Online ISSN : 2249-4618
Print ISSN : 0975-5888
DOI : 10.17406/GJMRA

Global Journal of Medical Research: K

Interdisciplinary

Highlights

- AI-Augmented Aquatic Risk
- Enigma of Lipofibromatous Hamartoma
- Instinctive Drowning Response
- Healing of Physical and Mental Diseases

Discovering Thoughts, Inventing Future

VOLUME 25 ISSUE 4 VERSION 1.0

© 2001-2025 by Global Journal of Medical Research, USA

Global Journal of Medical Research: K
Interdisciplinary

Volume 25 Issue 4 (Ver. 1.0)

Open Association of Research Society

© Global Journal of Medical Research. 2025.

All rights reserved.

This is a special issue published in version 1.0 of "Global Journal of Medical Research." By Global Journals Inc.

All articles are open access articles distributed under "Global Journal of Medical Research"

Reading License, which permits restricted use. Entire contents are copyright by of "Global Journal of Medical Research" unless otherwise noted on specific articles.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission.

The opinions and statements made in this book are those of the authors concerned. Ultraculture has not verified and neither confirms nor denies any of the foregoing and no warranty or fitness is implied.

Engage with the contents herein at your own risk.

The use of this journal, and the terms and conditions for our providing information, is governed by our Disclaimer, Terms and Conditions and Privacy Policy given on our website http://globaljournals.us/terms-and-condition/menu-id-1463/

By referring / using / reading / any type of association / referencing this journal, this signifies and you acknowledge that you have read them and that you accept and will be bound by the terms thereof.

All information, journals, this journal, activities undertaken, materials, services and our website, terms and conditions, privacy policy, and this journal is subject to change anytime without any prior notice.

Incorporation No.: 0423089
License No.: 42125/022010/1186
Registration No.: 430374
Import-Export Code: 1109007027
Employer Identification Number (EIN):
USA Tax ID: 98-0673427

Global Journals Inc.

*(A Delaware USA Incorporation with "Good Standing"; **Reg. Number: 0423089**)*

Sponsors: Open Association of Research Society
Open Scientific Standards

Publisher's Headquarters office

Global Journals® Headquarters
945th Concord Streets,
Framingham Massachusetts Pin: 01701,
United States of America
USA Toll Free: +001-888-839-7392
USA Toll Free Fax: +001-888-839-7392

Offset Typesetting

Global Journals Incorporated
2nd, Lansdowne, Lansdowne Rd., Croydon-Surrey,
Pin: CR9 2ER, United Kingdom

Packaging & Continental Dispatching

Global Journals Pvt Ltd
E-3130 Sudama Nagar, Near Gopur Square,
Indore, M.P., Pin:452009, India

Find a correspondence nodal officer near you

To find nodal officer of your country, please email us at *local@globaljournals.org*

eContacts

Press Inquiries: *press@globaljournals.org*
Investor Inquiries: *investors@globaljournals.org*
Technical Support: *technology@globaljournals.org*
Media & Releases: *media@globaljournals.org*

Pricing (Excluding Air Parcel Charges):

Yearly Subscription (Personal & Institutional)
250 USD (B/W) & 350 USD (Color)

Editorial Board

Global Journal of Medical Research

Dr. Apostolos Ch. Zarros

DM, Degree (Ptychio) holder in Medicine,
National and Kapodistrian University of Athens
MRes, Master of Research in Molecular Functions in Disease, University of Glasgow FRNS, Fellow, Royal Numismatic Society Member, European Society for Neurochemistry Member, Royal Institute of Philosophy Scotland, United Kingdom

Dr. William Chi-shing Cho

Ph.D.,
Department of Clinical Oncology
Queen Elizabeth Hospital
Hong Kong

Dr. Alfio Ferlito

Professor Department of Surgical Sciences
University of Udine School of Medicine, Italy

Dr. Michael Wink

Ph.D., Technical University Braunschweig, Germany
Head of Department Institute of Pharmacy and Molecular Biotechnology, Heidelberg University, Germany

Dr. Jixin Zhong

Department of Medicine, Affiliated Hospital of Guangdong Medical College, Zhanjiang, China, Davis Heart and Lung Research Institute, The Ohio State University, Columbus, OH 43210, US

Dr. Pejcic Ana

Assistant Medical Faculty Department of Periodontology and Oral Medicine University of Nis, Serbia

Rama Rao Ganga

MBBS
MS (Universty of Health Sciences, Vijayawada, India)
MRCS (Royal Coillege of Surgeons of Edinburgh, UK)
United States

Dr. Ivandro Soares Monteiro

M.Sc., Ph.D. in Psychology Clinic, Professor University of Minho, Portugal

Dr. Izzet Yavuz

MSc, Ph.D., D Ped Dent.
Associate Professor, Pediatric Dentistry Faculty of Dentistry, University of Dicle Diyarbakir, Turkey

Dr. Sanjay Dixit, M.D.

Director, EP Laboratories, Philadelphia VA Medical Center
Cardiovascular Medicine - Cardiac Arrhythmia
Univ of Penn School of Medicine
Web: pennmedicine.org/wagform/MainPage.aspx?

Sanguansak Rerksuppaphol

Department of Pediatrics Faculty of Medicine
Srinakharinwirot University
NakornNayok, Thailand

Antonio Simone Laganà

M.D. Unit of Gynecology and Obstetrics
Department of Human Pathology in Adulthood and Childhood "G. Barresi" University of Messina, Italy

Dr. Han-Xiang Deng

MD., Ph.D
Associate Professor and Research Department
Division of Neuromuscular Medicine
Davee Department of Neurology and Clinical Neurosciences
Northwestern University Feinberg School of Medicine
Web: neurology.northwestern.edu/faculty/deng.html

Dr. Pina C. Sanelli

Associate Professor of Radiology
Associate Professor of Public Health
Weill Cornell Medical College
Associate Attending Radiologist
NewYork-Presbyterian Hospital
MRI, MRA, CT, and CTA
Neuroradiology and Diagnostic Radiology
M.D., State University of New York at Buffalo,
School of Medicine and Biomedical Sciences
Web: weillcornell.org/pinasanelli/

Dr. Roberto Sanchez

Associate Professor
Department of Structural and Chemical Biology
Mount Sinai School of Medicine
Ph.D., The Rockefeller University
Web: mountsinai.org/

Dr. Michael R. Rudnick

M.D., FACP
Associate Professor of Medicine
Chief, Renal Electrolyte and Hypertension Division (PMC)
Penn Medicine, University of Pennsylvania
Presbyterian Medical Center, Philadelphia
Nephrology and Internal Medicine
Certified by the American Board of Internal Medicine
Web: uphs.upenn.edu/

Dr. Feng Feng

Boston University
Microbiology
72 East Concord Street R702
Duke University
United States of America

Dr. Seung-Yup Ku

M.D., Ph.D., Seoul National University Medical College,
Seoul, Korea Department of Obstetrics and Gynecology
Seoul National University Hospital, Seoul, Korea

Dr. Hrushikesh Aphale

MDS- Orthodontics and Dentofacial Orthopedics.
Fellow- World Federation of Orthodontist, USA.

Santhosh Kumar

Reader, Department of Periodontology,
Manipal University, Manipal

Gaurav Singhal

Master of Tropical Veterinary Sciences, currently pursuing Ph.D in Medicine

Dr. Aarti Garg

Bachelor of Dental Surgery (B.D.S.) M.D.S. in Pedodontics and Preventive Dentistr Pursuing Phd in Dentistry

Sabreena Safuan

Ph.D (Pathology) MSc (Molecular Pathology and Toxicology) BSc (Biomedicine)

Getahun Asebe

Veterinary medicine, Infectious diseases, Veterinary Public health, Animal Science

Dr. Suraj Agarwal

Bachelor of dental Surgery Master of dental Surgery in Oromaxillofacial Radiology.
Diploma in Forensic Science & Oodntology

Osama Alali

PhD in Orthodontics, Department of Orthodontics, School of Dentistry, University of Damascus. Damascus, Syria. 2013 Masters Degree in Orthodontics.

Prabudh Goel

MCh (Pediatric Surgery, Gold Medalist), FISPU, FICS-IS

Raouf Hajji

MD, Specialty Assistant Professor in Internal Medicine

Surekha Damineni

Ph.D with Post Doctoral in Cancer Genetics

Arundhati Biswas

MBBS, MS (General Surgery), FCPS,
MCh, DNB (Neurosurgery)

Rui Pedro Pereira de Almeida

Ph.D Student in Health Sciences program, MSc in Quality Management in Healthcare Facilities

Dr. Sunanda Sharma

B.V.Sc.& AH, M.V.Sc (Animal Reproduction, Obstetrics & gynaecology),
Ph.D.(Animal Reproduction, Obstetrics & gynaecology)

Shahanawaz SD

Master of Physiotherapy in Neurology PhD- Pursuing in Neuro Physiotherapy Master of Physiotherapy in Hospital Management

Dr. Shabana Naz Shah

PhD. in Pharmaceutical Chemistry

Vaishnavi V.K Vedam

Master of dental surgery oral pathology

Tariq Aziz

PhD Biotechnology in Progress

Contents of the Issue

i. Copyright Notice
ii. Editorial Board Members
iii. Chief Author and Dean
iv. Contents of the Issue

1. From the Instinctive Drowning Response to Intelligent Water Safety: A Research Agenda for AI-Augmented Aquatic Risk Science. *1-5*
2. Alternative Medicine is Quantum Healing of Physical and Mental Diseases. *7-11*
3. The Enigma of Lipofibromatous Hamartoma: A Deep Dive into a Rare Pathology. *13-25*
4. The Food we Eat is Important, But the Emotions we Feel are Equally Important. *27-29*
5. Minorities Maltreatment: Humanity Under Siege. *31-32*
6. The Healing with Magnets is Quantum Healing. *33-34*

v. Fellows
vi. Auxiliary Memberships
vii. Preferred Author Guidelines
viii. Index

Global Journal of Medical Research: K
Interdisciplinary
Volume 25 Issue 4 Version 1.0 Year 2025
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

From the Instinctive Drowning Response to Intelligent Water Safety: A Research Agenda for AI-Augmented Aquatic Risk Science

By Francesco Pia

Abstract- This article proposes a research program that integrates recent advances in artificial intelligence with established theory and practice in drowning prevention, lifeguard operations, and aquatic risk management. Building on prior contributions that characterized the Instinctive Drowning Response and clarified the cognitive and perceptual demands placed on rescuers, I outline how intelligent systems can support earlier recognition, better prioritization, and more reliable intervention in aquatic environments. The paper introduces a modular architecture for AI-enhanced water safety that spans perception, causal risk modeling, decision support, education and training, and system-level prevention. It presents practical evaluation criteria, interdisciplinary collaboration paths, and governance principles tailored to the realities of beaches, pools, waterparks, and open water. The agenda emphasizes human-centered design, ethical deployment, and translational research that connects laboratory methods with lifeguard stands, facility control rooms, and public health practice.

GJMR-K Classification: NLMC Code: WA 292

FROMTHEINSTINCTIVEDROWNINGRESPONSETOINTELLIGENTWATERSAFETYARESEARCHAGENDAFORAIAUGMENTEDAQUATICRISKSCIENCE

Strictly as per the compliance and regulations of:

© 2025. Francesco Pia. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at https://creativecommons.org/licenses/by-nc-nd/4.0/.

From the Instinctive Drowning Response to Intelligent Water Safety: A Research Agenda for AI-Augmented Aquatic Risk Science

Francesco Pia

Abstract- This article proposes a research program that integrates recent advances in artificial intelligence with established theory and practice in drowning prevention, lifeguard operations, and aquatic risk management. Building on prior contributions that characterized the Instinctive Drowning Response and clarified the cognitive and perceptual demands placed on rescuers, I outline how intelligent systems can support earlier recognition, better prioritization, and more reliable intervention in aquatic environments. The paper introduces a modular architecture for AI-enhanced water safety that spans perception, causal risk modeling, decision support, education and training, and system-level prevention. It presents practical evaluation criteria, interdisciplinary collaboration paths, and governance principles tailored to the realities of beaches, pools, waterparks, and open water. The agenda emphasizes human-centered design, ethical deployment, and translational research that connects laboratory methods with lifeguard stands, facility control rooms, and public health practice.

I. Introduction

Drowning remains a leading cause of unintentional injury death worldwide. In aquatic settings, seconds matter, and the window between subtle onset and catastrophic outcome is narrow. Earlier work on the Instinctive Drowning Response helped practitioners recognize that drowning rarely looks like dramatic surface struggle, but instead presents as quiet, time-limited, and constrained by human physiology and motor control. This understanding informed training, scanning techniques, and supervisory protocols that shift attention toward pattern recognition of the atypical rather than search for cinematic cues.

Despite progress, three structural barriers persist. First, recognition is difficult because signal quality is low: glare, occlusion, and overlapping swimmers degrade perceptual clarity. Second, data are sparse and heterogeneous. Many events are near-misses or unreported, and incident narratives vary across venues and jurisdictions. Third, the cognitive demands placed on lifeguards and supervisors are high, with sustained vigilance, divided attention, and dynamic risk that can change with weather, crowd composition, and program type.

Author: *e-mail: piafranc@hotmail.com*

This paper explores how modern intelligent systems can augment the research and practice that grew from the recognition of the Instinctive Drowning Response. Rather than pursue abstract AI development, the work focuses on integration and application that respect the constraints and values of aquatic safety. The central question is not whether machines replace lifeguards, but how the field can leverage sensing, pattern discovery, causal inference, simulation, and decision support to make human action more timely, precise, and equitable.

II. Recent AI Developments Relevant to Aquatic Safety

Over the past five years, three streams of AI progress have practical relevance for water safety.

First, perception has improved through advances in computer vision and multimodal learning. Models trained on video can represent movement patterns across time, not only static images. They can perform unsupervised anomaly detection and learn from small labeled datasets combined with large unlabeled corpora. Edge computing makes it feasible to run such models on-site, reducing reliance on cloud processing.

Second, models that reason about cause and effect have matured. Structural causal modeling and counterfactual inference enable systems that do more than correlate risk with conditions. They can estimate the effect of feasible interventions such as adjusting staffing, changing program mix, or reallocating attention to hotspots.

Third, simulation and digital twins now allow realistic rehearsal and evaluation. Agent-based models and physics-informed environments can recreate pool and surf dynamics, pedestrian flow, and supervision lines-of-sight. Synthetic scenarios can stress-test procedures, train personnel, and generate diverse data that would be impractical or unsafe to collect otherwise.

Together these capabilities can be tuned to the distinctive features of aquatic environments. The research challenge is to translate them into methods, tools, and governance suitable for public spaces and public health outcomes.

Global Journal of Medical Research (K) XXV Issue IV Version I Year 2025

© 2025 Global Journals

III. Impact on Aquatic Safety: a Modular Architecture

I propose a modular architecture for AI-enhanced aquatic risk science that aligns with operational realities. The architecture links five layers: perception, causal risk modeling, decision support, education and training, and system-level prevention. The modules are designed to be independently evaluable and interoperable.

a) Perception: Multimodal Sensing and Behavior Recognition

Goal: detect early signs of distress and unsafe conditions with high sensitivity and acceptable false alarm rates.

Components:

- Camera-based video analysis with spatiotemporal models that track motion patterns, postural stability, and head position relative to the waterline. Models focus on the micro-patterns consistent with the Instinctive Drowning Response such as limited voluntary movement, inability to call out, and vertical posture with minimal leg action.
- Auxiliary sensing such as water turbidity, acoustic cues in indoor pools, and crowd density mapping to contextualize detection confidence.
- Unsupervised anomaly detection tuned to venue baselines, so the system learns what is typical for a specific lane swim, open swim, or wave cycle and flags departures rather than relying on universal templates.
- On-device processing to respect privacy and latency constraints, with privacy-preserving transforms such as pose abstraction that discard personally identifiable detail while preserving dynamics necessary for safety.

Research Tasks:

- Create a benchmark that spans pools, waterparks, and surf zones with varying light and crowd conditions, labeled for near-miss and confirmed incidents.
- Quantify performance with metrics that include sensitivity, false positives per operational hour, time to recognition, robustness to glare and occlusion, and subgroup fairness across skin tones, body types, and swimwear.
- Establish protocols for external validation at new sites without extensive retraining, with performance guarantees under distribution shift.

b) Causal Risk Modeling and Early Warning

Goal: move from detection to understanding by estimating how conditions and interventions change risk.

Components:

- A knowledge graph that encodes hazards, protective factors, and facility attributes such as pool depth profile, staff positions, program types, and environmental states.
- Structural causal models that can evaluate "what if" questions, for example the effect of adding a roving lifeguard during peak density periods or reducing wave intensity during youth sessions.
- Near miss capture and learning loops that treat minor events as informative signals, not noise. The models ingest lifeguard notes, supervisor logs, and patron reports to update risk estimates continuously.

Research Tasks:

- Develop standard data schemas that harmonize incident reports across sites while preserving local specificity.
- Compare causal estimators on retrospective incident data and prospective quality improvement cycles. Report effect sizes in units meaningful to practice such as predicted reduction in seconds to recognition or number of prevented rescues per season.

c) Decision Support at the Edge

Goal: deliver alerts and recommendations that improve human action without overwhelming staff.

Design Principles:

- Human-in-the-loop workflow. Alerts escalate from soft prompts to hard alarms based on confidence, proximity, and staff workload. Operators acknowledge and annotate alerts, creating feedback for continual improvement.
- Spatial and temporal triage. The system prioritizes alerts by time-to-catastrophe and by resource availability, for example prompting a nearby roving guard rather than a distant tower.
- Fail-safes and explainability. When possible, alerts include a concise rationale such as "vertical posture with submergence attempts for 3.2 seconds" supported by a short video clip or pose trace, retained under strict retention policies.

Evaluation:

- Measure reduction in time-to-recognition and time-to-contact during drills and real operations.
- Track alert acceptance rates, response times, secondary task interference, and operator trust across shifts and seasons.

