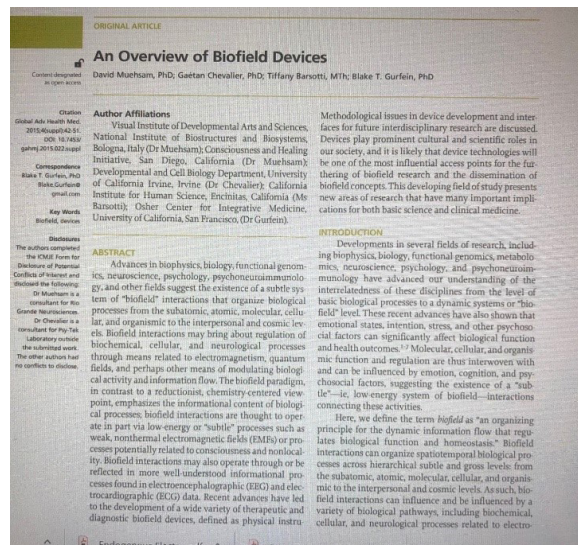




WHAT IS AMINO NEUROFREQUENCY (ANF)?

➔ ANF is a Biofield Modality

This blog is all on Aminoneurofrequency which is a non-thermal EMF device. Part 1. ANF is a biofield therapy as been supported by Muehsam et al. (2015) Recent research has demonstrated "the existence of these extremely weak EMF effects suggests the possibility of bio information flow at extremely low energies and could foreshadow a paradigm shift away from the biochemical paradigm towards an information oriented model where weak EMF signaling plays an ESSENTIAL role in biological regulation". This means we can observe the influence of the nervous system through measuring its EMF.



➔ Every living thing has a frequency

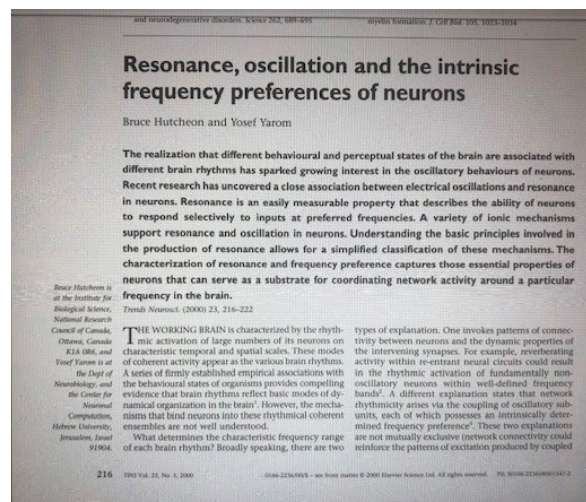
When I was first told "Every living thing has a frequency" I was like "...ok, what does that mean". Well here is my physio mind trying to simplify quantum mechanics, so here goes in a step by step presentation...

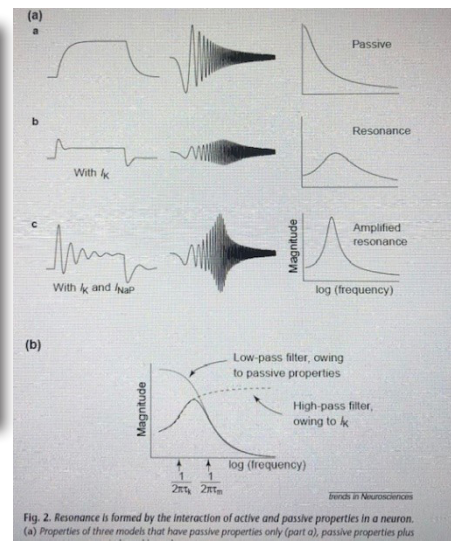
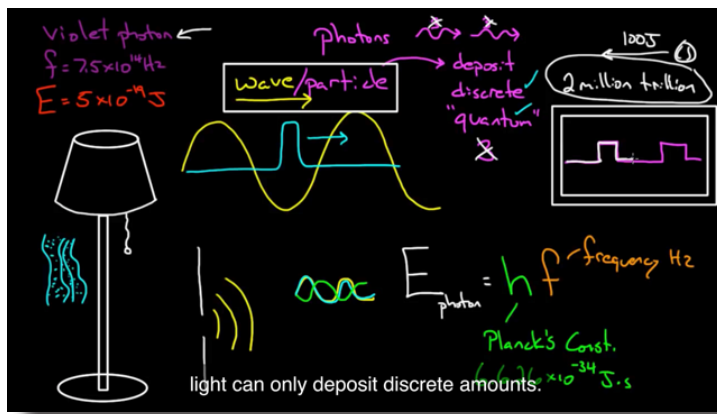
1. Living cells emit energy. It's what makes us 'alive'.
2. Energy is emitted as photons.

