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At last! Orthodox medicine proves effectiveness of radionics in thousands of double-blind studies (radionics = targeted awareness processes)

Although the above title apparently contains a contradiction, it is precisely traditional or orthodox medicine that has provided some of the best scientific proof for the existence of radionic phenomena.

Orthodox medicine has – without realising it – been occupied for a long time with radionics (instrumental biocommunication) in the sense that it has recognised the radionic effect as a disruptive influence in the search for suitable medicaments in transferring healing information to patients and has therefore tried to prevent it by excluding it as far as possible from studies.

Double-blind studies

In the early days of medicament testing, a control group was set up to which only a placebo was administered so that a comparison could be made with the verum group (which received the real medicament). It was very soon realised that the fact that the patients know who was in which group had a statistically highly significant influence on the results. Therefore the patients were not told whether they had received the real medicine (the verum) or the placebo; this was known as the “single-blind study”.

However, when these studies were analysed over the years, it was noticed that the fact that the doctor who administered the medicine knew whether he was administering the verum or the placebo falsified the results of the single-blind studies so much that so-called double-blind studies were introduced in which the doctor did not know which group the patient he was dealing with belonged to.

Nowadays, the double-blind study is the standard and a study counts for nothing in traditional medicine if it is not conducted according to this standard.

The unwillingness to see is worse than blindness

But what exactly is it that the double-blind study is excluding? What is the effect on the patients of the doctor's knowledge about administering the verum or placebo, and, even more interesting: how does it come about?

It was suspected that the doctor conveyed non-verbally to the patient (through gestures, facial expressions or behaviour) the information about which group the patient belonged to. And so further studies were conducted in which the doctor was filmed during his dealings with the patient so that evidence for this suspicion could be found.

The analyses produced nothing useful, and to this day, orthodox medicine has no explanation for this effect. Therefore the doctor's knowledge about administering the verum or placebo produces an influence so significant that it has to be eliminated. But what is this knowledge other than spirit, and what factor if not this one could be so effective?

In traditional medicine, this knowledge has amazingly never led to this effect being cultivated: on the contrary, it is eliminated wherever possible as a disruptive factor. (But here too, the exception proves the rule – see www.fernheilung-online.de.)

In double-blind studies, placebos are fully sufficient as a therapy for one patient in three!

In single-blind studies, the doctor knows who gets the right medicament, but the patient doesn't.

If only this knowledge and the related unintentional awareness orientation (the doctor himself attributes no effect to this knowledge and therefore doesn't apply it) are sufficient to cure every third patient, how much can be achieved if we consciously intensify the effect of such processes?

This is exactly what radionics and in particular instrumental biocommunication does: it intensifies the relief or even the cure that can be achieved by the administering of placebos by using a device specially designed for this purpose.

With another therapy too, it can be shown that targeted awareness has an effect:

Biocommunication in kinesiology

In kinesiology, deliberate use is made of biocommunication. When it was noticed that a muscle test was sometimes influenced by the patient (for example, so that he could go on eating chocolate even after the kinesiolo-



gical allergy test), the kinesiologist started only to think what he was currently testing, without telling the patient. This works very well in practice and again the question is raised: how do the therapist's thoughts strengthen or weaken the patient's muscles? And here again, the human mind is the only remaining factor after all other possibilities have been excluded.

In the doctor's practice

In my practice, I use these targeted awareness processes with great success. And if someone says to me that my QUANTEC® is not scientific, I just smile to myself and think of the double-blind studies and the eternally valid saying: The healer is right!

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