© 2025 Global Journals

d) Education, Training, and Competency Maintenance

Goal: use intelligent systems to teach and sustain the mental models that underpin effective scanning and intervention.

Approach:

- Digital twins of specific venues recreate lines-of-sight, glare patterns, and patron flow. Scenario libraries expose staff to rare but critical events.
- Adaptive training that personalizes difficulty and pace based on performance, with spaced repetition for retention of pattern recognition cues derived from the Instinctive Drowning Response.
- Case-based learning that curates de-identified local incidents, allowing teams to reflect on near misses and practice improved responses.

Research Questions:

- What combinations of simulation fidelity and practice spacing yield durable improvements in recognition latencies under real conditions?
- How can on-shift micro-drills maintain vigilance without adding cognitive overload?

e) System-Level Prevention and Policy

Goal: Translate local insights into population-level drowning prevention.

Methods:

- Aggregate, de-identified analysis of incident and near-miss data to identify inequities, design flaws, and high-risk programs.
- Agent-based modeling of patron flow and supervision zones to support facility redesign, staffing plans, and policy adjustments such as entry screening, flotation device rules, and class composition.
- Integration with weather and surf forecasts to support dynamic operational decisions at beaches and open water.

Outcomes:

- Evidence-informed policies that reduce risk without unduly restricting access or enjoyment.
- Continuous quality improvement cycles that connect measurement, change, and re-measurement.

IV. Interdisciplinary Potential

Aquatic safety naturally crosses boundaries. Intelligent systems create new joints of work among:

- Public health for surveillance, burden estimation, and prevention strategies.
- Human factors engineering for interface design, workload, and vigilance management.
- Computer vision and signal processing for robust detection under challenging optics.
- Causal inference and biostatistics for rigorous evaluation.
- Urban design and mechanical engineering for facility layout and surf-zone management.
- Law and policy for privacy, liability, consent, and procurement standards.

An effective research network would include aquatic operators, unions, manufacturers, standards bodies, and insurers. Shared datasets and open protocols would accelerate progress. Multi-site trials can evaluate external validity and foster common safety baselines, while allowing local tailoring.

V. Ethical, Policy, and Social Implications

Deployment must be responsible and human-centered.

Privacy and dignity. Many aquatic patrons are minors, and attire reveals more skin than typical public settings. Systems should prefer on-device processing, pose-level analysis rather than identifiable imagery, strict retention limits, and segregated data pathways for safety functions. Consent practices must be transparent and understandable, with accommodations for those who opt out where feasible without compromising safety.

Fairness and bias. Vision systems can struggle with varied skin tones, body types, and cultural swim practices. Datasets and evaluation protocols must include diverse populations and environments. Performance reporting should include subgroup metrics and corrective actions when disparities appear.

Accountability and liability. Clear allocation of responsibility is necessary if a system fails to alert or generates too many false alarms. Contracts should enshrine operator control, delineate roles of vendors, and require safety cases that document hazard analyses and mitigations.

Workforce impact. Intelligent systems should elevate professional practice, not deskill it. Training and staffing plans must anticipate new competencies such as interpreting alerts, managing escalations, and contributing to incident learning loops. Unions and professional associations should help shape curricula and evaluation.

Standards and oversight. Adoption should align with established risk management frameworks and emerging AI governance standards. Independent assessment, post-deployment monitoring, and pathways to decommission unsafe systems are essential.

© 2025 Global Journals

VI. A Practical Research Program

The field can make measurable progress through staged research that couples laboratory development with operational trials.

Phase 1: Benchmarking and method validation.

- Build a curated, de-identified video benchmark with emphasis on near-miss and early distress. Include metadata on lighting, density, program type, and vantage.
- Evaluate perception models against baseline heuristics used by staff. Report sensitivity, false alarms per hour, latency, and fairness metrics. Publish pre-registered analysis plans.

Phase 2: Human-in-the-Loop Prototypes.

- Deploy edge-based prototypes in controlled trials at indoor pools and a guarded beach. Use silent mode first to collect alerts without staff exposure, then graduated exposure with simulated drills.
- Measure time-to-recognition during staged events, vigilance indicators, task interference, and staff sentiment. Iterate interface and escalation logic.

Phase 3: Causal Risk and Decision Support.

- Implement a knowledge graph and structural causal model that integrates facility attributes, schedules, and weather. Run prospective quality improvement cycles that test concrete changes such as adding a roving guard in the shallow end during peak periods.
- Estimate causal effects on leading indicators such as observed submergence attempts and response times.

Phase 4: Training Integration and Competency Maintenance.

- Develop venue-specific digital twins and adaptive training modules. Randomize teams to different training regimens. Track performance over a season.

Phase 5: System-Level Prevention.

- Pool de-identified data across sites to analyze patterns by age, program, and design features. Inform policy recommendations and equipment standards.
- Throughout, governance should include community advisory input, ethical review, and clear success and stop criteria. Data stewardship must be rigorous, with strong access controls, audit trails, and privacy-by-design.

VII. Evaluation Metrics and Reporting

The following measures support comprehensive evaluation and comparability across studies.

Core Safety Metrics:

- Sensitivity and specificity for early distress detection.
- False alarms per operational hour, stratified by program type.
- Median and distribution of time-to-recognition and time-to-contact during drills and real events.
- Interruption cost measured as impact on other supervisory tasks.

Fairness and Generalization:

- Performance by skin tone, age group, body size, attire, and activity.
- Robustness to lighting, glare, water conditions, and crowd density.
- External validity across sites without retraining.

Human Factors:

- Trust and acceptance trajectories over time.
- Alert acknowledgement and override patterns.
- Team coordination and communication effects.

System Metrics:

- On-device latency and bandwidth use.
- Energy consumption and thermal profile for edge devices.
- Uptime, failure modes, and safe degradation.
- Reporting should include transparent limitations, failure cases, and corrective actions.

VIII. Future Outlook: Toward General Intelligent Support

As intelligent systems advance, the aquatic safety community can aim for integrated assistants that unify perception, causal reasoning, and policy analysis across facilities and regions. A general assistant could:

- Coordinate multi-venue operations during heat waves or holiday surges, adjusting staffing, signage, and programming in near real time.
- Synthesize evidence from international datasets to recommend targeted prevention campaigns for communities at elevated risk.
- Guide facility design using learned models that predict risk hotspots given geometry, usage, and staffing patterns.

Autonomous rescue platforms such as drones or robotic buoys may complement human responders where conditions permit. Even in these futures, human judgment remains central. The instincts and experience that underpinned the Instinctive Drowning Response are not replaced, but rather amplified by earlier warning, better context, and more effective team coordination.

© 2025 Global Journals

IX. Conclusion

Aquatic safety advances when theory, observation, and practice reinforce each other. The recognition that drowning often follows a constrained, instinctive pattern reshaped training and scanning. Today, intelligent systems can extend that progress by improving early detection, quantifying causal risk, supporting rapid decisions, personalizing training, and guiding prevention policy. The agenda presented here aims to channel AI into forms that respect privacy, fairness, and professional judgment, while delivering measurable gains in safety.

A collaborative program that links aquatic operators, researchers, and technologists can build shared benchmarks, test human-in-the-loop tools, and institutionalize learning from near misses. By aligning intelligent systems with domain-specific needs and human-centered goals, we can reduce time-to-recognition, prevent harm, and widen access to safe enjoyment of the water.

Acknowledgments

I thank colleagues in aquatic safety, lifeguard education, and public health who have advanced the science and practice of drowning prevention.

References Références Referencias

1. F. A. Pia, The Instinctive Drowning Response, On Scene, United States Coast Guard, 2006.
2. World Health Organization, Global Report on Drowning: Preventing a Leading Killer, WHO Press, Geneva, 2014.
3. National Institute of Standards and Technology, Artificial Intelligence Risk Management Framework 1.0, NIST, Gaithersburg, 2023.
4. International Organization for Standardization, ISO 31000:2018 Risk Management — Guidelines, ISO, Geneva, 2018.
5. International Organization for Standardization, ISO/IEC 23894:2023 Information Technology — Artificial Intelligence — Guidance on Risk Management, ISO, Geneva, 2023.
6. International Life Saving Federation, Drowning Prevention Strategies: A Framework to Reduce Drowning Deaths, ILS, Leuven, 2015.

© 2025 Global Journals

This page is intentionally left blank

© 2025 Global Journals

Global Journal of Medical Research: K
Interdisciplinary
Volume 25 Issue 4 Version 1.0 Year 2025
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Alternative Medicine is Quantum Healing of Physical and Mental Diseases

By Prof. Maria Kuman

Abstract- The year 2025 was announced International Year of Quantum Science and Technology. If so, it is time to acknowledge the presence of our field (quantum) half seen as aura (means "light"), which is the living force in all living beings (humans, animals, and plants). When this field leaves the body, the material body is an empty lifeless shell that need to be discarded. This makes every living being a material body and a living force - a weak field (called Spirit), which not only makes all living beings alive, it makes them emotional and creative (there is no real creativity without emotions). The weak field of the Spirit still remain undetected because it is 1,000 times weaker than the field of the material body.

Keywords: healing through aura-spirit, aura-spirit-healing is quantum healing, quantum healing of diseases, quantum healing of mental diseases, quantum healing is emotional healing, alternative medicine is quantum healing.

GJMR-K Classification: NLMC Code: WB 880

Strictly as per the compliance and regulations of:

© 2025. Prof. Maria Kuman. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at https://creativecommons.org/licenses/by-nc-nd/4.0/.

Alternative Medicine is Quantum Healing of Physical and Mental Diseases

Prof. Maria Kuman, PhD

Abstract- The year 2025 was announced International Year of Quantum Science and Technology. If so, it is time to acknowledge the presence of our field (quantum) half seen as aura (means "light"), which is the living force in all living beings (humans, animals, and plants). When this field leaves the body, the material body is an empty lifeless shell that need to be discarded. This makes every living being a material body and a living force - a weak field (called Spirit), which not only makes all living beings alive, it makes them emotional and creative (there is no real creativity without emotions). The weak field of the Spirit still remain undetected because it is 1,000 times weaker than the field of the material body. However, I built a very sensitive equipment to measure it because this weak field rules and regulates everything in the material body (not with its strength, but with the information it carries). Since only nonlinear fields can imprint information, the Spirit is nonlinear electromagnetic field (NEMF). Being emotional, the Spirit makes the functioning of all organs to be modulated by emotions. Since we are a material body and emotional Spirit, we should be able to heal our physical and mental diseases by healing the material body, as well as healing the emotional Spirit. Since the emotional Spirit is weak NEMF with imprinted information, we can restore the balance (heal): 1/ by restoring the frequencies of the NEMF of the Spirit with homeopathic remedies or acupuncture, 2/ heal violent mentally sick by sending Love to them from a distance, or 3/ heal by eliminating emotional conflicts. All alternative-medicine is Quantum Healing because it is done through the field of the emotional Spirit (seen as aura, "aura" means "light", and the light is in quants).

Keywords: healing through aura-Spirit; aura-Spirit-healing is Quantum Healing; Quantum Healing of diseases; Quantum Healing of mental diseases; Quantum Healing is emotional healing; alternative medicine is Quantum Healing.

I. Introduction – Why Are All Mental (Psychic) Diseasesin a Pitfall?

My best friend from childhood became psychiatrist, while I became University Professor with specialty Medical Biophysics. She was bagging me to help because psychiatry is very far from science. She was saying: "When a patient comes with his complains, we (the psychiatrists) don't know what caused the problem and we don't know how to fix the problem. We have a bag with pharmaceuticals, we close our eyes, and dip in the bag. We give a drug to the patient and we have no idea, if this is going to help him. We do the same when the patient comes second time with complains that the first drug didn't work."

However, the psychiatrists at the clinic decided to create "communication corner" at the clinic with some snacks, music, and dances for the mild cases of deviation from norm. And surprisingly it worked – the patients got better. We call the psychic diseases "mental diseases", which is not right because there is nothing wrong with the mind of these people. The names of the hospitals for heavier cases, "Psychiatric Hospitals", is right because there is something wrong with the psyche of these people, i.e. they have emotional imbalance (their negative and positive emotions are not balanced).

If so, it becomes clear why the created "communication corner" at the clinic helped the psychic patients get better - it was a source of positive emotions and the patients needed positive emotions to become emotionally balanced. The next question is: Why is our psychiatry in such a pitiful state? Is it because the psychic patients have emotional imbalance and our Science and Medicine deny the obvious fact that we are emotional. We believe that we are only a material body, and as a matter of fact we are a material body and emotional Spirit, which makes us emotional and intuitively creative (there is no creativity without emotions). This means that without the emotional Spirit we would be very primitive creatures.

Why is our science denying the presence of the emotional Spirit? Our Science was built on the principle: if something cannot be measured – it does not exist. Since the Spirit is a very weak field (1,000 times weaker than the field of the material body), its existence was denied (instead of building more sensitive equipment to be able to measure it, as I did). And I did it because two identical twins (with the same DNA and identical material bodies) are totally different emotional personalities. This means that there must be something in the living beings beside the material body that makes them emotionally different, and this something is the emotional Spirit.

Nonlinear physics teaches that only nonlinear fields do not dissipate and can imprint information. If so, the Spirit must be nonlinear electromagnetic field (NEMF) with imprinted information what type of emotional personality the individual is going to be. A fertilized cell cannot develop into an embryo unless the field of the Spirit is present to say what type of emotional creature the future individual is going to be. All this

Author: Holistic Research Institute, Barcelona Dr, Knoxville, USA.
e-mail: holisticare@mariakuman.com

© 2025 Global Journals

means that we (and all living beings – humans, animals and plants) are a material body and a living force - emotional Spirit (seen as aura), which makes all living beings alive and emotional.

When the living force (called Spirit) leaves, the body is an empty lifeless shell that needs to be discarded.

II. When we Consider the Kicked-out Emotions, we do Quantum Healing

Thus, our science (and together with it our medicine) disregard our emotions and deny the important role emotions play in our life. It is a comic situation - on one side, our medicine agrees that diseases like cancer can result from stress (strong negative emotions), but on the other side the effect of emotions on our health is disregarded. It is because we chose to believe that we are only a material body, which we treat with material substances (drugs), and we completely ignore our field half (seen as aura), which is our emotional half.

Once we embrace the fact that we are a material body and emotional Spirit (seen as aura field), we will know that beside the pharmaceutical medicine developed for the material body, a whole specter of alternative healing [1] is available, which works through the emotional aura (Spirit). Since the Emotional Spirit is a field (NEMF), seen as aura (which means "light" and the light is in quants), all alternative treatments through the Spirit are Quantum Healing.

Such are:

a) Acupuncture is Quantum Healing

Why is Acupuncture Quantum Healing? I reported in 1983 at the 8th World Congress of Acupuncture a "Nonlinear Mathematical Model of One Acupuncture Meridian" [2]. Nonlinear equations have more than one solution and my nonlinear equation had 2 solutions – electric impulse and wave. Electric impulse generated at the treated with needle acupuncture point and propagating along the acupuncture meridian was measured by the Chinese, but nobody has measured waves. The Hungarian scientist Ajandok Eory showed interest and invited me to give the same talk at the Hungarian Academy of Sciences. I gave the talk, he got research money, and one year later he reported they found the waves. If the healing with acupuncture is done through waves – it is Quantum Healing [2], [3]

b) Homeopathic Remedies are Quantum Healing

I explained scientifically not only how acupuncture works [2], [3], I explained scientifically how homeopathic remedies work [4]. Homeopathic remedies are prepared in the following way: initially, a healing herbal substance is dissolved in water. However, homeopathic remedies are prepared with many times of dissolving with water and shaking, after which no material substance is left in the final product. Based on this, our scientists are saying homeopathic remedies cannot heal because there is no healing substance left in them after so many shakings and disolvings.

Yes, the healing substance is not there, but the frequencies of the initial healing herbal substance were imprinted on the liquid water [4]. Yes, liquid water has memory [5], because when the ice melts only 40% of the hydrogen bonds are torn, which makes the liquid water chunks of ice crystals (called clusters) imbedded in liquid water. These chunks of crystalline ice swimming in the liquid water make the water capable to memorize, just as our computers memorize with the crystals in their chips [5].

If homeopathic remedies heal with the frequencies of the herbal substance, which was initially dissolved in water, homeopathy is Quantum Healing.

c) Reiki Healing is Quantum Healing

I am the only scientist that measured (with my very sensitive equipment) Reiki Healers and their patients before and after treatment, and I have the proof that there was energy transfer [6]. My measurements proved that the Reiki Healing is not only in the heads of the people (as our scientists believe) – there is a real transfer of field energy, which passes through the Reiki Healer and goes to the patient. Only after I measured the Reiki Healers and their patents before and after their energy healing (with my sensitive equipment), I came to believe their claims that when they heal the patient, they heal themselves [6]. Since the channeled energy is field (NEMF) energy, the Reiki Healing is Quantum Healing.

d) Healing through Meditation on Love (and by Sending Love) is Quantum Healing

The HeartMathInstitute in California [7] found with measurements that during meditation on Love: 1/ the brain activity is more harmonious (EEG measurements), 2/ the heart beats are more harmonious (ECG measurements), and 3/ the breathing is more harmonious [7]. Since harmoniously functioning organs are healthy organs, meditation on Love brings health. The fact that all emotions are imprinted on the NEMF of the Spirit (which is weak informational field), makes the healing with meditation on Love - Quantum Healing. In Hawaii, since ancient time violent mentally sick people have been healed by sending Love to them from a distance. The ancient method of healing (called hooponopono) is still successfully practiced today [8] and it is Quantum Healing.

e) Healing through Elimination of the Emotional Conflict (that Caused the Disease) is Also Quantum Healing

Eight different religions say the same: "Don't do to others what you don't want to be done to you!" [9]. If everybody would do this, there will be no stress in our life. What happens when we do things that we wouldn't want to be done to us. We suffer emotional conflict from

© 2025 Global Journals

the guilt of doing the wrong thing, which is strong negative emotion leading to a disease. Since my measurements show (Fig. 1) that negative emotions like guilt (or just negative thinking) gobble the energy of the Spirit and the energy of the genetically-inherited weak organ drop down.