"Everything is energy and that's all there is to it. Match the frequency of the reality you want and you cannot help but get that reality. It cannot be any other way. This is not philosophy. This is physics."

Albert Einstein
@thedanicook

3. Each photon carries energy proportional to its radiation frequency that is specific to its type.





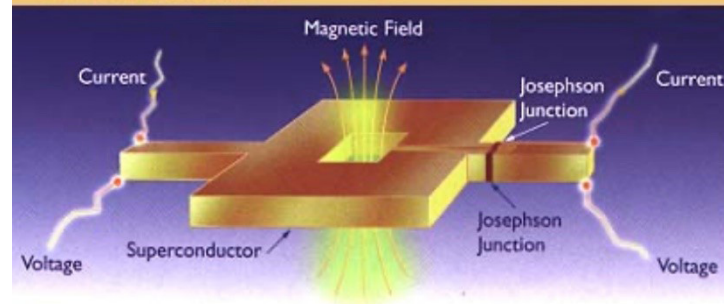
4. The frequency can be determined using a Superconducting Quantum interference Device (SQUID) by using the equation $E=hf$, where E is the Energy of the photon and h is Planck's constant.

5. A hydrogen proton has been found to have a resonant frequency of 42.6 MHz, a hydrogen molecule is different again due to its 2 shared electrons, water is different again as is fats etc (www.nap.edu/read/19017/chapter/24#253)

6. Bone has been determined to have 14-19 resonant frequencies (Håkansson, 1994).

7. The resonance frequency of neurons is determined by the active and passive interactions of the neuron. It can be determined by recording its firing patterns at both high and low frequency applications and observing its "notch filter" (or sweet spot) (Hutcheon and Yarom, 2000) See diagrams in pics. Once we know the resonant frequency of the target neuron it can be influenced by an exogenous EMF. But that will be described in Part 3. Why are we going into this in this depth? Because people quite rightly want to know if it's possible, so I've dedicated a bit of time to finding out if it is. Guess what? The science is there, it's just not molecular biology like what we're used to.

A SQUID (Superconducting Quantum Interference Device) is the most sensitive type of detector known to science. Consisting of a superconducting loop with two Josephson junctions, SQUIDs are used to measure magnetic fields.

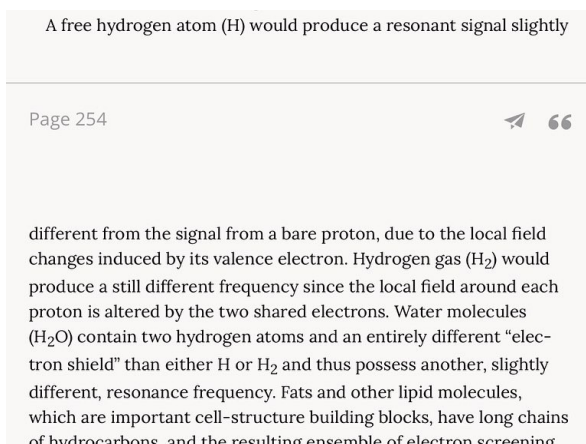


Resonance frequencies of the human skull in vivo.

Håkansson B, et al. J Acoust Soc Am. 1994.
[Show full citation](#)

Abstract

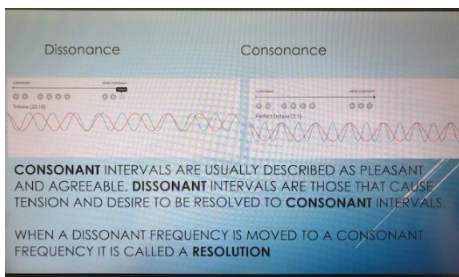
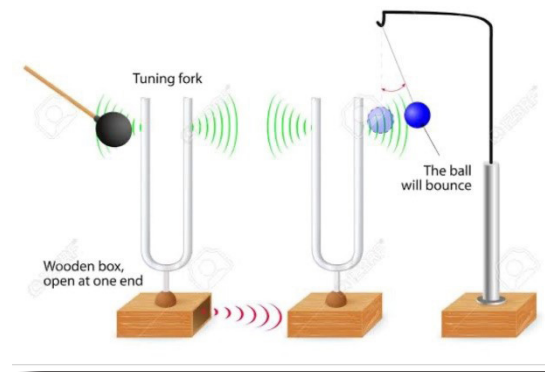
Patients with skin penetrating titanium implants in the temporal bone, for attachment of bone-anchored hearing aids, have made it possible to investigate the free-damped natural frequencies (resonance frequencies) of the human skull in vivo. The resonance frequencies of the skull of six subjects were investigated. The resonance frequencies were extracted from two frequency response functions (acceleration/force) measured on each subject: One point measurement where the force and acceleration were both measured at the same point, and one transcranial measurement where the acceleration was measured contralaterally. Between 14 and 19 resonance frequencies were identified for each subject in the frequency range 500 Hz to 7.5 kHz. The two lowest resonance frequencies were found to be on the average 972 (range 828-1164) and 1230 (range 981-1417) Hz. The relative damping coefficients of all resonances were found to be between 2.6 and 8.9%. Due to the relatively high damping coefficients, it is assumed that the resonance frequencies do not significantly affect bone conducted sound. In the transcranial



