



May 2002

Volume 2, No. 2

PSYCHIC HEALING AND THE ANISOTROPIC UNIVERSE

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ABSTRACT

Drawing on his training in advanced physics and quantum theory, together with an in-depth questioning of the latter's known inconsistencies, physicist/psychic healer Nicolai Levashov has concluded that the universe is anisotropic, i.e., non-uniform in spatial structure.

This concept, while backed by serious support in the field of astrophysics, runs directly counter to the classical view that the structure of space is uniform (isotropic) - which holds that space has the same qualities and properties in all directions and therefore matter must manifest similarly in all directions of space.

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

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

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

HEALING

Psychic healing straddles at least two distinct pathways – shamanism which evokes discarnate entities or "spirit guides" – and mind healing, thought to work through healer/subject resonance and the application of heightened conscious intention.

Clearly, the latter characterization of healing is, of course, descriptive rather than explanatory and offers no clue as to how that "mysterious leap" from mind to living matter takes place.

Dr. Larry Dossey (1997) has suggested an intriguing parallel between the resonant thoughts and behaviors of separated identical twins and the correlated spins (e.g., same direction at same time) of separated-in-space subatomic particles. He further suggests the existence of a nonlocal quality of consciousness (the term is borrowed from quantum physics) that can insert information into or extract information from the world. The mind, he suggests, "...reaches out beyond the body and even beyond the present moment" (Dunn 2000).

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

Lending support to his theory are the clinical results of his healing work – thoroughly validated through detailed medical documentation.

Levashov's background

Nicolai Levashov holds an advanced degree in theoretical physics from Russia's Kharkov University and is thoroughly grounded in relativity theory, quantum mechanics, radiophysics and higher mathematics. Thanks to a rare natural gift of accessing and processing information, he has acquired a wide-ranging knowledge of medicine, physiology and other allied disciplines.

Since early childhood he displayed unusual paranormal powers, of which he was unaware until he attended university, where he came to understand his ability to influence both living and nonliving matter. There, he discovered he could diagnose and heal human illness, and was often called upon to exercise his skills in and around university circles.

He subsequently gained prominence in the healing field, receiving special credentials and recognition for his work. In this connection, he trained over three hundred Russian physicians in his healing techniques.

Two of his books (Levashov 1997), originally written in Russian, gained him election to full membership in two mainstream Russian scientific academies – one, an advisory body of the United Nations, numbering among its membership several Nobelists and other luminaries from various academic fields (The United Nations International Informatization Academy).

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

COSMOLOGICAL RIDDLES

In the seventeenth century, the human race had to deal with the *angst* of discovering that man and his planet were not the center of the universe and the stars were not fixed and immutable – contrary to their most cherished beliefs.

Contemporary man, too, is grappling with the recognition that many of his cherished models of reality no longer hold. Within the past thirty or forty years, conventional physics has been facing the collapse of some of its most fundamental laws, as more and more empirical research data reveal their inherent inconsistencies.

A striking example is the information coming from the Hubble telescope. Two noted astrophysicists, Nodland and Ralston, after analyzing the propagation of radio waves from 160 distant galaxies, noted that such data are incompatible with the notion that space is isotropic (uniform) – in other words, space is not the same in all directions and does, in fact, have “a north and south” (“up” and “down”) – as well as an “east and west” orientation. By the same token, the speed of light in a vacuum cannot be constant, and the Big Bang theory is seriously undermined (Ralston and Nodland 1997; Wilford 1997)

Levashov's anisotropic universe: the healing/cosmological connection

Central to Levashov's theory – and, as we shall see, vitally pertinent to understanding the healing process – is a universe that differs greatly from the conventional model. In the conventional version, the universe is regarded as isotropic (i.e., uniform or homogeneous). *This means that it has the same qualities and properties in all directions and that therefore matter manifests in the same way in all directions and areas of space.*

By contrast, Levashov's model is an **anisotropic** (i.e., nonuniform or nonhomogeneous) universe, *in which the qualities and properties of space are constantly changing.* Thus it has a north/south-east/west orientation, in addition to which it contains billions of *primordial building blocks of creation*, which he dubs “primary matters.”

