This is a transcript of the proceedings of the Alternative medicine Conference on Homeopathy And Energetic Medicine at the ROYAL SOCIETY OF MEDICINE London, Eng. 1992

Presented by AAQBT and the International Medical University

The Royal Society of Medicine

edited by Professor Emeritus Desire' Dubounet, IMUNE

ISBN 978-615-5169-32-8

INTRODUCTION: Toward Proof of Homeopathy

Professor William Nelson

Many years ago a scientific investigator was looking into a treatment protocol for cancer. He surmised that the problem with cancer was an inability of the white blood cells to properly attack the cancer cells of the body. From this, he generated an experiment in which he withdrew blood cells from a patient, separated the white blood cells, and made them into an ointment which he then applied to cancerous tissue. He did this in a scientific study and found it to be successful. Other researchers tried to duplicate his work, but found that it did not work to their satisfaction.

He struggled with the scientific community about their refusal to publish his data, and he struggled to advance his ideas into medicine. Eventually he found that there was a problem with proving a medical hypothesis. So he put together a seminar and invited outstanding scientists from all over the world to attend and offer their opinions on what would constitute scientific proof of a medical hypothesis.

One initial response to his invitation came from a scientist who, in his response, said, "I'm afraid that the idea of scientific proof is one of astounding complexity, and one that I would not be able to personally offer any advice towards." That letter was signed by Albert Einstein.

Proof of a medical concept is indeed complex, and must entail several avenues of discussion. It might well be argued, as our friend Albert stated, that proof might be near unattainable. However, it is our job as scientists and practitioners to try to develop proofs,

challenge hypotheses, and work within scientific methods. As we gain strength, we need to finally come to a point where we can collectively sit back, look at our research, and say, "Yes, indeed we do have proof of this technique."

Dr. Nelson has struggled to prove that the fields of energetic medicine and homeopathy are indeed worthy medical interventions, and need to become more involved with mainstream medicine.

How does one constitute a proof? There are several steps in proving a medical concept. First is setting out a theoretical and scientifically-sound mechanism of action. This involves developing a truly sound literature review process of a scientific postulate as to how the medical concept works. Dr. Nelson has proposed this on homeopathy and energetic medicine with his works in *Quantum Biology*. These works include seven volumes of material of mathematical and scientific theories on energetic medicine and homeopathy.

In the development of these theories, the overall science of mathematical biology is reviewed. Within that context we see mathematical proof in the *Quantum Biology* books that homeopathic and energetic medicine are indeed worthwhile systems for medical intervention.

This mathematical evidence would be enough in some circles. But it was not enough for Dr. Nelson, as he had to go beyond this. From this mathematical proof he generated a system of hypotheses about a quality control process to be able to manufacture and check a homeopathic energetically. This was developed into the QQC

process, which then proved scientifically and electrically that homeopathy did have an energetic field. This field consisted of photon, electron, static and magnetic capacities. These were measured, developed and proved in the*Quantum Quality Control* book on the QQC process. This process allows for the manufacturing of the finest homeopathics in the world, and also yields a true scientific proof of homeopathy.

For many people the mathematical proof and the scientific evidence would be enough; this was not enough for Dr. Nelson. Experimental and clinical evidence had to be attained also. Here Dr. Nelson set up a large group of double-blind experiments to validate the hypothesis around nosodes, sarcodes, isodes, allersodes, and combination homeopathy. He set out to prove these in experimental and clinical settings with patient bases. Also, the literature of all the experimental research that has taken place in homeopathy over the last one hundred years was reviewed.

Dr. Nelson condensed these two into *Experimental Evidence for Homeopathy I* and *II*. These books were developed to show the clinical and experimental proof of the concepts of homeopathy. By accumulating all the world research we are able to have successful experimental proof of our medical hypotheses. The final proof can be attained by you the reader, or you the questioner, at the experiential level. The experiences of energetic medicine and homeopathy, and how they can help the body to heal itself and help patients in a medical setting, are the final and conclusive evidence. Homeopathy and energetic medicine have existed for many years, and have withstood the test of time, which in itself is another evidence of proof. Anyone who might want to query about acupuncture need only see how acupuncture is utilized by a majority of the world's population today, in that it has existed for over five thousand years, meeting another level of proof.

Type of Proof

Literature Supporting Proof

Scientific	Quantum Biology series
Experimental & Clinical	Experimental Evidence for Homeopathy I & II Quantum Quality Control
Mathematical	Quantum Biology series
Test of Time	A Legal Outline of the Medical Practice of Electroacupuncture
Homeopathy series	

50%	65%	95%
10%	10%	95%

N = 35 Percentage of

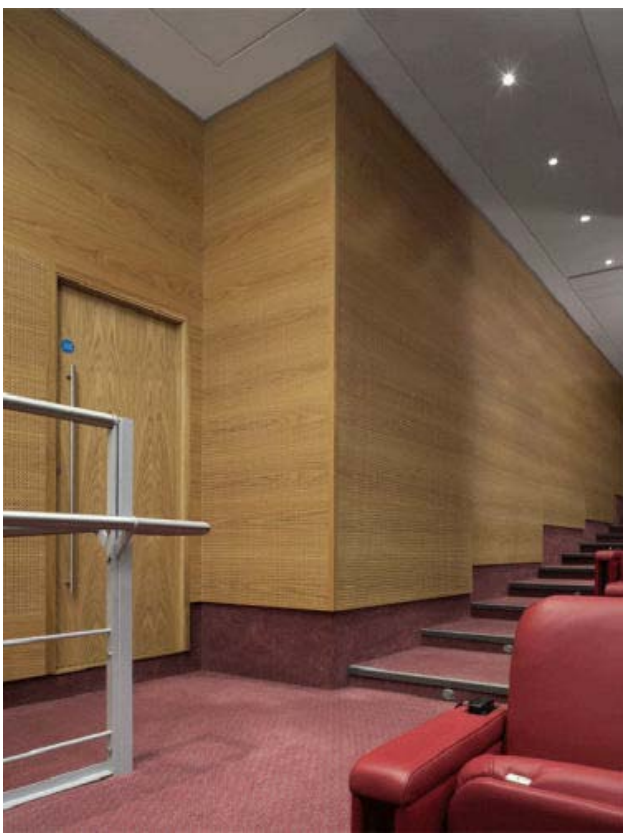
Homeopathy today is one of the most popular, if not *the* most popular, forms of medicine in the world. Europe, India, Pakistan, and many other places use homeopathy in large amounts every day in their medicine. Thus homeopathy on a volume basis has a large number of people world-wide who believe in it.

The experiential evidence when coupled with the scientific theories, the experimental and clinical evidence, the scientific evidence, and the mathematical evidence have all blended together to yield what we now can collectively say is proof of homeopathy.

It is to this accumulation of scientific proof and evidence that these presentations of the Royal Society of Medicine in 1992 are dedicated. The scientists assembled here are all here to offer their evidence and show that this is not only a worthwhile system of medical intervention, but also truly a legal system of medicine, having met the tests of time and science at every level.

We welcome you to read on into our Royal Society of Medicine work, and to also do further research into the aspects of energetic medicine, homeopathy, acupuncture and the like.

-- Dan Thornton



ROYAL SOCIETY OF MEDICINE

Presented by IMUNE And AAQBT

Dr. Bartlett:

This symposium is the first of its kind, bringing together some of the most prominent scientific researchers and clinical practitioners in the field of bio-energetic medicine. We would like to say a special "thank you" to our speakers and visitors from the United States and Canada, all of whom have traveled here exclusively for this conference. We hope that this meeting will also be instrumental in forging new links between doctors and scientists on both sides of the Atlantic.

I'm Peter Bartlett. Our speakers today are from Britain, Dr. Julian Kenyon; and from the United States, Dr. William Nelson.

Dr. Kenyon is probably the best known exponent of the principles and practice of energetic medicine in the British Isles. His books and published papers on electroacupuncture and complex homeopathy are well known and widely read. Indeed, his reputation for detailed research into the mechanisms behind bio-energetic medicine is world-wide. His presentation today will include some of the latest findings and research into the properties of capacitance and resistance in electro-dermal testing.

We welcome Dr. Julian Kenyon.

Dr. Kenyon:

I'm going to introduce my work from a theoretical point of view as to what we think subtle energies actually are. By training I am a medical doctor; that means I'm not a physicist. Many of the things I'm going to talk to you about involve physics. I have difficulty in understanding physics, and there are a few doctors here who'll be just as bad as I am. I've had to struggle to try to understand these concepts, and hopefully I can put it over to you in a way you'll understand.

Just a couple of words about myself: I work in a partnership in complementary medicine. We have an unashamedly eclectic, pragmatic approach; we treat practically every sort of problem that comes along to a doctor using a whole variety of techniques.

Beneath all of this is the principle of diagnosis.

Diagnosis is the central part of what we do. The most useful and important system of diagnosis we use, which enables us to look at any clinical problem through a different mind set, is that of traditional Chinese medicine. That's basically organ-based diagnosis. For those of you who don't know anything about that, it's where you conceive of a patient's problem as being due to a result of a dysfunction of one or a number of organs. That dysfunction might be traumatic, it might be toxic, it might be inherited, or it might be emotional, etc. In other words, our approach is based upon some sort of diagnostic system. That is probably why, of all the disciplines within complementary medicine, the one we use least is classical homeopathy. We **do** use this technique sometimes, but in classical homeopathy there isn't really a diagnostic system behind it (I don't want to tread on any

toes, but...), and it's difficult to relate it to a diagnostic tack about the patient. That's why we use it least of all. We're interested in diagnosis.

This afternoon we're going to talk about our scientific work done through a research charity, known as the Dove Healing Trust. Now, our single scientific interest is to try and delineate what subtle energies are. This is something I've been obsessed with since I was a small child, and I continue to be obsessed with it. In order to make any headway in this field, you need obsession. Because first of all, raising funds is very, very difficult. Secondly, when we started looking at this field from a scientific point of view, it was a totally speculative venture. We had no real idea where to look.

We have achieved a viable hypothesis after six or seven years of hard work. In two of those years we were able to employ two physicists and electronic engineers, and a biologist and immunologist full time. I was involved part time. We did a whole variety of experimentation. We've arrived at what we think is a working hypothesis. This work costs a lot of money; we've spent over six hundred thousand pounds, so far. Those of you who involved in fund-raising in complementary medicine would probably realize just how hard that is to raise. In order to go any further forward, we need a lot more money. One of the things I've learned about research is that there is no point doing it without the funds you need, or without the brains you need. This field is very short of brains and funds. But I believe they'll come.

Anyway, when we first started, we looked into anything that would give us any idea on what subtle energies were. First of all, a general observation about all the research we came across was that it was very low quality research. Very poor scientifically, almost always under-funded. There was nothing that really gave you a lead to think, "Ah, that's what it is."

We were particularly interested in anything that looked at any form of electromagnetic emanation from body, remedy or whatever, because that was the most obvious hypothesis: that there was something electromagnetic going on. But in the back of my mind (this was seven or eight years ago), I remember the words of Steiner in one of his essays. The Aramaic Heresy, I think it was called. He said that twentieth century man had become obsessed with electromagnetism. There was something else going on. And I've always remembered that. Now we've actually arrived at a hypothesis, which is basically non-electromagnetic. So I intuitively feel that we are on the right track.

We are at the beginning, in my opinion, of some potentially very important scientific breakthroughs. But they will take a lot of hard work in order to establish. Let me give you an example.

Some of the studies we did involve looking at photon (light) emission from the body. We did a great deal of work, and we found one or two anomalous effects. Studying those anomalous effects each took probably two or three months. They were all found to be artifact in the end; they were not truly anomalous effects. Therefore, the responsibility upon us as scientists in order to present an effect that is anomalous is very great. We have to be absolutely sure that what we're finding is real, and is not anomalous; not due to some problem in the apparatus, some problem with the experimental setup. That costs a lot of money.

It's all been terribly disappointing. At the end of it all, it was very easy to think, well we've done all this work, and we've had a lot of failed experiments. Where have we gotten? Well, I'll try to show you now.

I'm going to talk to you about something called **SCALAR FIELDS**. We call these fields scalar to differentiate them from vectorial fields. A vector has directional force. All electromagnetic radiation is vectorial, basically. In other words, if I have a torch, and I shine it to the other end of the room, by the time it gets to the other end of the room, it is dimmer than it is here. It has direction; it's going **that** way. A scalar field has no direction, and no force. This, as far as we are concerned, is the best bet to what subtle energies actually are.

Now, scalar fields are actually quantum fields. They are basically quantum interference patterns between electrons. Electromagnetic fields are derived from quantum fields. Maxwell's equations for the derivation of electromagnetic fields actually do contain a scalar expression. So they are derived from that. They are, therefore, more fundamental than electromagnetic fields.

The organization of molecules in the living state is based on coherent electromagnetic patterns. This means that every part of every living organism seems to know what every other part is doing. The evidence indicates that this coherence arises at a quantic level. I've said that quantum fields are more fundamental than electromagnetic force fields. Quantum fields have no energy; they are just information.

Now the coherent patterns within living organisms were the first part of our research project, when we were working with the late Herbert Fröehlich. He was very much involved with the discoverer of superconductivity, Josephson. As it happened, Josephson was the one who got the Nobel Prize. Then Fröehlich went on to look at communication within biological systems. He claimed that this arose from coherent electromagnetic oscillations.

There were a whole range of experiments done to try to prove or disprove this theory. Those experiments were very difficult to interpret, because the repeat ability of the experiments is very dependent upon initial conditions. Getting initial conditions absolutely identical from one experiment to another is terribly hard, because basically, we're dealing with chaotic systems. A tiny little dissimilarity at this level, by the time it's multiplied up through the system, may produce a totally different end point. So that raises a very difficult question for science in terms of looking at biology.

What Fröehlich basically said is that inside the body the communication that would make an enzyme come to a substrate would, in the first instance, be a coherent electromagnetic oscillation. The reason for that is that within the body there's so much going on all the time. There is such a range of biological processes that you've got a signal-to-noise ratio problem; there's a whole mass of sound going on.

Now, if you have to get a signal through that sound, you have to have a coherent oscillation. What I mean by that is this: the light in this room at the moment is incoherent. If you imagine the light as waves (I know it isn't actually waves, but particles), and you drew all the light waves in here, they'd be all over the place. They are incoherent. If I had a laser light, and I shone that, the light beam would travel a long distance, and would be very like a little dot at the other end. The thing that

makes it do that is that the light waves are in phase in time and space. That's what I mean by coherent. A radio wave is coherent. That gets over the signal-to-noise ration problem.

This is sort of lay physics, if you like.

Now, the real problem in terms of detecting these quantum fields is that you cannot detect them electromagnetically. That's a real problem scientifically. The way in which we almost exclusively look at the world scientifically is using electromagnetic "eyes" of various sorts. There's no other way of doing it. So we're either going to have to completely rethink our technology, which I think we are now, or we are going to have to understand much more about the relationship of scalar fields to electromagnetic fields.

That's terribly important.