➔ How does it work?

Part 3 in our “How does ANF work?” series describes one of the mechanisms at which the ANF disc can create its therapeutic effect.

The easiest way to describe this is via the law of Sympathetic Resonance. I am sure we have this this phenomenon before. Think about an experiment involving 2 tuning forks that have matched frequencies and/or harmonics. (Remember a frequency is the number of times the wave oscillates per second and the harmonic is a function of the wavelength) in the experiment you strike the first tuning fork



and it vibrates at its predetermined frequency which is a function of its structure (think back to Part 2 how Hutcheon and Yarom (2000) states that a nerves frequency is determined by its structure and its function - yes, you see the parallels ☺) so the first fork (let's call it “the disc fork”) vibrates and because it shares the same frequency/harmonic as the 2nd tuning fork (let's call that the ‘nerve fork’) it can pass its energy into that structure and make it vibrate. This is Sympathetic Resonance. So (I hear you ask) how does the nerve oscillation or uptake of the discs energy create a therapeutic effect? This was described in a paper by Frölich and McCormick (2010) that showed via application of a very small EMF you could:

1. Change the membrane potential of a neuron to produce excitation (firing) of the nerve.
2. Increase the rate at which the nerve fired without changing the harmonic.

3. Create a wave of neuronal activity such as a neural signature that may act out as a function.

4. With a disruptive EMF you had the potential to be able to create a dissonant or disruptive frequency to reduce or inhibit a neurons effectiveness. Therefore if we know the frequency of the target neuron (see part 2) we can influence it by an applied EMF.

There is much research to be done to describe this further and acknowledgment must be given to Björn Nordenström (1983) who describes the inner mechanics of cellular and neural activity in the book ‘Biologically Closed Electric Circuits’, that I have not described a part of this explanation in a desire to keep it concise and relatively easy to understand.

Stage 1

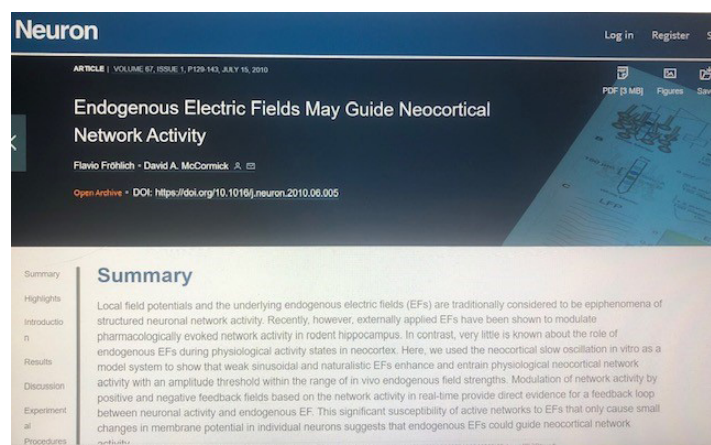
Every part of the body has a frequency. The frequency may be specific to the nerve, organ or both (ie. function). When the body is healthy the frequency has a consonant interval. When it is unhealthy it has a dissonant interval.

Stage 2

It is possible to transfer energy from a source that shares the same harmonics (shared interval of a wavelength) to another source via Sympathetic Resonance. This second source will then vibrate with the original source frequency for as long as it has the energy. This allows the second source to achieve a “Resolution” with previously unhealthy dissonant frequency, therefore re-commence healthy function. At the Cellular level this could be seen by increase cellular cAMP activity and localized effects to reduce inflammation.

COULD THIS BE HOW WE CAN MAKE IT WORK?

