

BIOPHOTONIC ENERGY IN AN INTRATUBAL INSEMINATION PROGRAM

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Summary

This prospective and randomized study aims at proposing a physical-instrumental technique focused on the evidence-based medicine, that allows to use the energetic biophotonic component so that the male sperm is recognized as "self" by the woman body. 100 infertile couples with repeated failures of intrauterine insemination (IUI) or intratubal insemination (ITI) were subjected to 100 cycles of ITI without stimulation with FSH but only with Andean phytotherapy.

The highest success rate was obtained in group A which, subjected to the biophotonic therapy, accomplished 15 pregnancies (pregnancy rate of 30%), while the control group B accomplished 5 pregnancies (pregnancy rate of 10%). The difference between these 2 groups is statistically significant ($P < 0.001$).

Introduction

The state of health can be described as a biochemical, morphofunctional and energetic balance. This balance is studied through laboratory and instrumental tests, such as the study of the ovarian reserve, the study of the uterus and fallopian tubes functionality, etc., and the evaluation of the spermogram. We investigated the energetic state through the medical device BFB (evoked potentials) that allows to evaluate the basic energy source of the patient and the possible imbalances against various organs that can negatively affect fertility.

According to our experience, the correction of these imbalances is an important prerequisite for the success of infertility treatments.

All the substances, including the seminal and follicular fluid, are composed of molecules and energy (biophotons). During the sexual intercourse and through the insemination techniques, the female body comes into contact with the sperm, which can be recognized as "non-self" and therefore refused, or as "self" (so, fertilization and pregnancy occur). This recognition, moreover, has a chemical and physical nature.

Since 1995 we have published works that have demonstrated the efficacy of phytotherapy based on Andean Polarized Maca (LMWP) combined with the intratubal insemination in order to improve the pregnancy rate.

This study aims at proposing a physical-instrumental methodology that makes the male sperm recognizable as "self" by the female body.

Materials and Methods

The study was conducted on two homogeneous groups of 50 patients each who had had previous IUI/ITI failures. Initially, the two groups consisted of 56 and 55 patients respectively, but then 11 patients were removed because of an insufficient follicular or endometrial response.

The average age in the two groups was similar: 36,2 years in the study group A and 35,9 years in the control group B. The spermogram had a number of capacitated sperm exceeding above 4×10^6 /ml in both groups. In any case, it was proved that both fallopian tubes (or, at least, one of the two) were pervious.

The randomization was carried out the day of the treatment plan. In both groups, as the ITI was performed with curved catheter under ultrasound guide, it was not used gonadotropin stimulation to avoid multiple pregnancies. The 50 sperm samples of the study group A were subjected to a biophysical

examination, in which the biophotonic emission of the sperm sample was measured and digitally stored in a computer.

Through a special device connected to the computer, the woman received the spermatic biophotonic emission of her male partner, previously stored.

The administration of spermatic biophotonic energy was carried out a few minutes before the intratubal insemination, through a probe, in acupuncture points and at pelvic and vaginal level, in correspondence to the uterus and the fallopian tubes, for the duration of 5 minutes.

The women in the study group A were treated, according to the energetic levels detected with BFB, with Andean phytotherapy for 30-45 days before the insemination to restore the energetic pattern. The male partners were treated for an average of 60 days with Polarized Maca in order to increase the fertilising power of the sperm. In the control group B phytotherapy was administered only for ovarian stimulation (12-14 days), followed by 5000UI of HCG 36 hours before insemination (dominant follicle of 17-18mm). The male partners were not treated with Polarized Maca but some of them were already treated with common supplements containing vitamins, arginine and antioxidants.

The capacitation of the sperm occurred by swim-up or gradients, depending on the sperm quality.

Results

The study group A, consisting of 50 women treated with the biohotonic therapy, had a high pregnancy rate with 15 pregnancies (30% of success, including 1 miscarriage during the 8th week), whereas the control group B had 5 pregnancies with 10% of success.

The difference between the 2 groups was statistically significant, considering that these two groups were homogeneous according to age, infertility terms and sperm values.

The only dissimilar parameter was the endometrial thickness: in the study group A, it had an average thickness of 11.9 mm at the time of hCG administration 36 hours before the insemination, whereas in the control group B, it had an average thickness of 9.7 mm.

	<i>Number of treated couples</i>	<i>Mean age of female patients</i>	<i>Treatment with Andean Phyto-therapy</i>	<i>Endometrial Thickness</i>	<i>Male therapy with LMWP</i>	<i>Number of Pregnancies</i>	<i>Pregnancy Rate</i>
Study group A	50	36,2 anni	YES	11,9 mm	YES	15	30%
Control group B	50	35,9 anni	NO or for few days	9,7 mm	NO	5	10%

P < 0,001

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The plants administered which could have determined a greater endometrial thickness and receptivity may be Zener-LMWP (*Lepidium meyenii* Walp), Zener-ACW (*Alchornea castaneifolia*), Zener-ACV (*Adiantum Capillus Veneris*), Zener-AGM (*Abuta Grandifolia*), which are the most frequently administered to the 50 patients in the study group A.

Conclusions

The pregnancy rate was significantly higher in the study group A, treated with biophotonic energy and Andean phytotherapy.

The working hypothesis is that the DNA of the patient provides for the recognition of the substances with which the body comes in contact, and categorizes them as "self" and "non-self". This recognition is not only chemical but also electromagnetic and biophotonic.

The sperm is made up of molecules and biophotons and can be recognized as "self" or "non-self" by the female body and then, it can be accepted or rejected.

Bibliography

- F.COLLOT, "Valeur information elle d'une modulation. Information et interaction". Proceed. Inter. Symp. On Wave therapeutics, Z.W.Wolkowski Edit. Paris, Versailles, May 1979
- F.A.POPP, "Photons and their importance to Biology". Proceed. Inter. Symp. On Wave therapeutics, Z.W.Wolkowski Edit. Paris, Versailles, May 1979
- M.S.MARKOV, "Biological mechanisms of the magnetic field actions". IEEE Trans. On Magnetics, 17, 2334-2337, 1981
- F.BISTOLFI, "Radiazioni non ionizzanti. Moderni impieghi e aspetti radio protezionistici", Ediz. Minerva Medica, Turin 1983
- B.T.DOTTA, C.A.BUCKNER, D.CAMERON, R.F.LAFRENIE, M.A.PERSINGER, "Biophoton emissions from cells cultures : biochemical evidence for the plasma membrane as the primary source", September 2011
- M.RAHNAMA, J.A..TUSZYNSKI, I. BOKKON, M. CIFRA, P. SARDAR, V.SALARI, "Emission of mitochondrial biophotons and their effects on electrical activity of membrane via microtubules" J Integr Neurosci. 2011
- G.MENALDO,S.SERRANO,B.LOPEZ, "Improving pregnancy rates by means of Polarized Maca based phytotherapy and intratubal insemination", COGI Paris 2001