces, electro-magnetic interaction, nuclear and gravitational force apply in the human body. Mostly it is, however, electro-magnetic force. The medium of this interaction is the elementary particle – photon. The affection of the **energy-interactional system of the human body** is happens on the level of elementary particles.

Historical notes

Albert Einstein in 1917, already published work “On the Quantum Mechanics of Radiation”, in which he talked about the concept of the stimulated emission, which was the foundation of today’s laser. In 1921 he received the Nobel Prize for the explanation of the photoelectric effect and for the contribution to the development of theoretical physics, as well as its physical discoveries.⁽¹⁾

In 1954 the physicist **Charles Townes** constructed a device through which he could create waves as short as possible in order to study molecular structures. He managed to create the laser predecessor “MASER” (microwave amplification by stimulated emission of radiation), which in translation means the quantum generator of microwaves. The technology is similar to the laser; however, it does not use visible light. In 1964, he received the Nobel Prize in physics for the development of “MASER” and the laser device.⁽²⁾

Arthur Schawlow, cooperating with Charles Townes, built two mirrors facing each other, each of them at the end of the atom in the excited state, so (excited) light moved back and forth between them. It could create a single,





streamlined beam of light. In autumn 1957, they began to work on the principles of a device, which would be able to provide such short wavelengths.⁽³⁾

The first true laser containing the coherent beam (having the same frequency and direction of vibration) of light, however, managed to construct **Theodor Mainman** in 1960. He used a small brick-shaped synthetic ruby with silvered ends.⁽⁴⁾

The white light is composed of different physical wavelengths of light, which correspond to its colour. Waves of such a light have different orientations. A laser light is the light of the single wavelength and single colour. When all waves of the same wavelength have one direction, then we talk about a coherent light.

If atoms are supplied with energy from a flash lamp, they get into the excited state.

Electrons move from lower to higher energy levels. In such state, they will however last only about 1/100 of a second. When they return to their original energy levels, they emit energy.

When placed into the resonator (usually Fabry-Perot resonator, i.e. the two parallel semipermeable mirrors), spontaneous emitted photon passes through the material, causes repeated stimulation of photons. We talk about stimulated emission. This is the basis of the laser beam.

Lasers are divided according to:

1. The nature of the active laser medium:

- solid
- liquid
- gas
- using bundles of charged particles

2. Solid lasers:

- YAG lasers (with crystal of neodymium-doped yttrium aluminium garnet)
- semiconductor lasers, ruby lasers

3. Gas:

- helium-neon lasers, argon lasers, neodymium lasers, helium-cadmium lasers, CO₂ lasers, gas dynamic lasers (surgical application) and chemical lasers.

4. The division according to the wavelength:

- infrared (IR) lasers
- visible lasers
- ultraviolet (UV) lasers

Categorization of lasers:

- Class I lasers with power up to 0.4 μ W
- Class II lasers with power up to 1 μ W
- **Class II lasers with power up to 5 μ W**
- Class II lasers with power up to 50 μ W

Medicine uses non-invasive lasers, in particular soft lasers, with low power max. up to 500 mW such as laser pens or desktop lasers.

Nowadays we use semiconductor lasers with wavelength $\lambda = 630\text{--}900$ nm mainly for the skin surface application (transdermal laser-therapy) or lasers with shorter wavelength in the orange and red part of the visible spectrum for the subcutaneous tissue application. For deeper application (muscles, bones) we use IR lasers. For the systemic application, we use intravenous (invasive) laser-therapy.⁽⁵⁾

From the abovementioned laser effects we may come to a conclusion that the application of the laser light characterized by certain wavelength, energy density in J/cm², power in mW, frequency in Hertz (Hz) and the application time, we can treat many of the diseases on the basis of previous experience/according to the previous treatment.

Clinical effects of laser therapy improve cardiac function, cardiac contractibility, aerobic coronary reserves, lipid metabolism, antioxidant defence, blood coagulation, reduce doses of hypotensive drugs, laser therapy has cardio protective effect too.⁽⁶⁾





Intravascular laser application improves the condition of atherosclerosis obliterans with distal vascular lesions and it also improves blood hemorheologic properties.^(7, 8)

Intravascular laser application has an immediate neuroprotective effect, which improves function and increases activity of the damaged peripheral nerve it improves axonal and white fibres growth; it supports regeneration of severely damaged nerves.

In practice, we use laseropuncture to influence pathological condition by the way of direct application to the acupuncture point projection, to the anatomical or functional microsystem projection.

For laser acupuncture, we commonly use different variations of Nogier's frequencies.

In general, the shorter the wavelength, the longer the time of action of the laser beam on each point. For laser acupuncture can be used all types of therapeutic lasers. Usually the higher power output shortens the action time on each point. Low power (5–20 mW) requires action up to 30–60 seconds on the point. Medium power (50–250 mW) requires the action of the 10 to 20 sec. High power laser (500 MW or more) requires only a 5–10 second exposure. The total treatment to all points is between 2–4 minutes.

Methodology

Based on TST diagnostic algorithm of rotary microsystems of extraordinary vessels and rotary microsystems (RM), on the basis of the info-interactive diagnostic methodology of rotary microsystems and rotary microsystems of extraordinary vessels (REV) we determined the acupuncture diagnosis i.e. the energy-interaction state of organism manifested through the somatic pathologies. In the treatment, we used Class III bio laser (b) with infrared laser light wavelength of an 830 nm. With energy, power and frequency

for each patient and examination established individually. Due to the very different theoretical approach towards the basis of the disease, we did not use nowadays recommended procedures of local laser therapy.

Our results are objectified by repeated TST (tactile Solar's test) immediately after the therapy.⁽¹⁰⁾

The treatment finished right after the balanced tactile test outcome, which was often accompanied with a retreat or a significant alleviation of the patient's difficulties.