Each of these primary matters, he notes, has its own distinctive qualities and is discrete in structure, i.e., unbreakable into smaller units like the atoms of physically solid matter. Against this backdrop of discrete primordial matters and the constantly changing properties of space, a dynamic interplay unfolds, the consequences of which will be described below.

But first, let us consider another important aspect which plays a vital role in the ensuing cosmic chain of events: in such a universe, Levashov postulates, primary matters are *quantized* in space. What does this mean?

Quantization refers here to the *obligatory manner of distribution* of primary matters in space. It follows that each primary *matter has one, and only one, specific range in which it can exist in stable form*: its range of stability is directly dependent upon and determined by the numerical parameters of its surrounding space. At the same time, the surrounding space itself is impacted and changed by the very presence of the primary matters within it. Thus, a reciprocal relationship exists in *which space affects matter and matter affects space*. Let us examine the consequences of this interaction.

Anisotropic space - the cradle of creation

In the dynamic reciprocal interplay of matter and space, described above – as matter impacts space, *it deforms the curvature of space*. This creates a ripple effect (like a stone tossed into water) – generating a series of additional deformations thereby further altering the architectural relationship of space and matter.

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

Creation or destruction unfolds, therefore, *within certain precise parameters* – set in motion by the reciprocal interplay of matter and anisotropic space: primary matters fuse and create or part and disintegrate, according to these parameters. Levashov has laid out the mathematics of these cosmic events. They are, in his view, the basis of everything that happens in macro- or microspace.

Herein lies the connection between cosmology and healing. The healer, fortified with an upgraded cerebral apparatus (to be described below), *must do what nature does*: create – on the site of the pathology – the necessary microspace conditions for supporting his work. To do this he must infuse the target with the requisite potential (force) that deforms the target's microspace, so as to bring about the specific parameters and conditions needed to support his healing intention.

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

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

To clarify how a healer uses this knowledge to manipulate matter in a subject's microspace, we must first consider the following:

Planet earth: the physical and subtle matter spheres

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

These are the so-called “subtle energy,” or, more accurately, “subtle matter” realms which a few cutting-edge physicists have begun to explore theoretically (Tiller 1997). According to Levashov, they consist of varying combinations of primary matter, none of them physically solid like our Earth sphere, and so normally not accessible to our senses. And they differ from our physical planet and from each other in the quantity and quality of primary matters that compose them

Specifically, on planet Earth we have six interdigitating spheres – one physical and five so-called “subtle matter” spheres, each composed of different hybrids of primary matter and separated from each other by a mostly impenetrable qualitative barrier. The physical sphere is the innermost one. Most people (except clairvoyants) see only into the physical realm and cannot penetrate the interlevel barriers. The reality we perceive is commensurate with our stage of evolutionary progress. But these are the realms that the healer must navigate mentally.

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

For a healer to functionally perceive the other realms of existence requires a progressive development of the cerebral neurons – a kind of “upgrade” of the cerebral apparatus, like creating an advanced-model computer. People so evolved are capable not only of seeing into these otherwise invisible realms, but also of developing significant psi abilities – including the ability to heal.

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

Homo sapiens: physical and “subtle matter” bodies

According to Levashov, man possesses a physical body and six surrounding, rudimentary “subtle matter” bodies that may or may not be developed in any given lifetime. They are sometimes referred to as “spiritual bodies,” but this has no organized religion connotation. Our six subtle bodies, like those of our planetary spheres, are composed of various combinations (“hybrids”) of primary matters, each with distinctive qualities and characteristics, and each possessing greater potential than its predecessor. Together they constitute man’s higher consciousness, or spirit.

The subtle bodies differ from each other and from the physical body in the number of primary matters that compose them. However, they all possess structural replicas (e.g., cells, organs, organ systems, etc.) that correspond exactly to those of the physical body. Levashov’s healing method requires work on both physical and subtle bodies.

Most people on Earth have developed – in addition to their physical body – only the first two subtle bodies. The other four bodies, existing in rudimentary form, are not activated

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

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

THE MAKING OF A HEALER

Levashov’s experience with upwards of 300 physicians in the former Soviet Union led him to the following conclusions: In the general population there is a broad spectrum of sensitivity indicative of a subject’s capacity to transform. According to Levashov, most individuals fall in the middle range. At one end of the two extremes are those who, thanks to genetic endowment, can undergo structural transformation almost instantaneously. (Levashov is able to screen such subjects by a simple test). At the other end of the spectrum are those with minimal sensitivity and maximum inertia. In such cases, transformation is still attainable, notes Levashov, but requires substantial preparatory work and may take up to several years.

