



IFeN

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RESEARCH’S PROTOCOL

ON

**FIELDS OF RECIPROCAL RELATION
AND ACTION**

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1. Introduction

I Stage

Individualizing a field's emission in the radiation visualized by the Kirlian photograph, probably an electro-weak emission, at first we have focused our attention on the eventual variation of the general quality above-mentioned radiation.

It has identified as a privileged occasion of this observation the therapeutic setting in Orgonomy.

In order to individualize the field's reciprocal relations and consequently actions, we have realized a standard procedure consisting on effecting a Kirlian photography to the therapist and one to the patient immediately before and after the Orgonomy's session utilizing as a reading-key the E.D.T.P. method (Energetic Diagnosis of Terminal Points).

II Stage

In assonance with the E.D.T.P. methodology – proceeding in the radiation observation starting from the general characteristics (radiation's quality) gradually to the quantitative aspect, the research's second stage is characterized by the observation of the qualitative/quantitative variations induced from the interaction zone as in the therapist field as in the patient's one.

For such aim these variations are observable in the thumbs radiations where the energetic projections of organs, organ-system and functions referred to the Lung/Lymph energetic flux are kept in.

According to the polarity's principle (see E.D.T.P.-Theoretic Basis) in such level it is possible to evidence eventual focused damages that can be recognized in materially noticed focused intoxications (clinically verifiably – i.e. – by radiograph). It is also possible to verify the energetic focused damage which is based on not yet demonstrable fields of perturbation: this fact, however, infers to take in consideration the focused organic correlations to be found during the quantitative observation.

It is important to underline the theoretic bases concept: focus sends energetic impulses whose alter and submerge the normal energetic profile.

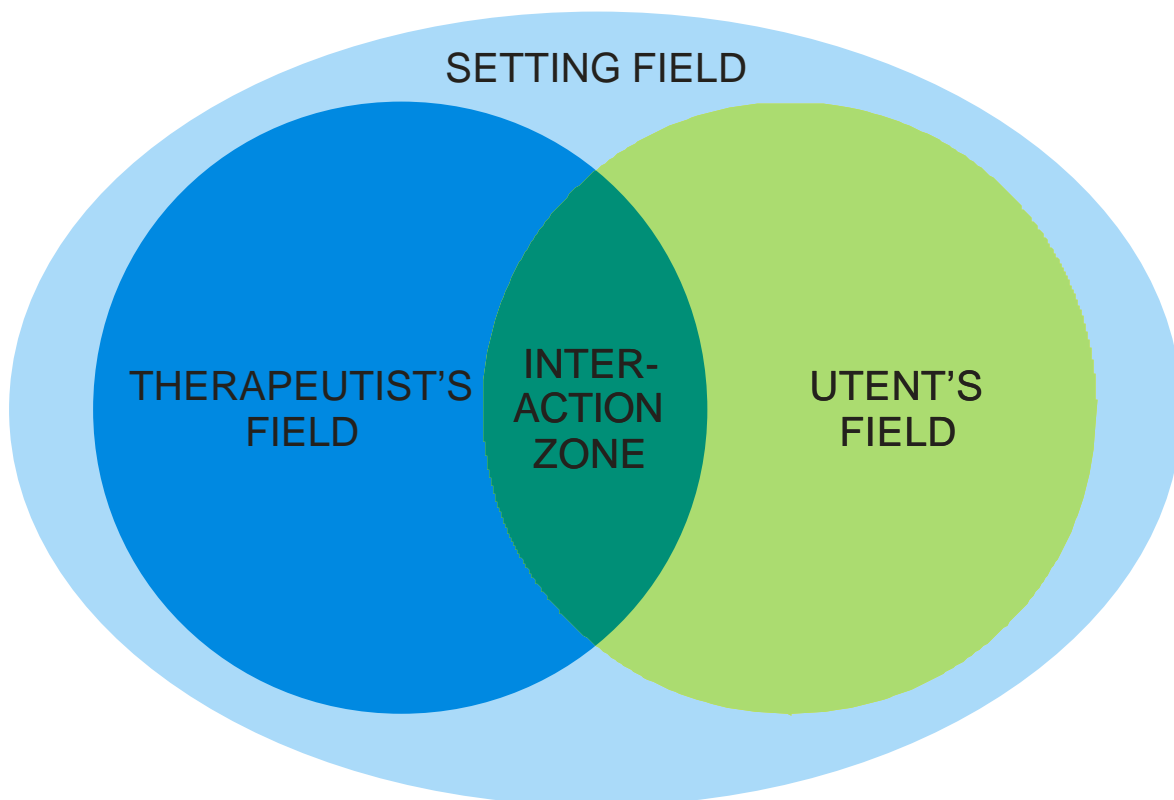
Primary focus induces periphery to assume an anomalous oscillation's behaviour, on this point the diathetic tendency comes into play, because energetic focused information express themselves into anomalous behaviours of matter. This fact signifies disease's organic base.