The aim of the study

1. To confirm the therapeutic effect on the somatic level.
2. To confirm the manifestation of different interactions between elements.
3. To compare the relations of energy-interaction state specified by the info-interactive diagnostics methodology and TST methodology.

In order to better understand these connections, we need to get closer to define some terminology expressions.

Under the concept of "**Complex meridians**" (**Extraordinary vessels**) we understand the dynamic energy-interaction states of subsystems of the EIS organism, which have their physical manifestations, and at the same time they hold the functional characteristics of elements and Yin-Yang interactions. The diagnostic TST algorithm of rotary microsystems of extraordinary vessels (REV) determines their diagnostic and therapeutic functions.

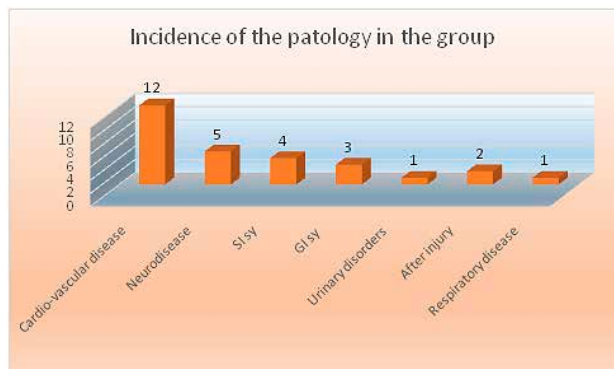
Rotary microsystem of the face we define as a projection of the energy-interaction states of the subsystems, which also contain the functional characteristics of elements and yin-yang interactions. It serves as a diagnostic modality.



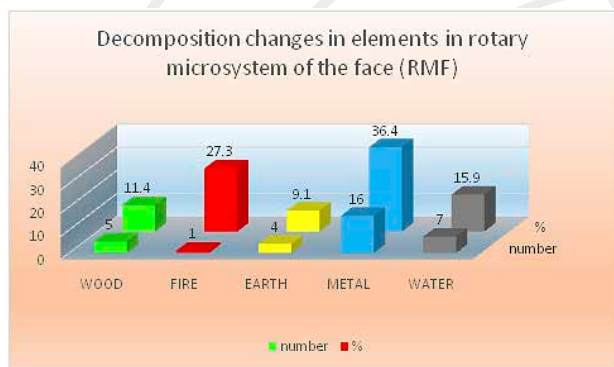


The info-interaction diagnostic of the displays systems means reading of the secondary information from each of the body display system projections, without any contact with the patient's body.⁽¹¹⁾

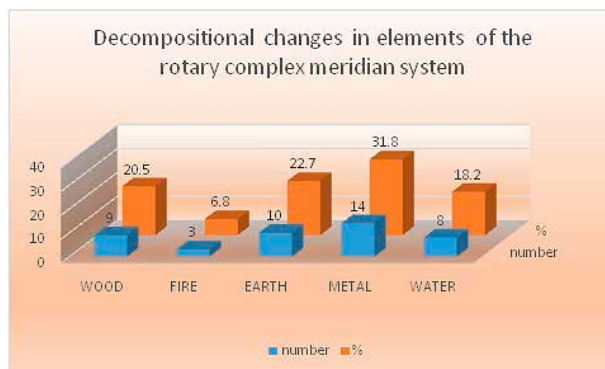
Results



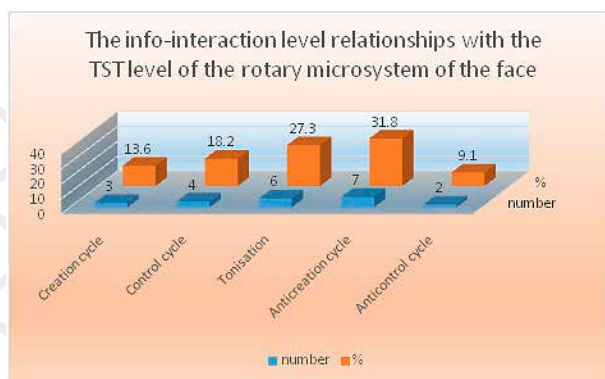
Obr. 8. Graph of the incidence of difficulties related to cardiovascular diseases, neurological diseases, gastro-intestinal symptoms, urinary disorders, after injury symptoms and respiratory diseases.



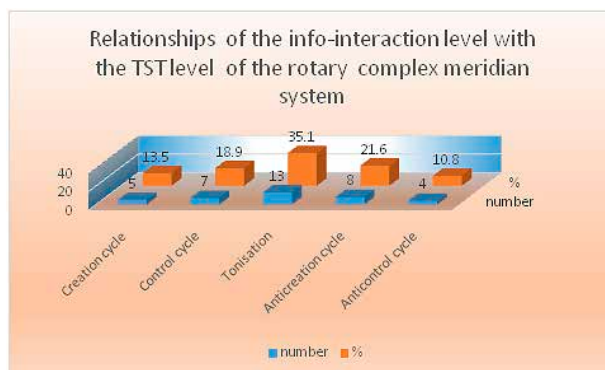
Obr. 9. In the RMF the most common changes occurred in the element of METAL (36.4%) and in the element of FIRE (27.3%).



Obr. 10. The most common changes occurred in the element of METAL (KM 31.8%) and in the element of EARTH (22.7%).



Obr. 11. Relationships of the info-interaction diagnostic level with the rotary microsystem of the face (RMF) level corresponded in 27.3% cases and most often occurred in the anti-creating relationship.