“The day science begins to study non-physical phenomena, it will make more progress in one decade than in all the previous centuries of its existence.”
— Nikola Tesla





“Can a ‘sticker’ really hold a frequency?”

SO HOW CAN WE HARNESS IT?



The ANF ‘DISC’ is composed of a 28.4% carbon metal alloy. The manufacturer states that the frequency is embedded into it using an ‘Accelerator Frequency Generator’ (AFG) using “coax cables attached to a large vacuum control box. This eliminates the interior atmosphere in the box down to 0.05 PSI during disc programming. This allows the AFG to send specific frequencies into the box without the normal atmosphere around then causing interference.”

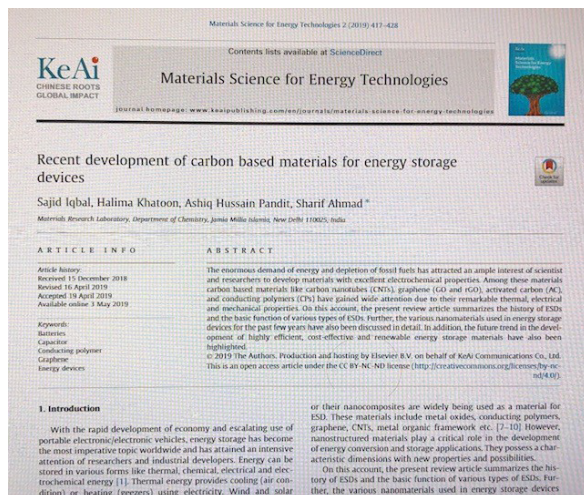
The use of the super heat treated activated carbon metal alloys has been described by Iqbal et al.

(2019) as having “excellent conductivity and high

surface area ... and an efficient energy storage material when used as a ‘super capacitor’.

Technology has come a long way very fast. With the use of nanoscale technology ANF presents a device that can store and emit a pre-programmed frequency once activated for a continuous 72hours. This separates it from other modalities that require an electrical source that create patient inconvenience as they are not ‘wearable’ like ANF.

This may allow ANF to be used as a successful compliment to traditional treatment and exercise programs and return to loading for patients.



Accelerator Frequency Generator

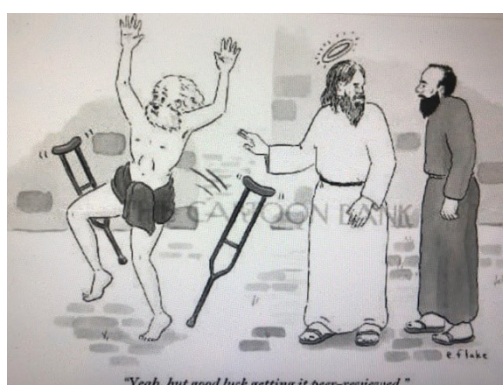
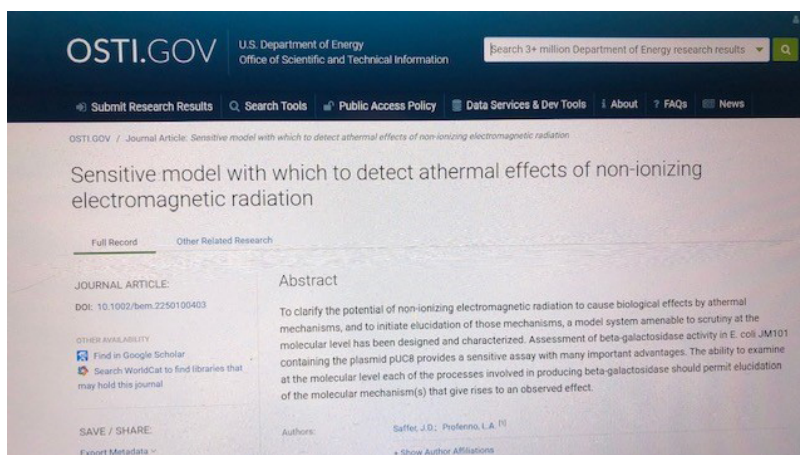
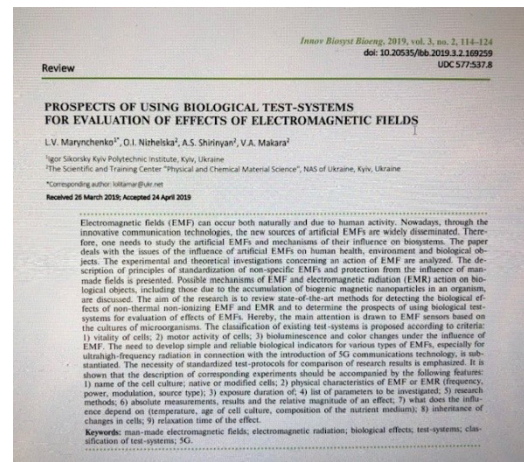
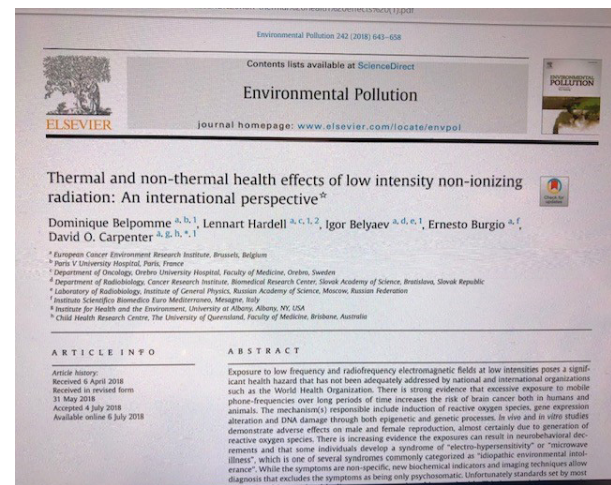