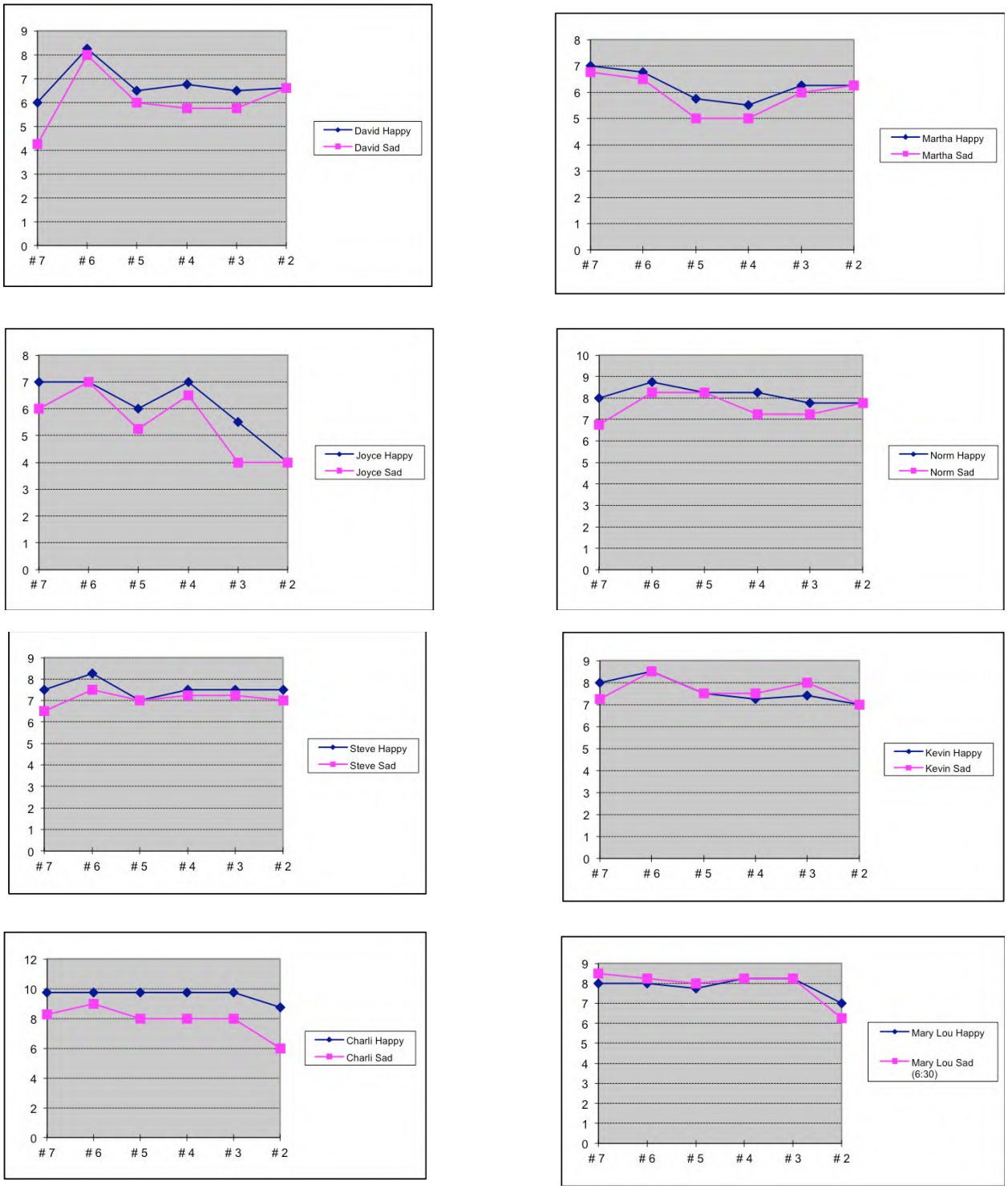


Fig. 1: The energy of the spinning energy centers (chakras) of 8 different people measured at positive thinking (emotions) (blue) and the energy measured at negative thinking (emotions) (pink) maximum (Fig. 1 – lower curves), the genetically-inherited weak organ will be the first to become sick when there is emotional conflict from doing to others what we don't want to be done to us.

Frequently, the inflicted from wrong doing disease is heart disease, because our "Heart is the seat of the Soul", and "Soul is the unity of material body and emotional Spirit". The inflicted disease is a result of the

© 2025 Global Journals

Emotional Conflict from doing things we shouldn't do. It could be healed by undoing the bad thing and apologizing, which by eliminating the Emotional Conflict will eliminate the health troubles [10]. It needs to be followed by a lot of helping others, which would boost back the energy of the Spirit decreased by the wrong doing [11]. Since the healing of diseases caused by emotional conflicts (from doing to others things that we wouldn't want to be done to us) involve emotions, which are imprinted on the NEMF of the Spirit (seen as aura), the healing of diseases caused by Emotional Conflicts is Quantum Healing.

f) The Healing with Magnets is Quantum Healing

The healing with magnets in our time was started by Dr. Richard Broeringmeyer [12], who worked as a medical doctor at NASA. He noticed that the astronauts coming from working on the Space Station had one leg shorter. He was thinking that what must have caused this abnormality is the lack of magnetic field on the Space Station. By applying two magnets on their shorter legs, he was able to make their leg size normal, and their walking normal. However, in ancient Chinese medicine magnets were used instead of needles to restore the normal functioning of the body since time immemorial. The magnets restore the balance of the aura NEMF. Since "aura" means "light" (which is in quants), the healing with magnets is Quantum Healing.

g) The Cancer Healing with Lasers is Also Going to be Quantum Healing

In my article [13], I suggested to use the newly created IR-lasers with nonlinear beams, which destroy crystals, for cancer treatment. It was because Russian cancer studies [14] found that when they decrease the field between the cells 10 times, crystals with the shape of stacked coins are formed, which disconnect the cells and they start to multiply senselessly as they do in cut wounds to heal the wounds fast. But while in cut wounds there is current of regrowth (which starts at the cut) to rule the new cells where to go, in cancerous tissue there is nothing to tell the new cells where to go and they multiply senselessly, which is called malignancy.

My measurements on how emotions influence our health showed [15] that the energy of the aura field decreases from negative emotions (or just negative thinking). Therefore, stress (strong negative emotions) causes cancer by decreasing the field between the cells. This leads to the formation of crystals between the cells, which disconnect the cells, and they start to multiply fast, which is called malignancy. The crystals between the cells can be destroyed (and the cancer cured) with IR-lasers with nonlinear beams, which Holand started making in recent years. The healing of cancer with IR-laser with nonlinear beams is going to be the Quantum Healing of Cancer.

h) Restoring Lost Emotional Balance with Positive Emotions is Also Quantum Healing

The created "communication corner" at the psychiatric clinic (with snacks, music, and dances) was helping the patients get better because the positive emotions (created by it) were restoring the patients' emotional balance. Since all emotions are imprinted on the NEMF of the emotional Spirit, the healing with positive emotions is Quantum Healing.

III. Conclusion

Thus, in the present year 2025 when we celebrate 100 years anniversary of Quantum Mechanics, we announced that year 2025 is "International Year of Quantum Science and Technology"). This is the right year to embrace the fact that all living being (humans, animals, and plants) are not only a material body, but a material body and field form (seen as aura and called Spirit), which makes all living beings alive, emotional, and creative (each specie in its own way). Our technology now allows to build sensitive equipment capable to measure the weak field of the Spirit, which is 1,000 times weaker than the field of the material body. If all living beings are a material body and emotional Spirit, they could be healed: a/ through healing the material body with material substances (drugs), and b/ through restoring the field balance of our aura (called Spirit), which rules and regulates everything in the body. Since "aura" means "light" and the light is in quants, our alternative medicine, which heals by restoring the field of the aura, is Quantum Healing.

References Références Referencias

1. M. Kuman, Who Needs Alternative Medicine? International Journal of Complimentary and Alternative Medicine, 17 (2) 2024.
2. M. Kuman, Nonlinear Mathematical Model Reveals How Acupuncture Works, Global Journal of Frontier Science Research (F), 19 (3) 2019.
3. M. Kuman, Modern Aspects of Ancient Acupuncture, Health and Happiness Books, 1997.
4. M. Kuman, How Homeopathy Works – Homeopathy and Cancer, International Journal of Complementary and Alternative Medicine, 12 (1) 2019.
5. M. Kuman, Does the Water Has Memory and Why? Journal of Natural and Ajurvedic Medicine, 4 (1) 2020.
6. M. Kuman, Measuring Reiki Healing – Mystery, Placebo, or Real Energy Healing? Journal of Acupuncture and Electrotherapeutic Research, 42 (3-4) 2017.
7. www.HeartMathInstitute.com
8. M. Kuman, Scientific Explanation of the Hawaiian Method of Healing and Life Success Hooponopono, Current Trends of Biomedical Engineering and Biosciences, 20 (4) 2022.

© 2025 Global Journals

9. M. Kuman, Science Speaks of God, Health and Happiness Books, 2007.
10. M. Kuman, Emotional Conflicts – the Harm of Doing Things You Don't Want to Be Done to You (Health and Behavior), International Innovative Clinical Research and Reviews (submitted).
11. M. Kuman, Measurements Show that Helping Others Boosts Our Energy and Health, International Innovative Clinical Research and Reviews, 1 (2) 2025.
12. J. Bailey, Bioenergetic Basics, 2010.
13. M. Kuman, The Secrets of the Extracellular Space in Cancer and Alzheimer Disease, International Journal of Complementary and Internal Medicine, 1 (1) 2022.
14. L. Michailov, I. Kirpichnikova, The Info-Energy Medicine of the Future, Moskow, 2016.
15. M. Kuman, The Key to Health and Happiness – Not Only Is It Important What You Eat and Drink, It Is Equally Important What You Think, Current Trends of Bioengineering and Biosciences, 18 (1) 2019.

© 2025 Global Journals

This page is intentionally left blank

© 2025 Global Journals

Global Journal of Medical Research: K
Interdisciplinary
Volume 25 Issue 4 Version 1.0 Year 2025
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

The Enigma of Lipofibromatous Hamartoma: A Deep Dive into a Rare Pathology

By Dr. Smitha Segu, Dr. Sriranjani Iyer, Dr. Yogesh JK, Dr. Yogaisvariya JC & Dr. Nagashri Iyer

Introduction- Lipofibromatous hamartoma (LFH) is a rare condition characterized by the infiltration of peripheral nerves by fibrous and adipose tissues. Patients typically present with gradually enlarging, non-tender lesions in the distribution of the affected nerve, most commonly the median nerve, which is involved in 66% to 80% of cases. Symptoms often include pain, sensory deficits, and motor dysfunction, with affected individuals reporting numbness and tingling along the volar aspect of the wrist and hand. Motor deficits tend to appear later in the course of the condition [1].

Congenital factors have been suggested in the etiology of LFH, sometimes associated with macrodactyly, where enlarged digits follow the median nerve's course [2]. Syndactyly has also been documented in association with LFH [3]. A family history of neurofibromatosis type 1 is pertinent, as this condition can lead to associations with malignant peripheral nerve sheath tumours and schwannomas

GJMR-K Classification: NLMC Code: WL 500

THEENIGMAOFLIPOFIBROMATOUSHAMARTOMAADEEPDIVEINTOARAREPATHOLOGY

Strictly as per the compliance and regulations of:

© 2025. Dr. Smitha Segu, Dr. Sriranjani Iyer, Dr. Yogesh JK, Dr. Yogaisvariya JC & Dr. Nagashri Iyer. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at https://creativecommons.org/licenses/by-nc-nd/4.0/.

The Enigma of Lipofibromatous Hamartoma: A Deep Dive into a Rare Pathology

Dr. Smitha Segu [α], Dr. Sriranjani Iyer [σ], Dr. Yogesh JK [ρ], Dr. Yogaisvariya JC [Ѡ] & Dr. Nagashri Iyer [¥]

I. Introduction

Lipofibromatous hamartoma (LFH) is a rare condition characterized by the infiltration of peripheral nerves by fibrous and adipose tissues. Patients typically present with gradually enlarging, non-tender lesions in the distribution of the affected nerve, most commonly the median nerve, which is involved in 66% to 80% of cases. Symptoms often include pain, sensory deficits, and motor dysfunction, with affected individuals reporting numbness and tingling along the volar aspect of the wrist and hand. Motor deficits tend to appear later in the course of the condition [1].

Congenital factors have been suggested in the etiology of LFH, sometimes associated with macrodactyly, where enlarged digits follow the median nerve's course [2]. Syndactyly has also been documented in association with LFH [3]. A family history of neurofibromatosis type 1 is pertinent, as this condition can lead to associations with malignant peripheral nerve sheath tumours and schwannomas.

Patients may exhibit neurological deficits, including hypoesthesia and decreased grip strength, as well as positive Tinel's and Phalen's tests [4]. Many individuals report a history of asymptomatic swelling that progresses to functional impairment over months or years. Differential diagnoses for LFH include benign tumours such as ganglion cysts [5], and tumours with malignant potential such as neurofibromas [6] and schwannomas [7, 8]. It is also essential to exclude malignant conditions, including liposarcoma [9] and malignant peripheral nerve sheath tumours [10].

Imaging studies play a critical role in the diagnosis of LFH. Common modalities include radiography, ultrasound, and MRI. MRI typically reveals fusiform or hourglass-shaped enlargement of the median nerve, with characteristic low-intensity serpentine nerve bundles embedded in hyperintense adipose tissue, often described as having a "coaxial cable-like" appearance [11-15]. Electromyogram (EMG) and nerve conduction studies (NCS) often show decreased sensory and motor conduction, fibrillation potentials, and signs of compressive neuropathy [16, 17].

Histopathological examination remains the definitive diagnostic method for LFH, revealing interlacing collagen, fibroblasts, and mature adipocytes, often infiltrating the nerve fascicles [18]. The nerve fibres typically appear normal, with no signs of inflammation or degeneration [19]. Management of LFH is individualized; while complete excision was historically the standard approach, it can lead to significant sensory and functional impairments [20]. Expectant management is an option for asymptomatic patients, although spontaneous regression is rare, and lesions may continue to enlarge, leading to compressive neuropathy.

II. Case Report

A right hand dominant 16-year-old male presented with complaints of swelling in the left palm and wrist region for the past six years, which had gradually increased in size over four years (Figure 1). Patient gave history of pain over the palm and paraesthesia over radial three digits. Patient also complained of difficulty in gripping or grasping activities. There was no history of trauma to the hand, diabetes mellitus, or hypertension. No other significant past history or family history was noted.

On physical examination, a smooth, partially mobile, fusiform-shaped, non-tender swelling, soft in consistency measuring approximately 10 x 10 cm was observed over the volar aspect of the left wrist region and over the left palm, with no associated skin changes. Sensations was intact to light touch. The two point discrimination over the radial three digits was 5mm and was normal in the rest. The movements at all joints were normal, mild restriction secondary to the mass over the palm. The rest of the physical examination was unremarkable.

All routine blood investigations with Xray of left hand was done. Plain radiograph showed no bony abnormality. The possible differential diagnoses considered were ganglion cysts, vascular malformations, schwannomas, neurofibromas, and lipomas. An ultrasound of the wrist revealed enlarged and hypoechoic nerve fascicles surrounded by

Author α: Professor and Head of Unit, Department of Plastic and Reconstructive Surgery, Bangalore Medical College and Research Institute (BMCRI), Bangalore, India. e-mail: sriranjani1993@gmail.com
Author σ Ѡ ¥: Resident Doctor, Department of Plastic and Reconstructive Surgery, Bangalore Medical College and Research Institute (BMCRI), Bangalore, India.
Author ρ: Associate Professor, Department of Plastic and Reconstructive Surgery, Bangalore Medical College and Research Institute (BMCRI), Bangalore, India.

© 2025 Global Journals

echogenic fat tissue, giving a "cable-like appearance" on axial images. MRI of the left wrist, showed diffuse thickening of nerve fascicles of the median nerve, extending from the distal forearm to the wrist and into the distal palmar region. There was diffuse and extensive interfascicular and perineural lipomatous infiltration, with the nerve fascicles shows mild diffuse enhancement on post-contrast study. The radiological diagnosis was fibro lipomatous hamartoma of the median nerve.

Intraoperatively, mid palmar incision extending to the wrist and distal forearm taken and exploration done. Transverse carpal ligament incised and carpal tunnel opened. A 10 x 10 x 4 cm yellowish lipomatous mass was found encompassing the median nerve at the palm, wrist and distal half of forearm proximally and distally till the common and proper digital nerves of the left thumb, index and middle finger and common digital nerve of middle-ring fingers, as shown in Figure 4. The tumour was carefully dissected and debulked over the palm, with the continuity of the nerve proper and digital nerves maintained, as seen in Figure 5, 6. The specimen along with a part of epineurium sent for histopathological analysis, which confirmed the intraoperative diagnosis of Fibro lipomatous Hamartoma of the median nerve with extensive hyalinised collagen bundles in which single fibroblasts are randomly scattered as shown in Figure 7. The post operative image of the Left Hand and the excised specimen are seen in Figure 2, 3.

After Surgery, the patient continued to have all movements and sensations to light touch. Two point discrimination remained unchanged from pre-surgical status. Patient's post operative period was uneventful. Post operative follow-up for 1 month was uneventful.

III. Discussion

LFH, affecting fewer than 200 cases involving the median nerve, was first reported in 1953 [1]. The term "lipofibromatous hamartoma" was coined in 1969 [3], and various names have been used, complicating its diagnosis [4-6]. The condition is thought to arise from congenital malformations or trauma [4, 10-14].