Most subjects, however, are capable of becoming competent healers in his method and of receiving the healing “apparatus” installed by Levashov. The neophyte healer must invest a great deal of time and energy to activate the equipment and learn by experience and guidance. As with any fine equipment, if it just lies on the shelf collecting dust, there will be no progress.

Simply put, the healing apparatus is an “upgraded” brain purposely transformed by Levashov to levels of increasingly greater potential. We may liken such a brain to a finely honed state-of-the-art computer as compared to an everyday modest apparatus. The healer must be trained to access and sustain an advanced state of consciousness. To achieve this outcome, Levashov installs special subtle matter structures into the brain, following which a student can see into the human body, mobilize his now heightened potential and work with primary matter.

The sophisticated cerebral “hardware” enables the user to muster large quantities of energy potential for his work and to scan at will, using sensory powers quite beyond his ordinary tools of perception.

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

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

While this “upgrade” method is applicable to many other disciplines as well, *Levashov requires that all aspiring healers be thoroughly grounded in the basic medical disciplines, including anatomy, physiology, cellular biology, genetics, etc.*

The pitfalls of a healer

Healing with Levashov techniques is an arduous path. One student characterized it as “oscillating between exhaustion and exaltation.” Like many of the subjects they may eventually treat, they often undergo drainage of heavy loads of toxins, as well as soul-searching characterological upheavals. (The latter may happen to their patients as well).

To make real progress, the working healer must be able to access and sustain the specific condition in himself, the altered state of consciousness, that triggers the potential to bring about the intended changes. He must steadfastly maintain this state throughout the healing task: wavering from it, he will accomplish little or no transformation, either for himself or for the patient.

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

Also afflicting the would-be healer are problems of the ego, e.g., the desire for power as a way of self-aggrandizement and to shore up insecurity. If buttressing the healer’s ego rather than prioritizing the patient’s welfare becomes the real motivation, this leads to the healer’s spiritual downfall.

THE SPECIFICS OF HEALING WITH MENTAL INTENTION

The Etiology of Disease

According to Levashov there are many factors that can cause physical disease and disharmony between the various bodies: the categories, which vary with the individual, include genetic defects, infections, karma and environmental factors. The latter includes toxins, e.g., the breakdown products of bacteria and viruses, that are transmitted from the mother to the fetus through the placenta. While usually subclinical and of minor significance throughout early life, these infections acquire major importance in initiating and maintaining chronic disease later in life, as individuals age and the immune system becomes compromised by a variety of environmental stresses and externally transmitted toxins.

At such a time, toxins in the cerebral spinal fluid start to infiltrate nerves originating in and transiting the spinal cord and brain, and thence move via the nerves to various organ systems, where they induce pathological changes. When the toxins damage the nerves themselves, the result is chronic degenerative neuropathological disease, e.g., multiple sclerosis, amyotrophic lateral sclerosis, etc.

Another more recent example stems from a study by the Harvard School of Public Health, linking maternal viral infection of the fetus (e.g., genital herpes) with an increased risk of developing psychosis in the adult offspring (Psychiatric News 2002).

Targeting the Subtle Bodies

It is essential that the healer direct major interventions first at the structures (e.g., cells, organs, organ systems, etc.) on the subtle matter level. These structures hold the basic organizational patterns, the architectural blueprints, of the physical structures. It is here the healer must make changes in the microspace architecture to set up the necessary conditions for transformation.

To do this, he uses his brain to infuse the healing site with just the right quantity and quality of potential that will support and realize his specific intention. The potential is what “fuels” the process of deforming the microspace, thus changing the spatial architecture around the site. The primary matters, which are set in motion as a result, represent the “building materials” of this process. Healing interventions made only on the physical level may afford palliation but cannot ensure permanent relief.

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

Scanning

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

Depending on his stage of development, the healer may be able to see inside the body at both macroscopic and microscopic levels; to create a holographic image of the patient on which to work nonlocally; to view conditions in the past in order to ascertain the cause of the problem; to project into the future the results of an hypothesized treatment program; and to view physiological processes in real, slowed- down or accelerated time.