"Where's the research?"

There is always a delay between what is observed in the clinic is "Clinical effectiveness" and what has been demonstrated in the research as being "Evidence based". ANF is currently in that phase.

There is no doubt that good quality research needs to be produced to gain wider acceptance and I am aware of 3 such studies underway. In the interim we are left with extrapolating findings from non-thermal EMF investigations as well as using our own judgement of the literally thousands of anecdotal reports on its successes. Yes, when the research comes it has the capacity to revolutionize our medical thinking. Let's hope it comes soon. I direct you to the @aminopainacademy page to watch this space.

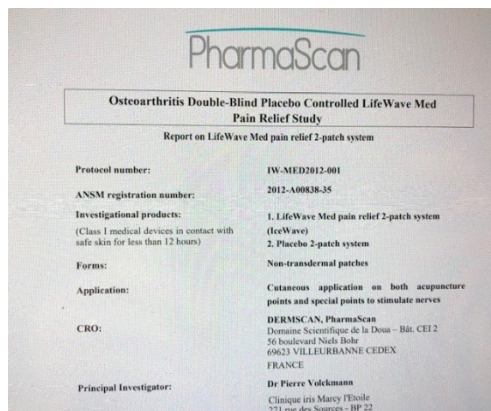
ANF is a non-thermal EMF device (NTEMF) that is non-ionizing, meaning it has the capacity to add energy to a cell seen by increasing its rate of oscillation without changing its molecular structure. (as cited from ARPANSA Website) NTEMF can produce local cellular changes by changes in reactive oxygen species (Belpomme et al. 2018) and



outline the research methods used to detect biological changes from NTEMF for both positive and negative therapeutic effects. This demonstrates the emerging field of therapeutic study.

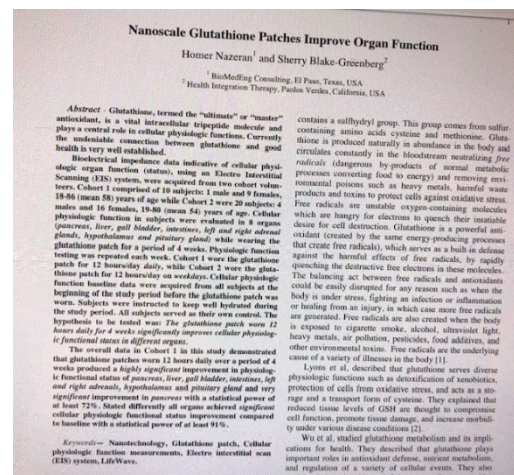
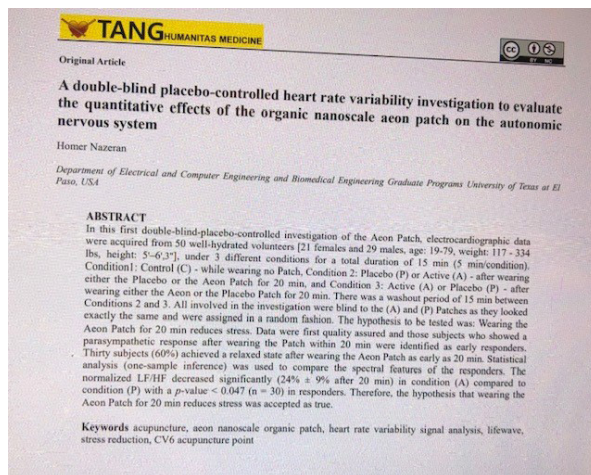
Volckmann (2012) demonstrated a 67% improvement in pain reduction compared to a 21% improvement with a placebo for knee OA for a similar device to ANF.