LFH preferentially affects the median nerve, leading to symptoms consistent with nerve compression and carpal tunnel syndrome. Historically, complete excision was the standard treatment, often resulting in significant sensory and motor deficits [24]. Today, conservative management may be preferred in select cases.

IV. Conclusion

Fibro lipomatous hamartoma of the median nerve is a rare congenital condition that commonly affects the median nerve. Understanding this condition aids in accurate diagnosis, potentially reducing the need for invasive procedures like biopsies.

References Références Referencias

1. Campbell CS, Wulf RF. Lipoma Producing a Lesion of the Deep Branch of the Radial Nerve. J Neurosurg. 1954;11:310-311.
2. Fitoussi F, Ilharreborde B, Jehanno P. Macrodactylie. Chir Main. 2009;28:129-37.
3. Meyer BU, Roricht S, Schmitt R. Bilateral fibrolipomatous hamartoma of the median nerve with macrocheiria and late-onset nerve entrapment syndrome. Muscle Nerve. 1998;21:656-8.
4. Feyerabend T, Schmitt R, Lanz U, Warmuth-Metz M. CT morphology of benign median nerve tumors. Report of three cases and a review. Acta Radiol. 1990;31:23-5.
5. Nahra ME, Bucchieri JS. Ganglion cysts and other tumor related conditions of the hand and wrist. Hand Clin. 2004;20:249-60.
6. Woertler K. Tumors and tumor-like lesions of peripheral nerves. Semin Musculoskelet Radiol. 2010;14:547-58.
7. Basheer H, Rabia F, el-Helw K. Neurofibromas of digital nerves. J Hand Surg Br. 1997;22:61-3.
8. Razzaghi A, Anastakis DJ. Lipofibromatous hamartoma: review of early diagnosis and treatment. Can J Surg. 2005;48:394-9.
9. Fnini S, Hassoune J, Garche A, Rahmi M, Largab A. Giant lipoma of the hand: case report and literature review. Chir Main. 2010;29:44-7.
10. Perrin RG, Guha A. Malignant peripheral nerve sheath tumors. Neurosurg Clin North Am. 2004;15:203-16.
11. Chand G, Chowdhury V, Singh S. Median nerve hamartoma: findings on magnetic resonance imaging. Ann Indian Acad Neurol. 2008;11:259-60.
12. Declercq H, Deman R, Vanherck G, Tanghe W, Lateur L. Case report-diagnosis-fibrolipoma of the median. Skeletal Radiol. 1993;22:610-613.
13. Evans HA, Donnelly LF, Johnson ND, Blebea JS, Stern PJ. Fibrolipoma of the median nerve: MRI. Clin Radiol. 1997;52:304-7.
14. Lowenstein J, Chandnani V, Tomaino MM. Fibrolipoma of the median nerve: a case report and review of the literature. Am J Orthop (Belle Mead NJ) 2000;29:797-8.
15. Pang HN, Puhaindran M, Yong FC. Fibrolipoma of multiple nerves in the wrist. Singapore Med J. 2009;50:283-86.
16. Afshar A. Carpal tunnel syndrome due to lipofibromatous hamartoma of the median nerve. Arch Iran Med. 2010;13:45-7.
17. Bains R, Kotwal A, Saeed W. Recurrent carpal tunnel syndrome in a child due to fibrolipomatous hamartoma of the median nerve successfully

© 2025 Global Journals

treated by limited excision and decompression. J Plast Reconstr Aesth Surg. 2006;59:1394-7.
18. Colombat M, Carton S, Dunaud JL. Unevolumine use tumefaction delapaumedelamain. Ann Pathol. 1999;19:543-4.
19. Louis DS, Hankin FM, Greene TL, Dick HM. Lipofibromas of the median nerve: Long-term follow-up of four cases. J Hand Surg Am. 1985;10:403-8.
20. Bergman FO, Blom SE, Stenstrom SJ. Radical excision of a fibro-fatty proliferation of the median nerve, with no neurological loss symptoms. Plast Reconstr Surg. 1970;46:375-80.
21. Mason ML. Presentation of cases: Proceedings of the American Society for Surgery of the Hand. J Bone Joint Surg Am. 1953;35A:273-4.
22. Emmett AJ. Lipomatous hamartoma of the median nerve in the palm. Br J Plast Surg. 1965;18:208-13.
23. Johnson RJ, Bonfigli M. Lipofibromatous hamartoma of median nerve. J Bone Joint Surg Am. 1969;51:984-90.
24. Mikhail IK. Median nerve lipoma in the hand. J Bone Joint Surg Br. 1964;46:726-30.

Declaration

The written informed consent of the participant was obtained and that the study was approved by an institutional ethics board. All studies were carried out in accordance with the World Medical Association Declaration of Helsinki, covering the latest revision date.

Conflict of interest: none
Funding: none

Figures

© 2025 Global Journals

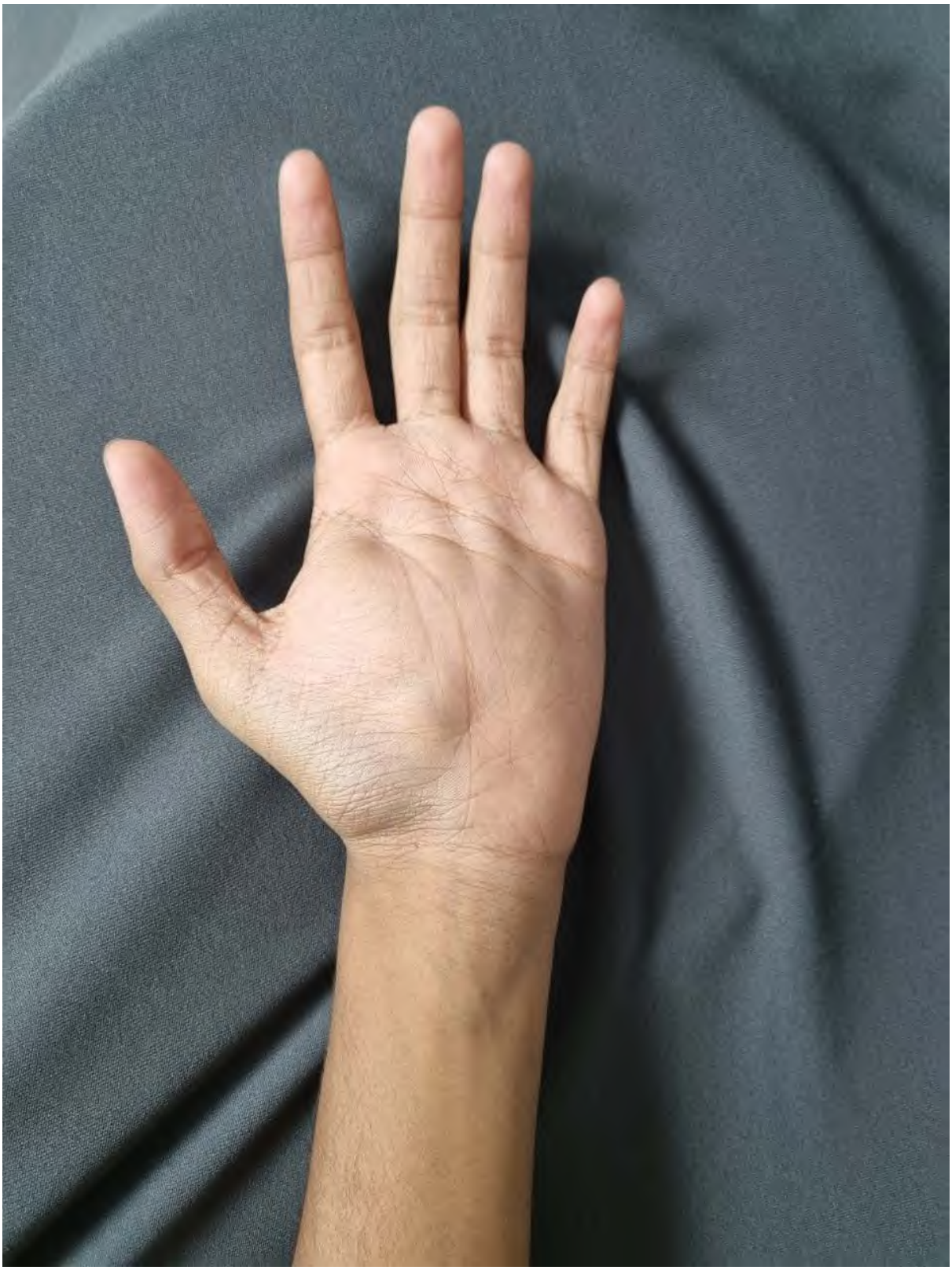


Figure 1: Preoperative image showing Left Hand palmar aspect swelling

© 2025 Global Journals

Figure 2: Postoperative image showing excised specimen with the suture line

© 2025 Global Journals

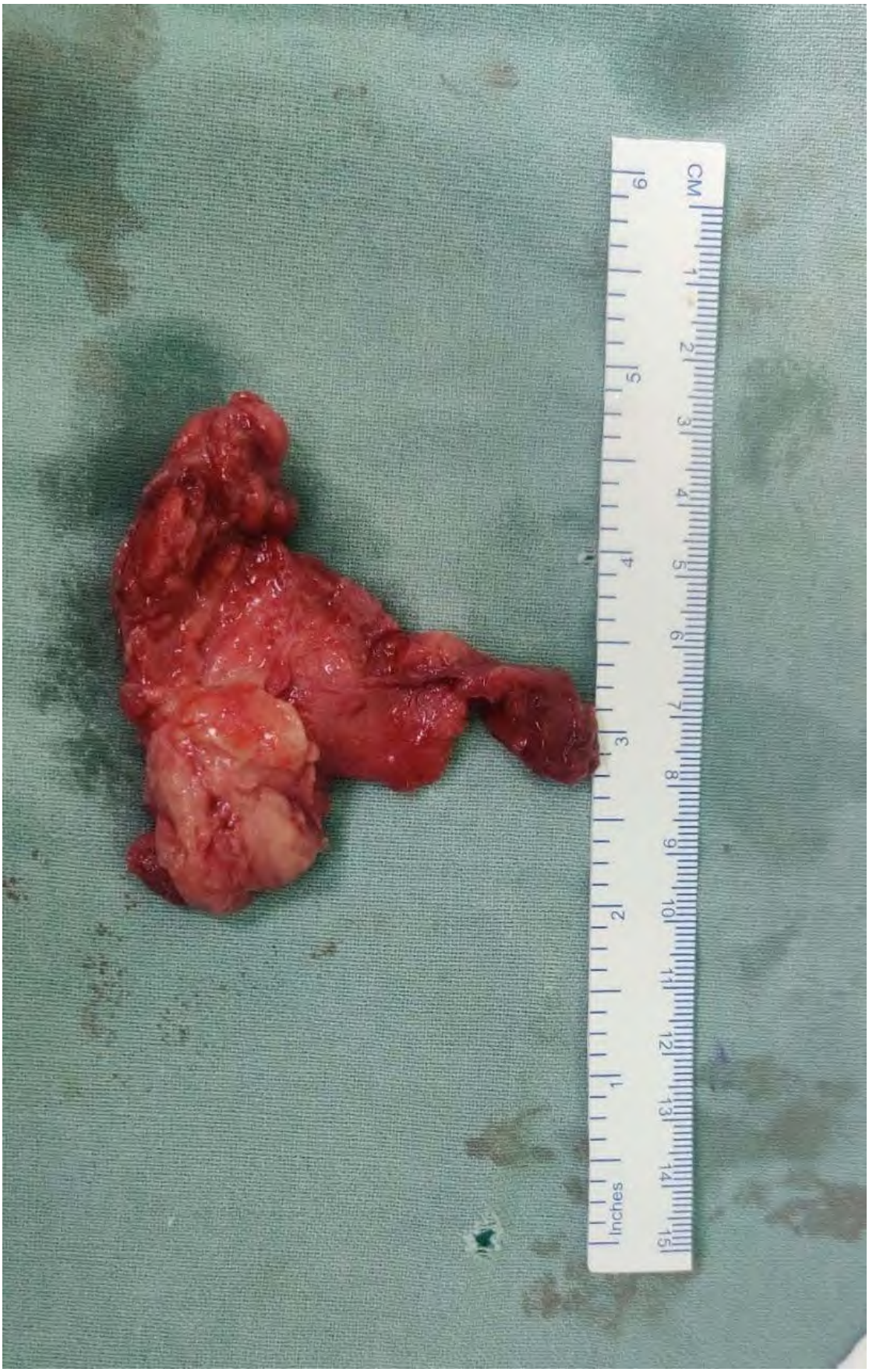


Figure 3: Fibrolipoma of the Left hand Median nerve

© 2025 Global Journals

Figure 4: Intraoperative image of the Lipofibromatous Hamartoma in the palm of Left hand

© 2025 Global Journals

Figure 5: Intraoperative image of the Lipofibromatous Hamartoma continuous with the Left hand median nerve

© 2025 Global Journals

Figure 6: Intraoperative image of the Lipofibromatous Hamartoma in the common and proper digital nerves of the left thumb, index and middle finger

© 2025 Global Journals

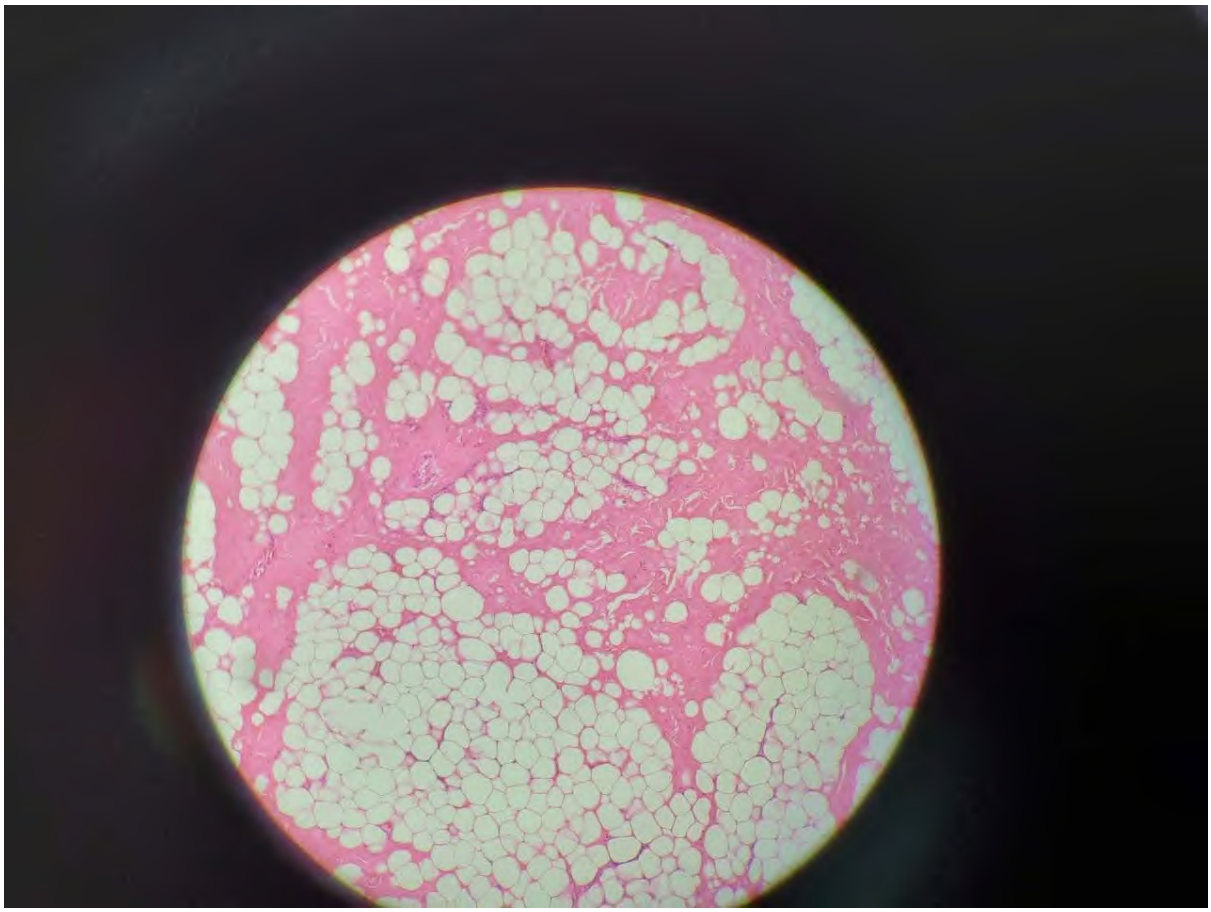


Figure 7: Histopathology of Lipofibromatous Hamartoma with extensive hyalinised collagen bundles in which single fibroblasts are randomly scattered. (H&E stain, magnification x40)