Detoxification

Every living organism produces toxins from normal metabolic activity. These are routinely cleared by a healthy body. But, additionally, there are myriad pollutants in the environment, in our nutrients and in our modern life-style trappings that chronically assail us with a tremendous toxic load. Mobilizing and removing these toxins plus the residues of old (often subclinical infection) of the central nervous system is an important first step in the healing process. Avenues of drainage include the lymphatics, blood circulation, lungs, kidneys, intestines, skin, sweat glands, sinuses and Eustachian tubes.

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

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

Cellular regeneration

The trained healer, thanks to the programmed structures installed in him by Levashov, has the potential to impact the parameters around the target's microspace. This is not to imply that he sits down at a computer to calculate mathematical formulas. With training, he is able to use his heightened consciousness to influence the organizational patterns of nature which are in the matrix of creation. Once the microspace is impacted by the healer's energy potential and intention, the primary matters will follow the healer's directive according to natural law.

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

This protocol must unfold within the correct parameters of the cell's microspace, brought about by impact from the healer's potential. After the cell ruptures, releasing its components, the force of this "explosion" breaks the qualitative barrier between the physical and subtle matter levels. The healer may then mentally project into this arena a "template" or "blueprint" of a healthy cell, around which the freed-up primary matters coalesce to form a replica of the healthy cell. The process is somewhat akin to the obligatory line-up of iron filings around a magnet.

Resetting the immune system "thermostat."

Every pathological change in the body upsets the homeostasis of the organism, i.e., the harmonious working of all body parts in unison. This alters the feedback loop between brain, central nervous system and organ, which is the biological "thermostat" of the body. Disease changes this "thermostat" to a setting lower than optimal. Even after recovery from illness, depending on its nature and severity, the body will remain at, and adjust to, this decreased level of functioning, commensurate with the lower setting. To avoid relapse, the healer must ensure the continuation of his results by "recalibrating" this feedback loop, and "informing" the brain of the changes made. This brings the organism into harmony with the changes made in both the physical and subtle bodies of the organs and restores the "thermostat" to its optimal pre-morbid setting.

Some Caveats

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

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

The Levashov method of psychic healing is not a panacea for all problems. A crucial consideration is the degree of damage to the organism. If too severe, there is little or no health in the body to support the healing work. When correctly done, however, on an organism that can support and sustain the healing process, the Levashov method can effect changes at the deepest levels of the physical and subtle bodies, achieving lasting cure of even the most chronic and debilitating dysfunction. The case histories and medical records of many patients are clear evidence of this.⁹

Case #1: Isabelle P.

GLIOBLASTOMA MULTIFORME IN AN INFANT*

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

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

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

Case Report

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

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

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

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

Levashov's Intervention

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

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

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

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

In May of 1995, two months into Levashov's work, the parents noted a slight swelling in the right frontal region. The region was aspirated, yielding a semi-liquid material thought to be either pus from an infection or the egress of necrotic tumor debris, since it was similar in appearance to material found in her last debulking and pathologically consistent with dead tumor debris. The neurosurgeon then proceeded to do a fourth craniotomy for further debulking and to determine whether the previously placed catheter and shunt were infected.

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

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

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

A repeat brain scan on October 20, 1995 showed no significant change and "no evidence of tumor growth into tumor cavity" (neurosurgeon's communication). Isabelle was reported as doing very well – alert and happy, and playing with other children. The neurosurgeon, though quite surprised at the turn of events, cautioned the family that due to the extensive loss of normal brain tissue, mostly in the right frontal lobe, the child would have serious mental and motor deficits, including failure of speech. A few months later, the surgeon noted that the child was speaking fluently.

Subsequent follow-up

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

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

The distance healing is supplemented by week-long visits to San Francisco once or twice yearly for daily in-person sessions of a few minutes' duration.

Clinically the patient has made enormous strides in every area. She is a class leader in her school, very popular with her peers and aspiring to become a medical professional..

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

Summary

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

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

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

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

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

Case #2. Alexander K.