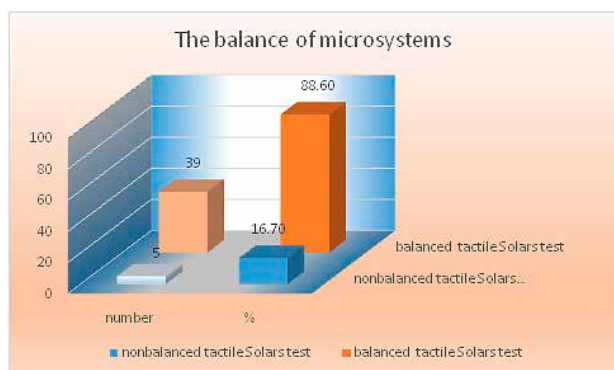


Obr. 12. The relationship of the info-interaction diagnostic level with the rotary extraordinary vessel system (REV) level represents the

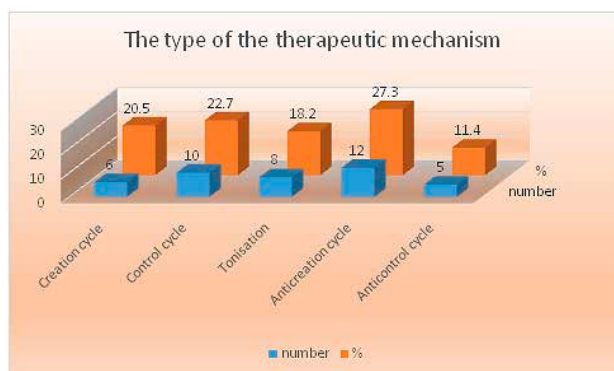




relationship of correlation in 35.1% cases and the anti-creating relationship in 21.6% cases.



Obr. 13. In 88% of cases occurs the balance of micro-systems, in 97.7% occurs alleviation of clinical signs.



Obr. 14. The type of acupuncture therapeutic mechanisms.

1. The average duration of the laser application was 13.8 minutes.
2. The average duration of the laser application to the projection point was 5.5 minutes.
3. The duration of the adjustment of micro-systems was from 11 seconds to 37 minutes.

Conclusion

1. We confirmed the importance of an individual access approach towards the patient during 44 examinations in a group of 28 polymorbid patients.
2. We confirmed the effect of the therapy based on the info-interaction methodology.

3. The TST diagnosis and the diagnostic algorithm of rotary extraordinary vessels system serves as a prognostic factor in the successful treatment.
4. The duration of the laseropuncture is individual until the microsystems are balanced.
5. The energy, power and frequency figures are individual and significantly differ from the recommended and usually used figures.
6. During the treatment, we did not notice any signs of hyperaemia or other complications in our group.
7. The correspondence of the info-interaction diagnostic methodology and TST methodology carried out in the rotary microsystem of the face (RMF) was 27% and in the rotary extraordinary vessels system was 35%.
8. The most common type of the info-interaction relationship with the TST level was anti creation cycle in 31.8% in the rotary microsystem of the face, and anticreation cycle in 21.6% in the rotary extraordinary vessels system.

Discussion

We must realize that the human organism is an open system with relations based on the systemic theory. According to acupuncture philosophy, the disorder of the organism can be characterised as a modified energy-informational state that after a treatment shall enter into a qualitatively different state of the system without any somatically perceived symptoms. Such a situation needs to be diagnosed.

What kind relationships is between the info-interactional and TST levels?

Both methods represent the evaluation of the energy-interactional level. These methods, however, scan information on the different levels. The TST diagnosis reads the energy-





interactional information on the somatic level, which is important to objectify the therapeutic outcome.

For the evaluation of the relationship between these diagnostic and therapeutic levels, it seems to be the most appropriate to use the context elements relationships according to WUXIN theory.

Essential is the information content of the systemic state, on the basis of which, the state of the system creates the structures.

In case of the laseropuncture it is the photon, as a representative of the electromagnetic interaction, it is the bearer of information for the therapist, who can affect the pathological condition of the energy-interactional state.

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Compassion – the universal role of a doctor

Peter Sedlák, M. D.

Abstract

A new valid paradigm defines human beings (both patients and doc-

tors) holistically as being united in soul, spirit and body. A human life has a specific dimension, a particular **mission**. The process of becoming a doctor is an invitation to take part in a mission which **is governed and brought about by compassionate love**. This involves a lifelong process of nurturing and learning to become patient, quiet and humble as well as an educational process leading one to understand the wisdom and rationality of holistic and universal science. As the greatest form of love, **compassion** is a natural and universal standard of spirituality which improves **communication** throughout the holistic diagnostic and treatment process. Compassion makes the role of a doctor **universal** and in specific situations **unique** and **irreplaceable**.

Key words

compassion, communication, universality, mission, doctor

In all its spiritual and material forms and dynamic expressions and **processes**, life is naturally and entirely existentially determined, given, **controlled and led by universal and righteous** spiritual, material and natural **standards and laws**, whose quantity and quality is perfectly wise and good. The purpose of these standards is to continually maintain, determine and secure the dynamics, evolution (development) and direction of life. Their role is to give our lives an inexhaustible amount

of fullness and variety in life's material and spiritual spheres for all parts of the inseparable, unified and informed **universe**. The reward these standards offer is a life lived with much love, rest and pleasure as well as the appropriate level of mental and physical health. Their relevance, currency and **scientific accuracy** are proven by **universal holistic science**, which is controlled by a **new valid paradigm**. This paradigm is a **fundamental standard of thought and a starting point** which defines a person in a holistic way as a union of the spirit, soul and body; having good health means having a form of balance between the spirit, soul and body, whereas illness suggests a form of imbalance between these parts of our being (Unger 2007, p. 8). This new paradigm acknowledges the spiritual world of thoughts, ideas and values which by means of a person's mind and spirit becomes present in material form in the human body and its health as well as in a person's deeds and expressions. It forces us to think in spiritual categories and explain spiritual things in a spiritual way using spiritual judgement. In a logical and diagnostic way, the healing process is a complex of events and happenings in the spirit, soul and body of both the patient and the doctor. The spirit and soul comprise a natural universal **standard**. This is a complex, decisive, **controlling and immaterial spiritual dimension and the spiritual and existential centre of a person's being**, which is the means by which the nervous, hormonal, arterial and immune systems are in an inseparable union and balance with a person's body (Frankl 2005, p. 23).