© 2025 Global Journals

© 2025 Global Journals

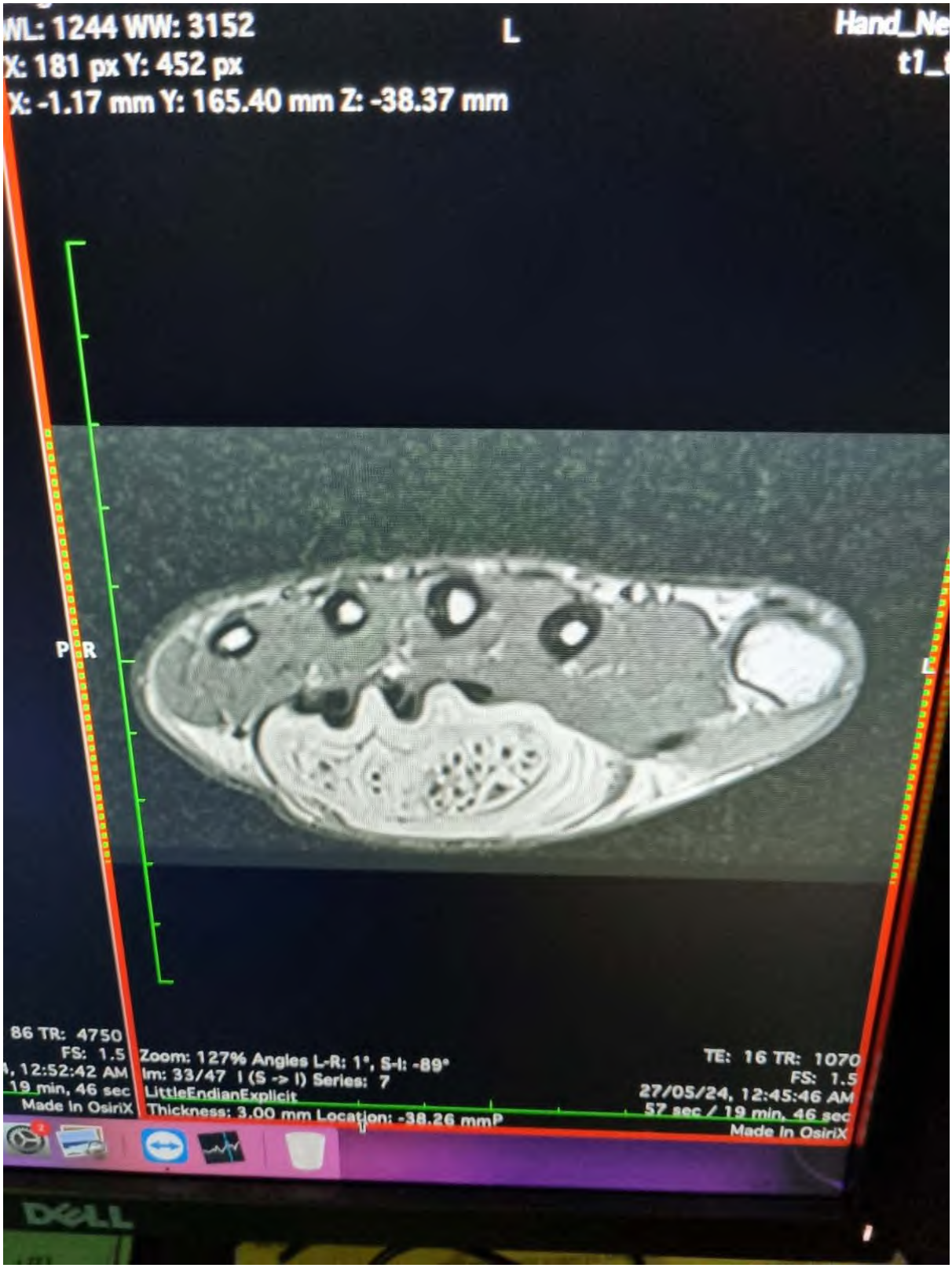


Figure 8: Magnetic Resonance imaging of Lipofibromatous Hamartoma with coaxial cable-like appearance

© 2025 Global Journals

Figure 9: Late Post operative image of palm of patient's Left hand

© 2025 Global Journals

This page is intentionally left blank

© 2025 Global Journals

Global Journal of Medical Research: K
Interdisciplinary
Volume 25 Issue 4 Version 1.0 Year 2025
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

The Food we Eat is Important, But the Emotions we Feel are Equally Important

By Maria Kuman

Abstract- Of course, to stay healthy it is important what we eat – you cannot put stones in a mill and expect to get good flour. However, to stay healthy it is equally important to be always positive. This article explains that positive emotions (like love, joy, etc.) bring energy to the emotional Spirit seen as aura (making the aura brighter) and create harmony and order in the body manifested as health. Negative emotions (like hatred, anger, fear, etc.) deplete the energy of the emotional aura (Spirit) (making the aura dimmer or darker), which is seen on MRI images as darkness in the middle of the brain, where the emotional brain is. Not only negative emotions, just negative thinking does the same - it suppresses the brain activity and leads to disorder manifested as disease.

Keywords: food and health, positive emotions and health, positive thinking and health, negative emotions and disease, negative thinking and disease, negative emotions and addiction, negative thinking and addiction.

GJMR-K Classification: NLMC Code: WM172

THEFOODWEEATISIMPORTANTBUTTHEEMOTIONSWEFEELAREEQUALLYIMPORTANT

Strictly as per the compliance and regulations of:

© 2025. Maria Kuman. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at https://creativecommons.org/licenses/by-nc-nd/4.0/.

The Food we Eat is Important, But the Emotions we Feel are Equally Important

Maria Kuman, PhD

Abstract- Of course, to stay healthy it is important what we eat – you cannot put stones in a mill and expect to get good flour. However, to stay healthy it is equally important to be always positive. This article explains that positive emotions (like love, joy, etc.) bring energy to the emotional Spirit seen as aura (making the aura brighter) and create harmony and order in the body manifested as health. Negative emotions (like hatred, anger, fear, etc.) deplete the energy of the emotional aura (Spirit) (making the aura dimmer or darker), which is seen on MRI images as darkness in the middle of the brain, where the emotional brain is. Not only negative emotions, just negative thinking does the same - it suppresses the brain activity and leads to disorder manifested as disease. The darkness in the middle of the brain of negative thinkers makes them predisposed to addiction – they are attracted to exciting substances like alcohol or narcotics, which bring light to their brain darkened by their dominant negative thinking and emotions.

Keywords: food and health, positive emotions and health, positive thinking and health, negative emotions and disease, negative thinking and disease, negative emotions and addiction, negative thinking and addiction.

I. Introduction

I grew up with the story of the near-death experience of my grandfather Kuman, who was in a state of clinical death and came back. He said that after his Spirit left the body, it hovered over the dead body for 3 days and 3 nights, seeing the dead body below and hearing and understanding the talks of the people around. When finally, his Spirit was free to leave, it traveled through a long dark tunnel with light at the end of the tunnel. When his Spirit arrived at the end of the tunnel, he understood that the Light was not the light we see with our eyes - it was a different Light and it was saturated with Love. He felt so loved by the Big-Love Light that he was ready to join it when an angel rushed toward him showting: "Wait! It is not yet your time. You need to go back." And his Spirit went back to his body [1].

II. Positive Emotions Make the Aura (Spirit) Brighter and Bring Harmony, which Means Health

Thus, God is Light saturated with Love. What is Love? Love is the strongest positive emotion. My life-long studies of the aura showed that the aura is brighter at positive emotions and dimmer (or darker) at negative emotions. Since we say we are in high Spirit when we experience positive emotions and we say we are in low Spirit when we experience negative emotions, I concluded that the aura must be our Spirit – aura (Spirit). Then I found that the ancient Jewish Cabala was teaching to high priest that the aura is our Spirit, which confirmed my conclusion. Thus, positive emotions make our aura (Spirit) brighter, which make us more God-like. Negative emotions make the aura (Spirit) darker and darkness has always been associated with Evil [1].

The Russian scientist Shkatov invented equipment that allows him to measure the spinning of the aura. He found that positive emotions make men's aura spin clockwise. My life-long studies of the aura showed that the aura (Spirit) is weak nonlinear electromagnetic field (NEMF). Nonlinear physics teaches that vortices spin clockwise and suck energy. Thus, at positive emotions the aura (Spirit) is brighter because it spins clockwise and sucks energy in.

However, for this to happen, there must be reservoir of NEMF energy, from which the aura (Spirit) NEMF sucks energy. This reservoir of NEMF energy must be the Space Matrix NEMF [2], from which the Universe was created. NEMF is the perfect material to create a Universe because it does not dissipate and it can imprint information. The Creator created the Space Matrix NEMF first, then imprinted on it the holographic image of the Universe to be, and the Universe was created [3].

The HeartMath Institute in California found that meditation on Love (the strongest positive emotion) makes more harmonic: the brain waves in the EEGs, the heart waves in the ECGs, and the breading [4]. Thus, positive emotions like Love, joy, etc. (or just positive thinking) create harmony and harmonically-functioning organs functioning in harmony means health. Since health means balanced energy, one can see from the upper curves on Fig. 1 that positive emotions (or just positive thinking) bring much better energy balance, i.e. make us healthier.

Author: Holistic Research Institute, Knoxville, TN, USA.
e-mail: holisticare@mariakuman.com

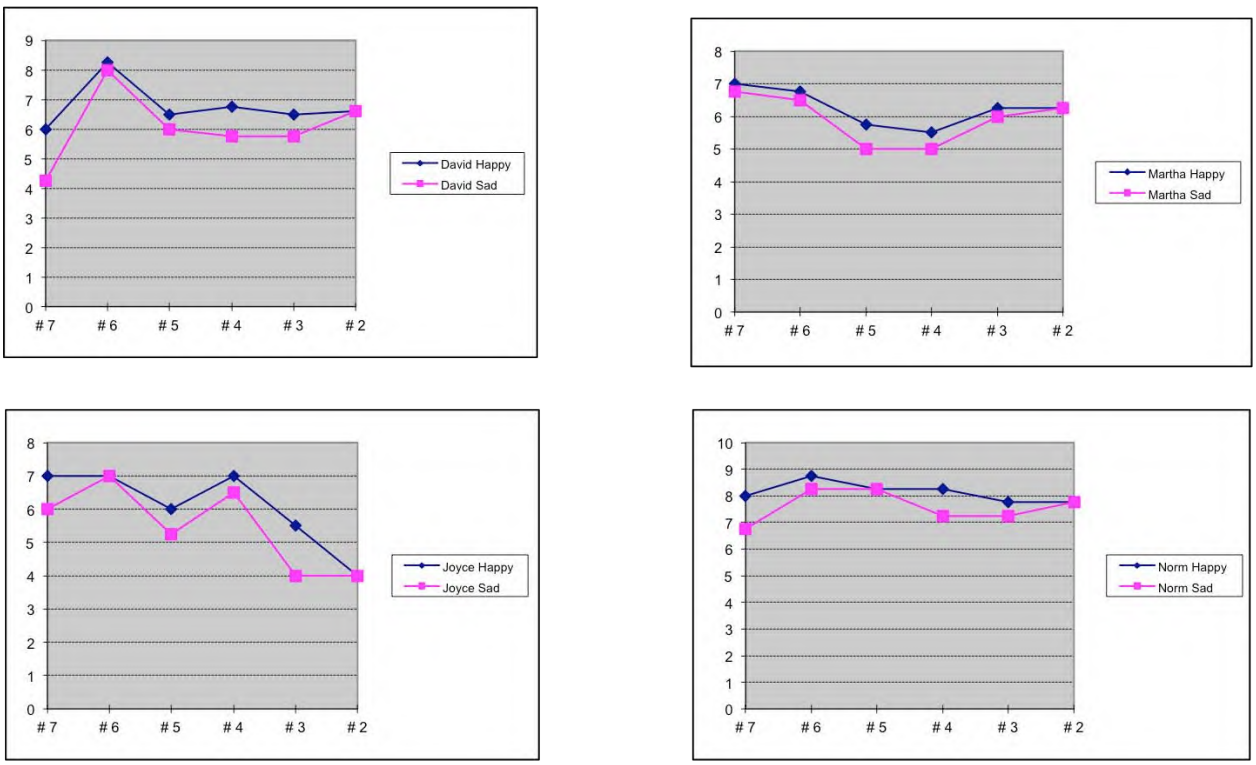
© 2025 Global Journals

III. Negative Emotions or Just Negative Thinking Make the Aura (Spirit) Darker and Create Disorder, Which Manifests Itself as a Disease of the Genetically Inherited Weak Organ

The Russian scientist Shkatov found (with his invented equipment allowing him to measure the spinning of the aura) that negative emotions make men's aura spin counterclockwise. Nonlinear physics teaches that anti-vortices spin counterclockwise and lose energy. Thus, at negative emotions the men's aura (Spirit) is darker because it spins counterclockwise and releases some of its NEMF energy to the Space Matrix NEMF [2], [5].

Negative emotions (like anger, fear, etc. or just negative thinking) create disharmony or chaos, which manifest itself as a disease. I have measured the weak NEMF of the emotional aura (Spirit), which shows that not only negative emotions, just negative thinking is enough to decrease the energy of the aura (Spirit) and bring chaos (disorder) to the body. The genetically-inherited weak organ being with lowest energy brakes-down first, which manifests as a disease of the genetically inherited weak organ. The results of my measurements are presented on Fig. 1.

Fig. 1 illustrates that positive thinking increases the energy and makes it more balanced (upper curves), which means that positive thinking makes us healthier. Opposite to this, negative thinking not only decreases the energy, it makes it more imbalanced (lower curves) because the energy of the genetically-inherited weak organ drops in energy maximum. Why is the genetically inherited weak organ dropping in energy maximum? Selye ("the Father of Stress") spent 40 years of his life studding psychological stress. He found that the same psychological stress (negative emotions) causes different diseases in different individuals. He found that the genetically inherited weak organ is the first to break down under psychological stress.



© 2025 Global Journals

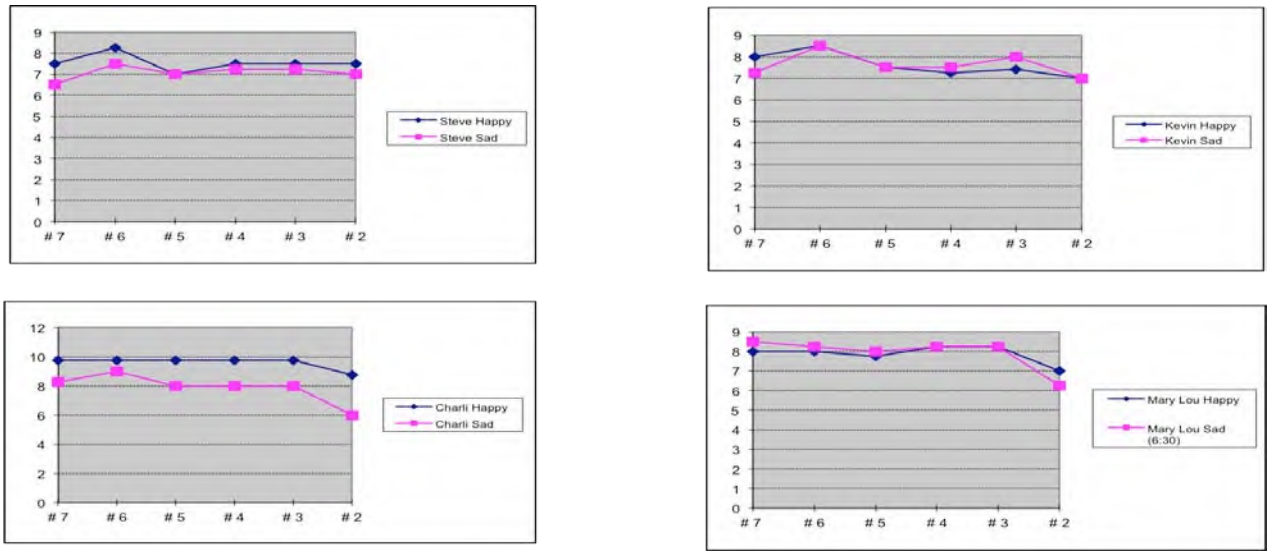


Fig.1: The energy of the aura (Spirit) NEMF at the chain of alternating vortices (spinning clockwise) and anti-vortices (spinning counterclockwise) of the aura (Spirit) NEMF

Selye borrowed the word "stress" from engineering and applied it to "psychological stress" because in engineering when stress is applied to a material, the material cracks at the weakest place. In the same way negative emotions (or just negative thinking), called psychological stress, lead to a chronic disease of the genetically inherited weak organ. The harm of negative thinking can be seen on MRI - people with dominant negative thinking have darkness in the middle of the brain, where the Emotional Brain is.

The people reading the MRI found that the people with darkness in the middle of the brain are "predisposed to become addicted to alcohol or narcotics". However, they do not understand that the darkness they see in the middle of the brain is caused by the dominant negative thinking of these individuals, which suppresses their brain activity. They do not also understand that the people with a darkness in the middle of the brain get addicted to alcohol and narcotics because these exciting substances bring light to their darkened by dominant negative thinking brains.

IV. Conclusion

Thus, to give us freedom of choice, the Creator put everything related to the Spirit (that comes from the Creator) in the Subconscious. We have the freedom to choose to be like our Creator (loving, forgiving, and helping others) or not. However, when making the choice, we must know that positive emotions like loving and helping others (or just positive thinking) make our aura (Spirit) brighter (like the Creator), and brings more harmony and balance, which makes us healthier and happier. Negative emotions like hatred, anger, fear, etc. (or just negative thinking) make our aura (Spirit) darker. It is seen on MRI as darkness in the middle of the brain, (where the Emotional Brain is), and leads to mental diseases like bipolar disorder, which is the new name of schizophrenia..

References Références Referencias

1. M. Kuman, Let there Be Light, v. 6, Health and Happiness Books, 2021.
2. M. Kuman, The Mystery of Ether Revealed, v. 1, Health and Happiness Books, 2020.
3. M. Kuman, The Mystery of Universe Creation, v. 2,Health and Happiness Books, 2020.
4. www.HeartMathInstitute.com
5. M. Kuman, Why Are We Emotional, Why Are We Craving Love? v. 3, Health and Happiness Books, 2020.

© 2025 Global Journals

This page is intentionally left blank

© 2025 Global Journals

Global Journal of Medical Research: K
Interdisciplinary
Volume 25 Issue 4 Version 1.0 Year 2025
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Minorities Maltreatment: Humanity under Siege

By Sayee Dunnesa
Daffodil International University

Abstract- Dominant majority groups create an exploitative mechanism in which oppression, marginalization, and violence function, and minorities suffer. This article examines how majorities exercise social, political, and economic control over minorities. It also examines religious, ethnic, and language-based conflicts, which are the root causes of such maltreatment. It deep dives into minorities' social exclusion, economic deprivation, genocide, and displacement. In fact, this study emphasizes empathy, awareness, and global action, calling for humanity to triumph and inhumanity to vanish.

