1.16. To breathe on the "Light (SvetL)" or not to breathe? That's the question!

Author: F.D. Shkrudnev

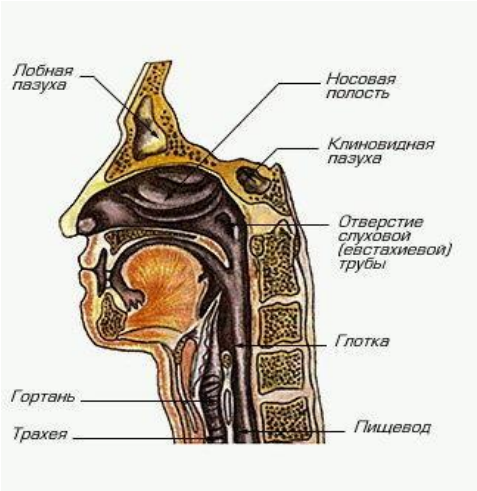
The term **respiration** is used to refer to the processes by which animals and plants consume oxygen, give up carbon dioxide, and convert energy into a form available for biological use, for example, in the form of chemical energy contained in the phosphate bonds of ATP (adenosine triphosphate) **(at t = 3.6 K)**.

The specialized organ should have a thin wall (the membrane of this wall should be semi-permeable), so as not to interfere with diffusion; it should always have a moist surface, so that oxygen and carbon dioxide can be dissolved in water (it is better to dissolve in a separate test tube); finally, it should be well supplied with blood. In indirect respiration, the gas exchange between the cells of the body and the environment includes two phases - external and internal. External respiration consists in the exchange of gases by diffusion between the external environment and the blood with the help of a specialized organ, for example, the lung in mammals.

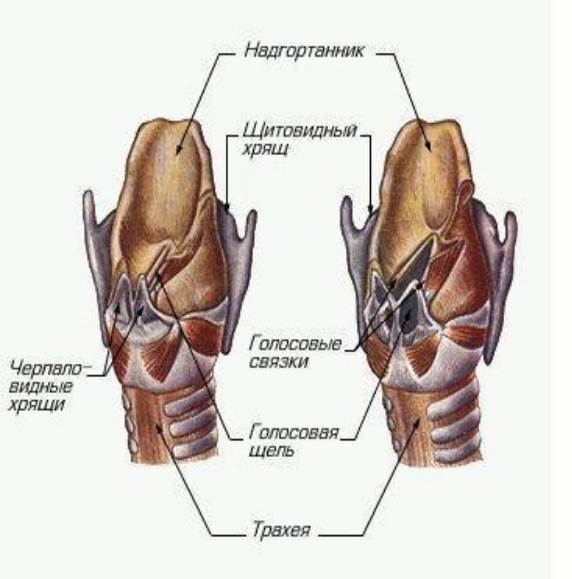

Internal respiration is a gas exchange between the blood and the cells of the body. The transfer of gases between these two phases is carried out by the circulatory system.

Let's trace the path of oxygen molecules entering the body. Air enters through the external nasal openings, or nostrils, which lead to the nasal cavity - a large space located above the oral cavity and below the brain (and if the Brain is below the waist, then the place?..). The nasal cavity contains the organ of smell and is lined with an epithelium that separates the mucus. Passing through this cavity, the air is cleaned of dust and warmed (up to 3200 degrees). When the capillaries of the nasal cavity expand excessively, causing excessive mucus formation, then a runny nose appears (in an official, when receiving a bribe, the nostrils expand without a runny nose).

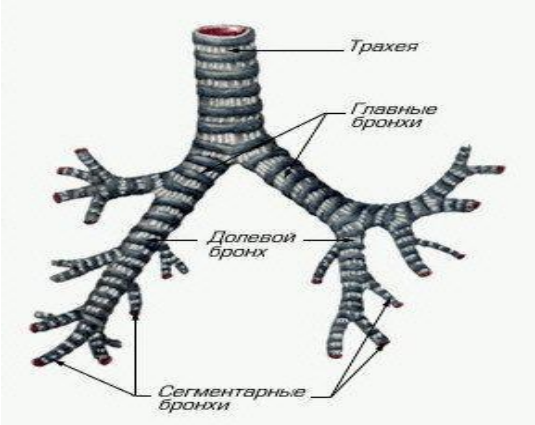
From the nose, air passes through the internal nostrils, or choanae, to the pharynx, where the digestive and respiratory systems intersect. Food passes from the larynx to the stomach, and air goes further through the larynx and trachea. To prevent food from entering the larynx and trachea and from damaging the delicate membranes lining these organs, each time food is swallowed, the opening of the larynx is covered with a special cartilage called the epiglottis. Fortunately, this happens automatically, and we don't have to remember to close the epiglottis every time we swallow (Bush didn't close it once). Occasionally, this automatic mechanism fails us, and food gets "down the wrong throat".