The upset information signifies superimposition of normal impulses and elimination of present defence mechanism.

2. I stage: Interaction between Energetic Fields

I.Fe.N. research on energetic fields working inside orgonotherapeutic setting.
If we consider therapeutic setting and its correlations with energetic fields we at least can determine four fields:

- 1) The energetic vibration Field of setting
- 2) The energetic vibration Field of the therapist
- 3) The Energetic vibration Field of the patient
- 4) Interaction zone between the therapist vibration field and the patient's one.



The first field or Setting Field contains the next three, the fourth being determined by the intersection of vibration energies both of the therapist and patient.

This intersection expresses an interaction zone that has own energetic identity, well distinguished from fields that generated it, notwithstanding it has been generated by the two vibration frequencies' meeting.

The research objective is to determine if the interrelations among the defined four fields

complies to specific laws. It is opportune to mention that the first field (setting) is related to a system and it contains the therapist and patient fields (as vibration frequencies) and the Interaction zone between the second and the third field (Nadir Butto – The seventh sense)

The I.Fe.N. scientific experimentation is at present polarized on the second, third and fourth field.

If we suppose that the energetic vibration field of the therapist and patient are separated – non exchanging any information – we should hypothesize that the Bio-radiation (intended as a vital radiation) is always similar to itself; if it changes we necessarily must hypothesize the presence of an interaction zone among these two fields. This zone has its own energy, well defined, and in itself energetic resonance mechanisms happen. Starting from the interaction zone, these mechanisms run over the second and the third field.

The research protocol avails itself on the Kirlian's camera utilization and on the E.D.T.P. method in order to value the therapist bio-radiation condition and the patient's one. This valuation is done before and after the organotherapy setting.

We think it's opportune to make a sign on the instrument utilized to effect this research.

E.D.T.P. Method

It's ancient the faith of mankind about existence of an invisible irradiation's covering surrounding human body. This covering has been described and defined in various ways: breeze, astral body, sidereal body, corporeal energy, soul, halo, bioplasma.

The most significant discovery in order to understand better this phenomenon was obtained by Semion and Valentina Kirlian. Mr. and Mrs. Kirlian succeeded to get ready a technique. It consented to observe the luminescence shedded from living organism in a electric field. This technique was called Kirlian photo. The irradiation was called Kirlian effect.



So we can affirm in every living being (and not) there is an electro-magnetic field, whose unit of measure is photon. Photons, according to emitting frequency, express a different colour.

At the present irradiation is defined – in a more appropriate way – bioplasma (bio=life / plasma=matter condition where matter is characterized by a loss of the atom's individual structure and where particles fluctuate freely; the sun is the most evident demonstration of it in nature).

It furthermore has been observed that if there is a good harmony in man among somatic aspect and the psycho-emotional one the energetic field is greater. Moreover every

emotion induces a bio-radiation modification: this fact allowed to realize that there is the possibility to do a diagnosis on bio-radiation.

So, bioplasma is the visible expression of energy. How it is possible to do a detailed diagnosis that reveals eventual lesions of organs and tissues? This was rendered possible by the studies of a German doctor, P.Mandel, expert in Acupuncture and Kirlian effect . Mandel built a map of the body parts in correspondence with different sectors of the bio-radiation.

E.D.T.P. is the name of the method (Energetic Diagnosis of Terminal Point).

This name is due to the fact that terminal points of acupuncture's meridian are important in this method.

The fascinating aspect of it is the possibility to foresee human diseases before symptoms show themselves: an energetic variation is present before their organic manifestation.

So we can affirm the E.D.T.P. method allows to carry out: a previous medicine, to effect a diagnosis condition and to verify the course of the effected therapy checking bio-radiation changes.

Peter Mandel, skilful in Kirlian effect and in acupuncture developed a complete method to do diagnosis based on Kirlian's hands and foot reading. It develops in 7 phases, from a general criterion to a particular one. Then it comes back to general being informed about dynamics of energetic flux.