Keywords: minorities maltreatment, majority oppression, social and economic discrimination, religious and ethnic conflict, human rights violation.

GJMR-K Classification: LCC Code: JC571

MINORITIESMALTREATMENTHUMANITYUNDERSIEGE

Strictly as per the compliance and regulations of:

© 2025. Sayee Dunnesa. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at https://creativecommons.org/licenses/by-nc-nd/4.0/.

Minorities Maltreatment: Humanity under Siege

Sayee Dunnesa

Abstract- Dominant majority groups create an exploitative mechanism in which oppression, marginalization, and violence function, and minorities suffer. This article examines how majorities exercise social, political, and economic control over minorities. It also examines religious, ethnic, and language-based conflicts, which are the root causes of such maltreatment. It deep dives into minorities' social exclusion, economic deprivation, genocide, and displacement. In fact, this study emphasizes empathy, awareness, and global action, calling for humanity to triumph and inhumanity to vanish.

Keywords: minorities maltreatment, majority oppression, social and economic discrimination, religious and ethnic conflict, human rights violation.

I. Minorities Maltreatment: Humanity under Siege

Where humanity's humiliation is evident, and the triumph of bigoted brutality prevails, isn't it? Persecution of minorities in all parts of the world by majorities is widespread to some degree. But the dimension, methods, and techniques of oppression are becoming increasingly cruel and inhuman toward minorities. The ways in which majorities adopt torture techniques against oppressed minorities are gruesome and ultimately hostile to humanity.

But why does this kind of malicious, savage behavior occur toward minorities? It should be noted that minorities often lack even minimal socio-political and economic power. In their case, is there any privilege of accessing basic needs thoroughly? Minorities have no power or authority, so why do the powerful majority communities behave so brutally toward them?

As usual, many questions arise in the minds of conscious observers regarding the majority's maltreatment of oppressed minorities. It is hoped that through these questions, it will be possible to uncover the root causes.

II. Who are Minorities?

Minorities are those groups that do not have recognition in society or in the country socially, economically, or politically. Minorities are those who lack equal rights and civil rights. They are bereft of basic needs and life security, and deprivation extends from social needs to political and economic needs.

Author: Daffodil International University, Savar, Dhaka.
e-mail: sayeedunnesa78@gmail.com

III. How are Minorities Bound by the Majorities' Oppression?

Supreme power and predominance socially, politically, and economically rest in the hands of majorities. The social, political, and economic system is monopolized by majority communities. The majorities' system of social control operates authoritatively, leaving no scope for minorities to access their social needs and rights.

Without a social base, is it possible to establish economic foundations? To participate in the political field, power and financial solvency are crucial, but minorities completely lack these. Consequently, minorities are trapped in a suffocating circle by majorities who adopt ruthless repression techniques that surpass humanity.

In fact, understanding the reasons behind the oppression of minorities is crucial. The first fundamental aspect behind this oppression is ethnic conflict. The second is religious conflict. The final one is language conflict.

IV. Religious Conflict

"Torture of the strong upon the weak," does any religion support this? Where each religion supports humanism, liberalism, and secularism, what does it hint at when the majority group's suppression of the minority group occurs? From century to century, era to era, decade to decade, minorities have been oppressed by religious majorities. The minorities are being bereft of all socio-economic-political privileges and rights. Not only of these rights and privileges, but also to break down the minorities' religious and ethnic backbone, the majorities' adopted discreet policy continues.

Notably, in almost all parts of the world, the depiction and signs of oppression upon minorities are almost the same religiously. Whatever the majority's complicated shrewdness, its application in minority oppression reveals severe cruelty, which is the ultimate stage of human rights violation.

V. Ways Minorities are Oppressed by Majorities

Firstly, the application of pressure is kept continuous by creating discrimination in the access to basic rights.

Secondly, discriminatory behavior is attributed in obtaining social rights so that the social position of minorities can never be long-lasting. Due to the

© 2025 Global Journals

brittleness of their social position in society, they have no scope to play a social role, nor to provide social leadership. Minorities have less scope to be higher-educated. Even in getting a job, limitations are created. Furthermore, they have no rights to give opinions or to move freely. No right exists for them to get justice. As the full social control system is in the majority's hands, how can minorities be free from this suffocating social suppression?

Third, economic discrimination, which is the main tool to make the minorities exploited. Their innovative economic discrimination strategies are too severe for the minorities' existence. The minorities' territory's infrastructural development, investment initiatives, communication and transport systems, the establishment of economic zones, and the expansion of employment-on the whole, no economic initiative is taken for the betterment of the minorities.

Nothing stops here. Sometimes the dimension of torture reaches such a level that it goes beyond imagination: genocide, sexual abuse, forcible displacement, murder, and indiscriminate abolition.

VI. Why do Majorities Maltreat Minorities?

The first reason is the severe sectarian sense of the majority. The second is to occupy the resource-based territory where minorities are located. The last is the religious malice of the majority toward minorities.

As a matter of fact, religious malice and sectarianism can only bring anarchy, war, and catastrophe instead of peace-from one religion to another, from one race to another.

VII. Conclusion

May humanity triumph. May inhumanity vanish.

© 2025 Global Journals

Global Journal of Medical Research: K
Interdisciplinary
Volume 25 Issue 4 Version 1.0 Year 2025
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

The Healing with Magnets is Quantum Healing

By Prof. Maria Kuman

Abstract- This article explains the Quantum Nature of the healing with magnets, as nobody has explained it before. We are a material body and a field seen as aura, which I found to be weak nonlinear electromagnetic field (NEMF). However, this weak field rules and regulates everything in the body not with its strength, but with the information it carries. The healing with magnets is balancing the electric and magnetic components of the aura NEMF. Since "aura" means "light" and the light is in Quants, the healing with magnets is Quantum Healing. It balances the electric (stimulating=Yang) components of the aura and its magnetic (sedating=Yin) component, which restore the health. The aura is the living force that makes the body alive, and leaves at death.

Keywords: healing with magnets, magnets are sedating (yin) factors, magnets for restoring balance, balance of yang (electric) and yin (magnetic), magnets' healing is quantum healing.

GJMR-K Classification: NLMC Code: WB 940

THE HEALINGWITHMAGNETSISQUANTUMHEALING

Strictly as per the compliance and regulations of:

© 2025. Prof. Maria Kuman. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at https://creativecommons.org/licenses/by-nc-nd/4.0/.

The Healing with Magnets is Quantum Healing

Prof. Maria Kuman, PhD

Abstract- This article explains the Quantum Nature of the healing with magnets, as nobody has explained it before. We are a material body and a field seen as aura, which I found to be weak nonlinear electromagnetic field (NEMF). However, this weak field rules and regulates everything in the body not with its strength, but with the information it carries. The healing with magnets is balancing the electric and magnetic components of the aura NEMF. Since "aura" means "light" and the light is in Quants, the healing with magnets is Quantum Healing. It balances the electric (stimulating=Yang) components of the aura and its magnetic (sedating=Yin) component, which restore the health. The aura is the living force that makes the body alive, and leaves at death.

Keywords: healing with magnets, magnets are sedating (yin) factors, magnets for restoring balance, balance of yang (electric) and yin (magnetic), magnets' healing is quantum healing.

I. Introduction – the Healing with Magnets – New and Ancient

The healing with magnets in our time was started by Dr. Richard Broeringmeyer [1], who worked as a medical doctor at NASA. He noticed that the astronauts coming from work on the Space Station were limping because one leg was shorter. He was thinking that this was probably caused by the lack of magnetic field on the Space Station. By applying two magnets to the short leg of their bodies, he was able to make their legs normal, and their walking normal. However, in the ancient Chinese medicine, magnets were used (instead of needles) to restore the body health (i.e. to restore the normal functioning of the body) [2]. The magnets restore the balance of the electric (Yang=active) and magnetic (Yin=passive) components of the aura's nonlinear electromagnetic field (NEMF). Since "aura" means "light" (which is in quants), the healing with magnets is Quantum Healing.

II. We are a Material Body and Aura Field, Which is weak Nonlinear Electromagnetic Field (NEMF)

Our science chose to believe that we are only a material body, but two identical twins with the same DNA (and identical material bodies) are totally different emotional personalities. I decided to find out what is making them different. There must be something in the identical twins beside the material body that makes them emotionally different. Since when we experience strong positive emotions - we say we are in high Spirit, and when we experience negative emotions - we say we are in low Spirit, I decided that the thing that is missing in our science is our emotional Spirit.

Nonlinear physics teaches that only nonlinear fields do not dissipate and can imprint information. If so, the Spirit must be nonlinear electromagnetic field (NEMF) with imprinted information what type of emotional personality the individual is going to be. A fertilized cell cannot develop into an embryo unless the field of the Spirit is present to say what type of emotional creature the future individual is going to be [3]. All this means that all living beings (humans, animals and plants) are a material body and a living force - emotional Spirit (seen as aura), which makes all living beings alive, emotional, and intuitively creative.

When the living force (called Spirit) leaves, the body is an empty lifeless shell that needs to be discarded. Our science (and together with it our medicine) chose to disregard the fact that we are emotional (which makes us intuitively creative) and deny the important role emotions play in our health and life. It is a comic situation - on one side, our medicine agrees that diseases like cancer can result from stress (strong negative emotions), but on the other side our medicine (and science) deny the effect of emotions on our health.

This is because we chose to believe that we are only a material body, which we treat with material substances (drugs), and we completely ignore our field half (seen as aura), which is our emotional half. Once we embrace the fact that we are a material body and emotional Spirit (seen as aura field), we will know that beside the pharmaceutical medicine developed for the material body, a whole specter of alternative healing [4] is available, which works through the emotional Spirit. And since the Emotional Spirit is a field (NEMF), all alternative treatments through the Spirit (seen as aura) are Quantum Healing.

Thus, we are a material body and a field seen as aura, which is our emotional Spirit making us emotional and intuitively creative. There is no creativity without emotions and without the emotional Spirit we would be very primitive creatures. If so, why is our science denying the presence of the emotional Spirit? It is because our Science was built on the principle: if something cannot be measured – it does not exist. Since the Spirit is a very weak field (1,000 times weaker than the field of the material body), its existence was

Author: Holistic Research Institute, Knoxville, TN 37923, USA.
e-mail: holisticare@mariakuman.com

© 2025 Global Journals

denied (instead of building more sensitive equipment to be able to measure it, as I did) [2].

III. Our Aura (Spirit) NEMF and the Importance of the Balance of its Electric (Yang) and Magnetic (Yin) Components

The Russian scientist Shkatov found with his patented "torsemeter" that at positive emotions our aura spins clockwise [5]. I found with photographing the aura with Kirlian Photography (which uses high voltage electric field to multiply the photons of the weak aura and makes it photographable) that at positive emotions the aura is brighter [6]. Since nonlinear physics teaches that vortices spin clockwise and suck energy in, to explain why at positive emotions the aura is brighter, the aura (Spirit) must be nonlinear electromagnetic field (NEMF).

Shkatov found with his patented "torsemeter" that at negative emotions the aura spins counterclockwise [5]. I found with photographing the aura with Kirlian Photography (which uses high voltage electric field to multiply the photons of the weak aura and makes it photographable) that at negative emotions the aura is dimmer [6]. Since nonlinear physics teaches that antivortices spin counterclockwise and emit energy out, to explain why at negative emotions the counterclockwise-spinning aura is dimer, the aura (Spirit) must be NEMF.

If our emotional aura (Spirit) is weak NEMF, but this weak NEMF rules and regulates everything in the body (not with its strength but with the information it carries), the balance of its two components electric (which is stimulating or Yang) and magnetic (which is sedating or Yin) will be essential for our health and wellbeing. If the electric (Yang) and magnetic (Yin) components of the aura NEMF are out of balance, their balance can be restored with the use of magnets to heal.

Healing with magnets is not new – it was done in ancient China [2], in ancient Egypt [1], and by Paracelsus at later time [1]. See [1] for how to use magnets for healing, but please consider that in the book the basic postulates and the explanations how magnets heal are not right [1]. The bioenergetic doctors (who use magnets to heal) have found the points that need to be treated with magnets, but don't expect to find in their book scientific explanation how the magnets heal.

IV. Conclusion

Thus, we are a material body and aura field, which is our emotional Spirit making us emotional and intuitively creative. We can heal: 1/ the material body with material substances (drugs), or 2/ balance our aura field, which is our Emotional Spirit that rules and regulates everything in the body. The Emotional Spirit could be balanced by: 1/ balancing our emotions, or 2/ balancing the electrical (Yang) and magnetic (Yin) components of its nonlinear electromagnetic field (NEMF).

The balance of the aura (Spirit) NEMF (which rules and regulates everything in the body) can be achieved with the use of: 1/ magnets (which increase the magnetic component of the aura (Spirit) NEMF (that calms the processes down (Yin)), or 2/ electrical stimulation (which increases the electric component of the aura (Spirit) NEMF that activates the processes). Since the aura (Spirit) NEMF is light and the light is in Quants, the healing through balancing the aura (Spirit) NEMF (with magnets or electrical stimulation) is Quantum Healing.

It turned out that all our alternative medicine is Quantum Healing [4], which achieves balance of the NEMF of the aura (Spirit) by balancing its electrical (Yang) and the magnetic (Yin) components. It could be done: 1/ by the use of magnets (Yin); 2/ by use of electrical stimulation (Yang)) [2], 3/ by influencing the frequencies of the aura (Spirit) with homeopathic remedies [7], etc.

References Références Referencias

1. J. Bailey, Bioenergetic Basics, 2010.
2. M. Kuman, Modern Aspects of Ancient Acupuncture, Health and Happiness Books, 2007.
3. M. Kuman, Why Does the Merging of the Parents' DNA in a Fertilized Cell Resemble the Merging of Two Black Holes, Global Journal of Medical Research (K), 19 (7) 2019.
4. M. Kuman, The Quantum Nature of Alternative Medicine, Innovative Insights in Case Reports and Reviews (submitted).
5. Tihoplav, T. Tihoplav, Garmonia Chaosa, 2003 (Russ.)
6. M. Kuman, Let's There Be Light, v. 6, Health and Happiness Books, 2021.
7. M. Kuman, Who Needs Alternative Medicine? International Journal of Complementary and Alternative Medicine, 18 (2) 2025.

© 2025 Global Journals

Global Journals Guidelines Handbook 2025

www.GlobalJournals.org

Memberships

Fellows/Associates of Medical Research Council

FMRC/AMRC Memberships

Introduction

FMRC/AMRC is the most prestigious membership of Global Journals accredited by Open Association of Research Society, U.S.A (OARS). The credentials of Fellow and Associate designations signify that the researcher has gained the knowledge of the fundamental and high-level concepts, and is a subject matter expert, proficient in an expertise course covering the professional code of conduct, and follows recognized standards of practice. The credentials are designated only to the researchers, scientists, and professionals that have been selected by a rigorous process by our Editorial Board and Management Board.

Associates of FMRC/AMRC are scientists and researchers from around the world are working on projects/researches that have huge potentials. Members support Global Journals' mission to advance technology for humanity and the profession.

FMRC

Fellow of Medical Research Council

FELLOW OF MEDICAL RESEARCH COUNCIL is the most prestigious membership of Global Journals. It is an award and membership granted to individuals that the Open Association of Research Society judges to have made a 'substantial contribution to the improvement of computer science, technology, and electronics engineering.

The primary objective is to recognize the leaders in research and scientific fields of the current era with a global perspective and to create a channel between them and other researchers for better exposure and knowledge sharing. Members are most eminent scientists, engineers, and technologists from all across the world. Fellows are elected for life through a peer review process on the basis of excellence in the respective domain. There is no limit on the number of new nominations made in any year. Each year, the Open Association of Research Society elect up to 12 new Fellow Members.

Benefits

To the Institution

Get letter of appreciation

Global Journals sends a letter of appreciation of author to the Dean or CEO of the University or Company of which author is a part, signed by editor in chief or chief author.

Exclusive Network

Get access to a closed network

A FMRC member gets access to a closed network of Tier 1 researchers and scientists with direct communication channel through our website. Fellows can reach out to other members or researchers directly. They should also be open to reaching out by other.

Career | Credibility | Exclusive | Reputation

Certificate

Certificate, LoR and Laser-Momento

Fellows receive a printed copy of a certificate signed by our Chief Author that may be used for academic purposes and a personal recommendation letter to the dean of member's university.

Career | Credibility | Exclusive | Reputation

Designation

Get honored title of membership

Fellows can use the honored title of membership. The “FMRC” is an honored title which is accorded to a person’s name viz. Dr. John E. Hall, Ph.D., FMRC or William Walldroff, M.S., FMRC.

Career | Credibility | Exclusive | Reputation

Recognition on the Platform

Better visibility and citation

All the Fellow members of FMRC get a badge of "Leading Member of Global Journals" on the Research Community that distinguishes them from others. Additionally, the profile is also partially maintained by our team for better visibility and citation. All fellows get a dedicated page on the website with their biography.

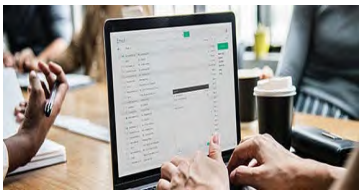
Career | Credibility | Reputation

Future Work

Get discounts on the future publications

Fellows receive discounts on the future publications with Global Journals up to 60%. Through our recommendation programs, members also receive discounts on publications made with OARS affiliated organizations.

Career | Financial



GJ Internal Account

Unlimited forward of Emails

Fellows get secure and fast GJ work emails with unlimited storage of emails that they may use them as their primary email. For example,
john [AT] globaljournals [DOT] org.

Career | Credibility | Reputation

Premium Tools

Access to all the premium tools

To take future researches to the zenith, fellows receive access to all the premium tools that Global Journals have to offer along with the partnership with some of the best marketing leading tools out there.