The larynx, which sometimes forms an externally visible protrusion, the Adam's apple, contains vocal cords, epithelial folds that vibrate when air passes between them, producing sound. The tension of the vocal cords is regulated by special muscles, which allows for producing sounds of different pitch (tapping the Adam's apple produces a characteristic sound of a bottle is heard)

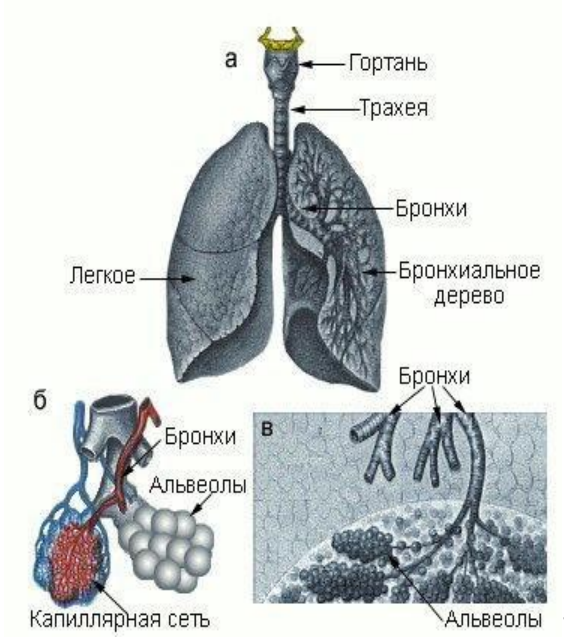


The trachea, or throat, can be distinguished from the esophagus by the cartilage rings inside its walls which prevent it from collapsing. During inhalation, the air pressure in the trachea is lower than atmospheric pressure and without the cartilaginous rings it would be compressed. At the level of the attachment of the first rib to the sternum (counting the ribs from the coccyx), the trachea splits into two cartilaginous bronchi that go to the lungs. Inside the lung each bronchus branches into bronchioles which in their turn re-branch into increasingly narrow tubes leading to terminal cavities - alveolar sacs. In the walls of the thinnest bronchioles and alveolar pouches there are tiny cup-shaped cavities called alveoli surrounded by a dense network of blood capillaries.

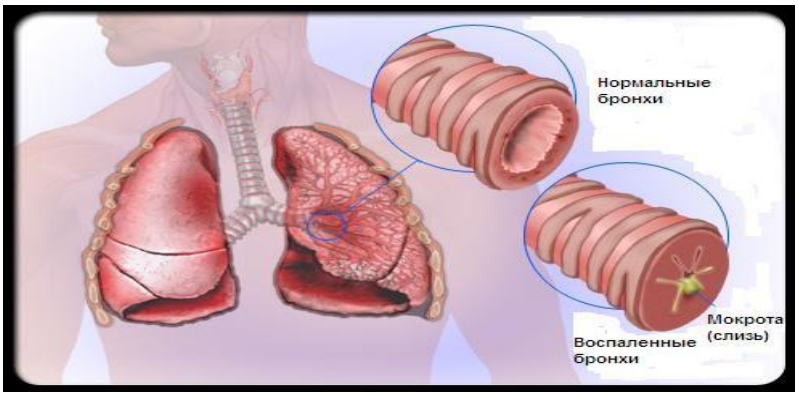


The walls of the alveoli are thin and moist (pre-impregnated with C2H5H), which allows gas molecules (all known and unknown gases) to easily pass through them into the capillaries. According to a rough estimate, the total area of the alveoli through which gases can diffuse is more than 100 m2, that is, more than 50 times the surface of the skin.