Greenberg (2010) was able to demonstrate a 22-46% increase in organ Carnosine and 29-57% increase in organ Glutathione levels (a key antioxidant for the body that combats reactive oxygen species) in a NTEMF device. Similar significant effects have been demonstrated on



the autonomic nervous system via HRV measures (Nazeran, 2015).

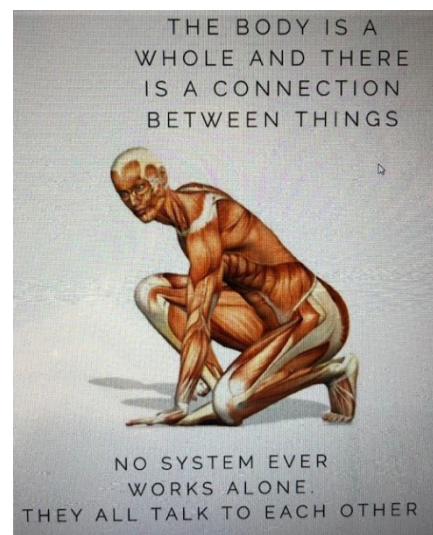
There has been an exponential growth in studies involving NTEMF that demonstrate this as an emerging area in therapeutic medicine. As more case studies and publications are produced the mechanisms will become more widely understood. Until then feel free to ask any questions or contact me via PM if you would like to observe it in action.



What if there were no discs?

I recently asked the attendees of my last course "do you think this course would be worth it if you were told that there were no discs? Let's say they had run out or a patient refused to wear them. Do you think what you have learned is beneficial even without the discs?" The answer was a resounding "Absolutely!"

What ANF teaches is an emphasis on a thorough assessment. We now ask questions deeper than what we previously considered. It teaches the interactions between all of the body systems. Emphasizing the need to reduce stress and it's effect on inflammation (Edwards 2008) but more importantly the emotions associated with both past and present injury. It stresses the importance of the #lymphatic system and how without addressing it healing cannot occur successfully (Pikor 2017). It emphasizes that reducing inflammation is not a passive process, it doesn't just



happen, it needs to be actively resolved (Serhan 2007). As therapists we have addressed this through movement, exercise, meditation and lifestyle change but tapping into the “why and how” only makes clinical decision making more efficient.

Franceschi et al. (2014) state that inflammation is the driving factor in many diseases, including atherosclerosis, cancer, autoimmunity and chronic infections, and a major contributor to age related conditions.

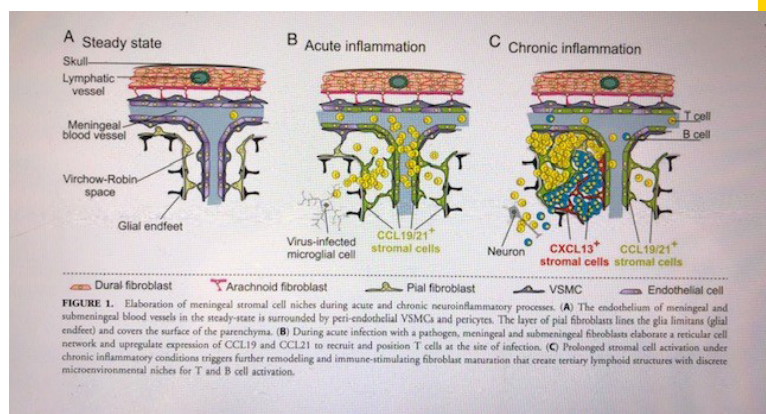


FIGURE 1 Elaboration of meningeal stromal cell niches during acute and chronic neuroinflammatory processes. (A) The endothelium of meningeal and submeningeal blood vessels in the steady-state is surrounded by perivascular VSMCs and pericytes. The layer of pia fibroblasts lines the glia limitans (glial endfeet) and covers the surface of the pial astrocytes. (B) During acute infection with a pathogen, meningeal and submeningeal fibroblasts elaborate a reticular cell network and upregulate expression of CCL19 and CCL21 to recruit and position T cells at the site of infection. (C) Prolonged stromal cell activation under chronic inflammatory conditions triggers further remodeling and immune-stimulating fibroblast maturation that create tertiary lymphoid structures with discrete microenvironmental niches for T and B cell activation.