CORRECTION OF TESTICULAR AGENESIS*

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

In normal embryonic development, testes first appear high in the posterior abdominal wall and, during the latter half of the seventh month, start their descent to the anterior abdominal wall. Cryptorchidism, which occurs in about 3% of full-term infants, is a significant cause of sterility because the higher temperature of the pelvic cavity destroys the developing sperm.

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

Case history

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

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

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

Testosterone	Concentration (nanograms per decaliter)
0.01	16.10
0.01	28.10
0.01	30.10

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

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

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

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

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

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

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

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

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

Distant healing continues up to the present. Although surgery was again recommended, it is not planned at this time, since channels for testicular descent are now present in the abdomen.

Discussion

This case graphically illustrates the morphological stages seen in the progressive unfolding of Levashov's healing method. Initially, in this patient, there were no testicles present other than a right-sided palpable minuscule "formation" of indeterminate nature discovered on examination when the patient was five years old.

No further investigation was done until October 18, 1998, when the patient now, eleven and a half years old, was found to have serial testosterone levels of 0.01-clearly pointing to the absence of functioning gonads.

However, four months after Levashov started work, incipient physical changes began to appear on ultrasound examination and later through other imaging techniques. They consisted of the following and represented actual stages in the morphological development of new organs:

March 24, 2000, four months into the healing process: visualization of a new structure resembling a testicle, in the right abdominal wall, "round in shape, with well-defined contours," and measuring 1.7 x 1.0 cm. On the left wall, a less developed mass, slightly larger and rather amorphous. According to Levashov, both are examples of a "biomass," i.e. the basic building material from which all structures are created. The one on the right, with its better contour and definition, represents a more advanced stage of development.

May 3, 2000, six months into the healing process: tomographically recognizable channels in the abdominal wall for accommodating the descent of testes; bilateral "rudimentary structures" both of which now resemble testicles. In this picture, the biomasses are still transitional, but manifesting an even later stage of development en route to their becoming completely viable organs.

September 13, 2000, ten months into the healing process: identification of bilateral, intra-abdominal formations, ovoid in shape, emitting strong signals consistent with testicular structures. Here, the biomasses have completed the last stage of development to become fully functioning gonads.

March 20, 2001, sixteen months into the work: ultrasound demonstration of bilateral, 8 mm, perfectly formed testicles within the abdominal wall, plus a normal testosterone level of 10 ng/dl. A subsequent test (January, 2002) showed a level of 16 ng/dl.

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

To accomplish this, the healer had the dual challenge of repairing the defective genes that control testicular development and of actually creating gonads in a subject who, at age 11-1/2, was far past the biological time table for testes to develop. This process unfolded in accordance with the natural laws governing the interplay of physical and primary matter, impacted and programmed by the healer's potential.

Conclusion

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

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

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

References

Dossey, L. *Healing Words: The Power of Prayer and the Practice of Medicine*; New York, NY: Harper Mass Market Paperbacks, 1997.

Dunn, JR. "Beyond Mind/Body Healing: A Conversation with Larry Dossey, MD." *Psychology on Line Journal*, 2000; 1 (1).

Levashov, N. *The Final Appeal to Mankind*, was written between 1987 and 1992, and published in Russia in 1997. English editions of the latter and a second book, *Mind and Spirit*, are presently available only in private limited editions.

Psychiatric News, January 4, 2002.

Ralston, JP and B. Nodland. "An update on cosmological anisotropy in electromagnetic propagation." *Proceedings of the 7th International Conference on the Intersection of Particle and Nuclear Physics*, Big Sky, Montana, 1997. Editor: T W. Donnelly, American Institute of Physics, Woodbury, NY, 1997.

Tiller, WA. *Science and Human Transformation: Subtle Energies, Intentionality, and Consciousness*. Walnut Creek, CA, Pavior Publishing, 1997.

Wilford, JN. "Research Suggests Universe Has an 'Up' and a 'Down'"; *New York Times*. April 18, 1997.

* Cases 1 and 2 appeared in *Alternative Therapies in Health and Medicine*, 2002, 8 (1):116-120.

BIOGRAPHICAL SKETCH

Nicolai Levashov was born in 1961 in Kislovodsk, Russia.

He was early exposed to a wide range of scientific subjects, owing to an avid quest for knowledge, actively pursued—at a tender age—in libraries, bookshops or wherever information could be found. His mother, a gifted medical professional, early on encouraged her son's independent thinking.