I might add at this point that one of the things we are almost certain about is that electromagnetic fields act as carriers for scalar information. That's very important, because you can piggyback one on top of the other. When I use the Vega or the Eclosion, I'm basically piggybacking the scalar information on top of electromagnetic information. That's why it's easier to do. That's why, for example, if I have to dowse out all these patients (I'm not ashamed of saying I do dowsing; I'm a fairly average dowser), I could probably dowse out about four patients a day. By that time I'm absolutely tired. With any equipment where I use an electromagnetic field as a carrier, I can cope with probably thirty or forty patients a day without any problem at all. I'm making use of what seems to be a fact; that the scalar information is piggy-backed on the electromagnetic information. That's a very important point to make. I can't say I've proven that scientifically, but that's actually a hypothesis, which hopefully we can try to prove or disprove in due course by a derived experiment.

So, in a sentence, we are trying to find a whole range of approaches whereby we can detect these quantum fields. Now, how do these fields produce observable effects? They do it by changing phase relationships of electrons. In other words, they change the phase from that way to that way. The reason that's important is that changes the interference patterns between electrons. What I'm hypothesizing is that information is stored holographically.

The thing about a hologram is that you need a coherent radiation in order to read it. For example if I had a hologram of all of you sitting here in this room, the first characteristic about it might just be a square plate of glass. Then if I dropped it on the floor and smashed it, and picked up a tiny little piece, that's all I would need to actually then be able to get out a photograph of you sitting in this room. The way I would do that would be to shine a laser through that little piece of glass. Therefore, a holographic method of storage is a way to store a lot of information into a tiny, tiny space.

Now, if inside the body we communicate, then there's plenty of coherent radiation within the body to read the hologram. It seems to make sense, you see. Therefore, we've got all we need in order to read these patterns; these quantum fields. They produce their effects by changing the phase relationship, which in turn changes the information stored in the pattern.

The hologram is an interference pattern. If you have a pool of water in front of you, and drop two stones in together at two different points in the pool, they send out ripples. Those ripples interact in

the middle. If you have a little bit of that pattern of the interaction of the waves, that will tell you something about where the stones went in. So the interference pattern is what's important; the phase relationship. That actually gives you the information.

The electromagnetic fields do two things. First of all, they give us the mechanism whereby we can read the information, because they're coherent in the body. What I'm hypothesizing is that's how they read the information; by the quantum hologram coming into the body from out here somewhere. It actually seems to be outside the space-time dimension.

Friz Popp has done a lot of work with photo multipliers in Germany. We've had a lot to do with him. He claims that DNA produces a biological laser. If that's so, then it's no surprise that we can actually read these patterns; any biological system can. These patterns will code for all sorts of things; the code of a shape, for example. The DNA codes for proteins, but it doesn't tell them where to go. How does a leaf know what shape to be? How does a hand know, how do the fingers know what shape to be? We've all got similar shapes; we're all different, but we're basically fairly similar in shape, and all the leaves on the tree are fairly similar. So there must be something that's coding for that. There's a whole range of other things, which I'll talk about later.

Let's just move on from there, and let's talk about one or two anomalous effects in physics that give some reality to what I'm talking about. The important thing about the work we're involved with now and the hypotheses we've developed is that they are related to the real world; related to real physics. We've not out there in some sort of wonderland where we're having to hypothesize some mysterious "other" force, or whatever. That was the case scientifically, maybe ten years ago. We didn't know where we were, we didn't know what was going on, we didn't know what the explanations were. We now at least have the security of being related to mainstream science. It's fairly on-the-edge science, but it is still mainstream science. I might say that if all of you were physicists here, of the average physicists, there are probably only about two of you who would agree with what I'm saying. That doesn't worry me in the slightest. It's still real science.

The first experiment is the Ahronov-Bohm experiment. I'm going to have to draw this. In this experiment, imagine that you're looking down from on top. Here you've got an infinitely long solenoid. A solenoid is basically a lump of iron with a wire wrapped all the way around it. So you can imagine that this solenoid is several miles long. Now, you've got a source here, say, an electron beam, and you split it into two with a shield with two slits. So you split that beam into two, and you've got one beam coming onto the reflector (see diagram, next page), and another beam coming onto the other reflector. You adjust those reflectors very slightly. So you end up here with an interference pattern on this screen. If you don't adjust the mirrors, the path of each beam is exactly the same, so they don't interfere. So you must make the adjustment so that the path of one beam is just slightly longer than the path of another, so that you get an interference pattern (see diagram).

Now, with this solenoid switched on, if you looked at the solenoid from this way (see diagram), it would look like this. There's the solenoid, there's the wire wrapped around it. If you draw the lines of force, they are very tightly packed in the solenoid, and they're very wide away from here. In here (just next to the solenoid), if you switch the solenoid on, there's no electromagnetic change, because the solenoid is infinitely long. My physics isn't good enough to explain any more than that,

but I understand that's so. Now, what this means is that if you switched the solenoid on, you would not expect in terms of conventional physics any change in the interference pattern, because there's no electromagnetic change occurring next to the solenoid in the space that the two electron beams traverse. But in fact, the interference pattern **does** change; it moves to one side. The hypothesis is that this is due to quantum fields, which advance the phase one electron as opposed to the phase of the other. So it will maybe advance this, as opposed to that. The interference pattern changes.

That sounds like boring, unimportant physics, but it's fundamentally important to this whole field. If you do that experiment, it works. I hope there are no antagonistic physicists here, because I don't think I could explain that any further. But anyway, it actually does work experimentally, so I'm on solid ground.

Now, scalar fields, as I've said, do not carry force; they are dependent on highly nonlinear systems to detect them. We are nonlinear systems. A linear system is this. Conventional doctors tend to be very linear in their thinking; i.e., the more you give, the more effect you have. What that means is that if you've got pain up there, and you give your painkiller, you get a straight line effect. The more you give, the more pain relief you get, until eventually the patient dies. That's a linear relationship.

Biological systems are basically nonlinear. First of all, they are nonreversible. That's very relevant from a physics point of view. The sort of physics I learned at school have to do with reversible systems, like a ball bouncing up and down on the floor. In other words, you could run the experiment backwards. The real world is actually irreversible, and also nonlinear. In a nonlinear response, you pries the dose, until all of a sudden, you get a sudden effect at an unpredictable point.

Now the characteristic about a biological system that makes it nonlinear is the fact that it is a chaotic system. C.B. Snow said years ago that if you didn't know about DNA, you were not educated. A few years from now, people are going to say the same about chaos. Probably the most well-known chaos effect is the butterfly effect, which says that the flap of a butterfly's wings in New York may cause a hurricane in Tokyo.

What that means is that in any chaotic system, there are a lot of things all going on at the same time; a vast number of things. Because there are so many things going on at the same time, that seems to give the system some inherent order. So it develops an inherent order. We are all chaotic systems. But is I said that to any of you, you'd look around and you'd think, well we're all together, we're all similarly-shaped, and we're all sat down, etc. The last thing we appear is actually chaotic on a big level. On a microscopic level, we **are** actually chaotic. the reason we look ordered at this level is that chaotic systems have an inherent self-organization. As to how that irises-- we've yet to find that out.

The other thing about chaotic systems is that they are maximally sensitive to tiny stimuli. You should put that in letters about ten feet high, because it is very important. In science this has been known as "chaosology", developed recently, which is about complex interactive systems.

So chaotic systems are maximally sensitive to small stimuli. For example, a general election is a chaotic systems. What that actually means is that one vote counts. The economy is a chaotic

system. Chaotic systems develop cycles that are inherent in the behavior of the system. For example, the economy has boom and bust. No government of any sort would ever be able to change that; it is inherent in the system, because it's chaotic.

Now, chaotic systems reach points (some more than others, it depends on the system), and these particular points are known as bifurcation points. The system can either go this way or that way, but in chaosology, the chance of it going this way or that way is a statistical event. It has to do with statistics, whether it goes this way or that way. So you can imagine that bifurcation point is a little switch, rather like a see-saw, which is poised almost at the fulcrum. The see-saw is hardly rocking this way or that way, so it needs no energy in order to flip it this way, or that way.

What I'm claiming is that the information in the scalar field helps it decide whether it goes this way or that way. Because the system reaches bifurcation points, maybe billions of times per second, all it needs is the correct information to tell it which way this switch should go. It reaches that highly-balanced state. In the past, various detectors have been developed for subtle energies. One immediately springs to mind:

Maybe's neon tube. You charge up this neon tube, maybe two or three times a second, and each time, it's rather like building up electromagnetic energy, or like building up water, just at the top of the waterfall. And it's **just** about ready to flip over the waterfall. The thing that will determine whether it's going to go over the waterfall or not is the scalar effect. In this case, the neon tube clicks greater or fewer times per second.

That's an example of copying a chaotic system. That's essentially what we're trying to do; we're trying to copy that chaotic, nonlinear behavior. That's the only way we'll be able to record what's going on. We're all nonlinear systems; this is why we pick up these things. So we are trying to pick up chaotic detectors.

Say we're taking a homeopathic remedy or collection of remedies, and it's just the thing we need. We only need a tiny amount of it, as long as the information is correct. The way I look at it is that this seems to show that all biological systems are like computer hardware. Dynamic hardware; it's not quite like a computer, because we're changing all the time. But all we need is software. We need information.

Now those of you who fiddle around with computers, I do it at a very amateurish level. The thing that sort of struck me about computers is that if the software is wrong, even **slightly** wrong, it simply won't go. The end result is totally wrong. Rather like the chaotic systems, a fault multiplies up through the system, and produces a completely different result in the end. So in essence, you are trying to find out what software the patient needs, and you're trying to feed it into them.

Now, the next thing in real physics that relates to what I'm talking about is the physics of vacuums. If you have a vacuum, you'd think that then, as far as physics is concerned there would be nothing happening, because there's nothing there. What is actually happening is that there's a whole vast sea of virtual particles being created and destroyed all the time. Because they're being destroyed so very fast, we call these particles virtual. **VIRTUAL PARTICLES**. There's a whole agitated sea of this all

around, a sort of base energy that is around absolutely everywhere. That energy is called **ZERO-POINT ENERGY (ZPE)** in physics.

Sakarhov proposed that gravity is due to unbalanced zero-point fluctuation forces. So if you have an object, what he's proposing is that there will be less zero-point force on one side of it than on the other. It will attract another large body, and these bodies will attract each other, as we learned from the physics of Newton. Newton hypothesized that there was some weird sort of force, where one body would attract another body. Sakarhov proposed that that was due to unbalanced zero-point energy forces. That seems to be much more sensible to me, because it doesn't hypothesize any weird sort of force of one body "grasping" another. There seems to be some relationship to gravity. Gravity is interesting. People have been trying to detect gravity waves for years, but they've never found them, because they're looking in the wrong place.

Now, there's a third effect, which underlies this field: the **CASIMIR EFFECT**, after a Dutch physicist. Basically, this is real. If you bring two metal slabs together at subatomic distances, all the zero-point modes bounce off the plates, and push them together. You get them so close together that there isn't enough room for the zero-point modes in here, but there is here, so you're going to get more zero-point energy on the outside of these slabs than you are here. That will actually push the plates together. The amount of that force can amount to about one million Newtons per square meter!

If you charge each plate with a positive charge, according to electrostatic principles, they will repel each other. But I understand that the Casimir effect can overcome this; they will actually stick together.

I've said this before: nonlinear systems are complex, interactive complex systems, which are based on processes in which the click mechanism (the switch) can flip suddenly from one state to another, requiring no energy to flip. That's the information. Living systems are ideal chaotic, nonlinear systems for picking up scalar fields. As far as homeopathy is concerned, homeopathy is information, basically. That's all it is. Water seems to absorb this scalar information very well. That's important.

Now what about generating these fields? Tesla was the first to do this by balancing opposing magnetic fields. If you get two opposing electromagnetic fields, it's rather like having a tug-of-war. Say for example, half of you are over here, and half are over here, and we have a rope between us. And in the middle of this rope there is a handkerchief tied on it. And the ones over there are pulling as hard as they can, and the ones over here are pulling as hard as they can, and they are exactly balanced. If all you could see was the handkerchief, and it didn't move, you would say there was nothing happening, wouldn't you? But if you could see the whole picture, you would say there is a terrific amount of virtual energy in there! In the same way, you could have a door in the ether, which is propped open. On one side of the door, there is an elephant, and on the other side of the door was another elephant, and the door stays still. Now, if you could somehow unbalance those elephants, or unbalance these teams of tug-of-war, you could do all sorts of things. You could tap this energy off, and create a sort of waterfall effect. There are a whole range of people all over the world who are trying to generate free energy exactly in this way. I understand it's been done once or twice, not many times. but theoretically, it should be possible if this is true.

Therefore, there is a lot of tension in the ether. There are a lot of virtual effects in the ether. What I'm saying is that biologically, that is terribly important. We respond very strongly to these virtual effects.

Precisely-balanced and opposite electromagnetic fields cancel each other out electromagnetically. This is another way of generating a scalar field.

Anyway, these balanced, opposed magnetic fields do produce a tension in the ether. The tug-of-war effect, the elephants on each side of the door. Now the ether seems to be creeping back into science by the back door. Basically, the ether is this intensely fluctuating energy, which is zero-point energy. It is composed of a virtual world. This virtual world foreshadows in a ghostly manner the outcome of real, observable events. What it will do is decide which way your click mechanism is going to go when your chaotic system reaches its bifurcation point.

Now, what experiments can we do? First of all, we've got to generate a scalar field. There are two very simple ways of doing it. The first is to build a caduceus coil (sometimes called a noninductive coil). Another way is to make a Mobius strip. The simplest thing to make is a caduceus coil. We've got a lot to learn about these, by the way. What you do is this. You take a former like this, and you draw it short and fat. For some reason in caduceus coils, short, fat coils seem to work better than long, thin ones. I don't know why, but it seems to work best. You wrap around some windings... then you wind a second set of windings, like this [visual refs], and these windings are going the opposite way. You wind the coil one way, and then you wind it back the other way. I understand that the best angle to have between the windings is twenty-two degrees. You've got to get the correct angle. Now if you connect these coils up to an oscilloscope via a signal generator (a very basic laboratory device where you can produce an electromagnetic oscillation over the whole range of frequencies), what you find with a good caduceus coil is that there are a lot of resonances; in other words, there are a lot of positions where you get big recordings on the oscilloscope from the signal generator. It's a highly resonant coil. Resonance is therefore important, because it's very powerful energetically.

The next problem is what you do with the caduceus coil. What sort of impulse do you put through it in order to produce an observable biological effect? The impulses you put through it should have very sharp rise times and very sharp fall times. There are very sharp pieces of information. If I were outside this room, and I wanted to communicate to you inside, and I couldn't get in through the door, if I took a pillow and banged it against the wall, you would probably hear very little on this side. But if I took a small metal hammer and banged it on the wall, I'd be likely to get a response from the other side, because I'm going through a very dense medium.

For example, in electroacupuncture, if you want to use an electroacupuncture stimulation device, the waveforms that work best are square waves, in which the rise time is very high, and the fall time is very, very steep. Biological systems respond best to that. That's what you do. So therefore, you need to feed these coils with exceedingly sharp pulses of electric current, because the ether is very dense (like the wall).

Now let's go on to the experimental bit. We can look at the effects of these coils on bio-sensors. We have to use a bio-sensor, such as a lymphocyte, bacteria or fungus in order to see what effects they have. The problem with lymphocytes is that you have to take blood all the time; you can only keep

them alive for a limited period of time. That's relatively expensive. Bacteria and fungi are much cheaper.