The FASEB Journal • Review

Resolution of inflammation: state of the art, definitions and terms

Charles N. Serhan,^{1,2} Sue D. Brain,³ Christopher D. Buckley,⁴ Derek W. Gilroy,⁵ Christopher Haslett,⁶ Luke A. J. O'Neill,⁷ Mauro Perretti,⁸ Adriano G. Rossi,⁹ and John L. Wallace¹⁰

¹Center for Experimental Therapeutics and Reperfusion Injury, Brigham and Women's Hospital and Harvard Medical School, Department of Oral Medicine, Infection and Immunity, Harvard School of Dental Medicine, Boston, Massachusetts, USA; ²Cardiovascular Division, King's College, New Hunt's House, Guy's Campus, London, UK; ³Division of Immunology and Infection, MRC Center for Immune Regulation, University of Birmingham Medical School, Edgbaston, UK; ⁴Centre for Clinical Pharmacology and Therapeutics, Division of Medicine, University College London, London, UK; ⁵University of Edinburgh, MRC Centre for Inflammation Research, The Queen's Medical Research Institute, Edinburgh, UK; ⁶School of Biochemistry and Immunology, Trinity College Dublin, Ireland; ⁷William Harvey Research Institute, Queen Mary University of London, Charterhouse Square, London, UK; ⁸Inflammation Research Network, University of Calgary, Calgary, Alberta, Canada

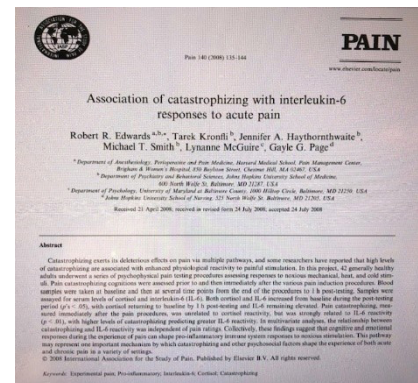
ABSTRACT A recent focus meeting on *Controlling Acute Inflammation* was held in London, April 27–28, 2006, organized by D.W. Gilroy and S.D. Brain for the British Pharmacology Society. We concluded at the meeting that a consensus report was needed that addresses the rapid progress in this emerging field and details how the specific study of resolution of acute inflammation provides leads for novel anti-inflammatory therapeutics, as well as defines the terms and key components of interest in the resolution process within tissues as appreciated today. The inflammatory response protects the body against infection and injury but can itself become dysregulated with deleterious consequences to the host. It is now evident that endogenous biochemical pathways activated during defense reactions can counter-regulate inflammation and promote resolution. Hence, resolution is an active rather than a passive process, as once believed, which now promises novel approaches for the treatment of inflammation-associated diseases based on endogenous agonists of resolution—Serhan, C. N., Brain, S. D., Buckley, C. D., Gilroy, D. W., Haslett, C., O'Neill, L. A. J., and Perretti, M. (2006) *Controlling Acute Inflammation*. *Br. J. Pharmacol.* 148: 1–10.

but undeniably critical one for acute inflammation to resolve. Dispensing with the inciting stimulus will halt further pro-inflammatory mediator synthesis (eicosanoids, chemokines, cytokines, cell adhesion molecules, etc.) and lead to their catabolism and the curtailment of pro-inflammatory signaling pathways (Fig. 1). Toll-like receptors are now held to play essential roles in the recognition of many of these invading organisms (*sic* *in* *facto*). This, coupled with the release of factors that prevent ongoing PMN/eosinophil trafficking and edema formation, halts the beginning of the end—namely resolution of the acute inflammatory response and return to normal homeostasis. One traditional view argued that pro-inflammatory mediator catabolism was sufficient for inflammation to switch off and the response subsequently just “fizzled out” (1). This is only part of the process at the tissue level, as PMN or eosinophils left unchecked could do untold harm to an already inflamed site and must be disposed of in a controlled and effective manner. Thus, next in the sequence of events is cell clearance. The exit routes available to inflammatory leukocytes include

The ANF approach is to reduce inflammation and improve the overall function of each body system. Understanding that each system is entwined and each system has a level of importance attributed to it that has evolved from our basic survival needs.