A person is **only** the most perfect **part** of the known **universe** (from the Latin word *universum*, meaning ‘a full and total whole’) and the cosmic **whole** (from the Greek word *cosmos*, meaning ‘order’), which is controlled and organized through laws. A person is **existentially dependent on and totally determined** by this totality and its laws. Through gravity a person is drawn to the earth in an earthly (global) and bodily way, but in his spiritual dimension a person exceeds and transcends this natural globality, earthliness, material existence and animality, which is uniform, binding, monotonous and limited in its instincts and impulses (Frankl 2007, p. 35).

Absolute existential dependence and determination mean that a person is **personally**, nominally and unavoidably qualified for the theatre of life. Life is a gift which in its total complexity and variety is given to a person, into his very hands. Every person is called upon to live an earthly life which has a unique, personal, unrepeatable and specific dimension – a **mission**. While a person **must** accept having a certain calling in their lives, a mission is an invitation: a person **can** decide to accept it. The process of a **personal calling** in life starts with conception in the process of communication (from the Latin word *communicatio*, meaning ‘a unifying connection’) with the joining of a man and a woman into ‘one body’. This happens with the joining of the material and the **immaterial genetic information** of an egg and a sperm. This first, controlling, creative, evolutionary and holistic set of personal information and standards is the **heritage of our ancestors** and the basic determination of our physical (biological) and emotional (psychological) properties as well as those of spiritual thinking, values and relationships. This is a **relatively existential**, universal and historically genetic dependence, which can be overcome through a process of spiritual awakening. The **lifelong personal**

and universal processes of communication, evolution, learning, examination and healing begin with conception. After the processes of pregnancy and birth, which must be accepted, endured and suffered, a whole person comes into the world fully naked, weak and dependent on others. He is unprotected, powerless, unaware, empty and open to the material and spiritual world. He is given into the hands of people who will further control and form the development of his corporality, personality and spirituality until he develops a mature sense of self, personal freedom and responsibility for his spiritual and physical life. The process of **personal calling** in life is **controlled and performed by erotic love**. The process of a **personal invitation** for someone to take on **the mission** of being a future doctor is a part of a process of learning which is **controlled and performed by compassionate love**. The first causal universal and ‘compulsory subject’ is the **patient process** (from the Latin *processus patientiae* and *pax*, meaning ‘peace’ and ‘quiet’; and *patientia* meaning ‘patience’ and being ‘patient’). In particular, this means in holistically experiencing the role of the patient, bodily pain, the emotional suffering of the soul, and the formation of spiritual stances and relationships through the learning and discovery of the world of thoughts, ideas, values and strengths. This is an ‘involuntary baptism of fire’ into a holistic, lifelong **process of learning and nurturing** characterized by patience, silence and humility by means of dealing with and accepting unavoidable events of injury, sickness, pain, suffering, emergency and death to oneself or to others. This all takes place and **is experienced and performed** in the protective atmosphere of **compassionate love** directed by the healing process through doctors and nurses. This is the first contact and practical experience and presence of compassionate love at times of pain and suffering.





The second unavoidable process is *processus sapientiae et scientiae* (from the Latin *sapientia*, meaning ‘wisdom’, ‘reasonability’; *sapiens*, meaning ‘wise’; and *scientia*, meaning ‘knowledge’, ‘understanding’ and ‘science’). This is a process of invitation to a particular mission in life which is characterized by the wisdom and common sense of holistic and universal science. This holistic, lifelong and interactive **educational process** complements the training of a future doctor; it educates (from the Latin *educo*, meaning to ‘lead’, ‘train’ and ‘construct’) and **builds** within the future doctor an understanding guiding him towards the unavoidable **fact of the diagnostic and healing process**. Using valid scientifically tested information, the future doctor acquires a growth in specific quality, the understanding of the body, the sensing of emotions and enlightenment of the mind, communication, stances and relationships. The future doctor learns to experience the patient process indirectly through his spirit and the development of understanding, communication and empathy in the Spirit of **Compassionate Love**. Both the nurturing and educational processes of **inviting someone to accept the mission** of being a doctor in the future are interactive for both the spirit and the soul. They take place in the **existential milieu** of the spirit and thoughts of the future doctor and are an expression of his spiritual and emotional intelligence (Ruisel 2006, p. 52). In certain unique situations within the educational and subsequently the diagnostic and healing process, the student **becomes a compassionate** doctor in his body, spirit and soul.

The mission of a doctor has always been to **be compassionate** and to consciously or subconsciously **show compassion**. A doctor does this by taking pity on the patient and feeling his pain. He does not judge the patient, but simply accepts the patient for who he is;

such an approach reduces the patient’s pain and suffering. The doctor can see and highlight the patient’s good qualities, which in turn raises the patient’s self-esteem and dignity. The doctor does not judge the patient upon the basis of his faults but instead unconditionally gives him hope and strength. He teaches the patient to accept and endure suffering with patience and love as a creative act and an opportunity for inner growth and maturity. The doctor guides the patient to an understanding of the truth and frees him from the illusions and delusions of the world around him. In turn the doctor creates a space for the patient to have freedom of choice and to take responsibility for the state of his health at that moment and in the future, bringing the patient to a change in attitude whereby he actively cooperates in the process. The doctor wisely controls the diagnostic and healing process so that it is truly holistic, creative and evolutionary. The power of compassionate love exercised by the doctor changes the quality of treatment and improves suffering by giving peace and hope; weakness is transformed into strength and darkness becomes light, which gives suffering a meaning and reveals its value as a form of sacrifice. This is a form of the conscious or subconscious sanctification of suffering through the self-sacrifice of the patient, doctor and nurse. Suffering ceases to be pointless. In a spiritual sense it becomes something that is more than the patient and the healing process; it goes beyond and transcends these realms to purposefully make suffering something which is endured for a reason (and, perhaps, even with pleasure) (Frankl 2007, pp. 95–96).