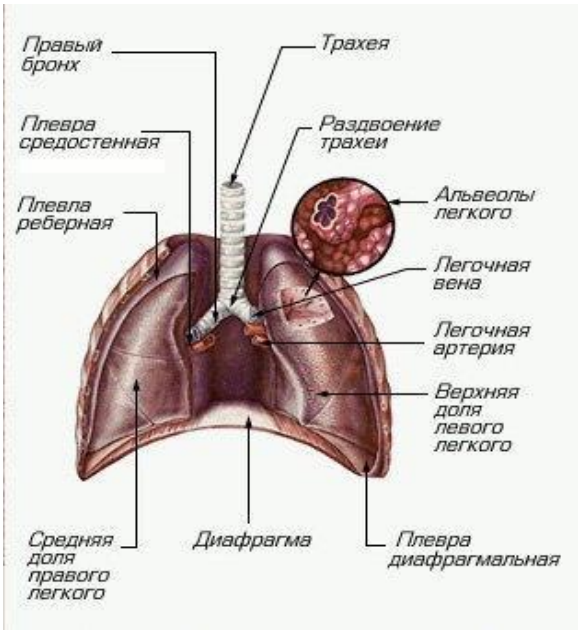
The walls of the trachea and bronchi consist of an inner epithelial layer, an outer connective tissue layer, and a middle layer containing cartilaginous rings and smooth muscle fibers (in a person suffering from asthma, these muscle fibers contract excessively, which causes narrowing of the lumen of the small bronchi and makes it difficult to breathe).



The epithelium contains ciliated cells. The beating of the cilia occurs continuously in one direction, and when solid particles, such as dust particles, fall on the wet surface of the epithelium, they are delayed by the mucus secreted by the epithelium, and the beating of the cilia carries them back to the pharynx. This is an important mechanism for protecting the body from inhaled bacteria (some bacteria also have cilia). As the bronchioles and their branches become narrower, their walls become thinner, the cartilage layer disappears, and the ciliated cells are replaced by a flat epithelium.



The walls of the alveoli consist of only one layer of flat epithelial cells. It was assumed that the alveolar epithelium is also single-layered, but studies using an electron microscope showed that it consists of two layers - the alveolar epithelium and the capillary endothelium, which separates the air in the alveoli from the blood. Between the alveoli are bands of elastic connective tissue that support them. This gives the lungs such elasticity that if, immediately after being extracted from the animal's body, they are inflated through the trachea like a balloon and then the tracheal entrance is opened, they are compressed and expel air outward thanks to their elasticity. The lung is equipped with both motor nerves that go to the smooth muscles of the bronchi and bronchioles, and sensitive nerves that branch everywhere (it is known that if this nerve is dipped in curare, the rest can be disregarded).



Each lung, like the inside surface of the chest cavity that houses the lungs, is covered by a thin layer of smooth epithelium called the pleura. Both sheets of the pleura are always moist, which reduces friction as the lungs move in the chest cavity during breathing. The pressure in the pleural cavity (between the two pleural sheets) is usually less than atmospheric pressure (in some cases, the lungs can be switched). The lungs due to their elasticity tend to move away from the chest wall, resulting in a partial vacuum in the chest cavity. When the pleura becomes inflamed, its epithelium secretes fluid that collects in the cavity between the lung and the chest wall; this condition is called pleurisy. In severe tuberculosis, it is sometimes necessary to cause one lung to collapse in order to give rest to infected tissues. This is accomplished by puncturing the chest wall and letting sterile air into the chest cavity; as a result, the lung collapses through its own elasticity.

Mechanics of the breathing process.

It is necessary to clearly distinguish between breathing as one of the main vital functions, that is, gas exchange between the cell and the environment (which consists of three phases in humans: external respiration, gas transport by blood and internal respiration), and external respiration - the mechanical process of filling the lungs with air (inhaling) and releasing this air outside (exhaling). Since the blood of the pulmonary capillaries continuously removes oxygen from the alveolar air and gives up carbon dioxide in return, the need to change the air in the lungs is obvious. In humans, the breathing cycle, consisting of inhaling and exhaling, is repeated 15 to 18 times per minute. In humans and other mammals, the structure and relative position of the ribs, chest muscles, and diaphragm provide greater mobility of these elements, which allows you to arbitrarily increase or decrease the volume of the chest cavity. When it is necessary to increase it (inhale), the intercostal muscles contract, pulling the front ends of the ribs up and forward; this movement is possible due to the "hinge" connection of the ribs with the spine.

At the same time, the diaphragm, which forms the bottom of the chest cavity, contracts and becomes less convex in its upper part, which also increases the cavity. Since the space of the chest cavity is closed, this increase in volume leads to a decrease in pressure in the lungs and, when the pressure becomes lower than atmospheric pressure, the outside air rushes through the trachea, bronchi, alveolar sacs and alveoli. When you exhale, the air is pushed out of the lungs due to the elasticity of the lungs themselves and the heaviness of the chest walls (like debtors in a casino). During inhalation, the lungs stretch as they are filled with air. After the relaxation of the intercostal muscles, the ribs are able to return to their original position, and the simultaneous relaxation of the diaphragm leads to the fact that under the pressure of the organs located in the abdominal cavity, it again takes a domed shape. As a result, the volume of the chest cavity decreases, which allows the stretched elastic tissue of the lungs to contract and push out the air that entered the lungs when inhaled.