In this 6 part series we have described the growth in research into non thermal EMF modalities such as ANF and its benefits as a ‘wearable’ device to be discreet, convenient and apply a 72 hour dose. The mechanisms of how the body produces its frequency (Part 2), how the discs can exert an effect at cellular level (Part 3) and how the discs store their frequency (Part 4) have been detailed. Part 5 summarized the research into non thermal EMF modalities like ANF.

ANF holds great promise as BOTH a therapeutic approach and device for the future.



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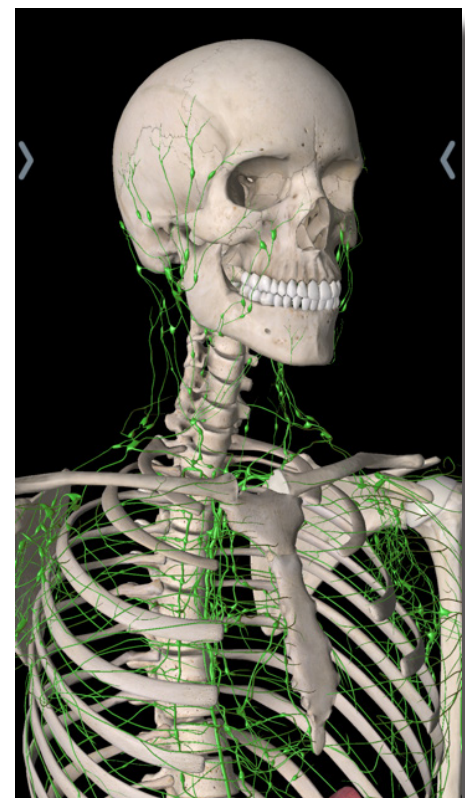
Nat Immunol. Author manuscript; available in PMC 2018 May 08.

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A guiding map for inflammation

Mihai G. Netea^{1,2,3}, Frances Balkwill⁴, Michel Chonchol⁵, Fabio Cominelli⁶, Marc Y. Donath⁷, Evangelos J. Giamarellos-Bourboulis⁸, Douglas Golenbock⁹, Mark S. Gresinger¹, Michael T. Heneka¹⁰, Hal M. Hoffman¹¹, Richard Hotchkiss¹², Leo A.B. Joosten¹³, Daniel L. Kastner¹⁴, Martin Korte¹⁵, Eicke Latz^{16,17}, Peter Libby¹⁸, Thomas Mandrup-Poulsen¹⁹, Alberto Mantovani²⁰, Kingston H. G. Mills²¹, Kristen L. Nowak²², Luke A. O'Neill²³, Peter Pickkers²⁴, Tom van der Poll²⁵, Paul M. Ridker²⁶, Joost Schalkwijk²⁷, David A. Schwartz²⁸, Britta Stiglmayr²⁹, Clifford J. Steer³⁰, Herbert Tilg³¹, Jos W.M. van der Meer³², Frank L. van de Veerdonk³³, and Charles A. Dinarello³⁴

¹Department of Internal Medicine and Radboud Center for Infectious Diseases, Radboud University Medical Center, Nijmegen, The Netherlands; ²Barts Cancer Institute, Queen Mary University of London, Charterhouse Square, London, UK; ³Division of Renal Diseases and Hypertension, University of Colorado, Denver, USA; ⁴Digestive Health Research Institute, Case Western Reserve University, Cleveland, OH, USA; ⁵Clinic of Endocrinology, Diabetes and Metabolism, University Hospital of Basel, Switzerland; ⁶4th Department of Internal Medicine, National and Kapodistrian University of Athens, Medical School, Greece; ⁷Division of Infectious Diseases and Immunology, University of Massachusetts Medical School, Worcester, USA; ⁸Department of Neurodegenerative Disease and Gerontology/Neurology, University of Bonn, Bonn, Germany; ⁹Division of Pediatric Allergy, Immunology, and Rheumatology, University of California at San Diego and Rady Children's Hospital of San Diego, USA; ¹⁰Department of Anesthesiology, Medicine, and Surgery, Washington University School of Medicine, St. Louis, MO, USA; ¹¹Department of Medical Genetics, Julius Hageganu University of Medicine and Pharmacy, Cluj-Napoca, Romania; ¹²Inflammatory Disease Section, Metabolic, Cardiovascular and Inflammatory Disease Genomics Branch, National Human Genome Research Institute, US National Institutes of Health, Bethesda, Maryland, USA; ¹³TU Braunschweig, Zoological Institute, Braunschweig, Germany and HZI AG NIND Braunschweig, Germany; ¹⁴Institute of Innate



If you can't explain it simply, you don't understand it well enough.

— Albert Einstein