Glen Rein (working in Palo Alto) uses caduceus coils on petri dishes in which there were lymphocytes. In the petri dishes you have tritiated thymidine. Thymidine is a base; DNA consists of a series of bases. The rate at which the base is taking up the thymidine from the medium tells you how rapidly the lymphocytes are dividing. It gives you a measure of what's going on. Basically, if you put a caduceus coil over these lymphocytes, the activity increases by twenty-fold. That's absolutely amazing biologically; that's a really, really huge effect. If you take the same coil wound inductively instead of noninductively; in other words, round with just one set of coils, then there's practically no effect on the lymphocytes, or at the least, an increase in activity in only two or three times. So these are enormously big effects. We are basically going on to study a whole range of such effects.

This is an example of some of the experimental work we are starting to do, to see what these biological effects are. Because we know very little about them, we obviously want to be very careful about them. One part of me would like to generate absolutely huge electromagnetic fields, and balance one against another. In other words, have a potentially huge effect in the ether to see what effect that would have biologically. But that could be dangerous. The problem with these fields is that nothing will stop them; they will go through absolutely anything. They cannot be stopped by Faraday cages. So they answer all sorts of experimental findings.

One experiment comes to mind involving the rabbit and its offspring. You take the offspring away in a submarine and put it under a polar ice cap, you have an EEG going on the mother rabbit, and you sacrifice the rabbits in the submarine one by one. Each time you sacrifice one, the mother rabbit's EEG changes. So how do you explain that? It's electromagnetic, because the submarine is a Faraday cage, isn't it? If it's scalar, you would expect it to happen. I suspect, incidentally, that there must be a lot of military interest in scalar fields, because you've got a potentially instantaneous method of communication from one end of the universe to the other. It can't be stopped by anything.

Scalar fields seem to be nonlocal. They seem to be outside of space and time, but they must have some relationship between our x, y and z world; our three-dimensional world-- four dimensions with time, as well. There must be some relationship between the two. That's obviously another thing we have to look at. We really know as much about scalar fields as the Wright brothers knew about airplanes when they first flew in their tin-pot contraption. We know very little about them; this is a totally new world.

Now, I've said that scalar fields, like subtle energies, are beyond the senses. Put that beyond the **ordinary** senses. They are within our **intuitive** senses. They cannot be measured by electromagnetic fields; therefore, they are discarded by present-day science.

One way of looking at scalar fields is to look at the work of people like Bearden, in America. Bearden is a physicist who is full of interesting ideas. He suggested that what is actually happening is that we live in a many-dimensional world as proposed by Everett of Princeton University, and that each dimension was rotated away from the dimension we're in by ninety degrees; it was around the corner. You can't actually see it. He claims that what psychics do is rotate the next dimension back

through ninety degrees into our dimension. He calls that mechanism **ORTHO-ROTATION**. It's a very interesting idea; I think there may be something to that.

One observation I've made before is that the present systems of detecting scalar fields involve a human operator. Eclosion, the Vega test, bioelectronic regulatory techniques, radionics-- they all involve a nonlinear system, which is the operator. So it would seem to me that you cannot have a completely objective system.

If you like the idea of many dimensions, you could regard these as hyperspaces. In other words, the next dimension from ours is hyperspace 1, the next beyond that is hyperspace 2, so you could have hyperspace to the power of n. You could have an infinite number of hyperspaces.

Rupert Sheldrake was an academic biologist who proposed an interesting theory. His first book was called, "A New Science of Life", and he's written another one called, "The Presence of the Past". "A New Science of Life" is a very dry, academic argument that there exist patterns, which he calls **morphogenetic patterns** in space, which code for a whole range of biological information. In other words, they can code for task. There are several ways in which this has been tested out experimentally. One nice method of doing it was testing a class of London school children. None of these children could speak Turkish, but they were given two Turkish poems to learn. One of them was "Baa Baa Black Sheep" in Turkish, so every Turkish child knows it, like we all know "Baa Baa Black Sheep". The other one was gibberish in Turkish. Now if Sheldrake's hypothesis is correct, then "Baa Baa Black Sheep" in Turkish should be statistically easier to learn than the gibberish in Turkish. That's actually true, and the experiment has been shown to work consistently.

We're a bit short on experimental evidence yet. But another real problem with scalar fields is that mind is an important hyperspace; an important scalar field. That's a problem from an experimental point of view. It has very much to do with the observer effect. But it opens up the possibility of engineering these hyperspaces and scalar fields by consciousness. We're all aware of the therapeutic benefits of all sorts of techniques that involve some sort of interaction at that level. They are all well documented. One would expect that to be so.

So these scalar fields and subtle energies are not objective and out there, because mind itself is a bio-field, so we'll interact with it. So thought itself is a scalar field. The future possibilities, which I've talked about in tapping the ether for inexhaustible energy, free energy; I can talk to you a lot about that, but I won't at the moment. It's interesting-a lot of the free energy devices contain a caduceus coil. They all seem to rely on resonance, and a number of them are very prone to explosion. Anti-gravity and time travel are also possibilities.

Now, on to some slightly different, but related, work. This is a totally different field. This has to do with some work of a Japanese physicist and Shinto priest called Hiroshi Motoyama. What he did was to look at the behavior of the AC (alternating current) part of skin resistance.

Skin resistance can be imagined as being a resistor (DC) in series with a capacitor (AC). This is a very simplified version of skin resistance. Motoyama looked at this bit here. Basically he passes three volts through one hundred-ohm resistance, and he measures the current. I think he does it at one megahertz. We've actually done it at ten megahertz, so we're making one measurement every hundred billionth of a second. Then we plot a graph of milliamps against time. At 10 microseconds the current goes down like this. It goes up very rapidly here, builds up to as much as three hundred milliamps, and diminishes very rapidly due to polarization in the tissues. If you apply any voltage to the skin, the body applies an equal and opposite voltage the other way to try to cancel it out. That's called **POLARIZATION**. The interesting thing is that you only record the interesting bit here, so you've got to have very rapid measurement circuits. He measured over the meridian points, and basically was able to tell what the function of any meridian was based on a whole series of normals, which are measured monthly. So we know what the normals are; this is built into the computer software.

The Eclosion instrument was built to do this type of electrical measure on five thousand items in three minutes.

He did this work twenty years ago. We were the first to repeat it, and we did a study in the electronics department at Southampton University, where we came up with exactly the same findings as Motoyama's equipment for measuring the functions of the meridians. It basically measures a current of ten megahertz by three volts passing through a one hundred-ohm resistance on terminal points of fingers and toes. I'll put a couple of AMIs up to show you. It gives you a very good indicator of organ diagnosis; it's the best diagnostic equipment I've ever come across, actually, in this whole area of medicine. It's objective, also.

Interestingly enough, just one thing about the AMI-- certain individuals have very high currents. They tend to be people who are clairvoyant, mediumistic, etc. So what you find is that these are more nonlinear people, basically. The more nonlinear you are, the easier it is for you to access this sort of information. Therefore, the best Vega test, Eclosion, and Voll practitioners all tend to be

people who have strongly developed intuitive abilities. They tend to be more electrical than other people. So that again seems to point out that scalar fields seem to piggyback on electromagnetic fields. That's such an important observation from a practical point of view.

This is a recording from a forty-two year old man with a long history of migraine and depression. There is a confusing amount of information here. This column is the list of organs in terms of the electrical values recorded over the end point of the meridians corresponding to the organs, and they are seasonally corrected, because the energies in different organs vary on a seasonal basis. We're looking at the organs on the bottom of the list. Liver is right at the bottom. If you look over here, this gives a rating of how each organ relates to the normal. A normal reading should be zero. The scale goes -1, 2, 3, 4, 5, 6, 7, 8, 9, A, B and C. So his liver is terribly flat. Basically, all we did was treat his liver. The actual treatment is secondary to the diagnosis.

There are a whole range of ways in which you can treat the liver. In a sense, the treatment isn't important, rather like in conventional medicine. The essence is the diagnosis. Now you can treat the liver in a number of ways. You can stop him from drinking alcohol and eating red meat, and put him on green vegetables. That's one way of doing it. You can give him complex homeopathic preparations which are organ-targeted. You can give acupuncture. They will all work on this chap. His migraine and depression have cleared up, and he's been well for a long time.

The next patient is a sixty-one-year-old lady with a fifteen-year history of intermittent diarrhea. She had been given a diagnosis for irritable bowel syndrome. The most relevant organs here are spleen and small intestine. The spleen is interesting, as in traditional Chinese medicine the function of the spleen takes over the function of the intestines as we understand it. So we worked out a diet for her, we gave her a remedy directed at the spleen, and we gave her some bowel bacteria. All her symptoms have cleared up.

The interpretation of any patient is calculated against the background of the normal information that is in the software.

The last example is of a seventy-five-year-old lady with organic disease. She has a non-Hodgkin's malignant lymphoma affecting the spleen and the liver. Meridian function does not necessarily show the effects of organic change. There are some people who come along with a tumor of the lung, and you can record a fairly normal reading over the lung. It's important to mention that. There is no fool-proof diagnostic way in this area of medicine to diagnose malignancy. However, in this recording the liver and spleen meridians are clearly grossly abnormal.

Description of recent work on capacitative skin resistance:

If you actually take a metal probe, and put it over the end of your finger, if you press hard, you'll get a different reading than if you press not so hard. The way you overcome that is this: on the tip of the finger (the acupuncture point), you take a little square of silver with a gel backing, and then you just touch. Then there's no pressure difference.

We've built a circuit like the Japanese (Motoyama) circuit, which measures rather fast (we are measuring at ten megahertz). The system we've got is this: we've got our AMI box, which is

measuring every hundred billionth of a second. You've got a dish, in which you place your remedy in the ampule, and at the other end, you have a computer screen. On the computer screen prints out this graph of current against time. What we found is that the shape of that graph seems to change if that remedy is relevant to the patient. It works just as well with a conventional remedy as with a homeopathic remedy, or an herbal remedy.

If it's relevant to the patient, what seems to happen is that the current changes. That's interesting and important, because now we're going to have to do a whole series of laborious experiments, probably thousands of them, to see whether that is a statistically significant effect; that we can produce a change in the shape of the curve. To see whether that's true, as opposed to artifact. If it's true, that would be a situation where the scalar information of the remedy is being converted by the body into an electromagnetic signal reflected by a change in the graph against time.

Now, the next experiment to run is this: instead of having the remedy in a bottle, we would have the remedy in a glass dish. We would put a wire onto the bottom of the dish, and we would have a metal plate on the bottom of the dish and a wire out the other way, and just pour the remedy in. You run the current directly through the remedy as opposed to just having it in a glass bottle. I suspect that would work better. The next thing to do is to put little polaroids around the wire. What Bill Nelson will tell you is that the information carriers are the photons, and I'm sure he's right, because that's what makes the interference pattern.

You see, what I see myself doing in a practical sense is using changing technology, all the time. Changing absolutely all the time, until one day (hopefully within my lifetime), we may have reached the stage where we've got some degree of objectivity. But at least now I can see the doors beginning to open.

Thanks for listening.

Dr. Bartlett:

Well, I'd like to thank Dr. Kenyon for a most enlightening, if not lightning-fast explanation of quantum and scalar theories. If I may, I'd like to paraphrase the butterfly effect of chaos theory, in that one tiny scalar experiment in Southampton can cause the birth of a supernova in deep space. Seriously, it's clear that research and clinical tests are highly significant. I would ask you to return on some future date to do some more.

I'd like to call on Dr. Nelson to make a couple of announcements.

Dr. Nelson:

The Eclosion instrument measures more than just resistance. It also measures the voltage and amperage.

What I want to present briefly today is a perspective for energetic medicine in the world, and how we can get across this exciting new form of medicine, which is actually a variation on many **old** forms of medicine, and make it mainstream.

A problem came down in medicine that came to us from science, engineering and physics. It was the concept of **REDUCTIONISM**; a concept that they could take very complex situations, and reduce them to simple events. In the field of pharmacology, it was long known that valerian was a nice, natural herb that could be taken to relax you after a stressful day. You could take a cup or two of valerian tea, or three or four after a stressful day to reduce tension. The reductionistic forces of science got into medicine, and they wanted to know the key ingredient in valerian. I was just in Utah last week, and we were talking to a bunch of pharmacologists about what the key ingredient was.

All of science has left reductionism behind; mathematics, physics, etc., except for one big field: pharmacology.

Now, they took valerian, and they synthesized Valium. They brought out Valium, and they said that was the key ingredient. It got its name from valerian. It does two billion dollars a year. You can't patent valerian, but you can patent Valium. It's synthetic, and you're probably tired of hearing me say this, but I spell synthetic with an s-i-n. This type of concept starts to get contagious, because all of a sudden there's a problem. Valium is developed, and we start getting Valium toxicity.

In America alone we have thirty million cases of Valium toxicity. Jill Clayborn shot a movie, "I'm Dancing as Fast as I Can", which is one woman's story about dealing with Valium toxicity. It's a horror story. Thirty million cases. Thirty-eight Betty Ford clinics across America to deal with Valium toxicity. It's a big problem now. When I went to medical school, they taught me that Valium was the safest of all drugs. Nontoxic, leaves the body quickly, water soluble. But thirty million cases of Valium toxicity. Not one case of valerian toxicity. No valerian clinics, no movies called "I'm Drinking as Fast as I Can". There's a problem here. Is this the only example of sinthetic drug damage?

What got me into this was another drug, called Bendictine. The precursor of Bendictine was called Thalidomide. It was taken off the market because it created great DNA metabolic disturbances. Children were born with flippers, and all kinds of genetic deformities. They took Thalidomide back, re-engineered it, and put it out as Bendictine. My ex-wife took it when she carried my son, who is now thirteen. He has severe learning disabilities and interaction problems because of that. Bendictine was taken off the market in the early 1980s because it was proven in court that over thirty million kids in America were learning disabled, related to Bendictine.

What's the story with digitalis? Foxglove? Versus the sinthetic digitalis and the tremendous problems we're having with the sinthetic form of it in America. Do we have those problems with the natural form? No. The story goes on, and on, and on, to the point that natural and homeopathic medications are doing in the neighborhood of a ten billion-dollar business around the world. As we look into the patented drug business, we see more of this; where nature has a viable, working, safe herbal compound which is then converted into a sinthetic, which produced dramatic, iatrogenic side effects.

The sinthetic chemical companies are doing in the neighborhood of four **hundred** billion dollars. We went to great expense in hiring all kinds of librarians, statisticians, we asked the question: What fees are paid out for iatrogenic (doctor-done) drug damage, and malpractice suits by the drug companies? They average fifteen billion dollars a year paid out in damages. There was one year when it was thirty billion; that was in the seventies. How much is being paid out in the homeopathic

and natural pharmaceutical world? We found that there's less than ten thousand dollars. So we can see that there is a dramatic statistical difference here.

I think that we should now take ten minutes, a moment of silence for reductionism. Reduction has died in every other form of science. Nonlinear thinking, fractals, and chaos theory expound. You can't be an educated man today unless you know about fractal theory. Fractal theory tells us that the butterfly's flapping wings in New York City might cause the hurricane in San Diego. We can no longer be reductionistic. We have to look at whole systems, and what we've all been doing for years with whole systems.