We can grossly recognize three fundamental kind of irradiation: endocrine, toxic and degenerative one.

The endocrine irradiation is the first kind of bio-radiation; it represents the starting stage of disease. It concerns diseases with functional risks without a degeneration of organ. It is characterized by an almost total empty of radiation with some filaments dividing from the corona.

The toxic irradiation is characterized by a well defined outline of all fingers and by an initial radiation's loss of weft (in accordance with its seriousness). The radiation thickens itself. Thickening of outlines is equivalent to a problem seriousness. We are facing an assault of toxins. There is the trend of self-intoxication of organ and tissues.

The degenerative irradiation is the last stage. On it are present even pointed masses and thickening of outlines around radiation. This stage represents organ and tissues damages from the simplest to the most complex ones.

Obviously a such structured division in stages is didactic and exemplifying: the three kinds of irradiation can be contemporaneously present.

In a perturbed field the whole energetic structure is disturbed by relative introduction and impact of defective information in the energetic flux. The energetic flux, being chronically

perturbed in this way, damages the whole ambient.

The normal and harmonic energetic flowing contains all the necessary information to the vital process; only when the general normal information are modified by trouble information that comes from inside or outside it puts bases in order that disease shows itself.

Altered information signifies superimposition of normal impulses and elimination of the present defence mechanisms. In this way it generates focal intoxication (altered information > defective or superimposed between cells > irregular processes of working with consequent damage to the whole ambient > final destruction of the structure).

The organic energetic correlation indicate the presence of a synchronous rhythm among focus/ambient and vice versa.

In a clinical point of view the focus of primary irritation operates on undercervical ganglia; through them constantly confluent goad are sent to the cerebral trunk's nucleus zone: it'll become the secondary nucleus of perturbation and so we will arrive at a general sensitisation. Focus generated in the cerebral trunk sends irradiations to all the bodily periphery; these irradiations then join themselves to reflex systems of organs and tissues. Abnormal impulses go from cerebral trunk to organ reflex systems, passing through spinal cord, communicating branches (spinal nerves), vessels and nerves of sympathetic. Here they cause alterations such as disturbs of circulation or of metabolism. Initial functional alterations afterwards transform themselves in organic alterations; it derives a verifiable picture for a clinical point of view and showing a deficit on the nervous regulation.

3. Theoretic bases

The basis hypothesis that between energetic functions and the cellular ones it were a synchronous rhythm of oscillation (phase oscillation) makes Mandel's way when, through observation of numerous patients, he ascertained disease and physical malaise were energetically existing and visible – through photographic phenomena and the study of bioradiation – lots of time before individual perceives them.

Energy has in itself information and cells utilise them even if they are negative or positive impulses; so a normal harmonious energetic flux should have as a consequence normal harmonious cellular functions.

However, according to the polarity law, never information are one-sided; the consequent deduction was to hypotize a synchronous rhythm among cells and energy and vice versa. When it occurs that information modifies itself and equilibrating pulsation rhythm is lost it must change cell functions. According to the polarity law, cell variations cannot remain without consequences for the bio energetic information contents.

This information polar structure is the starting-point for all the observations on photographs of high frequency fields.

Now it follows our research method: we have effected a Kirlian photo before of patient and after therapist before setting; we have repeated the same action after setting. We have repeated this operation for a congruous number of cases. Then we have effected an initial valuation on the quality of radiation.

I.Fe.N. ha retained it right in the beginning to value what happens in the qualitative variations, subsequently purposing to deepen the investigation verifying what happens on quantitative point of view to the bio-radiation.

Bio-radiation valuations includes:

- 1) General quality radiation observation
- 2) Thumbs radiation observation (in this level we can find focus organic correlations of all organs and functions)
- 3) Oneself/Other relation (left- right, psyche-soma, yin-yang).

That being stated we have observed by the Kirlian effected analysis the following points:

- It is always present a bio-radiation variation of patient and therapist after setting.
- In all analyzed cases there is a field expansion of patient and therapist (except in clear psychosis cases)
- It is present clear trend to standardization of patient and therapist information.

So we can draw the subsequent deductions:

it is necessary to assume the existence of a fourth field : we call it vibration interactional field in order that all the above-mentioned phenomena can be possible and explained.

It seems necessary to do some recalls about physics and to premise interaction between energetic field we refer to is expressed by electro-weak strengths: for this reason they are singly negligible.