Compassion or mercy (from the Latin *miser cordia*) is the greatest form of God’s **love**: it forgives people their sins and human failings against the set of **righteous and universal** spiritual and natural/material **laws and standards**. It senses, removes and frees people





of the burdens of guilt, suffering and death. It makes a person's sick body, emotions, thoughts and attitudes healthy and improves damaged relationships. It leads everyone (but particularly the patient) through pain and suffering to a spiritual rebirth. The body and the spirit are reinvigorated because compassion brings **life**, which is the highest value and quality that exists. The doctor freely and willingly dedicates his life to areas where the lives of others have been destroyed and lost. He does this for the lives of others entirely unconditionally and without reservation; he does so even at the cost to his own life wherein he denies himself his own needs, entirely gives of himself and experiences much sacrifice and exhaustion.

Compassion is the universal spiritual standard of healing, emancipating, renewing and improving **communication** in the holistic diagnostic and treatment process. It makes a doctor's core mission something which is unique and irreplaceable both **universally** and in a particular situation. Events within the working process add to and develop the completeness of **compassion**. The universal and **all-conquering power** of compassion is encapsulated in the doctor and his core mission, making it something blessed; this is why the doctor **gives all of himself** to being compassionate in his thoughts and emotions as well as physically. A doctor can never **own** compassion, but he **can be totally governed** by it. **Compassion** becomes either consciously or subconsciously his 'sustenance' and his existential sense of being. A doctor is filled with compassion; it flows through him and is primarily released in his relationship with the **universal** patient, who is pleading with all his being and saying, **'I want compassion!'** In terms of body, spirit and soul, he wants to be **entirely** examined, treated, healed, emancipated and brought back to life with compassion! The misery of human poverty, pain and suffering

is removed only through *cordia*, which is compassion of the heart.

This mission (from the Latin *missio*, meaning 'mission', 'sending' or 'carrying of a despatch or message') is not just a job or a profession (from the Latin *professio*, meaning 'employment'). It is the privilege and work of angels. The doctor presents the patient with accurate information and hope as well as the good and pleasing news of **compassion**, which during the healing process allows for the possibility of spiritual rebirth and the 'dying' of the person (both patient and doctor) as they were before.

Conclusion

The **Spirit of Compassion** continuously calls, invites, teaches and guides the doctor to having **compassion** and towards the universal mission of **being compassionate**. The compassion of doctors and nurses brings about compassion in patients. The **fundamental base and strength of the natural aspects** of natural medicine **come from the knowledge** that the birth, existence, competent organization, perfect control and development by laws of the unified material and spiritual universal whole (including people) takes place **naturally**, meaning **without any sort of human agreement or contribution**. Illnesses are the natural results of a person's lack of knowledge and a disturbance in their natural material and spiritual order. The natural aspects of natural medicine strengthens a new valid paradigm which integrates the free and open natural spiritual dimensions of the patient and the doctor into the processes of prevention, diagnosis and treatment. Compassion in a doctor's thoughts and actions is a natural gift of vertical communication; it is of the highest good and is a moral principle. Compassion allows for the methods of natural medicine to be enriched by the healing of damaged relationships through





ethical diagnosis and ethical therapy, without which it is not possible to even talk about holistic medicine.

Peter Sedlák, M.D.

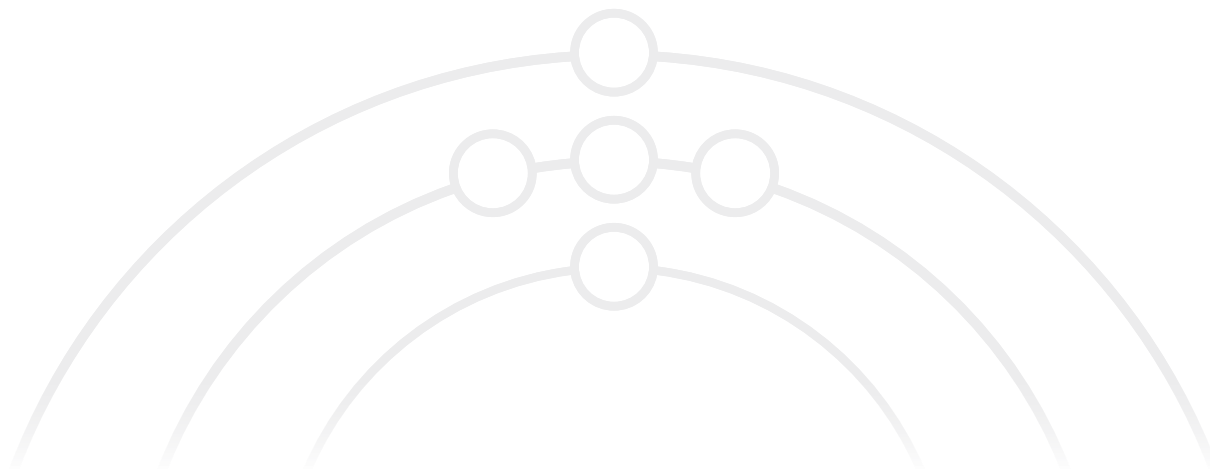
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My way to acupuncture

Viera Murckova, M. D.