The time has come, because now the bill of sinthetic pharmacology is dramatic. Not one dime of this fifteen billion dollars was paid in the case of the thirty million kids with Bendictine. The drug companies proved they had no prior knowledge that it did damage. In order for you to pay this malpractice, you have to prove you had prior knowledge that you were going to hurt someone. The question is not whether this entire hundred billion-dollar industry is a little askew. It is about why this hundred billion-dollar industry is so popular. Because it is patented, and the profits are dramatic. They cannot patent and control nature. Sinthetic pharmaceuticals make money.

I want to tell you what I've been trying to do in setting up the next twenty years of medicine, and finding out how we can transist from where energetic and alternative medicines are into a more mainstream by offering freedom of choice. The first thing we need is a scientific explanation. We have to first hypothesize in a scientific way, which is what Julian has been doing here; trying to give us a scientific guess. When we make this guess, we're going to drop the idea of reductionism, we're going to pick up a new science of chaos theory, we're going to start looking at complex situations, because the body is very complex; and we're going to look at scalar waves. Now we're going to find that we have to make another jump: we're going to start learning quantum theory, rather than learning about and using Newtonian dynamics.

Newtonian dynamics, based on thermodynamics, based on random activity (**ENTROPY**), is the descriptor of a dead system, not a living system. In entropy we have the laws of thermodynamics. One is that energy cannot be created or destroyed. Two is that heat must flow from a hot body to a cold body. You are violating numbers one and two right now. Even though the room is hot, your body temperature is still higher than the room, and you are not giving up your body temperature. Heat is being given off, but you are **REPLACING** that heat. If one of you should die, you will gravitate to room temperature. As the man says, "He lost his fight to room temperature."

Because in death, you no longer have that organization. That organization field, which has a scalar component, has to be understood on a quantum basis. It's a different set of laws.

Indeterminacy comes in here, and these are the challenges in making this type of statement. I've developed "Quantum Biology", and I've had to develop a whole "Energetic Medicine Dictionary", so you could understand some of these terms. Then I had to do a book on the "Bio-Quantum Matrix", because we can no longer understand these things in linear systems; it has to be done in a matrix, and then I had to write about "Quantum Vibrational Medicine", because Gerber came along and wrote his book. So we had to have a plausible scientific explanation. This is my version of it. It has

to be written in such terms that the president of MIT can look at it, and see that the quantum theorization is intact and complete. So I've spent about ten years of my life doing that stack.

We can't just have a plausible explanation; we have to have scientific challenge. We have to do some quality work, and we have to do some statistical challenging of our first hypothesis. We have to put our money where our mouth is; we have to start doing the type of work that Julian's doing, the type of work that we've been doing. To this end, I wrote the "Quantum Quality Control" book. I found that there were ways to measure this energy through the virtual photon, through some subtle systems, and it was not simplistic. This is what I will be lecturing on later.

We have to do experimental evaluation. We going to not just take a homeopathic and look at it; we're going to take patient populations, put in a homeopathic, and see if there's change. Measure this change. Can we control blood pressure? Can we bring low blood pressure up and high blood pressure down? Can we help in these cases of headache, backache, and a variety of things? I've done sixty different double-blind studies, and I've published them into "The Experimental Evidence for Homeopathy" I and II. Then I said, well what else has been written around the world on homeopathy? We find out that it's pretty voluminous material, and these are just mimiographic reference notes of every book on homeopathy we could get. In Denmark a group of scientists took one hundred eight studies of homeopathy, and went through them in extreme detail, to find out that eighty-five of them were extremely scientifically valid. They recommended to the AMA that homeopathy be considered for absorption because of that. Those studies are in this book as well. It took me a long time to get those together. So when somebody says that there's no written data about homeopathy, I have some reading for them.

So now we want to get a clinical proof of homeopathy by getting in the clinics, getting doctors to network. You're seeing patients, you're seeing results, and now we want to start getting this data together. This is just the tip of the iceberg. If we start getting people to really just take their notes at the end of the day, and start accumulating these with computer technology, we could come up with **vast** materials of data, because we know that these systems we're dealing with work. If we can just start to do this in a clinical way by getting more and more doctors, I think we can start using our power; the power of numbers.

There's another part of this that has to be addressed: legality. In the United States we have a Food and Drug Administration (FDA), which controls legality of homeopathics. The homeopathics we want to use have to have a legal basis, an intricate paper trail, to make sure that every product is properly NDC-coded and historically correct. Then there's also a New Device Act that came along in the United States. If you want to use a device with your patient, it also must be registered. The ISO 9000 was looking at a similar legislation for the common market. So we want to be able to look at the legality of the entire system. How do we put DIN numbers on these things up there in Canada? Because the Canadians say you have to have a registered machine, as well. So now the Eclosion machine is registered in the United States, the common market, Canada, and Australia, and is legal for use in all those countries.

So we have to address these facts of legality, and this takes an entire separate type of mind set. The 510K form, which is a proposal to get your device accepted, was four hundred fifty pages of

preparation for Eclosion to get that device accepted in the United States. It took me five years, and five tries. The fifth try was successful. So that has to happen, too. We have to address this legality in a global way.

We have to look at educational standards, because it's hard to get people together in this industry. We are all nonlinear people, and we don't like to agree on lunch. We gotta' start agreeing on lunch. I'll buy. We have to start getting together. We need some educational standards in this industry, because people from the outside who look in at the alternative health care industry see a mish-mash of different theories and ideas, and different personalities and egos. We have to understand that they're like the blind men looking at an elephant. They're all going to see different things. So we have to be able to realize that, and get some educational congruity and standards.

I teach at Notre Dame de Lafayette University, in Denver. We have to be able to reach out, and start to get educational and peer groups together, so that we can start to challenge ideas coming in from our industry, because as Julian says, some ideas are good, some are not. They need to have some rating system. The movie industry came along in America, and the government came to the movie industry, and said, you're messing up. We're going to have to step in and control you. Now we don't want the government controlling the movie industry. So the movie industry decided to regulate itself. They came up with a rating system. They have a board, and everybody agrees with it. That's what we have to do as an industry. We've got to find ways to get ourselves together, and get some degree of standards. It doesn't mean that anybody has to stop what their doing, but there has to be a rating system that goes along with this, so that somebody who's saying that his research is good, or his research is speculative, it's pointed out with some type of rating system. So that has to be addressed.

Finally, what we need is industry support. We have to start finding the people who are doing these things and getting these things together, and give them industry support. What I want to offer you is the way we can make some of these changes.

On the educational point of view, I've written several books on how to use these systems, such as "New Biology II", which is a categorization of electroacupuncture, and ways to use it. "Natural Repertory" is the largest natural repertory in the world; there are over seven thousand products we can use. Every part of the metabolic pathway is in this book, all of the minerals, vitamins; thousands of viruses, fungi, bacteria. All of these things are cataloged into the system, as well.

So this is what I'm offering as one way we can start to get together, and start to make some changes. That's what this weekend is dedicated to.

It is quite apparent that we have these scalar fields. I'm going to call it a bio-field (biological type field) versus a dead field. For years and years, people have wanted to know what the difference is between the "organic" of life versus death. If you grab some rocks, they sit there; they don't metabolize, and they don't reproduce. If you get some mice, or insects, or plants, they have a living entity to them. The definition we use for living is that something must, on its own, be able to metabolize and reproduce. Thus a virus is not a living thing, because it needs help in reproduction. So it has to be able to metabolize and reproduce on its own.

A virus is scalar, but a virus has more electromagnetic properties.

So we want to know what life is, versus death. The laws of thermodynamics are the laws of death. So when something becomes thermodynamic and random, it's a dead thing. The oxygen in this room obeys Boyle's gas laws, which are the laws of thermodynamics. So if there's a hot book, then the heat goes into the air of the room. The air can't say no; it has to obey those laws. But now, once that oxygen transist into my body, and crosses the alveolar membrane, now it's gone into cell, it's no longer random.

If we look at dead things, we will see that inside their molecular structure there is Brownian movement. Brown was a researcher who was looking at little tiny seeds, and he saw that they moved; they jiggled. This Brownian movement is in everything that's dead. If you look inside the cells of your body, there is no Brownian movement. The oxygen crosses into the red blood cell, gets bound in the hemoglobin, and it comes to attention, and says yes sir, what do you want me to do? It comes into an order. There has to be order. We are not random things. Everybody in the room has their nose in the same spot. If it was random, some people would have a nose over here, some of them wouldn't have a nose. It's not random. What we are is living, and there's some type of biological field that determines where your nose is.

What is this field? This field has scalar components, it's a bio-field, it's built on **VIRTUAL PHOTONS**, it is photonic, it is light, it is of the photon. It is of the virtual photon. What's a virtual photon? A real photon is a beam of light. A virtual photon comes into existence, and then gets absorbed back out of existence. This is what Feynman won the Nobel Prize for; finally giving an explanation of quantum energetic dynamics, which now explains why two electrons repel each other, and an electron and a proton attract. So it starts explaining all sorts of phenomena.

As the electron is moving, it throws off a virtual photon, and then reabsorbs it. So in that zillionth of a second when he throws this off, energy is being created out of nothing; the electron has not changed. Where there was just an electron, now there's an electron **and** a virtual photon, and then he reabsorbs it. We are in a photon bath, because right now we are being exposed to infrared radiation.

This infrared radiation is heat, and heat is photons. Sometimes when an electron throw off a virtual photon, a real photon is absorbed in its place, and the virtual photon escapes. This is what Feynman said. So now every living thing has a virtual photon field. Not electron; photon. Because it is throwing off some of these virtual photons, and some real photons are taking its place. If that's true, medication could work on the concept of the virtual photon coming off the coffee and having an electrical reaction in your body, because your body absorbs photons. We proved it in the "Quantum Biology" book. We went through in depth to find out that photons are coming in and out of DNA, and in and out of the cells. Now, if these photons were to come in around coffee, and if my body didn't like the photon field of coffee, it could react abnormally. If it liked the field, it could react toward the normal.

Hence, the medication testing effect, which can only be described by virtual photons. How could I put that to a hypothesis to prove it? I started doing medication testing at lower and lower temperatures. When we got down to doing medication testing on the supplements, when they got

down to zero degrees Fahrenheit, we dramatically decreased the amount of medication testing that was happening. It didn't stop it, but it slowed down the virtual photon field. When you get more and more photons, and you get it too hot, you have now taken it to thermodynamic capacities, where it starts getting too energetic, and it stops being living. Certain living things are destroyed at 106♭ F. Fatty acids are broken up; that's why when your child gets a fever of a hundred and six, it destroys the fatty acid myelinated sheath around the brain. Then the danger is neurological problems.

So too much heat hurts biology. How? It hurts the magnetic capacities of biology, because too much heat destroys a magnet. The magnets on your refrigerator door sometimes fall off on real hot days. The more heat that comes into a magnet, the more random activity. Then it loses some its magnetic strength.

So this biological system has to be quantum; that's how we can understand it. In quantum theory, we're no longer bound by those laws of thermodynamics. Thermodynamics are laws of death. In quantum theory, a lot of things are going to smack us up side the head. One of them is quanta. We have to forget continuous curves; we have to start looking at jumps. Quanta jumps. Another thing is the indeterminacy principle. The fact that you just don't know comes into the quantum system. The Heisenberg indeterminacy (uncertainty) principle is a hard and fast rule of quantum physics, which makes a philosophical statement for us all, because you **JUST DON'T KNOW**.

There is a television show on our PBS network in the United States, "Nova", which is a very fine scientific show on every week. They took on the topic of ESP (extra sensory perception) a number of years ago. They went through the entire research, and they pooh-poohed a lot of it. They liked Targ and Putof's remote viewing experiments, which you may have heard about. They liked that one, but they said it wasn't proof. There is one experiment done that showed proof.

This experiment was not done by the ESP departments. It was not done by the psychology departments. It was done by ten universities in the United States, including Brown, Cornell, Princeton and MIT; by their engineering departments. Here's how the experiment went. They took a piece of uranium ore. Uranium ore is throwing off a ray of radiation at an indeterminate rate. We know the probability of the rate. In quantum theory we talk about statistical probabilities, not exactness. They hook up a Geiger counter to this, which captures and counts that ray coming off. They hook the Geiger counter up to a clock with one hand. Once they determine the average amount of time this uranium decay is happening. Let's say that the average time is one second. If the next ray comes out in less than a second, the hand of the clock moves one space to the left; counterclockwise. If it then comes out at exactly one second according the computer, the hand does not move. It comes out in more time than one second, the hand moves one space to the right, or clockwise. They sit there and run the experiment for weeks without people present, and the hands of the clock move randomly, hovering around the mean.

Then they bring in a person who sits and tries to move the hands of the clock clockwise with his mind. Everyone they bring in is able to move the hands. Now indeterminacy is being shaped. They then put this clock into another building, they isolate it with lead, they hook it up via radio, and it doesn't diminish the effect. Forty percent of the people tried to make it go clockwise, but they made it go counterclockwise instead.

I dealt with a series of women in clinical practice who were from various backgrounds. They would always tell me that they would worry about the future. They told me that by worrying about the future, this helped to prevent the events they worried about. And I'm thinking that maybe they were the forty percent who made the hands go backwards.

At any rate, this is an effect on indeterminacy. Now everybody who starts looking at an indeterminate situation starts to find that there is ESP. There's something going on; we can control an indeterminate situation.

So there's one more thing I've got to disagree with Julian about: I don't think that there's anything called "artifact". It's just that we don't understand it. It's the limitations of our thought. There's **nothing** called artifact. I think that this is the morphic resonance idea.

So somehow, we can change and affect this uranium. It seems to work on the endorphin receptors of the brain. Narcan is a drug that blocks the endorphin receptors, and narcan, when taken by this person, blocks the experiment.

In Albert Einstein's College of Medicine, a team of researchers discovered that narcan, given to a placebo responder, blocks the placebo response. Naloxcsone (sic) is its chemical name. If you have an opium overdose, they give you narcan in the hospital. It blocks this indeterminacy response.

DOUBLE-BLIND DUPLICATOR RESULTS

Homeopathic Liquid

PLACEBO REAL

50%	65%	95%
10%	10%	95%

DUPLICATE

D

Placebo Pill Narcan Pill Reported Results

N = 35

Percentage of

Another thing we find in quantum theory is an effect called tunnelling. Sometimes a photon can disappear, and reappear on the other side of a barrier that it should not have been able to penetrate. Somehow things can go into an other-dimensional area, and go through barriers. They seem to jump over barriers, and tunnel. I believe that this is what is happening. I believe that this

biological field is an effect on indeterminacy; what I call the **NELSON EFFECT**. I believe that you can affect indeterminacy, and thereby break the laws of thermodynamics, because you are living.

We lose our battle as we grow old. We start to get old as we start to get more and more indeterminate. The secret to health and longevity is in increasing the Nelson effect, and being able to resist the decay into thermodynamics. To understand this, we have to get into quantum physics.

There are other dimensions of existence that we are not privy to. The best recent definition of these systems is to say that the first four dimensions of length, width, breadth and time are real, and the other six dimensions are virtual. But there could be **n** dimensions. I like ten, because an old homeopath, who was a mathematician, proved mathematically that after ten, it came around and started again; it kind of reverse back around onto one. With the limitations of my mind, I can deal with ten.