As a child he was unaware of anything unusual about himself, but gradually came to realize that he possessed rare paranormal gifts. As early as age nine he still had no inkling of his power, yet saved himself from an accidental bleeding death by simply wishing the hemorrhage to stop.

There were many other brushes with death and indications of his unusual gifts.

His mere presence was enough to deactivate electronic equipment (later a source of good-natured complaints from his fellow students at the university). He could influence human behavior with mind power alone and make things happen simply by willing them. At the urging of his classmates, he discovered he had the ability to diagnose and heal human illness, and quickly developed a following of people seeking his help in and around the university circles.

Gradually his odyssey of self discovery provided more and more answers about himself, enabling him to fine-tune his brain functioning and develop an expanded, multidimensional consciousness.

In 1984 he graduated from *Kharkov University* with a Master's degree in *theoretical physics*, which represented the highest echelons of scientific training in the Soviet educational system. This training required not only a mastery of *relativity theory, radiophysics, quantum theory and higher mathematics*, but many other subjects as well.

In the meantime, in an effort to better understand himself and his unusual qualities, he began developing his own unique system of healing, the results of which were shown to be empirically verifiable.

Gradually this led to the creation of what he called the "*New Knowledge*," with which he was able to explain many of man's most perplexing scientific and existential enigmas. (This later led to a book, *The Final Appeal to Mankind*, published in Russia in 1997, and to another work in progress, *Spirit and Mind*).

In 1990, in order to meet the legal requirements for practicing his form of healing, he obtained a license and certificate as *Specialist in Psychotronics – Highest Category* from an international training center, "Phenomena," based in Kiev and Moscow, and offering courses throughout Russia and the Ukraine. This allowed him to teach specialists in the field and to perform corrective therapy on large groups of people.

His unique talents quickly attracted the attention of the training center's president and led to a faculty appointment. Under these auspices he gave three training courses, following which he started working independently, doing his own training classes. Before leaving the Soviet Union, he had trained a total of several hundred physicians and about one hundred laymen in his method.

In 1991, the president of the center, in recognition of his gifts, awarded him the title of *Magister in Psychotronics*. (Though literally translated from the Latin as "master," this degree connotes a proficiency higher than that required by a doctorate).

However, it is of interest to note that Levashov's unique and elegant healing techniques are not derived from psychotronics, which they far surpass in sophistication and results. At the end of 1991, he moved to the United States.

Since 1989, Levashov has appeared on various television and radio programs in Russia, Europe and the United States as an expert on psi phenomena, including on *CNN* where he demonstrated his psychokinetic powers and discussed the use of psi warfare by the United States and other countries.

He also appeared on a segment of *CBS's Unsolved Mysteries*, which evoked a wide audience response.

Since December of 1991, Nicolai Levashov has been residing in San Francisco, where he is engaged in research, writing and teaching. He also gave two training courses to a group of physicians and laymen, and continues to conduct teaching seminars for his students.

At present he is at work on his third book, *The Anisotropic Universe*, to be completed around the end of the year.

His first book, *The Final Appeal to Mankind*, was written between 1987 and 1992 and published in Russia in 1997. There was also a private limited edition done in Russian, in 1994, and a similar English language version in 1997.

A second book, *Spirit and Mind*, Volume 1, was completed in Russian in September of 1999 and in English (as a limited private edition) in June of 2000.

Following Russian publication of his first book—in recognition of his scientific contributions—he received an unsought, but coveted honor from mainstream science: *full membership as Academician* in the *International Informatization Academy*, which is an advisory body to the *United Nations Economic and Social Council*.

The *I.I.A.* is a global organization whose members comprise the U.N. Secretary General, heads of state, renowned scientists—including a host of *Nobelists* – and leading professionals in every field of endeavor.

Subsequently, in June of 1999, mainstream science again honored him – this time with election to full membership in the *International Academy of Energoinformative Science*, a Russian-based, world wide organization of high profile leaders from various scientific disciplines.

The latter organization also nominated him for a Nobel Prize in physics in the year 2002.

Additionally, a prestigious medical journal, *Alternative Therapies in Health and Medicine*, edited by Dr. Larry Dossey published two of his case histories in their January-February issue of 2002.

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