My first contact with acupuncture, it could be said, at that time only marginal, was during the study of medicine. It was a book, which impressed me, which I have in my book-case up to now: Alternative medicine – complex prevention and treatment by natural means. Even today it lies on the table nearby me and on the question of my nowadays already adult daughter, from where did I take it and why, I have only the answer that I don't know. Simply it impressed me. The book has been covered with dust and I had no idea that after some years, a touch by roundabout way, I will return to these themes.

By writing this article I am realizing, that despite our efforts our life is flowing as it should, that our planes are changing as they should and the reality is often different than our plans.

I am thinking back on my talk before entrance exam on the Faculty of Medicine, when thinking to be a general practitioner I almost decided rather not to study medicine. Years passed, I am a general practitioner for adults, mother of three children and two years passed since I have enrolled to the Course of acupuncture.

However, at first I came to acupuncture from totally different side as my co wayfarer from the course of acupuncture. Initially I was a patient, actually at first as an observer because the first contact with acupuncture had my children – patients. And then in order to be able to imagine, what it is about, how the examination looks like and what's in fact going on, the first time I had first-hand experience of acupuncture, too.

And my own experience that the acupuncture works, brought me to the course of acupuncture.

We have the choice – we face serious decisions, we meet people, who more or less influence our life and give us a push on crossroad this or that way. We have always the choice and it's only on us, which direction we will set off.

Whilst my schoolmates have become certified specialists, I was on maternity leave struggling with myself, whether I can possibly become a doctor it's possible to be a doctor, whether I will be able to harmonize the career of a doctor and a mother, the family life with the mission (not a occupation), which I chose. Slowly I had it my own way and I was trying to persuade my surroundings, that everything is possible, when one wants. Often happenings, which in given time appear to be against us, with an interval of years will turn out as the best what in the given time could happen.

After four years of praxis as a general practitioner I have gained the feeling, that medicine is awesome. However, a conviction was constantly growing in me, that the contemporary medicine solves many diseases, in many cases it is irreplaceable, but the possibilities are restricted. Something was missing for me, as a cube into a toy blocks, still there were diseases and states of health, where it was not enough to examine the patient with auscultator, to open his mouth, to palpate the belly, to control the limbs, to prescribe medicine and wait that everything will be all right.

By becoming aware of acupuncture the doors opened for me. The doors, which as I currently see, I have opened only slightly. I am not belonging to those, who want to have





an empty waiting room and to have managed patients as soon as possible. I want to devote to every patient as much time as he needs.

And acupuncture and natural medicine offered me possibilities, which are helping me to look at the patient as a whole. It showed me, that already by opening the door and the greeting the diagnosis is beginning. That under our material body is a soul.

I started to apply my findings in the praxis, I am slowly searching myself, I am trying, I have also little successes, but I am facing also situations, when I need an advice of more experienced. By the increasing quantity of patients, by other hours spent by the stadium of acupuncture I am realizing, that a long way is ahead of me, the monastic rule, as our teachers from the centre of acupuncture are saying. I want to express my gratitude and not only to our teachers, but also to all the other lecturers, who use all their strength to submit us their experiences and knowledge hardly acquired during the years and at the same time they are trying to push us further. Under their guidance we push further ourselves, our bounds, but also the bounds of acupuncture. It is a hard way, but I believe, that in drops of sweat of our teachers and hopefully also in ours, will be the successful. That we will move the

bounds of acupuncture together and pull down myths and walls related to it.

I am different, the change has began from me and through my progressive change also my nearest surroundings is changing. I am trying to hand in to my children what nobody has told me until now. My life divided now to the time before and after beginning of the study of acupuncture. I pressed the door handle and opened slightly the doors, behind which there are new possibilities. It changed my point of view on life, on natural relation and the circulation of the nature, on our Creator, on the clergy. I am finding out new things that are usually not a subject of a normal conversation and suddenly I am perceiving also our world differently, my patients too. Now I know, that behind a painful back or ear can be much more, as I have thought till now. The study of medicine gave me the basics, without which I couldn't get by. My teachers of acupuncture gave me the wings, but it's only on me how far I will fly.

I am happy, that I was at the right moment at the right place, where I met people, who you don't meet just by coincidence.

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XVIII Medical Congress of Natural Medicine

Teodor Rosinský, M. D., CSc.

XVIII Medical Congress of Natural Medicine with interdisciplinary participation took place on 3rd–5th October 2014 in Samorín, Cilistov. Organizers were Medical Society of Natural Medicine and Acupuncture Section of Association of Private Physicians. The place of this year congress was not traditional, but all conditions of lodging, organization and life circumstances were very pleasant for majority of participants.

Program was composed with accent on current knowledge from different parts of natural medicine, but always with a connection to other natural, humanity and medical sciences. What is not common, widening awareness of juncture of other disciplines with natural medicine was evident also in some feedback.

It was not possible to get through all aspects of presented themes during two and half day of congress lectures and discussions. However, there was enough space for participants to initiate new perspectives of understanding and research in near and far future.

We would like to present lectures shortly.

Congress was opened after some introductory words of presidents of both organizing societies – Gustav Solar, M.D., PhD., from MSNM (Medical Society of Natural Medicine), Ladislav Pasztor, M.D., CSc., from APP (Association of Private Physicians). The first lecture by Gustav Solar, M.D., PhD., and Zlatica Solarova, M.P., PhD., introduced the dynamic pyramidal model in acupuncture. It is new theoretic model, which was already proven in practice. It was derived not only from traditional conceptions of acupuncture and five

elements, but also from original diagnostic methods and instrumental measures of patients examined by author of this lecture. This model has more connection points with other fields of conventional medicine, what was showed in the following program of congress.

Next lecture of Mgr. Zuzana Simova, PhD., spoke about principles of coding of genetic information and about some analogies in acupuncture and showed new connections in fields, which have seemingly not yet had something in common.