Feynman won the Nobel Prize for his virtual photon idea in 1986. It's relatively new, but a good book on this is Gary Zukhoff's "Dancing Wuli Masters". There's a chapter on this. Of every electron and proton which makes these things up, these things only appear to be solid because the electrons are moving at six hundred miles a second. That's twenty percent of the speed of light. These six hundred-mile-per-second electrons only make this thing appear to be hard; it really isn't. It's a circulation of electrons. Circulating out of those electrons are what are called virtual photons. These virtual photons come out, and are sometimes replaced by real photons from the photon bath of the infrared. Then these virtual photons escape. They have a signature of whatever they came off of.

All photons have a six-part field. It has to deal with the electro and magnetic capacities, and the conductance field. And then there's a reverse, or scalar, field. So there are three real and three nonreal. Virtual photons don't have the mass that real photons have, so they have to be detected peripherally.

How do we detect those peripherally? People have talked about the field around the body, which people call the aura, for thousands of years. They've talked about seeing auras around people. But you can't look **directly** at the aura; you have to look away from it. So you look into the person's center, and you visualize the aura through the

outside part of the eye. The outside part of the eye, which is made up of the rods, is a little different from the cones. I think that it can detect these virtual photons. But it's secondary.

In the quality control techniques, we took a picture of an entity in a charged field. We don't see anything in the initial picture. Then we have to do a laser scattering. We have a coherent light source. Another phenomenon of the bio-field is that is does have dramatic coherent properties. It is much more lasar-like. We then see the pictures.

Around every molecule in the body there are what are called **PERIPHERAL ELECTRONS**; outermost electrons oscillating around the system. So you have oscillating electrons around the outside of everything. Now the innermost shell those electrons can have is the **GROUND STATE**. These are orbitals, with electrons orbiting at six hundred miles a second. Ground state is the lowest one, because if any more energy is taken out, it goes into the nucleus. Some say that can't happen; others say that it has happened, but it doesn't happen often. But it's the ground state.

How does an electron go to a higher level? Only through a photon. A photon hits the electron, and it goes into a higher level. It does not make a half-step; it makes a whole step. So in the black-body radiation experiments Planck did, he started heating up bar, and it made a dramatic shift in its wavelength, not a half-step. It wasn't a continuous pattern of the wavelength shift; it made a whole jump. So he said it makes a quanta, and he was the guy who gave it quantum energy.

So when a photon hits this, it goes to a higher level. If it gives off that photon, it goes back down to a level. So the photon is an accounting system of how the electron goes up and down. If we keep adding photons, photons, photons... at higher and higher level, we get to top level, which is called the **IONIZATION STATE**. At this state, one more photon hits it, it pops off and leaves behind an ion. Now there's one electron missing in this molecule, there's an extra proton in the nucleus, and now it's a positively-charged ion.

In between here are a whole bunch of little orbitals. In quantum theory this is known as the **ELECTRONIC STABILITY**. The electronic stability of this atom, molecule or whatever, is a measure of resistance. The further out the electron is in the higher orbitals, the easier it is to take place in the conduction. Thereby, conduction is easier.

The closer the electron is to the center of the nucleus, the less likely the electron will take part, so conduction is less easy. This is a measure of resistance.

Now, we are taking acupuncture points and measuring the resistance (which is the vast majority of this art). With the Eclosion system, we started looking at voltage, amperage, capacitance, resonant frequency, and all these other things. But let's just go right back to Dermitron, way back when (doesn't that sound funny?). You've just got a resistance device, and you're measuring that. Now, you have an antenna, which is called the test tray, and when you put something on the antenna, the virtual photon field is around. The photons come down the electrode just like the antenna of your television or radio. What does it do? It carries photons. The photons come down, they come into the body, which is connected to the ground probe, and when those photons come into the body, they make changes in the conductivity. So now your body is like the TV set; receiving data through photons, and making changes through photons. And we are measuring the difference.

So now we have an plausible explanation for electrodiagnosis and electroacupuncture. So far, it fits all the known fields of physics. There's nothing contradictory here.

Why doesn't the Faraday cage interfere... ? The biophoton field is most intense in the infrared, visible light, and just one little touch of the UV; the same UV bees can see. The biophoton field is most intense from 10^{12} hertz to 10^{16} hertz, which is infrared, visible light, and a touch of the UV.

In the work done by the Gerwitzes, which we've reproduced, they took onion cells, and some onion tip cells, and put them into two glass containers. They had to be a specific type of glass; they couldn't be leaded glass, etc., to allow this radiation to go through. Then they separated the two glasses. The onion tip grows into the ground, and if you take a swash of the onion tips cells, you'll see that most of those cells are in **MITOSIS**, and splitting. Over in the onion cells, if you take a piece of the onion, you'll see that most of those cells are **not** in mitosis. Only two or three of the onion cells out of one hundred were in mitosis; whereas ninety out of one hundred were, in the onion tip. When they put a piece of black paper between the glasses, nothing seemed to happen. Then they took the black paper, and put in some razor slits, and made a diffraction grading. Then they found that there were changes in the onion cells; they started going into mitosis in larger numbers. They called this **MITOGENIC RADIATION**, which is just one form of this biophoton radiation.

A guy from the United States named Malowitz, in the 1930s, did this experiment without piece of paper with the diffraction grading. It still worked. He put in an uncut piece of paper, and it didn't work. So if he made it opaque, it didn't work; if he took it out, it did work. He said that the diffraction grading was needed to focus light; as light, being incoherent, needs to be focused with a lens or diffraction grading. What he didn't know is that there was a form of coherent radiation, which would not need a focuser. Thereby, this mitogenic radiation was coherent, and Malowitz pooh-poohed something for nothing. All of the United States then pooh-poohed mitogenic radiation, because of the book Malowitz wrote when he came home.

If we now understand that there is some type of radiation going... what is the wavelength at 10^{15} hertz? If we take the speed of light, which is 10^{10} centimeters per second, divided by 10^{15} hertz, which is beats per second, the two per seconds will cross off, and we will be left with 10^{-5} centimeters per beat. So we can calculate the wavelength. Now, if this mitogenic field has a carrier wave of information on it, and I have so much information in my right and left hands, and you want to get all my information, you'll have to be at least one wavelength to get everything out of both my hands. If you're smaller than that, you're not going to get all the information I have for you, are you? What does your radio or television do? It modifies the wavelength of reception of the photons (coming in your radio) through the coil to a length, so that it can receive that information. Information is being transduced from whatever to a speaker to an electrical action into photons, and photons are coming off, and being received over here by the antenna.

This is amazing. No cell in biology is smaller than 10^{-5}. That's a limitation of size. The myloplasmatale (sic), Legionnaire's disease, is the smallest living thing that reproduces and

metabolizes on its own. The smallest cell in biology is 10^{-5}. Inside the human being the largest cell outside of myosis is 10^{-2} centimeters, unless it goes cancerous.

We now have an operant definition, where the photon becomes a **critical** definition in biology. We've just rewritten all of medicine, and the photon has to come in here now. As soon as we bring in the photon, we have to become **so** complex. We have to leave reductionism in the waste can, and start looking for complex systems. Nature has the answers. Nature knows how to make B-6; we do not. The sinthetic argument is incomplete, because they do not know where these things are.

If we take real vitamin C, and let it crystallize under the microscope, it will become iridescent, and it will fluoresce. It plays with light. If we take sinthetic vitamin C, and let it crystallize under the microscope, it's black. It used to have a hole in it, but back in the 60s they fixed that. They found that copper was in that hole. If you ask your physicist-well, let's ask the molecular biologist. You go to a sinthetic molecular biologist, and you say, this is iridescent; it has every color in the rainbow. Why is that, and this one's black? He'll say it's the same thing. (I'd like to sell him a car!) Now, if you ask your physicist, what's the difference? He'll say, the electrons here are in high outer states, and they play with light. Just like the electrons in the sky during the day are being charged with the energy, the photons, of the sun. They are striking those electrons and atoms, and making them vibrate around 10^{15}, which produces blue sky. At night, the sun goes down, the energy, the sky goes into lower energy states, gives up its photons, and now it becomes see-through; black.

Not in the copper, not in the calcium; but in the **outer shells** of the copper and calcium, and now calcium is not calcium is not calcium; it's all relatively different. If we look into the mineral kingdom, we will see that ninety-nine percent of the electromagnetic bonding inside the elements is **IONIC BONDING**. That means that I'm chlorine, he's salt, you be sodium. We kind of hang out together. I've got an electron, and he wants an electron, so we kind of hang out together. That's ionic bonding. I've still get the electron. If you drop us in water, we dissociate, because ionic bonds are weak bonds.

The ionic bonding then is food for the plant kingdom. If we go inside the plant kingdom, we find salt, which has a covalent bond (sodium-chloride), which shares the electron. The more you don't know who has the electron, the more indeterminacy; the stronger that bond. It's like in football. There's a fumble on Sunday afternoon, and the defense and the offense grab the football. The more the referee is unsure who has the ball, the tighter the bond. The more you're unsure, the tighter the bond.

So this **COVALENT BONDING** is the key. In plants, you drop them in water, they don't dissociate. The covalent bond is the food for the animal kingdom. The plant uses a process of photosynthesis, and they use photons to take things into higher levels. They break up the ionic bonding, and they pump up the outer-shell electrons in the higher levels, and make covalent bonds, and make plants, which are food for the animal kingdom. We cannot live on these minerals. We need a high-energy bond. If we get too many little energy bonds, we have to expend energy from our own bodies to pump them up. Sinthetic compounds are at low-energy bonds.

In covalent bonding, there are electrons that go around a whole molecule. Not always, but sometimes. The outermost electrons start to go around and hold the whole molecule together, in most biological molecules. This is called a **SIGMA BOND**.

That's how Feynman was able to explain situations. Now we have to find an explanation for the body, and we have to go beyond chemistry. By going beyond chemistry, we have to look into some other types of entities. In my books I make an in-depth treatise for this, which I feel is intellectually a good guess.

Dr. Bartlett:

Thank you, Dr. Nelson. (Round Two of this cerebral wrestling match will take place tomorrow.)

* * *

Dr. Gerber:

... It is absolutely phenomenal. I've seen this with telescopes. I have one at home myself, of a micro-circuit board with a suspended magnifying glass. You can change your perspective so that you can see through the magnifying glass, and see part of the micro-circuit board that you can't see from any other angle. It actually allows you to change your orientation. So this model of a

three-dimensional photograph captured as an energy interference pattern is an entirely new way of thinking about capturing phenomena.

Now, as if that weren't strange enough, there is another unusual property of holography.

That is, if you were to take this piece of smokey film, and cut a piece of it off, and now hold up this individual piece of this hologram fragment, if you will, to laser light, and shine the laser beam on this, you would see an entire intact apple. That is not exactly what you would expect to see from a conventional photograph. Take a polaroid picture of an apple, cut it into fifty pieces. One piece shows the stem, one shows the bottom of the apple. If you take a hologram of an apple, you can actually look around the apple and see a wormhole behind it that you may not have seen when it was originally being photographed. It is that three-dimensional. But with the hologram, every fragment of the hologram seems to contain all the information of the whole. This doesn't. I've actually done this myself with pieces of holographic film, and I've been able to see a three-dimensional image from the smaller piece.

Within the holographic principle, what this tells us is that every piece of the hologram contains the information of the whole hologram. The reason for that is that the energy interference pattern itself contains the information; it is not like a conventional photograph.

Now, is this at all applicable to nature? You can look into the body, and see this principle mirrored within the structure of the body, in the DNA. Every cell in our bodies contains a copy of DNA that every other cell contains. The DNA structure within each cell of the body has a type of library of all the chromosomes every other cell has. Each cell actually has the information on how to make an entire new body from scratch. In a technology known as cloning, you can actually take an individual cell, such as a frog intestinal cell, take the nucleus out, insert it into an appropriately fertilized egg (replacing the nucleus that was there), and you will get an entirely new frog that is an exact duplicate of the frog whose intestine it was taken from. So we know that all the information to make an entirely new organism is within every cell. Every piece contains the information of the whole. This is sort of a metaphorical principle. It is not quite literal, but it is very close to that.

Now, within conventional molecular biology, we have DNA very adequately explaining how cells are able to differentiate into different types of cells, but the model has not quite explained how these differentiated nerve, muscle or bone cells are able to get to the correct spatial positions within the body of the developing embryo.

One analogy that occurred to me as I was thinking of this is kind of similar to... if you would think of a baseball team, if you were to think of the fertilizes egg becoming a rapidly dividing ball of cells, then at some point the cells undergo this differentiation, and become nerve, muscle and bone cells. What happens at the DNA level is that each cell of the body contains this entire library of how to make a human being from scratch, but that in each of the cells, there is something that keeps each cell from reading all that information. Think in terms of a little league baseball team, where all these undifferentiated cells within the developing fertilized egg might be analogous to young, undifferentiated little children, who you want to teach to play baseball. You assume that these children can read, and you give them a manual of how to play baseball. But let's assume that these children have very limited attention spans. So you put dark construction paper on all the pages of

the manual that are not applicable to the position they will play in baseball. The captain will choose the team, and will assign different functions; first baseman, second baseman, third baseman. Each child is then given a manual to go home and read each particular chapter that applies to him. The first baseman is given the entire manual of how to play baseball, but with dark construction paper on every page except for the chapter on how to be a first baseman.

At the cellular level of this model, DNA is actually coded with a series of proteins that are called **HISTONES** and **NON-HISTONES**, which selectively block from reading certain aspects of the DNA library within the cells. It's sort of like the construction paper on the nonrelevant parts of the library for that particular cell. So a nerve cell only has direct access to the instructions on how to be a nerve cell.

Molecular biology explains this very nicely; how the cells are able to achieve this differentiation by selectively reading the instructions. What it doesn't tell us, though, is how the cells learn where they're supposed to be. Getting back to the little league baseball analogy, the children come back, having read their appropriate chapters, but there is one ingredient missing: they need spatial orientation. In order to play baseball, we know that they need a playing field; they need a baseball diamond with all the bases oriented in space. So what we have in cellular biology is the possibility that there is an organizing field. Not a baseball field, but an energy field that provides spatial orientation to where the cells are supposed to go. It is that field which is the missing part within molecular biology and embryology, in order to explain cellular differentiation and full development of the human organism.

We have to ask: Is there any type of research that substantiates the existence of this organizing energy field? We need to look no further than the work of Dr. Harold Saxton Bur (sic), who in the early 1940s was a neuro-anatomist at Yale University. He was very much interested in the electrical field characteristics of living objects; plants and animals. He found some rather unusual things about animals and plants. He decided to study salamanders, because their electrical field characteristics were fairly easy to map. You could actually trace the outline of the field around the salamander. It seemed to have an electrical orientation along a central axis, which mapped along the nervous system and spinal cord. And he wondered when this electrical axis in the organism first formed, so he started looking at earlier and earlier stages of embryological development of salamanders trying to draw the electrical field around this earlier and earlier living form. What he found was actually an electrical axis at the level of the unfertilized egg. He wondered if this was the same electrical axis as the one in the adult organism.

So he did some rather complex experiments, where he actually labeled with India ink, which is rather indelible and stays within the organism--he injected it along the electrical axis of the egg, so that it would persist within the developing organism. The egg was then fertilized, and what he found was that the India ink stayed in the spinal cord and nervous system. In fact, this electrical axis persisted into the development of the adult. He found this absolutely flabbergasting, because this was not in any of his textbooks of the electrical axis.