Financial

Conferences & Events

Organize seminar/conference

Fellows are authorized to organize symposium/seminar/conference on behalf of Global Journal Incorporation (USA). They can also participate in the same organized by another institution as representative of Global Journal. In both the cases, it is mandatory for him to discuss with us and obtain our consent. Additionally, they get free research conferences (and others) alerts.

Career | Credibility | Financial

Early Invitations

Early invitations to all the symposiums, seminars, conferences

All fellows receive the early invitations to all the symposiums, seminars, conferences and webinars hosted by Global Journals in their subject.

Exclusive

Publishing Articles & Books

Earn 60% of sales proceeds

Fellows can publish articles (limited) without any fees. Also, they can earn up to 70% of sales proceeds from the sale of reference/review books/literature/publishing of research paper. The FMRC member can decide its price and we can help in making the right decision.

Exclusive | Financial

Reviewers

Get a remuneration of 15% of author fees

Fellow members are eligible to join as a paid peer reviewer at Global Journals Incorporation (USA) and can get a remuneration of 15% of author fees, taken from the author of a respective paper.

Financial

Access to Editorial Board

Become a member of the Editorial Board

Fellows and Associates may join as a member of the Editorial Board of Global Journals Incorporation (USA) after successful completion of three years as Fellow and as Peer Reviewer.

Career | Credibility | Exclusive | Reputation

And Much More

Get access to scientific museums and observatories across the globe

All members get access to 5 selected scientific museums and observatories across the globe. All researches published with Global Journals will be kept under deep archival facilities across regions for future protections and disaster recovery. They get 10 GB free secure cloud access for storing research files.

ASSOCIATE OF MEDICAL RESEARCH COUNCIL

ASSOCIATE OF MEDICAL RESEARCH COUNCIL is the membership of Global Journals awarded to individuals that the Open Association of Research Society judges to have made a 'substantial contribution to the improvement of computer science, technology, and electronics engineering.

The primary objective is to recognize the leaders in research and scientific fields of the current era with a global perspective and to create a channel between them and other researchers for better exposure and knowledge sharing. Members are most eminent scientists, engineers, and technologists from all across the world. Associate membership can later be promoted to Fellow Membership. Associates are elected for life through a peer review process on the basis of excellence in the respective domain. There is no limit on the number of new nominations made in any year. Each year, the Open Association of Research Society elect up to 12 new Associate Members.

Benefits

To the institution

Get letter of appreciation

Global Journals sends a letter of appreciation of author to the Dean or CEO of the University or Company of which author is a part, signed by editor in chief or chief author.

Exclusive Network

Get access to a closed network

A AMRC member gets access to a closed network of Tier 2 researchers and scientists with direct communication channel through our website. Associates can reach out to other members or researchers directly. They should also be open to reaching out by other.

Career | Credibility | Exclusive | Reputation

Certificate

Certificate, LoR and Laser-Momento

Associates receive a printed copy of a certificate signed by our Chief Author that may be used for academic purposes and a personal recommendation letter to the dean of member's university.

Career | Credibility | Exclusive | Reputation

Designation

Get honored title of membership

Associates can use the honored title of membership. The “AMRC” is an honored title which is accorded to a person’s name viz. Dr. John E. Hall, Ph.D., AMRC or William Walldroff, M.S., AMRC.

Career | Credibility | Exclusive | Reputation

Recognition on the Platform

Better visibility and citation

All the Associate members of AMRC get a badge of "Leading Member of Global Journals" on the Research Community that distinguishes them from others. Additionally, the profile is also partially maintained by our team for better visibility and citation.

Career | Credibility | Reputation

Future Work

Get discounts on the future publications

Associates receive discounts on future publications with Global Journals up to 30%. Through our recommendation programs, members also receive discounts on publications made with OARS affiliated organizations.

Career | Financial

GJ Account

Unlimited forward of Emails

Associates get secure and fast GJ work emails with 5GB forward of emails that they may use them as their primary email. For example,
john [AT] globaljournals [DOT] org.

Career | Credibility | Reputation

Premium Tools

Access to all the premium tools

To take future researches to the zenith, fellows receive access to almost all the premium tools that Global Journals have to offer along with the partnership with some of the best marketing leading tools out there.

Financial

Conferences & Events

Organize seminar/conference

Associates are authorized to organize symposium/seminar/conference on behalf of Global Journal Incorporation (USA). They can also participate in the same organized by another institution as representative of Global Journal. In both the cases, it is mandatory for him to discuss with us and obtain our consent. Additionally, they get free research conferences (and others) alerts.

Career | Credibility | Financial

Early Invitations

Early invitations to all the symposiums, seminars, conferences

All associates receive the early invitations to all the symposiums, seminars, conferences and webinars hosted by Global Journals in their subject.

Exclusive

Publishing Articles & Books

Earn 60% of sales proceeds

Associates can publish articles (limited) without any fees. Also, they can earn up to 30-40% of sales proceeds from the sale of reference/review books/literature/publishing of research paper

Exclusive | Financial

Reviewers

Get a remuneration of 15% of author fees

Associate members are eligible to join as a paid peer reviewer at Global Journals Incorporation (USA) and can get a remuneration of 15% of author fees, taken from the author of a respective paper.

Financial

And Much More

Get access to scientific museums and observatories across the globe

All members get access to 2 selected scientific museums and observatories across the globe. All researches published with Global Journals will be kept under deep archival facilities across regions for future protections and disaster recovery. They get 5 GB free secure cloud access for storing research files.

Associate	Fellow	Research Group	Basic
$4800 **lifetime designation**	$6800 **lifetime designation**	$12500.00 **organizational**	APC **per article**
Certificate, LoR and Momento **2** discounted publishing/year **Gradation** of Research **10** research contacts/day **1 GB** Cloud Storage **GJ** Community Access	**Certificate,** LoR and Momento **Unlimited** discounted publishing/year **Gradation** of Research **Unlimited** research contacts/day **5 GB** Cloud Storage **Online Presense** Assistance **GJ** Community Access	**Certificates,** LoRs and Momentos **Unlimited** free publishing/year **Gradation** of Research **Unlimited** research contacts/day **Unlimited** Cloud Storage **Online Presense** Assistance **GJ** Community Access	**GJ** Community Access

Preferred Author Guidelines

We accept the manuscript submissions in any standard (generic) format.

We typeset manuscripts using advanced typesetting tools like Adobe In Design, CorelDraw, TeXnicCenter, and TeXStudio. We usually recommend authors submit their research using any standard format they are comfortable with, and let Global Journals do the rest.

Alternatively, you can download our basic template from https://globaljournals.org/Template

Authors should submit their complete paper/article, including text illustrations, graphics, conclusions, artwork, and tables. Authors who are not able to submit manuscript using the form above can email the manuscript department at submit@globaljournals.org or get in touch with chiefeditor@globaljournals.org if they wish to send the abstract before submission.

Before and during Submission

Authors must ensure the information provided during the submission of a paper is authentic. Please go through the following checklist before submitting:

1. Authors must go through the complete author guideline and understand and *agree to Global Journals' ethics and code of conduct,* along with author responsibilities.
2. Authors must accept the privacy policy, terms, and conditions of Global Journals.
3. Ensure corresponding author's email address and postal address are accurate and reachable.
4. Manuscript to be submitted must include keywords, an abstract, a paper title, co-author(s') names and details (email address, name, phone number, and institution), figures and illustrations in vector format including appropriate captions, tables, including titles and footnotes, a conclusion, results, acknowledgments and references.
5. Authors should submit paper in a ZIP archive if any supplementary files are required along with the paper.
6. Proper permissions must be acquired for the use of any copyrighted material.
7. Manuscript submitted *must not have been submitted or published elsewhere* and all authors must be aware of the submission.

Declaration of Conflicts of Interest

It is required for authors to declare all financial, institutional, and personal relationships with other individuals and organizations that could influence (bias) their research.

Policy on Plagiarism

Plagiarism is not acceptable in Global Journals submissions at all.

Plagiarized content will not be considered for publication. We reserve the right to inform authors' institutions about plagiarism detected either before or after publication. If plagiarism is identified, we will follow COPE guidelines:

Authors are solely responsible for all the plagiarism that is found. The author must not fabricate, falsify or plagiarize existing research data. The following, if copied, will be considered plagiarism:

- Words (language)
- Ideas
- Findings
- Writings
- Diagrams
- Graphs
- Illustrations
- Lectures

- Printed material
- Graphic representations
- Computer programs
- Electronic material
- Any other original work

Authorship Policies

Global Journals follows the definition of authorship set up by the Open Association of Research Society, USA. According to its guidelines, authorship criteria must be based on:

1. Substantial contributions to the conception and acquisition of data, analysis, and interpretation of findings.
2. Drafting the paper and revising it critically regarding important academic content.
3. Final approval of the version of the paper to be published.

Changes in Authorship

The corresponding author should mention the name and complete details of all co-authors during submission and in manuscript. We support addition, rearrangement, manipulation, and deletions in authors list till the early view publication of the journal. We expect that corresponding author will notify all co-authors of submission. We follow COPE guidelines for changes in authorship.

Copyright

During submission of the manuscript, the author is confirming an exclusive license agreement with Global Journals which gives Global Journals the authority to reproduce, reuse, and republish authors' research. We also believe in flexible copyright terms where copyright may remain with authors/employers/institutions as well. Contact your editor after acceptance to choose your copyright policy. You may follow this form for copyright transfers.

Appealing Decisions

Unless specified in the notification, the Editorial Board's decision on publication of the paper is final and cannot be appealed before making the major change in the manuscript.

Acknowledgments

Contributors to the research other than authors credited should be mentioned in Acknowledgments. The source of funding for the research can be included. Suppliers of resources may be mentioned along with their addresses.

Declaration of funding sources

Global Journals is in partnership with various universities, laboratories, and other institutions worldwide in the research domain. Authors are requested to disclose their source of funding during every stage of their research, such as making analysis, performing laboratory operations, computing data, and using institutional resources, from writing an article to its submission. This will also help authors to get reimbursements by requesting an open access publication letter from Global Journals and submitting to the respective funding source.

Preparing your Manuscript

Authors can submit papers and articles in an acceptable file format: MS Word (doc, docx), LaTeX (.tex, .zip or .rar including all of your files), Adobe PDF (.pdf), rich text format (.rtf), simple text document (.txt), Open Document Text (.odt), and Apple Pages (.pages). Our professional layout editors will format the entire paper according to our official guidelines. This is one of the highlights of publishing with Global Journals—authors should not be concerned about the formatting of their paper. Global Journals accepts articles and manuscripts in every major language, be it Spanish, Chinese, Japanese, Portuguese, Russian, French, German, Dutch, Italian, Greek, or any other national language, but the title, subtitle, and abstract should be in English. This will facilitate indexing and the pre-peer review process.

The following is the official style and template developed for publication of a research paper. Authors are not required to follow this style during the submission of the paper. It is just for reference purposes.

Manuscript Style Instruction (Optional)

- Microsoft Word Document Setting Instructions.
- Font type of all text should be Swis721 Lt BT.
- Page size: 8.27" x 11'", left margin: 0.65, right margin: 0.65, bottom margin: 0.75.
- Paper title should be in one column of font size 24.
- Author name in font size of 11 in one column.
- Abstract: font size 9 with the word "Abstract" in bold italics.
- Main text: font size 10 with two justified columns.
- Two columns with equal column width of 3.38 and spacing of 0.2.
- First character must be three lines drop-capped.
- The paragraph before spacing of 1 pt and after of 0 pt.
- Line spacing of 1 pt.
- Large images must be in one column.
- The names of first main headings (Heading 1) must be in Roman font, capital letters, and font size of 10.
- The names of second main headings (Heading 2) must not include numbers and must be in italics with a font size of 10.

Structure and Format of Manuscript

The recommended size of an original research paper is under 15,000 words and review papers under 7,000 words. Research articles should be less than 10,000 words. Research papers are usually longer than review papers. Review papers are reports of significant research (typically less than 7,000 words, including tables, figures, and references)

A research paper must include:

a) A title which should be relevant to the theme of the paper.
b) A summary, known as an abstract (less than 150 words), containing the major results and conclusions.
c) Up to 10 keywords that precisely identify the paper's subject, purpose, and focus.
d) An introduction, giving fundamental background objectives.
e) Resources and techniques with sufficient complete experimental details (wherever possible by reference) to permit repetition, sources of information must be given, and numerical methods must be specified by reference.
f) Results which should be presented concisely by well-designed tables and figures.
g) Suitable statistical data should also be given.
h) All data must have been gathered with attention to numerical detail in the planning stage.

Design has been recognized to be essential to experiments for a considerable time, and the editor has decided that any paper that appears not to have adequate numerical treatments of the data will be returned unrefereed.

i) Discussion should cover implications and consequences and not just recapitulate the results; conclusions should also be summarized.
j) There should be brief acknowledgments.
k) There ought to be references in the conventional format. Global Journals recommends APA format.

Authors should carefully consider the preparation of papers to ensure that they communicate effectively. Papers are much more likely to be accepted if they are carefully designed and laid out, contain few or no errors, are summarizing, and follow instructions. They will also be published with much fewer delays than those that require much technical and editorial correction.

The Editorial Board reserves the right to make literary corrections and suggestions to improve brevity.

Format Structure

It is necessary that authors take care in submitting a manuscript that is written in simple language and adheres to published guidelines.

All manuscripts submitted to Global Journals should include:

Title

The title page must carry an informative title that reflects the content, a running title (less than 45 characters together with spaces), names of the authors and co-authors, and the place(s) where the work was carried out.

Author details

The full postal address of any related author(s) must be specified.

Abstract

The abstract is the foundation of the research paper. It should be clear and concise and must contain the objective of the paper and inferences drawn. It is advised to not include big mathematical equations or complicated jargon.

Many researchers searching for information online will use search engines such as Google, Yahoo or others. By optimizing your paper for search engines, you will amplify the chance of someone finding it. In turn, this will make it more likely to be viewed and cited in further works. Global Journals has compiled these guidelines to facilitate you to maximize the web-friendliness of the most public part of your paper.

Keywords

A major lynchpin of research work for the writing of research papers is the keyword search, which one will employ to find both library and internet resources. Up to eleven keywords or very brief phrases have to be given to help data retrieval, mining, and indexing.

One must be persistent and creative in using keywords. An effective keyword search requires a strategy: planning of a list of possible keywords and phrases to try.

Choice of the main keywords is the first tool of writing a research paper. Research paper writing is an art. Keyword search should be as strategic as possible.

One should start brainstorming lists of potential keywords before even beginning searching. Think about the most important concepts related to research work. Ask, "What words would a source have to include to be truly valuable in a research paper?" Then consider synonyms for the important words.

It may take the discovery of only one important paper to steer in the right keyword direction because, in most databases, the keywords under which a research paper is abstracted are listed with the paper.

Numerical Methods

Numerical methods used should be transparent and, where appropriate, supported by references.

Abbreviations

Authors must list all the abbreviations used in the paper at the end of the paper or in a separate table before using them.

Formulas and equations

Authors are advised to submit any mathematical equation using either MathJax, KaTeX, or LaTeX, or in a very high-quality image.

Tables, Figures, and Figure Legends

Tables: Tables should be cautiously designed, uncrowned, and include only essential data. Each must have an Arabic number, e.g., Table 4, a self-explanatory caption, and be on a separate sheet. Authors must submit tables in an editable format and not as images. References to these tables (if any) must be mentioned accurately.

Figures

Figures are supposed to be submitted as separate files. Always include a citation in the text for each figure using Arabic numbers, e.g., Fig. 4. Artwork must be submitted online in vector electronic form or by emailing it.

Preparation of Eletronic Figures for Publication

Although low-quality images are sufficient for review purposes, print publication requires high-quality images to prevent the final product being blurred or fuzzy. Submit (possibly by e-mail) EPS (line art) or TIFF (halftone/ photographs) files only. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Avoid using pixel-oriented software. Scans (TIFF only) should have a resolution of at least 350 dpi (halftone) or 700 to 1100 dpi (line drawings). Please give the data for figures in black and white or submit a Color Work Agreement form. EPS files must be saved with fonts embedded (and with a TIFF preview, if possible).

For scanned images, the scanning resolution at final image size ought to be as follows to ensure good reproduction: line art: >650 dpi; halftones (including gel photographs): >350 dpi; figures containing both halftone and line images: >650 dpi.

Color charges: Authors are advised to pay the full cost for the reproduction of their color artwork. Hence, please note that if there is color artwork in your manuscript when it is accepted for publication, we would require you to complete and return a Color Work Agreement form before your paper can be published. Also, you can email your editor to remove the color fee after acceptance of the paper.

Tips for writing a good quality Medical Research Paper

1. Choosing the topic: In most cases, the topic is selected by the interests of the author, but it can also be suggested by the guides. You can have several topics, and then judge which you are most comfortable with. This may be done by asking several questions of yourself, like "Will I be able to carry out a search in this area? Will I find all necessary resources to accomplish the search? Will I be able to find all information in this field area?" If the answer to this type of question is "yes," then you ought to choose that topic. In most cases, you may have to conduct surveys and visit several places. Also, you might have to do a lot of work to find all the rises and falls of the various data on that subject. Sometimes, detailed information plays a vital role, instead of short information. Evaluators are human: The first thing to remember is that evaluators are also human beings. They are not only meant for rejecting a paper. They are here to evaluate your paper. So present your best aspect.

2. Think like evaluators: If you are in confusion or getting demotivated because your paper may not be accepted by the evaluators, then think, and try to evaluate your paper like an evaluator. Try to understand what an evaluator wants in your research paper, and you will automatically have your answer. Make blueprints of paper: The outline is the plan or framework that will help you to arrange your thoughts. It will make your paper logical. But remember that all points of your outline must be related to the topic you have chosen.

3. Ask your guides: If you are having any difficulty with your research, then do not hesitate to share your difficulty with your guide (if you have one). They will surely help you out and resolve your doubts. If you can't clarify what exactly you require for your work, then ask your supervisor to help you with an alternative. He or she might also provide you with a list of essential readings.