Peter Sedlak, M.D., brought other kind of themes in his lecture about ethics and spiritual therapy in clinical work. Some terminological obscurities became clearer in discussion and possible practical consequences of negligence of these signs in all medicine were showed.

Lectures of geophysicists and geologists were really interdisciplinary challenges for other natural sciences. Generally expected difference of these sciences from medicine was here showed as a false assumption. Lectures and discussions about them showed not only theoretic interconnections, but practical connectedness with medicine, not only natural, but complete. Dr. Andrej Mojzes, PhD. and Doc. Dr. Vojtech Gajdos, CSc., in lecture about radon and natural radionuclides and Prof. Dr. Baliak, PhD., in lecture about mineral background and his influence on human being touched not only typical geological themes, but demonstrated also the application of knowledge to health.

Theme shifted to a topic of antioxidant effect of plant parts and of food products, it was presented by Doc. Ing. Jan Brindza, CSc. and his co-workers. It was not only description of results of biochemical observation, but an





insight to correlative relation of man, his food and environment and so direct connection to the subject of natural medicine.

First day of congress was finished by the lecture of Dr. Marta Balazova about using of acupuncture in veterinary ambulance. It is a rare topic and therefore more interesting. In addition, results of this treatment are a reliable argument for unacquainted – critics of acupuncture, which suppose effect of acupuncture being a clear autosuggestion or placebo effect.

Second day was introduced by Gustav Solar, M.D., PhD. He presented a short survey of new possibilities of using acupuncture in oncology. This theme was supplied by very important lecture of Prof. Dr. Silvia Pastorekova, DrSc. about hypoxia as significant factor of progression and therapeutic resistance of tumors. Except of vivid description of processes tumor creation on a level of cells in state of hypoxia she touched – as she declared – new known interconnections – and also with possibilities of acupuncture to affect metabolic processes as well as the problem of hypoxia.

Lecture of Mgr. Miroslav Cernicky and co-workers – oncologists about principles of rational treatment of lymphedema of limbs introduced this diseased state after operations due to oncologic findings. Acupuncture and associated methods also belong in the whole package of proceedings.

Oncologic problematic with supplements was presented also by Prof. Stanislav Spanik, M.D., PhD. He discoursed about possibilities of acupuncture in support treatment of oncology patients. Doc. Jana Slobodnikova, M.D., CSc, h. Prof., spoke about postoperative changes and difficulties in carcinoma of breast and acupuncture.

Natural medicine aspects of biotherapy have been presented in two lectures of further

section as larval therapy in lecture of Miroslav Gajdosik, M.D. Mgr. Maria Habrmanova presented the topic of leech-therapy. This means using fly larvae in treatment of chronic wounds, mainly of ulcers of fore-leg and decubiti and using of leeches in different indicated diseases.

Last half day of congress was dedicated to acupuncture. It started by an essay of Teodor Rosinsky, M.D., CSc. He spoke about acupuncture in time and space and out of them. Author showed our commonplace view on all medicinal including acupuncture in a view of the body, in space and time. Recent discoveries of physicists indicate a possibility of wider view on a problem of time and his course in a body and also multidimensional character of space. This stays as hypothesis also for understanding acupuncture.

Eva Baumann, M.D., as younger acupuncturist presented a discourse about Qi and blood from traditional and modern view.

Teodor Mochnac, M.D., PhD., brought a practical view and results of research. He was oriented at some interconnections of diagnostics by TST in confrontation with clinical problems. This is a part of his longer researches of Tactile Solar's test.

Jan Hruska, M.D., presented a case from gynaecologic first aid, it was very interesting and fresh and Juraj Gajdos, M.D., finished the block of lectures by his experiences of an acupuncturist in general practice.

Participants could take part in more panel discussions organized after some lecture blocks during the congress. Panel discussions were as follows: Acupuncture, natural medicine and molecular biology. Ethic therapy. Human health and natural medicine. The Acupuncture and Oncology. Bio-therapy and natural medicine.





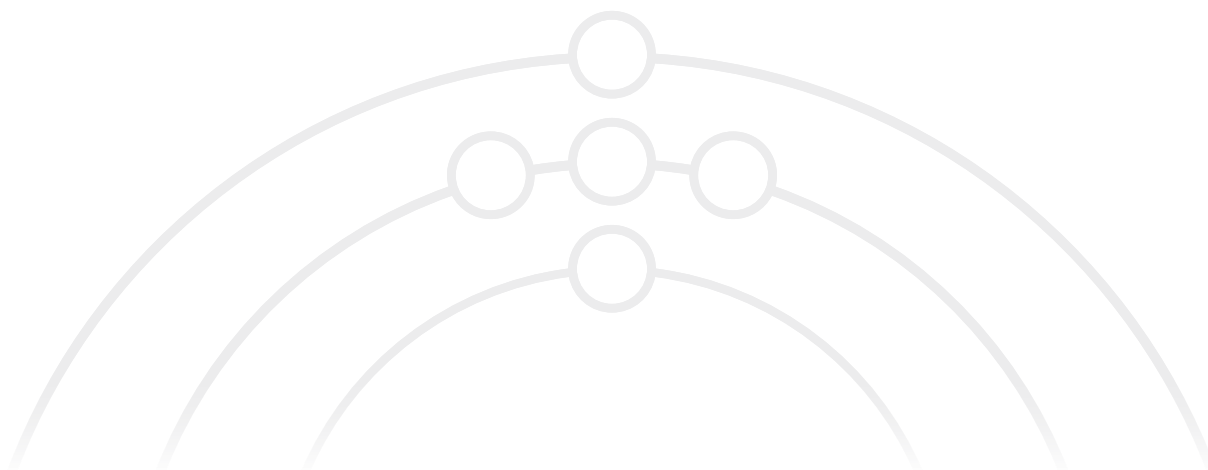
Methodology, research and practice in acupuncture.