He came to speculate that there was some type of life field, or L field, that was an organizing, energetic field that somehow guided cellular development. He actually started mapping the electrical

field around plants, and in certain cases, when he was able to map the electrical field around a seedling, the shape of the field was the shape of the adult plant that the seedling was to become. It was almost as if he had discovered the mold into which the cells would grow outward. This was really a phenomenal finding; that this was an organizing field that actually seemed to predetermine the structure of how the cells would migrate.

Now, parallel to Dr. Bur's work in the United States, in Russia a Dr. Semian Kirlian (an electrical engineer) discovered a phenomenon known as electrophotography, which came to be known as **KIRLIAN PHOTOGRAPHY**. Kirlian photography is a special photographic process whereby any object, animate or inanimate, is photographed in a high-voltage electrical field. It is actually a contact print. You has a setup where you send a high-frequency, high-voltage, low-amperage current from a frequency generator into a metal plate, which acts as an electrode. Above the electrode is usually a dielectric (a semi-insulating layer), and on top of that is a piece of film. When you place an object, a finger, or anything that is grounded on top of the film, and turn on the current in darkness, sparks shoot out all around the object, jumping from the object to the film. It's actually a very simple process, in that it is an electron discharge; it's called **CORONA DISCHARGE**.

What Kirlian did not expect to find was that this electrical discharge around the object seemed to contain information about the physiological state of living objects. They found that they could actually take pictures of leaves, and they could obtain information about the health of the leaf.

This is a typical Kirlian photograph [visual reference]. This particular one was taken by Thelma Moss (sic) at UCLA, in California. You can see the typical pattern. You can see the structure of the leaf here, but there is also this kind of glowing, energetic pattern superimposed. Much of the electrical pattern is guided by the surface topology; the surface characteristics of the leaf. These Kirlian pictures are really quite beautiful. They're not exactly what one expects to see with leaves.

Now, this is one that might be familiar to you. This is on the cover of my book. This is not a heart, as many people have wondered; this is actually a small sarapegi (sic) leaf that is heart-shaped. It has a very interesting electrical corona around it. When various researchers from the United States, England and other parts of the world went to Russia in the 1960s and 70s and saw these pictures of Kirlian photography, and what's called the **KIRLIAN AURA**, they said, ah ha, we finally have something that takes a picture of the aura, the energy field around objects that psychics have claimed to see for years.

Unfortunately, this just is not so; this is not what is seen as the auric field. This is the Kirlian aura. It is very simply an electrical discharge phenomenon. It is electrons that are jumping from the object, which is now electrically charged, so to speak, within this high voltage field. They jump from the high-voltage object to the ground.

However, the electrons within this process, as we've just been discussing, are not as simple as they sound. They are rather peculiar beasties that we have not quite been able to totally understand. They have this strange wave/particle duality. Some people have even suggested that not only are electrons and particles miniature frozen energy fields; they're actually tiny miniature vortices, whirling, swirling vortices of energy. So electrons themselves have unusual properties.

This is another Kirlian photograph of a leaf. However, this one differs from the other leaves, in that before this picture was taken, this part of the leaf was cut off, burned and destroyed. What you're seeing is the famous so-called "phantom leaf effect". The only part of the leaf that was physically there is the part in yellow; yet, this part of the leaf, which had been destroyed, is appearing within the final image. This ghost actually looks like the physical structure of the leaf as it was before it was destroyed. This work is somewhat parallel to what Harold Saxton Bur was doing using volt meters and various other types of things. Kirlian was able to actually get visual recordings of these organizing energy fields.

Here is another phantom leaf. This particular one was taken in South America by Henry Andrad.

This is one that was taken at UCLA. This one I find particularly interesting. You can actually see the veins of the leaf. This is where it was cut, and yet the vein structure continues off even into the phantom. In fact, here you almost can't tell that the leaf has actually been cut away. So the actual structure of the leaf in the phantom mirrors the physical structure of the body, which is no longer there. You can not only get surface photographs of one side of the leaf-- some people have actually gotten both sides of the phantom. What this is analogous to is if you were to take a hand, and cut off the upper parts of the digits, and photograph one side, you would phantom fingerprints. On the other side, you would see phantom fingernails.

In other words, there is a three-dimensional spatial integrity to this phantom that actually follows the spatial mapping of the physical body. So there is some evidence that there is this subtle energy form and organizing energy field, which may in fact be something that has been called the **ETHERIC BODY** in theosophical literature over time, which is a guiding force for embryological development, and possibly even for growth and repair of the organism when there has been damage to the body.

People have said that this phantom leaf is all artifact. You take this leaf, press it on the film, and it squirts out water moisture that just happens to be in the exact shape of the leaf. It's stretching things a little bit, but in order to try to defeat the skeptics' argument, a researcher named Wagner did an experiment in which he place a piece plexiglass on the film in the area that the phantom would have to materialize in. If it were water moisture, the moisture would bounce off the plexiglass. So this would tend to go against the moisture argument.

This is the leaf as it was before anything was done to it. Then he placed the leaf down, and the phantom went right through the solid object; right through the lucite. You can see where the lucite block. He rephotographed the same leaf five minutes later, and the phantom was gone. One thing about the phantom phenomenon is that it is not easily repeatable in the sense that you don't get it every time you try it. Some researchers get it one out of every ten tries; some have to try it one **thousand** times before they are able to duplicate it. There are certain conditions that seem to promote getting better phantoms. The point is that this phenomenon is repeatable, and has been repeated by researchers in other countries. The other thing about this phenomenon is that it's fleeting; it evaporates quickly. It's as if, without the structure of the physical body, the ghostly part of the phantom seems to destabilize, and return to free energy, so to speak. So you really need to be very quick in order to capture this. What this suggests is that this body is real; this is suggestive of an energy matrix.

This is a rather peculiar type of phenomenon that was done by a Rumanian researcher by the name of Dimitrescue (sic). What Dimitrescue did with a system called **ELECTRONOGRAPHY**, which is somewhat comparable to Kirlian's work, is cut a hole in the middle of the leaf. When he photographed this leaf with a hole in the middle, he saw a smaller leaf in the middle, with a hole in the middle of it. This goes back to the holographic principle; the idea that if you were to cut out a piece of a leaf hologram from the middle and hold it up to light, you would see an entire intact leaf in that tiny piece of the hologram. In certain experiments, the phantom leaf effect actually has holographic properties.

So this is very strong evidence, in my mind at least, that this energetic body, which we'll now refer to as the etheric body, is a holographic energy template that guides growth and development. It provides structural information to the physical body. This is very different from the mechanistic model that everything is determined at the DNA level. If one accepts this model, then if this etheric body pattern is somehow disrupted, then the physical pattern will grow abnormally.

So this gives us a whole new idea about ways to diagnose illness, not only when it is physically manifest, but possibly, if we have measuring instruments such as Kirlian or other technologies, to measure what's happening at the etheric template level. If you could determine at the energetic level an illness that was about to manifest, you could detect cancer before it got to the one- or two-cell stage. I think that this is a very important phenomenon for the future of medicine. This is probably very, very critical to understanding bio-energetic or vibrational medicine. Unless one takes into account the idea that the human body is this type of complex multi-dimensional energy system that involves more than just the physical structure of the body, you will never understand how things such as homeopathy and different types of subtle energetic medicine work.

They don't work directly on the physical level; they work on these other energetic information systems that feed into the physical body. So you don't have to forget everything you've already learned, but you have to begin to extend the model to understand those things that didn't quite fit in.

In this sense, what we're dealing with is something that's analogous to the Newtonian and Einsteinian approach. What Einstein and Newton did, in a sense, was looking beyond a fence to some sort of construction project that was going on. The construction project was the nature of reality. What Newton did is drill a hole in this fence, and he could see within a narrow angle of vision what was happening in the inner workings of this construction project. What Einstein did was come along with a bigger drill bit, and he enlarged the hole so that you could not only see what was directly in the field of vision Newton had seen, but you could see what was on the periphery, as well. So not only can you see what the Newtonian model predicts with the Einsteinian model, but you can see that the Newtonian model is actually a subset of a much bigger picture.

So these phenomena tell us that we have to extend our model of thinking in order to begin to understand some of these biological phenomena. One of the ways the Kirlian is actually able to image the phantom leaf effect is through a phenomenon known as **RESONANCE**. Very simply put, resonance is the optimal exchange of energy between similarly tuned oscillators. To give you a simple analogy, if you take two perfectly-tuned violins, and you pluck the E string on one violin, the E string on the other violin will begin to vibrate and resonate in unison, because that E string is so

tuned that its resonant frequency is very much optimally stimulated by energy at that E frequency. Everything has its own resonant frequency. That's a constructive type of resonant effect; the transfer of energy between the violin strings. An example of destructive resonance is the singer who is able to produce the resonant note of a wine glass, getting it to vibrate so violently that the wine glass actually shatters. So the phenomenon of resonance can transfer energy in both positive, constructive ways and negative ways.

Kirlian photography is probably able to image some of these phenomena because the frequency characteristics of the power source are in harmonics of these higher subtle energies. In other words, you can think of the physical body as existing at the physical octave on the lower end of the piano notes; low C. The etheric body might be considered to be at the middle C level. Another phenomenon in resonance is **HARMONIC RESONANCE**. If you strike the low C note, the middle and high C notes on the piano will also resonate, because they are within harmonic frequencies of the same C. So we are probably able to excite and take pictures of the etheric body by using this phenomenon of harmonic resonance.

The reason that the whole field of Kirlian photography is so scattered about is that there is no standardization in the field. There are many different power sources. People say that whatever produces a spark discharge on film is a Kirlian photograph. But it is only those systems which produce frequencies that resonate with significant biological frequencies that allow us to get relevant physiological phenomena. In this case, I believe that the systems that have been successful in imaging the Kirlian effect of the etheric body are harmonics of the etheric. Dr. Nelson's REGAE Kirlian system has allowed quality control for homeopathy that yields the best in homeopathic products.

In essence, we are using electrons as spray paint, to spray paint the body of the invisible man. We are not actually looking at the etheric body, so to speak, but we are looking at the electrons as if they were paint adhering to the invisible man's body. Since the electrons are charged particles, they are influenced by this invisible energy pattern.

One thing I want to leave you with is the idea that through this phenomenon of the resonance principle, we can take that one step further, from being able to not only resonantly stimulate the etheric body using Kirlian photography, but possibly to marry technologies such as Kirlian photography to magnetic resonance imaging. At some point we may be able to actually create a whole body scanner, which will be able to image the three-dimensional etheric body, so that we will be able to actually look at micro-level detail (cross-sections of the etheric body organ structure), in order to have a scan of the body that will tell you where the energy deficiencies are and use other methods in order to study how we can prevent diseases from manifesting.

It is the necessity of developing this type of sensitive technology to measure things happening at the subtle energy level that will really be important in finding out not only how subtle energy medicine therapies work, but some of the unseen side effects of accepted medical therapy; surgical therapies we are really not aware of. We take for granted that the body heals up just fine, and it doesn't matter that there's some scar tissue over here. It turns out that it **is** very important. You do develop energy

blockages in the body with surgery, and there are unseen side effects with drugs that happen at the subtle energetic level.

I want to move on from this into this phenomenon of acupuncture. Acupuncture is also an energy system that is very ancient. It is a model that describes energy circuitry throughout the body; yet it is thousands of years old, or older. This particular statue [visual reference] is a teaching statue that is several hundred years old. It shows these different acupuncture points on the body. It's a more contemporary model, used for teaching acupuncture students.

The Chinese saw the universe and human beings as being in dynamic equilibrium. Somehow humans would absorb energy from the environment through energetic pores throughout the body (acupuncture points). This subtle energy, called chi, would be distributed through this circuitry system to all the different organ systems of the body. This was the model they used. The use of acupuncture, in essence, is the insertion of needles at these particular points in order to divert energy away from organs that are receiving too much energy, or to direct energy to an organ that may be deficient in this chi energy. This is the classical Chinese model of how this works. It's complementary to conventional cellular biology. So, one has to kind of look at this with some skepticism, as this was introduced to the West a number of years ago.

Now, in the beginning, we began to develop physical models for explaining the effect of acupuncture. In England, Wall and Melzak (sic) developed the famous gate control theory. They suggested that the acupuncture needle was stimulating a peripheral nerve that would somehow turn off a spinal gate for pain information flowing to the brain. For instance, when there was a surgical operation on the lung taking place, if you blocked the gate above where the level of pain was entering the spinal cord, you would block the perception of pain. This has been shown to not be entirely the case. But there **is** a spinal gate control mechanism that is involved in peripheral nerve stimulation.

We've developed a variety of therapeutic modalities, including transcutaneous nerve stimulation (TENS), which is able to block pain in a manner analogous to this, but it doesn't involve the acupuncture meridian system.

So, this was a nice model that actually told us something about neurophysiology, but it didn't describe acupuncture. Then, in the 1970s, there was a great deal of work done with endorphins. It was found that acupuncture analgesia could actually be blocked by giving narcan, an endorphin-blocking agent. So, suddenly we had a neuro-chemical model that gave us a little bit of a handle on acupuncture. Gradually, we began to discover that there were other neuro-chemicals involved in acupuncture analgesia. One could not only stimulate with needles, but the Chinese were actually pumping electrical current into the acupuncture points, and it turns out that the model is much more complex than this. We have to ask: Is there really this circuitry system within the body, or can we just stick with endorphins and neuro-chemicals?

During the 1960s there was some neurophysiological research done in Korea by Dr. Kimbonghan (sic) (I must preface this by saying that these are very controversial experiments. People have had a difficult time finding the original literature; some of it is in Russian. It's been very hard to track down this individual. So again, you have to take this particular data with a grain of salt, but we'll also

compare it with some more contemporary studies). Like Harold Bur, what Kimbonghan did was study the develop of different energy systems within the body at earlier and earlier embryonic stages. He was also trying to map out whether or not there really was a meridian system, since no one had actually seen a meridian under the microscope. He injected radioactive phosphorus thirty-two into an acupuncture point of a rabbit. Using microautoradiography studies, he actually mapped where the radioactive tracer went. What he found was that there were only minimal concentrations of tracers in the surrounding skin, but that the isotope actually concentrated along the classical meridian pathways.

So, here was some evidence that there actually was a meridian pathway. He found, for instance, that if he would sever the liver meridian in an animal and study the padocellular changes in the liver, within a matter of several days, even though he had not cut any nerve or muscle going to the liver, the liver would begin to undergo cellular degeneration.

This has been more contemporarily replicated in France by Dr. Derossen de Vernejule (sic). This [visual reference] is the injection of radioactive technician (sic) into what's called a **SHAM POINT**, which means just at any point in the skin. What happens if you inject a normal area of the body is that the tracer just diffuses outward. This is the same radioactive technician we use in bone and thyroid scans. (This was done in a nuclear medicine department in a French hospital.) However, when they injected it into an acupuncture point, the technician migrated along a classical acupuncture meridian, which actually mapped along the pathway, showing that acupuncture meridian pathways actually do exist within the body. In fact, they found that the rate of flow of isotope could be affected by distant needling of acupuncture points along that same meridian. So even if you argue with Kimbonghan's work, this has implications for human beings. There really is evidence that there is a meridian system within the body. It turns out that you can actually image meridians in different ways.

Now, if the meridian system does exist, it may actually be what we would call part of an interface between the physical body and the etheric body. It may be a way of tapping in through the acupuncture points to get energetic information about what's happening not only at the level of the physical body, but also at the etheric body as well. This acupuncture meridian system is an interface between these higher and lower systems.