In the electro-magnetic radiation two are the parameters that describe bases characteristics :

Frequency (oscillation)

>

Speed of propagation

Wave-length

These two parameters, converging into an aspect of radiant emission, identify themselves into the phase, this last being the quality of the coherent radiation.

Frequency and phase are therefore the bases of the fields characteristics.

In relation to the electro-magnetic radiant forces, the quantum theory gives account of the passage from the negligibility of the single electro-magnetic field to the force obtained by the integration of several fields: collective interaction must be seen not as a parts' addition but as an indivisible whole intrinsic property given by every component. The whole's concept is a "tided chaos", harmonic addition of all the single cases (fractalic geometry).

Now, observing the field's radiation phenomenon we can affirm that (as the quantum physics says) quantum indetermination of this phenomenon has in itself an autodetermination.

This auto-determination is due to the fact that the fluctuation condition (objectively indefinite) reaches its determination by a phase's situation (Quantum theory of matter).

We can define the static forces as an expression of an in phase oscillation of fields.

But the living matter is dynamic so we can hypotize that the radiation phenomenon is only the basis of an electro-magnetic field relative to it.

The fourth field (interactional vibration field) has a well defined energetic identity and vibration notwithstanding it originates from the therapeutic and patients fields. It is a living system and it has its own self-governing relation with the fields in relation to.

Being a biologic system it is submitted to the laws that regulate the systems in a dynamic not equilibrium (see the theoretic model of Frohlic): for this reason it is a dissipative system; it must give energy as much as it receives.

In the Orgonomy work happens that in a certain moment vibration frequencies of the interaction field resound. At that time a vibration starts (Solitonic theory) and it informs both the therapeutic and the patient fields.

That is why it's always present, after setting, a bio-radiation variation in the therapist and in the patient, an expansion of both fields and a standardization of the therapist and patient bio-radiation.

This is only the beginning of this research. We hope that colleagues working on the same field will contribute to it; this research at the present regards only an initial stage and the qualitative variations of the bio-radiations.

Following the fixed and guarantee Federico's project, we further on hope to manage in deepening this aspect examining other cases and verifying if answers are coherent and superimposed to the first observations.

At this point it will be possible to proceed to the quantitative valuations and variations of fields (II stage of research)

4. II stage: Interaction and Interrelation between Energetic Fields

It must state beforehand that the second stage of this research, concerning quantitative variations of bio-radiance, uses the same methodology of the first step, as below indicated:

- E.D.T.P. of therapist before setting
- E.D.T.P. of patient before setting
- E.D.T.P. of therapist after setting
- E.D.T.P. of patient after setting

It has been analyzed about 100 cases.

Scope of investigation is to verify the existence of quantitative variations of bio-radiance in:

- therapist
- patient
- both

You are reminded that the first face of this research shows a quantitative increase of bioradiation in therapist and patient, except the case regarding a patient with a psychotic structure.

I Case

It shows nearly a superimposition of energetic problems (to whom to associate somatopsychic problems) after therapeutic setting. This as if interaction field between therapist and patient has been accentuated in qualitative key the inflammatory and degenerative aspects of E.D.T.P., in both.

It's possible to make this hypothesis: the elaboration inside the interaction zone among the fields of therapist and patient (you are reminded Dissipative Biological Systems Model) returns, in terms of resonance both therapist and patient a bio-radiation quality that amplifies and makes coherent both the single bio-radiations. We can observe a tendency to transform the different bio-radiation in one.

II Case

This case uses different I.Fe.N. therapist and patient. In this situation is evident the therapist field but not for the patient (insufficient bio-radiation).

We have observed a very interesting fact: the bio-radiation of the patient from a situation of insufficient, after setting becomes visible. It is possible to interpret this fact as the energetic flow activation.

At the same time the bio-radiation of the therapist shows an augmentation of degenerative aspect in his bio-radiation with also an evident tendency to the introjection.

Therefore it is possible to make this hypothesis: the elaboration inside energetic movement interaction field increases the quantitative aspect of bio-radiation in therapist and patient but, in return, a good many DOR energy quantity shows itself in therapist bio-radiation in a degenerative and introjective key.

III Case

In this case the patient has a psychotic structure. We can observe, in terms of bioradiation, this: the therapist bio-radiation decreases after the setting, the patient bioradiation,

in quantitative terms, increases.