Participation in discussions was rich, unusually for congresses of physicians. Not only lecturers and older generation discussed but also younger generation wanted to speak, too. It seems that the future of natural medicine – and also general

medicine, and we hope that of integrated medicine as well has good prognosis.

We should hope, that organizers will not be tired and next year congress will move participants again one step further.

Teodor Rosinský, M.D., CSc.





8th Forum of Organic Production in Selenča

Ing. Ľubica Sýkorová, Soňa Sázelová, M. D.

8th Forum of Organic production took place in Selenča in Serbia at the end of September this year. Theme for this year's forum was „Innovation in organic production“. Prof. Branka Lazić, Prof. Dr. Radovan Pejanović – Vice-Chancellor of University in Novy Sad, Doc. Ing. Ján Brindza, CSc., from Slovak University of Agriculture in Nitra, National Secretary from Ministry of Agriculture and Environmental Protection of Serbia Dipl. Ing. Juhász Attila addressed in the beginning participants from Serbia and international guests from Slovakia, Croatia, Bosnia-Herzegovina and Montenegro.

Jozef Gašparovský – Chairman of Centre for Organic Production opened the expert section and he reported about intended innovations. This Centre was the first of all that had an influence on organic manufacture all over Serbia. It was established in year 2010. It provides all necessary information to original agricultural producers, manufacturers, consumers, that means to all who are interested in organic agriculture. One can get here useful information about organic cultivation and farming, about technologies of healthy food production based on the principles of organic production. Soon a new portal will be operating, where all organic producers might be registered. There will be a database of supply and demand for organic products. The next function of the Centre is connecting particular producers not only in Serbia, but partners abroad, too.

Centre prepares and realizes projects financed by government of Serbia and also other international and native institutions, which are oriented on development and promotion of organic production in Serbia. Since October 2013 until September 2014 76 women in organic production area and 76 women in area of business were trained in the program.

In European Union 45% of all organic producers are women, who are interested mainly in cultivation of fruit and vegetables. For period 2014–2015 the Centre plans education of another 35 agricultural producers. Winter school for 166 participants will take place as well as the second cycle of agricultural business school for agriculturists. Education of young potential organic producers will be continued.

Establishment of so called “open schools” belongs to international projects of the Centre, where producers innovate and teach directly in the field, on manufacturing parcels, farms etc. They realized 3 of these schools – in Sombor, Ljutov and Kysáč – Čurug until now.

Prof. Dr. Radovan Pejanović gave a lecture called “Formation of Clusters in Function of Development in Organic Production of Food”. “Vojvodina's Cluster of Organic Production” was established in Novy Sad, a first cluster of organic food producers. Cluster (which will protect and represent interests of all participating members) associated enterprises, which produce and manufacture organic food, retailers, scientific institutions and independent organizations. Cluster is a modern form of organization. Just University of Novy Sad was one of initiators establishing Vojvodina's cluster,





which is beneficial, independent, non-profit association with 31 members so far.

Doc. Ing. Ján Brindza, CSc., presented a lecture about bee pollen as a source of food and indicator of organic production. Bees are not only the indicator of healthy environment, but they are permanent creators of this environment in the same time. Bees are important factor of maintaining biodiversity. Author pointed out massive mortality of bee families, reasons for this phenomenon is not explainable.

Prof. Dr. Nada Korać was speaking about organic cultivation of vine grape and vine production. Organic production of vine is minor in Serbia – only 7 hectares. Most organic vineyards are kept in Austria, Spain, France and Germany. Another themes of lectures were: Quadratic shape of eco-circle by Ljiljana Olujić from Croatia, “Innovations in Manufacturing of Organic Products” by Doc. Ing. Stanislav Šilhár, CSc., from Research Institute of Food and Nutrition in Bratislava. Andreja Vučenić from Green Network of Vojvodina reported about the project “Map of Organic Producers in Vojvodina” as a Result of Serbian–Croatian Cooperation.

As a last lecturer Jelena Milić from “Serbia Organica” presented the National Action Plan for Organic Production of Serbia.

The culture of cultivation of organic food is the total trend in European Union. It is necessary to deal with research on bio-food that we manage to produce ecologically and that don't burden

chemically the human organism. In the future it is important to focus on having enough safe, high quality and healthy food.



Everybody has his own journey to health. On our path we can find a lot of knowledge and it is just up to us, how we handle it. Diet has its own firm place in natural medicine. If it will not be loaded with chemicals and toxins, it will reflect on our health, too. Already Hippocrates, the “father of medicine” said: “Let your food be your medicine.” The conclusion of the meeting was varied by tasting of traditional homemade specialties.

Friends of ecological agriculture and organic production will meet in Selenča next year, too. Friends is the appropriate expression, because organic production cannot exist without friendship and love to nature and to people, too.

Ing. Ľubica Sýkorová, Soňa Sázelová, M. D.





Instructions for Authors

Acupuncture and Natural Medicine is an e-magazine of Medical Society of Natural Medicine (MSNM). Its main scope is the study of pathological changes in humans and the environmental and social influences on people from the standpoint of acupuncture. It publishes articles about acupuncture and other interdisciplinary fields involved.

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The form of studies and surveys:

- **Basic format:** MS Word, font Times New Roman, font size 12, double spaced, unaligned on the right edge, paragraph 5 strokes from the left, aligned to the left, no page numbering, refrain from word division;

- **The first page** contains the name of the study, the author's name and institution, abstract in Slovak language, respectively, in the language of the paper, max. 600 symbols (including spaces), Times New Roman font type with font size 11 points, 4–6 key words, phrases;
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Acupuncture and Natural Medicine

5/2014