This device [visual reference] is called Motoyama's AMI device. There are acupuncture needles in all of the terminal points of the fingers and toes, and a computer analyzes the energetic electrical characteristics of these acupuncture points.

They are, in fact, energetic pores. You can find acupuncture points on the body, because there is about a tenfold increase in electrical skin conductivity over these points. So they are energetic pores. Using this type of technology, one can actually map out the meridian system. Each of the meridians goes to a different organ system, and working backwards by comparing the left and right balance in the body. The Chinese discuss Yin and Yang as being a type of energy balance between the left and right sides of the body. They are able to find out which organ systems are out of balance. Dr. Kenyon showed that they were actually able to be quite correct in pinpointing organ

systems that were out of balance strictly by deriving energetic information from the meridian system. So this gives some further evidential confirmation of this.

We're dealing with a type of subtle energy. We have to ask: Is there a way of mapping this? As an aside, this [visual reference] is a Kirlian photograph of this particular author. What they found were these funny, glowing blue points in the picture. It turns out that Kirlian photography is actually able to photograph the acupuncture points, as well. So there are ways of mapping out this energy.

This is the equation $e = mc^2$ according to the **EINSTEIN-LORENTZ TRANSFORMATION**, $1 - v^2/c^2$. What this basically says is that as velocity increases, energy becomes exponentially greater. We have velocity on the bottom, energy on the top. Even if you're looking at kinetic energy, as you accelerate particle, its mass increases. This is the so-called **RELATIVISTIC FACTOR**; as things to closer to the speed of light, mass increases exponentially, time slows down, all of these phenomena occur in physical systems.

Most physicists are a little wary of inserting velocities faster than the speed of light into this equation. So this has been the accepted version of this equation plot. But let us for a moment imagine that there are velocities faster than light. This will hurt the heads of many physicists, but you have to think in terms of what is relevant today, which is totally different from what was relevant twenty years ago. The speed of sound could not be broken in the 1950s; yet, now we have planes that are going mock two, mock three and mock four. So what we defined as an absolute barrier to speed has been broken, and what was impossible forty years ago is now possible.

There is a realm where if you insert a velocity faster than light into that equation, what you generate is another part of the graph, which is this "faster than light" section. This involves particles that are nonphysical, that only travel at speeds faster than light. They are known as **TACHYONS** in some areas. You hear them talked about as virtual photons, scalars, and so on. We are possibly talking about the same phenomenon, but using different terminology. So what this model (adapted from a model by Dr. William Tiller) shows is that when you look at systems that are faster than light, the Einsteinian model actually predicts the existence of this etheric world, this faster-thanlight universe.

Now, when you insert a velocity faster than light into this equation, you get a solution that contains the square root of -1, which is an imaginary number. Since the ether, in contemporary times, has always been considered to be an imaginary construct, it is very important to use imaginary numbers. So all the solutions on this side are negative. The most important of those is the phenomenon of not only negative energy, but **NEGATIVE ENTROPY**. This is very, very important. **ENTROPY** is the state of disorder of a system. The more disorder, the more chaotic, the higher the entropy. The more orderly, the more structured, the lower the entropy. So negative entropy is the tendency to go from states of disorder to increasing order. The prediction of this model is that this type of energy should have **NEGATIVE ENTROPIC PROPERTIES**. That is, the tendency to push systems to states of greater and greater order and organization. This is, in fact, the characteristic of the energy healers, and the

characteristic of the life force itself. When the life force leaves the body, the body decays, because this organizing force is no longer present. So this phantom leaf is composed of etheric matter. It is matter that is actually vibrating at a speed faster than light; at least, within this theoretical model.

Nobody has the inside track exactly on what's happening here. All of these theoretical models are in a state of transition. As we arrive at new laboratory and experimental data, we will change these models to fit the results.

So this is still a transitional model, but it makes predictions, which have been confirmed in studies on healing. In studies done at a university in Montreal in the early 1960s, they found that healers could actually transfer energy to water, that the water could be used to water plants, and that plants which were watered in double-blind studies with healer-treated water, grew at statically higher levels. They had more chlorophyll, and they were more vibrant.

Healers were also able to accelerate wound healing. This is an experiment mapping out wounds in a control group, treated by Mr. E, and in one that was treated by regular heat. They showed that in the group that was treated by the healer, the wound healing occurred at a much higher rate. They tried to figure this out, and they thought that maybe this had something to do with magnetic fields; it turned out that you could actually use magnets to treat water, and water would also accelerate growth rate. Unfortunately, they couldn't measure magnetic fields anywhere around the hands of healers using the technology of the time (1960s).

In a study done in New York, they took enzymes in solution, and exposed them to high-intensity magnetic fields. They found that this could accelerate the enzyme reaction rate. It turned out that healers could do the exact same thing, only you couldn't measure the high-intensity magnetic fields around the healers hands. The interesting thing is that you could actually damage an enzyme; break it up so that it lost its activity, expose it to the healers field, and the enzyme would actually **reconstruct** itself. It would go from a state of disorder to order, and the enzyme reaction rate would increase over time, even though the enzyme had no activity when the healer started. This is the phenomenon of negative entropy; of pushing that system toward states of greater order. There have been other studies showing that there are other similarities between healer- and magnet-treated water: copper sulfate crystals will crystallize in solution with a turquoise blue characteristic from healer- or magnet-treated water; whereas, it will be green in untreated water. So there is some similarity between these two.

One experiment showed that healers are able to actually stimulate inorganic chemical reactions, such as the Belazov-Zovatinsky (sic) reaction, which is actually driven by entropy. They were able to have a negative entropic effect on chemical systems, as well. Eventually, some work by John Zimmermann in Colorado found that using very ultra-sensitive squid detectors, they could actually pick up pulse magnetic fields coming from the palms of healers.

What this later showed is that this energy in this negative space-time world is not only negative entropic, but it should have magnetic characteristics, according to William Tiller. We see that there is a magnetic character to this energy, and it is negative entropic in nature. They have been able to show that healers can increase hemoglobin levels in patients, and that this ability can be taught to people through something known as therapeutic touch.

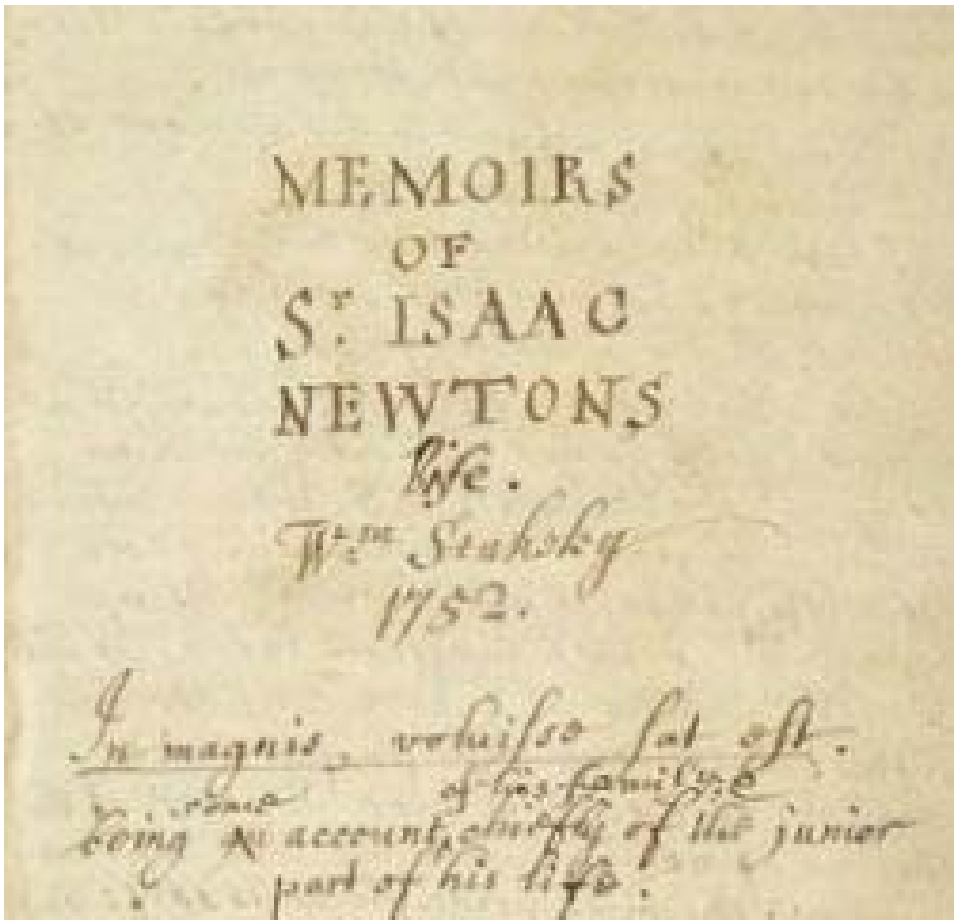
This is the "Skeptic's Guide to Therapeutic Touch", from a study done by nurses in the United States. You can see Kirlian photography documenting a patient before and after healing. The

energy field actually expands from the patient. Interestingly, the healer's field diminishes. The healer actually tries to tap into the "universal 220-volt power grid", so to speak.

The therapeutic implications are that this magneto electrical energy, this faster-thanlight energy, may be the chi energy involved in flowing through the meridians; or it may be the subtle energy that is extracted from plants to be transferred to water in homeopathic studies. Grad found that you could not only transfer healing energy to water to make plants grow; you could actually transfer the energy from depressed patients to water, and it would retard growth. So there are different qualitative characteristics to this energy.

This whole field of energetic and vibrational medicine involves the use of different forms of this energy to diagnose and treat illness. Acupuncture can be used to treat illnesses other than pain. You can treat infections, kidney failure... I've seen it treat all kinds of organ problems. You can actually stimulate acupuncture points with energetic means other than electricity. Using magnetic stimulation, ultrasound, and laser light stimulation will work. Energetic and vibrational medicine is creeping into orthodox medical practice every day. We're using TENS devices for pain, bone stimulators (using pulsed electromagnetic fields), laser surgery, magnetic field therapy for arthritis, and subtle energy medicines, which is the largest area of expansion.

Perhaps the most powerful form of energetic therapy we have available is our own capacity to help and heal others through our own healing touch, our caring and concern for others. This healing capacity is a latent human potential that is activated by a concern for the health of others, and an innate desire to help or heal another person. Through therapeutic or even simple touch, we convey an attitude of caring and compassion for others. That in itself is often able to activate the patient's inherent capacity for self-healing. As physicians, nurses, and allied health care workers we have the capacity to heal through our scientific knowledge, our diagnostic acumen, and the wonders of medical and surgical technologies which lie within easy reach. This growing body of research is beginning to suggest that it is possible for us to amplify the healing capacity of all these other medical tools and skills by awakening the healing abilities that we all posses to varying degrees. It will be our job to fully research these new areas of healing and subtle energies for what they may offer us, both in learning new ways to treat problematic diseases, and what they may teach us about ourselves and our undiscovered potentials.



Dr. Bartlett:

Our next speaker is Dr. William LaValley. He received his medical degree at Baylor College of Medicine in Houston, Texas, and went on to complete his family practice training at the University of Louisville School of Medicine. He has trained extensively in complementary medical techniques in China, Sweden, England, Germany, the US, and Canada. He presently serves in numerous organizations in this field as consultant and director. He practices in a very large holistic medical practice in Nova Scotia, Canada, employing both standard and complementary holistic medical techniques including complex homeopathy, electroacupuncture, and electrodermal screening. Nutrition and mental/emotional counseling are also part of his techniques. So we welcome, please, Dr. William LaValley.

Dr. LaValley:

Thank you. I feel that it's a great honor to be here; it's a very exciting moment, I think, in the history of this field, because we're here at the Royal Society of Medicine.

I want to thank Dr. Nelson and the Royal Society of Medicine for having me here to speak on what I feel is an important and long-controversial subject. In order for clarity, I'm going to read what I have written rather than speak extemporaneously, because there are so many specific points I want to make, and tie together at the end.

My intention is to discuss a scientifically accountable framework, model or paradigm that can begin to give us as scientists and medical practitioners reasonable and logical access to the underlying mechanism of action of homeopathy and homeopathic effect. I must acknowledge the vast number of scientists and practitioners who before me have generated research, knowledge and effort that have made available all the facts and observations drawn upon for this discussion.

This discussion will bring into consideration many general facets of science: chemistry, physics, mathematics and homeopathy, in order to build a consistent, coherent model of scientific accountability in this vast area. Concepts will be brought forth in succession, and then tied together in a testable hypothetical picture or model that acts to include these various schools of thought in a synergistic understanding for all of us to consider, to critique, to investigate, and to explore.

The subject of homeopathy, as all of know, has been an area of great controversy in medical circles for many years. Perhaps this symposium will mark the beginning of the next logical progression in the study of chemistry, physics and homeopathic principles.

In the spirit of true scientific advancement and exploration, we are now able to assimilate our understanding of these fields into coherent, scientifically accountable hypotheses that, perhaps for the first time, successfully meet the fascinating challenge of bridging these seemingly different scientific endeavors.

Mine is not the task of convincing any person or school of thought that the so-called "homeopathic effect" exists. It's all too familiar to many of us who practice in the field to hear scathing denials from various sectors proclaiming defiantly that "there is no scientific basis" for homeopathy, and therefore, despite reams of clinical, statistical and basic science data from all over the world, many cling to a perspective that denies the reality of the experience of the homeopathic effect. Whether it's in a test tube or a petri dish, or with various animals or human medical therapeutic applications, it seems that when we properly observe and evaluate homeopathic effect, something real is indeed happening. What I wish to do is to encourage healthy, open-minded, critical analysis of this understanding.

First, let's bring into view our model of chemistry, the chemical model of science and therapy. We have all been thoroughly trained in the basic assumptions and principles of chemistry. The logical progression of chemistry is generally that specific amounts of physical substances (that is, chemical substances) affect one another in dose-specific ways. Chemical interactions depend on the physical kinetics of the chemical substrate present. Thresholds of activity are here dependable on generally measurable quantities of chemical substrate interaction. Effects are clearly well known and well documented, from very simple ionic reactions to far more complicated higher-system effects, such as the chemical relief of anxiety or psychosis.

The wide and beneficial range of chemical therapeutical application is so immense that it is beyond the scope of this presentation. What we know about chemistry, however, is that it works! Nevertheless, when pressed to explain the mechanisms of action for a large percentage of chemical pharmaceutical interventions, we find again and again in abundant the literature that very often "the mechanism of action is unclear", or "the mechanism of action is poorly understood". Often in the pharmaceutical literature the discussion will go on to state something to the effect that "the

mechanism of action is **thought** to be associated with..." so-and-so or such-andsuch; some finding or another. In other words, they go on to give their best guess. That's legitimate; that's the nature of scientific pursuit: to offer a hypothesis in order to continue to logically pursue the explanation of observed phenomena.

So, we very often do not know exactly why a chemical application or intervention works; we just know that it does. Since we're comfortable with the basic tenets of the scientific model of chemistry, we very often allow these critical questions regarding mechanism of action to fall into the "lesser detail" category. When I've got an anxiety-ridden patient, or a psychotic or near-psychotic patient, my greatest priority is on the safe and beneficial treatment effect of the drug used, and I have very little immediate concern regarding the exact chemical mechanism of action, reason, or explanation why it works. However, in homeopathy, this is often not the case. Many scientists and practitioners have been unwilling to employ, or even entertain, the use of homeopathic preparations because they can see no principles in science that can explain homeopathic effect.