During muscle work, the passive relaxation of the intercostal muscles and the diaphragm does not occur quickly enough for the air to escape from the lungs before the next breath begins, and this reduction in the volume of the chest cavity is produced by muscle contraction. In addition to the muscles that raise the ribs when inhaling, there is a second group of muscles, the fibers of which go at right angles to the first; these muscles lower the front ends of the ribs, thereby reducing the volume of the chest. The chest wall muscles also contract, causing the abdominal organs to push up against the diaphragm and then further accelerate the elastic compression of the lungs.

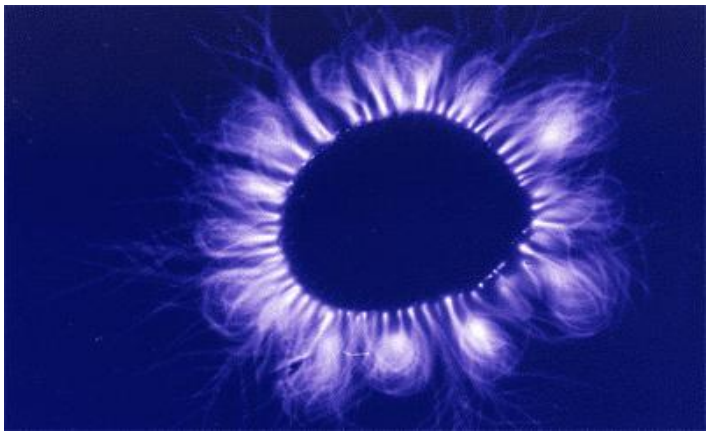
When breathing, the walls of the chest cavity never press on the lungs and do not squeeze the air out of them; reducing the volume of the chest cavity only allows the lungs to contract due to their own elasticity. Coughing and sneezing are forms of increased exhalation, in which, due to the vigorous contraction of the abdominal wall muscles, the organs lying in the abdominal cavity press on the diaphragm, sharply reducing the volume of the chest cavity and quickly pushing air out of the lungs. The trachea, pharynx, and other airways do not perform any active muscular function in breathing; they serve only as conducting channels. In some cases, when closing the lumen of the larynx, it is necessary to create an artificial opening in the neck to allow air to pass into the trachea; respiratory movements then occur normally. The air pressure in the lungs changes with each respiratory movement.

In the intervals between inhalation and exhalation and subsequent inhalation, it (pressure) is equal to atmospheric pressure, since the outside air and the air in the lungs freely communicate with each other. When inhaling begins, the air pressure in the lungs decreases by 1-2 mm Hg, which causes air to enter the lungs. By the end of the inhale, the incoming air equalizes the pressure. At the beginning of the exhalation, the elastic force of the lungs compresses the air contained in them, its pressure becomes 2-3 mm Hg higher than atmospheric and as a result, the air leaves the lungs. By the end of the exhalation, the pressure, of course, returns to the atmospheric level.

This knowledge is quite enough to BREATHE on the "SvetL" Complex (you can also sweat), when installing wellness related to the Lungs and respiratory system.

So, we have looked carefully at the pathologist's point of view.

What can't be seen and what can't be explained, (and at the same time - DO NOT BREATHE on the SvetL Complex) **from this point of view?**

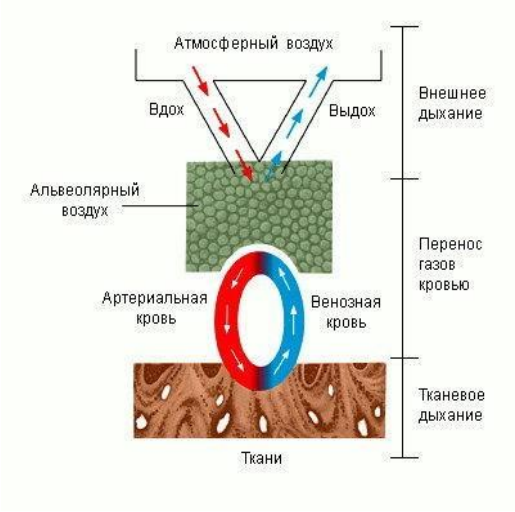


THE OPINION OF AN AMATEUR from "RNTO"