From a qualitative point of view we can observe that the therapist insufficient zones are quite placing on the patient insufficient zones before the setting. The patient bio-radiation becomes stronger filling up the present insufficiency before the setting.

IV Case

In this situation it is evident the transformation of bio-radiation both for therapist and patient. Before the therapeutic setting both the bio-radiation were insufficient. After the setting the bio-radiations are complete and evident with superimposed qualitative alteration.

This case takes back to the I one but with a difference: in the first case the therapist bio-radiation was sufficient and here it does not. This modality of energetic fields interaction seems to activate the blocked energy both in therapist and patient.

V Case

This case shows before the setting, two very evident bio-radiations, but with a quality that is tending to a toxic bio-radiation. After the setting we observe a width reduction, a disappearance of the toxic aspects and a presence of endocrine aspects in bio-radiation. This means that exists a regressive compensation of psychopathologic problems both in therapist and patient.

VI Case

In this last case (in addition to a very little percentage, 2% or 3%, cases) we can not observe modification of bio-radiation before and after the setting, both in therapist and patient (little improvement in degenerative aspects).

It seems that does not exist a resonance phenomenon in the interaction zone of the therapist and the patient fields and then the bio-radiations are substantially unchanged.

In this last case the more consistent is that any resonance phenomenon has not realized between the energetic vibration of the therapist and the patient. In consequence of the interaction field, does not express any coherent resonance wave (Davidov's theory) and solitonic wave, that informs the therapist and the patient fields, does not start.

Ineffective of the contact among therapist and patient, fear with a tendency to retirement explain such reply. This reply is true both in a setting and in a normal contact (in this case "non-contact") between people.

5. Considerations

For all above exposed, it results evident that interaction modality among bio-radiation field

of the therapist and the patient one (that is realized in the third interaction field as described and explicated in the Research I step) gives back both therapist and the patient the energetic resonance waves. The latter modify both quantitative and qualitative aspect of bio-radiation.

It is possible to take back the six mentioned cases, each with its own peculiarity, to a general rule that is: when two energetic fields enter in contact (even more so in the setting) a qualitative/quantitative variation of bio-radiation can always be found (except the sixth case, the exception proves the rule).

As above indicated, for each treated case, we have a different I.Fe.N's therapist and patient. It could be interesting to know what will happen if the experimentation has been led from the only one therapist and his patients.

The research has been led by several therapists and their own patients in order to have different cases. This has consented us to do coherent considerations that is possible to lead back to one or more general answers.

6. Conclusions

On the analysis of this research it results clear there are qualitative and quantitative variations in the bio-radiation both in therapist and patient.

Moreover it happens something of very interesting: the energetic resonance wave (Froelich's model and Davidov's solitonic theory) seems to have its own individual energetic identity and it informs the bio-radiation about two first fields inclining to conform it in a somato-psychic key. This wave, in fact, starts from the field interaction zone and comes back to the therapist and the patient field: it is much more than a simple addition of fields.

As Reich said, energy informs and defines in a somatic and psychic key the person; it signifies that for a determined energetic quantum disposable corresponds a specific psychologic structure and a specific somatic structure with its possible somato-psychopathologic evolution (overcoming of the psycho-somatic and somato-psychic theory).

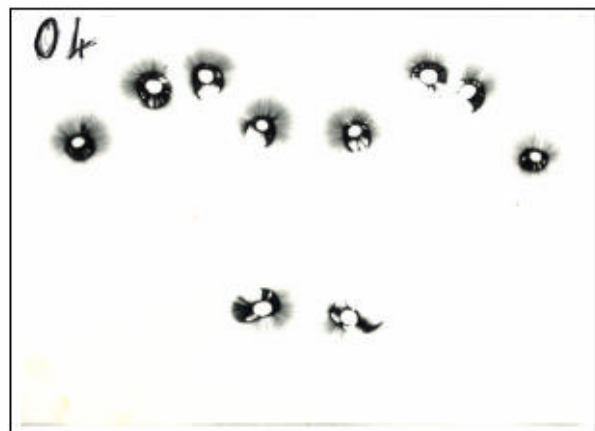
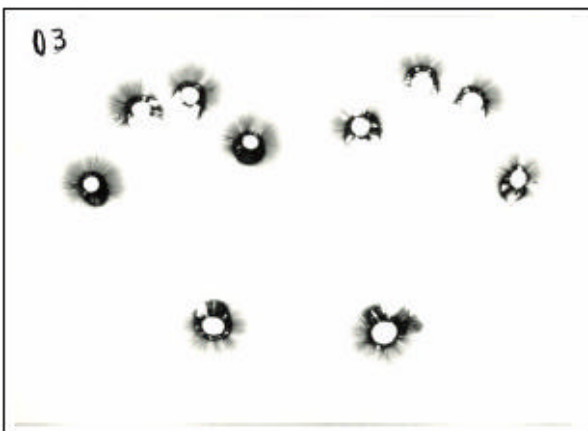
It will be necessary, as a consequence of this research, that a therapist uses several expedients in order to preserve an unblocked energy and to eliminate those interactions that can produce psycho-pathology in his bio-radiation. This expedients are:

- Maintenance therapy for all life
- Never work with a sequence of psychotic patients (Federico desired and wanted I.Fe.N's therapist respected these two conditions)
- Let's use minerals and plant able to neutralize DOR energy (quartz, cactus, etc.)
- Let's use fit instruments to purify the air of the place in which the therapeutic setting unrolls (ionogenic machine).

We show two examples referencing 4th and 5th Case

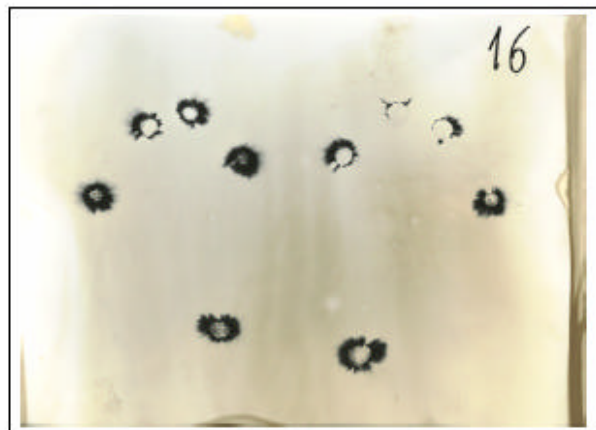
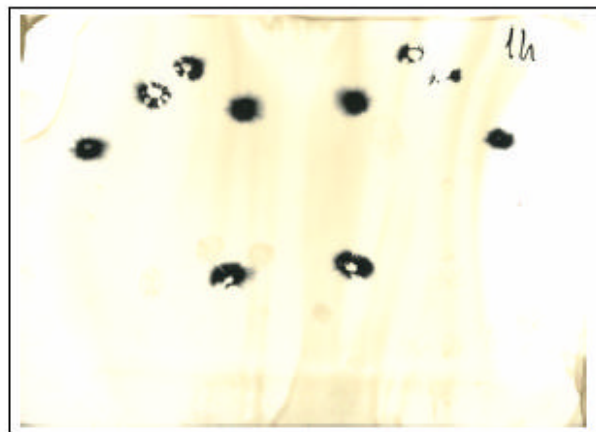
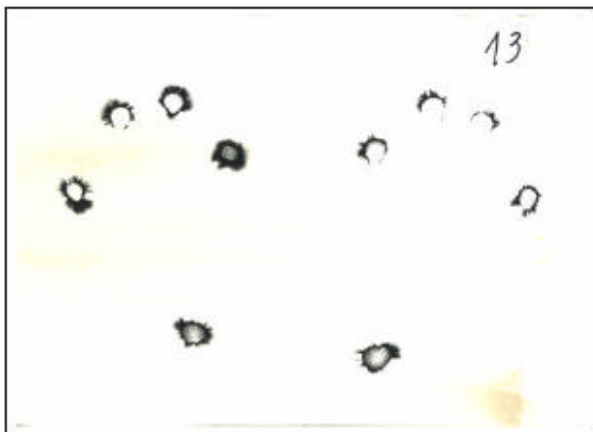
4th Case

Insufficient bio-radiation as of therapist as of patient.
After the setting is evidentest the transformation of bio-radiation, that became visible
with presence of manifolds rings by stress in both bio-radiations and some zone of toxic accumul.



You have to note how, from toxic bio-radiation with tendency to energetic introjection (visually is the disappearance of clear zone from wich becomes the bio-radiation), we find a more clean look of bio-radiation.

You have to note how is almost possible to superpose the bio-radiation of patient's right hand (energetic-somatic information) on therapist's that one, above all referencing the forefinger, the middlefinger, the ring-finger, while in the left hand (energetic-psichic information) the uniformity of bio-radiations is evident only at level of the middlefinger and of the ring-finger.



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