4. Use of computer is recommended: As you are doing research in the field of medical research then this point is quite obvious. Use right software: Always use good quality software packages. If you are not capable of judging good software, then you can lose the quality of your paper unknowingly. There are various programs available to help you which you can get through the internet.

5. Use the internet for help: An excellent start for your paper is using Google. It is a wondrous search engine, where you can have your doubts resolved. You may also read some answers for the frequent question of how to write your research paper or find a model research paper. You can download books from the internet. If you have all the required books, place importance on reading, selecting, and analyzing the specified information. Then sketch out your research paper. Use big pictures: You may use encyclopedias like Wikipedia to get pictures with the best resolution. At Global Journals, you should strictly follow here.

6. Bookmarks are useful: When you read any book or magazine, you generally use bookmarks, right? It is a good habit which helps to not lose your continuity. You should always use bookmarks while searching on the internet also, which will make your search easier.

7. Revise what you wrote: When you write anything, always read it, summarize it, and then finalize it.

8. Make every effort: Make every effort to mention what you are going to write in your paper. That means always have a good start. Try to mention everything in the introduction—what is the need for a particular research paper. Polish your work with good writing skills and always give an evaluator what he wants. Make backups: When you are going to do any important thing like making a research paper, you should always have backup copies of it either on your computer or on paper. This protects you from losing any portion of your important data.

9. Produce good diagrams of your own: Always try to include good charts or diagrams in your paper to improve quality. Using several unnecessary diagrams will degrade the quality of your paper by creating a hodgepodge. So always try to include diagrams which were made by you to improve the readability of your paper. Use of direct quotes: When you do research relevant to literature, history, or current affairs, then use of quotes becomes essential, but if the study is relevant to science, use of quotes is not preferable.

10. Use proper verb tense: Use proper verb tenses in your paper. Use past tense to present those events that have happened. Use present tense to indicate events that are going on. Use future tense to indicate events that will happen in the future. Use of wrong tenses will confuse the evaluator. Avoid sentences that are incomplete.

11. Pick a good study spot: Always try to pick a spot for your research which is quiet. Not every spot is good for studying.

12. Know what you know: Always try to know what you know by making objectives, otherwise you will be confused and unable to achieve your target.

13. Use good grammar: Always use good grammar and words that will have a positive impact on the evaluator; use of good vocabulary does not mean using tough words which the evaluator has to find in a dictionary. Do not fragment sentences. Eliminate one-word sentences. Do not ever use a big word when a smaller one would suffice.

Verbs have to be in agreement with their subjects. In a research paper, do not start sentences with conjunctions or finish them with prepositions. When writing formally, it is advisable to never split an infinitive because someone will (wrongly) complain. Avoid clichés like a disease. Always shun irritating alliteration. Use language which is simple and straightforward. Put together a neat summary.

14. Arrangement of information: Each section of the main body should start with an opening sentence, and there should be a changeover at the end of the section. Give only valid and powerful arguments for your topic. You may also maintain your arguments with records.

15. Never start at the last minute: Always allow enough time for research work. Leaving everything to the last minute will degrade your paper and spoil your work.

16. Multitasking in research is not good: Doing several things at the same time is a bad habit in the case of research activity. Research is an area where everything has a particular time slot. Divide your research work into parts, and do a particular part in a particular time slot.

17. Never copy others' work: Never copy others' work and give it your name because if the evaluator has seen it anywhere, you will be in trouble. Take proper rest and food: No matter how many hours you spend on your research activity, if you are not taking care of your health, then all your efforts will have been in vain. For quality research, take proper rest and food.

18. Go to seminars: Attend seminars if the topic is relevant to your research area. Utilize all your resources.

19. Refresh your mind after intervals: Try to give your mind a rest by listening to soft music or sleeping in intervals. This will also improve your memory. Acquire colleagues: Always try to acquire colleagues. No matter how sharp you are, if you acquire colleagues, they can give you ideas which will be helpful to your research.

20. Think technically: Always think technically. If anything happens, search for its reasons, benefits, and demerits. Think and then print: When you go to print your paper, check that tables are not split, headings are not detached from their descriptions, and page sequence is maintained.

21. Adding unnecessary information: Do not add unnecessary information like "I have used MS Excel to draw graphs." Irrelevant and inappropriate material is superfluous. Foreign terminology and phrases are not apropos. One should never take a broad view. Analogy is like feathers on a snake. Use words properly, regardless of how others use them. Remove quotations. Puns are for kids, not grunt readers. Never oversimplify: When adding material to your research paper, never go for oversimplification; this will definitely irritate the evaluator. Be specific. Never use rhythmic redundancies. Contractions shouldn't be used in a research paper. Comparisons are as terrible as clichés. Give up ampersands, abbreviations, and so on. Remove commas that are not necessary. Parenthetical words should be between brackets or commas. Understatement is always the best way to put forward earth-shaking thoughts. Give a detailed literary review.

22. Report concluded results: Use concluded results. From raw data, filter the results, and then conclude your studies based on measurements and observations taken. An appropriate number of decimal places should be used. Parenthetical remarks are prohibited here. Proofread carefully at the final stage. At the end, give an outline to your arguments. Spot perspectives of further study of the subject. Justify your conclusion at the bottom sufficiently, which will probably include examples.

23. Upon conclusion: Once you have concluded your research, the next most important step is to present your findings. Presentation is extremely important as it is the definite medium though which your research is going to be in print for the rest of the crowd. Care should be taken to categorize your thoughts well and present them in a logical and neat manner. A good quality research paper format is essential because it serves to highlight your research paper and bring to light all necessary aspects of your research.

Informal Guidelines of Research Paper Writing

Key points to remember:

- Submit all work in its final form.
- Write your paper in the form which is presented in the guidelines using the template.
- Please note the criteria peer reviewers will use for grading the final paper.

Final points:

One purpose of organizing a research paper is to let people interpret your efforts selectively. The journal requires the following sections, submitted in the order listed, with each section starting on a new page:

The introduction: This will be compiled from reference matter and reflect the design processes or outline of basis that directed you to make a study. As you carry out the process of study, the method and process section will be constructed like that. The results segment will show related statistics in nearly sequential order and direct reviewers to similar intellectual paths throughout the data that you gathered to carry out your study.

The discussion section:

This will provide understanding of the data and projections as to the implications of the results. The use of good quality references throughout the paper will give the effort trustworthiness by representing an alertness to prior workings.

Writing a research paper is not an easy job, no matter how trouble-free the actual research or concept. Practice, excellent preparation, and controlled record-keeping are the only means to make straightforward progression.

General style:

Specific editorial column necessities for compliance of a manuscript will always take over from directions in these general guidelines.

To make a paper clear: Adhere to recommended page limits.

Mistakes to avoid:

- Insertion of a title at the foot of a page with subsequent text on the next page.
- Separating a table, chart, or figure—confine each to a single page.
- Submitting a manuscript with pages out of sequence.
- In every section of your document, use standard writing style, including articles ("a" and "the").
- Keep paying attention to the topic of the paper.
- Use paragraphs to split each significant point (excluding the abstract).
- Align the primary line of each section.
- Present your points in sound order.
- Use present tense to report well-accepted matters.
- Use past tense to describe specific results.
- Do not use familiar wording; don't address the reviewer directly. Don't use slang or superlatives.
- Avoid use of extra pictures—include only those figures essential to presenting results.

Title page:

Choose a revealing title. It should be short and include the name(s) and address(es) of all authors. It should not have acronyms or abbreviations or exceed two printed lines.

Abstract: This summary should be two hundred words or less. It should clearly and briefly explain the key findings reported in the manuscript and must have precise statistics. It should not have acronyms or abbreviations. It should be logical in itself. Do not cite references at this point.

An abstract is a brief, distinct paragraph summary of finished work or work in development. In a minute or less, a reviewer can be taught the foundation behind the study, common approaches to the problem, relevant results, and significant conclusions or new questions.

Write your summary when your paper is completed because how can you write the summary of anything which is not yet written? Wealth of terminology is very essential in abstract. Use comprehensive sentences, and do not sacrifice readability for brevity; you can maintain it succinctly by phrasing sentences so that they provide more than a lone rationale. The author can at this moment go straight to shortening the outcome. Sum up the study with the subsequent elements in any summary. Try to limit the initial two items to no more than one line each.

Reason for writing the article—theory, overall issue, purpose.

- Fundamental goal.
- To-the-point depiction of the research.
- Consequences, including definite statistics—if the consequences are quantitative in nature, account for this; results of any numerical analysis should be reported. Significant conclusions or questions that emerge from the research.

Approach:

- Single section and succinct.
- An outline of the job done is always written in past tense.
- Concentrate on shortening results—limit background information to a verdict or two.
- Exact spelling, clarity of sentences and phrases, and appropriate reporting of quantities (proper units, important statistics) are just as significant in an abstract as they are anywhere else.

Introduction:

The introduction should "introduce" the manuscript. The reviewer should be presented with sufficient background information to be capable of comprehending and calculating the purpose of your study without having to refer to other works. The basis for the study should be offered. Give the most important references, but avoid making a comprehensive appraisal of the topic. Describe the problem visibly. If the problem is not acknowledged in a logical, reasonable way, the reviewer will give no attention to your results. Speak in common terms about techniques used to explain the problem, if needed, but do not present any particulars about the protocols here.

The following approach can create a valuable beginning:

- Explain the value (significance) of the study.
- Defend the model—why did you employ this particular system or method? What is its compensation? Remark upon its appropriateness from an abstract point of view as well as pointing out sensible reasons for using it.
- Present a justification. State your particular theory(-ies) or aim(s), and describe the logic that led you to choose them.
- Briefly explain the study's tentative purpose and how it meets the declared objectives.

Approach:

Use past tense except for when referring to recognized facts. After all, the manuscript will be submitted after the entire job is done. Sort out your thoughts; manufacture one key point for every section. If you make the four points listed above, you will need at least four paragraphs. Present surrounding information only when it is necessary to support a situation. The reviewer does not desire to read everything you know about a topic. Shape the theory specifically—do not take a broad view.

As always, give awareness to spelling, simplicity, and correctness of sentences and phrases.

Procedures (methods and materials):

This part is supposed to be the easiest to carve if you have good skills. A soundly written procedures segment allows a capable scientist to replicate your results. Present precise information about your supplies. The suppliers and clarity of reagents can be helpful bits of information. Present methods in sequential order, but linked methodologies can be grouped as a segment. Be concise when relating the protocols. Attempt to give the least amount of information that would permit another capable scientist to replicate your outcome, but be cautious that vital information is integrated. The use of subheadings is suggested and ought to be synchronized with the results section.

When a technique is used that has been well-described in another section, mention the specific item describing the way, but draw the basic principle while stating the situation. The purpose is to show all particular resources and broad procedures so that another person may use some or all of the methods in one more study or referee the scientific value of your work. It is not to be a step-by-step report of the whole thing you did, nor is a methods section a set of orders.

Materials:

Materials may be reported in part of a section or else they may be recognized along with your measures.

Methods:

- Report the method and not the particulars of each process that engaged the same methodology.
- Describe the method entirely.
- To be succinct, present methods under headings dedicated to specific dealings or groups of measures.
- Simplify—detail how procedures were completed, not how they were performed on a particular day.
- If well-known procedures were used, account for the procedure by name, possibly with a reference, and that's all.

Approach:

It is embarrassing to use vigorous voice when documenting methods without using first person, which would focus the reviewer's interest on the researcher rather than the job. As a result, when writing up the methods, most authors use third person passive voice.

Use standard style in this and every other part of the paper—avoid familiar lists, and use full sentences.

What to keep away from:

- Resources and methods are not a set of information.
- Skip all descriptive information and surroundings—save it for the argument.
- Leave out information that is immaterial to a third party.

Results:

The principle of a results segment is to present and demonstrate your conclusion. Create this part as entirely objective details of the outcome, and save all understanding for the discussion.

The page length of this segment is set by the sum and types of data to be reported. Use statistics and tables, if suitable, to present consequences most efficiently.

You must clearly differentiate material which would usually be incorporated in a study editorial from any unprocessed data or additional appendix matter that would not be available. In fact, such matters should not be submitted at all except if requested by the instructor.

Content:

- Sum up your conclusions in text and demonstrate them, if suitable, with figures and tables.
- In the manuscript, explain each of your consequences, and point the reader to remarks that are most appropriate.
- Present a background, such as by describing the question that was addressed by creation of an exacting study.
- Explain results of control experiments and give remarks that are not accessible in a prescribed figure or table, if appropriate.
- Examine your data, then prepare the analyzed (transformed) data in the form of a figure (graph), table, or manuscript.

What to stay away from:

- Do not discuss or infer your outcome, report surrounding information, or try to explain anything.
- Do not include raw data or intermediate calculations in a research manuscript.
- Do not present similar data more than once.
- A manuscript should complement any figures or tables, not duplicate information.
- Never confuse figures with tables—there is a difference.

Approach:

As always, use past tense when you submit your results, and put the whole thing in a reasonable order.

Put figures and tables, appropriately numbered, in order at the end of the report.

If you desire, you may place your figures and tables properly within the text of your results section.

Figures and tables:

If you put figures and tables at the end of some details, make certain that they are visibly distinguished from any attached appendix materials, such as raw facts. Whatever the position, each table must be titled, numbered one after the other, and include a heading. All figures and tables must be divided from the text.

Discussion:

The discussion is expected to be the trickiest segment to write. A lot of papers submitted to the journal are discarded based on problems with the discussion. There is no rule for how long an argument should be.

Position your understanding of the outcome visibly to lead the reviewer through your conclusions, and then finish the paper with a summing up of the implications of the study. The purpose here is to offer an understanding of your results and support all of your conclusions, using facts from your research and generally accepted information, if suitable. The implication of results should be fully described.

Infer your data in the conversation in suitable depth. This means that when you clarify an observable fact, you must explain mechanisms that may account for the observation. If your results vary from your prospect, make clear why that may have happened. If your results agree, then explain the theory that the proof supported. It is never suitable to just state that the data approved the prospect, and let it drop at that. Make a decision as to whether each premise is supported or discarded or if you cannot make a conclusion with assurance. Do not just dismiss a study or part of a study as "uncertain."

Research papers are not acknowledged if the work is imperfect. Draw what conclusions you can based upon the results that you have, and take care of the study as a finished work.

- You may propose future guidelines, such as how an experiment might be personalized to accomplish a new idea.
- Give details of all of your remarks as much as possible, focusing on mechanisms.
- Make a decision as to whether the tentative design sufficiently addressed the theory and whether or not it was correctly restricted. Try to present substitute explanations if they are sensible alternatives.
- One piece of research will not counter an overall question, so maintain the large picture in mind. Where do you go next? The best studies unlock new avenues of study. What questions remain?
- Recommendations for detailed papers will offer supplementary suggestions.

Approach:

When you refer to information, differentiate data generated by your own studies from other available information. Present work done by specific persons (including you) in past tense.

Describe generally acknowledged facts and main beliefs in present tense.

The Administration Rules

Administration Rules to Be Strictly Followed before Submitting Your Research Paper to Global Journals Inc.

Please read the following rules and regulations carefully before submitting your research paper to Global Journals Inc. to avoid rejection.

Segment draft and final research paper: You have to strictly follow the template of a research paper, failing which your paper may get rejected. You are expected to write each part of the paper wholly on your own. The peer reviewers need to identify your own perspective of the concepts in your own terms. Please do not extract straight from any other source, and do not rephrase someone else's analysis. Do not allow anyone else to proofread your manuscript.

Written material: You may discuss this with your guides and key sources. Do not copy anyone else's paper, even if this is only imitation, otherwise it will be rejected on the grounds of plagiarism, which is illegal. Various methods to avoid plagiarism are strictly applied by us to every paper, and, if found guilty, you may be blacklisted, which could affect your career adversely. To guard yourself and others from possible illegal use, please do not permit anyone to use or even read your paper and file.

Criterion for Grading a Research Paper (Compilation) by Global Journals

Please note that following table is only a Grading of "Paper Compilation" and not on "Performed/Stated Research" whose grading solely depends on Individual Assigned Peer Reviewer and Editorial Board Member. These can be available only on request and after decision of Paper. This report will be the property of Global Journals.

Topics	Grades		
	A-B	**C-D**	**E-F**
Abstract	Clear and concise with appropriate content, Correct format. 200 words or below	Unclear summary and no specific data, Incorrect form Above 200 words	No specific data with ambiguous information Above 250 words
Introduction	Containing all background details with clear goal and appropriate details, flow specification, no grammar and spelling mistake, well organized sentence and paragraph, reference cited	Unclear and confusing data, appropriate format, grammar and spelling errors with unorganized matter	Out of place depth and content, hazy format
Methods and Procedures	Clear and to the point with well arranged paragraph, precision and accuracy of facts and figures, well organized subheads	Difficult to comprehend with embarrassed text, too much explanation but completed	Incorrect and unorganized structure with hazy meaning
Result	Well organized, Clear and specific, Correct units with precision, correct data, well structuring of paragraph, no grammar and spelling mistake	Complete and embarrassed text, difficult to comprehend	Irregular format with wrong facts and figures
Discussion	Well organized, meaningful specification, sound conclusion, logical and concise explanation, highly structured paragraph reference cited	Wordy, unclear conclusion, spurious	Conclusion is not cited, unorganized, difficult to comprehend
References	Complete and correct format, well organized	Beside the point, Incomplete	Wrong format and structuring

Index

A

Asymptomatic · 11, 12

C

Catastrophe · 3, 30

H

Hamartoma · 11, 12, 13

I

Intraoperatively · 12

L

Lipofibromatous · 12, 13

R

Robustness · 5

S

Schwannomas · 11, 12
Sectarianism · 30
Spatiotemporal · 2

save our planet

Global Journal of Medical Research

Visit us on the Web at www.GlobalJournals.org | www.MedicalResearchJournal.org
or email us at helpdesk@globaljournals.org

ISSN 9755896

© Global Journals