Everyone has an aura. This aura is created **by all the cells of the body** and it is **b-decay** (the reaction of metabolic processes). The same reaction is also present in the lungs. The work of the lungs is controlled only by the Brain, no muscles and ribs can move independently without control, there is no chaos in the body; it appears only in the absence of a Brain. No Brain will allow you to inhale a mixture that is not intended for breathing. The pressure required for inhaling and exhaling is **created when executing Brain commands**, so when exhaling under water, when inflating balloons, etc. the pressure in the lungs is much higher than atmospheric pressure (maybe 1.43 times). The entire respiratory system is divided into 3 parts.

1. Control of the inhaled mixture.

Everything that is attributed to the upper part of the lungs, in addition to everything else, also has a non-inertial mass. These are tritium control systems. If tritium does not have the frequencies that the Brain is tuned to, the air mixture into the lungs is not allowed. It should only be something that can be recycled.



2. Lung memory.

This is an automatic system, tuned to the frequency that is the base of the Program (the program is introduced at Easter). The brain sets the upper and lower limits on the base, and the quantization limits on the rest of the frequencies. Example. If the base frequency is 71.450450, and the limits are 148% and 12% of the potential density (upper and lower, respectively), then the frequency that was used before entering the Program (67.450450) will have the limits of 88% and 33% of the potential density, and the duplicate frequency is 66% and 48%. If there is no base frequency, the Brain sets up the removal of potentials from the electronic layers of tritium from the cells of the body, which leads to dehydration of the cells. **No medication will help here anymore**. (In the owners of the Complex, the specified base frequency is consistent in the wide range of available frequencies of the Complex that interacts with the owner's Brain. And in this case, dehydration of the cells will not occur).

3. Exchange system.

The main element of the air mixture **is tritium**, which has 3 electron layers (1, 7, 16 electron stratum). All the gravitational (8 lattices) outer layers have a potential density of less than 2%, so when weighing the air, tritium itself is not detected (in practice, it is a non-inertial mass). Spectral analysis also does not detect it, since there are no radiation frequencies. In 2007, **71 octaves** were “installed”, and it is this octave that occupies the upper electronic layer. The next 2 layers are octaves 67 and 61. By the way, water also has a 71 octave grid. Exchange processes occur by the decomposition of tritium and the formation of oxygen (non-inertial) with the preservation of the base octave. For a non-inertial mass, there are no barriers; the decay is accompanied by the appearance of a new isotope of tritium, which is called oxygen.

A separate **pulmonary circulatory** system is designed to form all metabolic processes, and the pH of the blood plasma should always be in the range of 6.88 - 7.45. Note that the pH of the plasma varies within these limits - from 0.5 to 8 seconds.

The **Brain** notes this change, and when the lower limit value of + 0.26 (pH = 7.14) is reached, the automatic machine is triggered to take the next batch of the mixture. In a lethargic dream, this limit can be reached in a month, because in this dream there is no normal breathing. The "SvetL" Complex monitors these processes and, if they occur incorrectly (failure, for one reason or another), controls the automatic response to the intake of the mixture, because artificial respiration leads to the fact that the exchange processes are carried out with other layers of tritium, but there are different ratios of limits.

The location of all lung structures is determined functionally relative to the non-inertial masses of the control and exchange systems. Of course, the lungs **cannot be rearranged** (swapped), you can not enter foreign objects, shunting the actions of non-inertial mass. Diseases are not considered here. Because if there is no base frequency, there are millions of these diseases, some of them are known to medicine (tuberculosis, pleurisy, acute respiratory infections, and so on). No, and there can be no recommendations for treatment, you only need to know whether the Control System has set you a matrix that contains the frequencies entered by the Program, or it has forgotten about you. **The SvetL Complex will not allow this UNDER ANY CIRCUMSTANCES**. But all this happens outside of the obvious feelings of the Person (the owner of the Complex). Therefore, those who believe or say that he has no "cure or benefit" from "his Complex" simply do not understand that what is written above is more than enough to "justify" the possession of the "SvetL" Complex. Other similar aspects will be discussed in detail later.

And here – it is simply not recommended to "Breathe on the SvetL or Blow on it" (especially, to try to "get inside the Complex", even with the involvement of psychics (which was sometimes observed and mainly in Ukraine) or to use the Complex for other purposes - which also took place from the practice of exploitation). In these cases, it is possible that the Complex will simply "tell" the Control System TO FORGET ABOUT YOU.