This no longer need be the case. While a chemical paradigm depends on the dose-dependent presence of the physical-chemical substrate for the interaction, it has been long known that homeopathic effect occurs both in the very dilute presence, or even in the actual absence, of the original chemical constituents.

So what's going on here? How can this be? How can more dilute preparations have more potent effects? In homeopathic dilutions of 1 to 100 (that is, 10^{-2} up to, say, 10^{-9}, or even 10^{-12}), we experience an overlap of chemical effect and homeopathic effect. Chemically, we generally see less and less effect as we make more dilute [homeopathics]. Homeopathically prepared constituents (here I must emphasize that this means dilution and vigorous succussion, mixing or shaking between successive dilutions) generally show greater target effects with increasingly dilute preparations. I know that this is common knowledge to many of you.

Again, for all of us open-minded, scientifically-oriented observers, the often repeated questions, which in some circles is considered a criticism, is: How can this be? How can a preparation wherein little or no amount of the original substrate is present possibly have an effect? Generally, the question is seen through the framework of a chemical model, and that leaves us baffled or confused. Let us, however, closely examine the chemical model in light of what we know about physics, especially atomic and subatomic physics. I think that Dr. Kenyon, Dr. Nelson and Dr. Gerber have given us a wonderful insight to the idea that the place to look is physics, and at the level of atomic and subatomic physics.

We want to look at these scientific models in light of the powerful and rapidly emerging study of nonlinear dynamics, as well; the dynamics of so-called chaotic behavior. It has been clearly shown the previous old linear reductionist mathematics is being increasingly replaced with the study of the mathematics of chaos dynamics. This seems to give a much more meaningful understanding of the order and organization in nonlinear systems. Suffice it to say for now for this presentation that problems of three or more concurrent variables (the **THREE-BODY PROBLEM**) and those problems that have appeared as hopeless chaotic and complicated are now far more understandable by employing the mathematics of nonlinear dynamics in order to access the underlying images of order

in these chaotic systems. In other words, the scientific community in general is now more able to study the order in chaotic systems.

We'll return to this concept in a little while. For now, let's continue with chemistry, and look at the basic assumptions underlying it.

Underlying the chemical modelling is the basic physics assumption that the chemical substrates involved are made up of atoms. If we are to believe the very rigorous and convincing data from nuclear physicists, we know that all these atoms also exhibit subatomic constituents. Dr. Gerber spoke to that issue. These subatomic constituents exhibit very interesting and perhaps crucial characteristics, known as **SPIN CHARACTERISTICS**. Other descriptions are known as **SPIN ORBITALS** or **SUBATOMIC CONSTITUENT QUANTUM ENERGY CONFIGURATIONS**. Again, Dr. Kenyon and Dr. Nelson have both spoken to this.

We are orienting our perspective here to consider subatomic spin characteristics. All the chemicals and physical-chemical substrates have, when viewed in the appropriate scale and with the appropriate order of dimensions, these subatomic spin states, or characteristics. We know this from nuclear, atomic and subatomic physics, and in fact, we even apply this understanding very widely today in the clinical imaging technology of magnetic resonance imaging.

I'm not sure how common MRI is in England; in the States it's extremely common. The intense magnetic pulse of the MRI machine powerfully reorients into a polarized direction the atomic and subatomic spin states of the physical-chemical substrate being examined. Release of the magnetic field is associated with the polarized or coherent spin states reverting back to their seemingly random previous spin state. In some circles this is considered the **GROUND STATE**. (I think that after Dr. Nelson's talk yesterday, we might not consider it always to be back at the ground state.)

In this reversion back to the original spin state, there is release of a radio frequency signal, which is received and processed into a visual image. So we have a widespread precedence in the understanding and application of atomic and subatomic spin states in resonance effects. I'd like to go into much greater detail, but time is far too limited for now, and we'll have to refer that to a subsequent discussion.

The important message is that chemical substrates with which we are all familiar also exist as atomic and subatomic constituents with their own characteristic so-called spin states.

In recalling the nonlinear modelling in mathematics, we are now comfortable in the assumption that seemingly random chaotic behaviors also exhibit underlying patterns of order and organization that we can observe when we know how to properly look for them. Generally, subatomic spin states have been explored using high-energy physics. That often destroys or disregards their chemical or molecular identity. This makes the study of subatomic spin states and living systems rather difficult. With the advent of MRI and other devices, the window of opportunity to think about and explore these dimensions is expanding rapidly.

The dimensions we are talking about are of a scale order that is generally very different from those orders of scale employed in chemistry. The range of subatomic scale orders are exceedingly low or

high, depending on the factors observed. We must remember that these subatomic spin states exhibit the capacity of resonance phenomena. That's a concept that continues to come up again and again. Dr. Gerber spoke to it, Dr. Kenyon spoke to it, and Dr. Nelson spoke to it. They exist as various resonance states and characteristics. In magnetic resonance imaging, the resonance imaging is describing and detailing characteristic interaction that these spin states exhibit. So when there are these spin states, we have potential for resonance phenomena, subatomic resonance phenomena... subatomic spin resonance phenomena.

So now let's look at systems wherein we are looking at macroscopic (that is, relatively large amounts) of substrate, and training our perspective on the scale of subatomic spin states. Nuclear physicists have generally given us a picture of the statistical probabilities of single atoms, of subatomic singlets, pairs, or triad constituent spin behavior. The study of superconductivity and MRI gives us a look at **collective** subatomic behavior of various macroscopic substrates. It makes sense to us now that the concept of collective subatomic spin behavior is accessible.

Building on the work from Fröehlich (as Dr. Kenyon spoke to) and the physicist Emilio del Guidici in Italy, there is an extensive body of literature now on the mathematical and theoretical considerations of collective subatomic behavior and spin interactions. Technically, this refers to the phenomenon of super-radiance, Fröehlich waves, Goldstone bosons and solitons.

So what, if anything, does this have to do with homeopathy?

Let us see if we can put together from all these scientifically accountable observations and phenomena the seed or embryo of a hypothesis that acts as a new starting point for viewing homeopathy and its effect. This, then, appears as a broad and general model, and is offered as a testable paradigm. It is the beginning for reasonable, logical investigation into its validity and voracity.

In the homeopathic preparation we have successively decreasing amounts of the original chemical substrate, as we successively dilute and succus the preparations. The chemical effect appears to follow classical chemical kinetics, and when looked at in the chemical model, this is quite understandable... until we observe that there is a chemically unexplainable effect. That's what we know as the **HOMEOPATHIC EFFECT**. This is where we must look to physics; particularly subatomic spin resonance states, for further explanation and guidance.

Let's temporarily suspend the limiting considerations of chemical model dynamics, and concentrate on the scale order of subatomic spin states. In practice, mixing together one part of chemical substrate with its characteristics of atomic substrates, together with nine parts of a carrier substance with **it's** different subatomic spin states, is a fundamental procedure in homeopathy. The infusion of the system with external force, or the energy of succussion, is also a fundamental procedure in homeopathy.

In MRI we know that the addition of energy (in this case, electromagnetic force) has a direct and powerful effect on the atomic and subatomic spin states. We also know that energy is convertible with some entropic or heat loss from one form to another. That is, for instance, from mechanical to electromagnetic, or from electromagnetic to mechanical. Importantly, for completeness, as Dr.

Gerber brought this issue very clearly to the fore, we have great evidence to suggest that various physical and chemical substrates and their coincident, collective subatomic spin states are projections or manifestations within some characteristic, organizing principle that makes the substrate what it is, and not something else. There is obviously some dynamic organizing principle in nature that influences form to manifest as it does. Perhaps this is where we can begin to consider scalar fields, virtual photons, tachyons; all of this area of discussion.

I'd like to look at this further. What **is** the organizing principle, force, or organizing dynamic present in the system that makes the chemical, the atoms, or the subatomic constituents an integral and necessary part of the whole system that it is manifest in; versus being manifest as part of another form or system? And, at what scale order or conditions does this organizing principle or dynamic succumb during interaction to some other more compelling force of **another** system's organizing principle? That is, what is the margin of form in matter, and what force or dynamic organizes it? We deal with this in homeopathy all the time.

Again, we have a subject of great scientific and philosophical depth. I can only touch upon it, and I do so for purposes of acknowledging the essence of nature's ability to organize matter and energy.

Let us continue with the considerations of this matter and energy, and go back to succussion.

During succussion (the vigorous shaking, pounding, mixing, etcetera), the succussion procedure invests, infuses or directs energy, in this case mechanical energy, into the system at hand. Now comes the crucial question or consideration. Perhaps it's **the** crucial question or consideration regarding homeopathy. There seems to be no known physical law that would preclude this critical possibility. And because there is no know law that would preclude this, we don't need to invent one to account for it. Instead, it would seem to be a logical extension of resonance phenomena, which we are already familiar and comfortable with.

Thus, in light of our knowledge that collective subatomic spin resonance states are affected by energy input to the system, perhaps we can view the procedure of succussion as the critical event in homeopathy. By the procedure of succussion, during the actual **act** of succussion, the energy of succussion passes through one atom and subatomic constituent after another in a quantum, electrodynamically seamless progression. (Dr. Nelson spoke to that, and Dr. Kenyon, as well. I want to refer specifically to Dr. Nelson's discussion of Feynman's QED (quantum electrodynamics).)

We know about this; this makes sense to us. We know that the laws of quantum electrodynamics say that it's so. The subatomic constituents are banging energetically against one another, in a nine to one ratio, for instance. We know that the energy from one atomic or subatomic spin state can have resonance effects on its neighbor. This is likely, perhaps, through the virtual photon or virtual particle interaction. There are many possible descriptions of this.

So the critical consideration and question is: What if, by succussion, these atomic or subatomic spin states of the original mother tincture chemical substrates produce a resonance effect in the diluent subatomic spin state? Conversely, it would have to be that the diluent subatomic spin state produces a resonant effect in the original substance spin state. Thus the original substance, when

succussed and mixed with the diluent carrier substance, exchanges information in the form of resonances of atomic or subatomic spin states, and vice versa.

Further dilution and succussion produces a re-resonance effect, or further tuning effect.

Each dilution/succussion procedure is a re-resonance... a re-resonance... a re-resonance. The resonance pattern, or imprint, of the original substance would then be considered to be amplified, or made more coherent in the diluent carrier substance with each successive dilution/succussion. The considerations of nonlinear chaos dynamics would predict that the random interactions within the diluent carrier would be canceled, and remain as background, low-level noise; while the re-resonating of the progressive dilutions and succussions would amplify the resonance pattern, imprint, or image of the original substance in the diluent carrier.

So we take into account a signal-to-noise ratio. The original substance continues in progressive dilution, and it carries an image from the diluent substance that is lost, as the original substance gets diluted out. In the diluent or carrier substance, however, the amplification or coherence phenomenon would be described in homeopathy as **INCREASED POTENCY**, and is called **POTENTIZATION** by homeopaths.

No new physical laws are necessary to invent or to invoke. Instead, only newer, better means to detect the "low-energy end of the scale" effects and phenomena would be necessary. There appear to be several excellent technologies available for exploring this hypothesis.

Please note: what I'm saying here is that it is the collective, subatomic spin resonance behavior of the carrier substance, the diluent, that is important here. The original substance serves as a template or image for the resonance phenomenon. The succussion/dilution amplifies the resonance image in the diluent carrier, and randomly cancels other resonances of the diluent carrier as background noise.

These resonance effects of necessity would be considered extremely low-energy effects, and would only be accessible and available to direct observation under similarly extremely low-energy conditions. At initial dilutions of 10^{-2} to 10^{-8} or 10^{-12}, we can consider that there is a chemical overlap effect with the homeopathic effect. Without the succussion, or the appropriate energetic input between dilutions, there would be a chemical effect only. When you incorporate the succussion dynamic, and begin to see the framework for an increasing resonance amplification, or coherence effect, then that is the homeopathic phenomenon.

There are many questions that this subatomic spin resonance model presents, such as how this relates exactly to scalar field dynamics, virtual photon considerations, and others. Predictably, this model would be considered as somewhat holographic. Dr. Gerber gave an excellent description of holograms and holography. That is, this model would have a resonance image or imprint that would be carried throughout the diluent or carrier substance in its whole form. A small portion of it would carry the same basic resonance information as the larger whole.

In homeopathy, we practice as if this were so. But because holographic considerations are conceptually only a three-dimensional image, and the observation is created by a coherent light in a

two-dimensional medium, the term "holographic" is too limiting. Therefore, because we are using actual physical forms of substrate to produce, to test, to investigate and to demonstrate this resonance effect; a better term for reference incorporating the range of space-time dimensions and the orders of scale of the subatomic of this resonance phenomenon would be **HOLOMORPHIC**.

Remembering the coherent activity of biological photons, we now have a carrier for this transmission, in effect. The collective, subatomic spin state phenomenon is scientifically accountable, and should be subject to serious, widespread investigation and scientific critique of homeopathic effect.

My intention here is to offer an embryonic seed for your serious, open-minded scientific consideration. I want to thank you for the honor of this moment, and this presentation.

The question was: What technologies could we use to investigate this phenomenon? The one that I'm most familiar with comes from Germany, called Radam. Essentially, a homeopathic remedy is subjected to a very wide range of frequency analysis; basically a frequency printout of where its various resonance is within it. As you increase potency, you get an increased amplification of various frequency resonance effect. I think Dr. Nelson has some very interesting technology regarding this, and I would defer to him for explanation.

Q:

Has anybody tried exposing a homeopathic remedy to an NMR machine?

Dr. LaValley:

I think that has been done. I don't have specific results regarding the applications of homeopathics in NMR. The prevailing theory is that if you use a force stronger than what was necessary to create the homeopathic preparation, then we run the very significant risk of basically erasing that

information. So if you put your remedies through x-ray when you go to the airport, they may not be there when you come out.

The point of this whole discussion is to get across that it's in the resonance state of the carrier and the considerations regarding chemical effect, in that when we get to 24x and 25x, we lose any chemical statistic probability of having any of the original substance there. That is essentially irrelevant. We have a chemical effect, and a homeopathic effect. At the initial low dilutions they overlap. There has been some significant confusion regarding that, and what we're doing is teasing out the difference of those two effects.

When we have a description of a homeopathic effect that is subject to the limitations of chemical boundaries, the chemical mind set, it's time to reorient that mind set, and not to engage apples and oranges in discussion. We want to keep apples with apples, and oranges with oranges. So at low potencies (4x, 5x or 6x) we still have a homeopathic effect **and** a chemical effect. We're looking at some systems wherein unsuccussed preparation show no effect in the 5x, 6x or 7x range. If you use that same system, and succus it, you do see an effect in the 5x, 6x and 7x ranges. The chemical effect measured at the same time decreases. Basically, we would see a standard kinetics line on the chemical effect, and the homeopathic effect would overlap. As many homeopathic researchers have shown, the effect exists in an oscillating or harmonic range; maybe a 30x may work, but a 37x doesn't show us the effect.

Q:

I've got no difficulty accepting this explanation on a personal level; I find it quite acceptable. But is there any book or scientific paper with appropriate references that one could use as proof to people who feel that it's only a theory, and doesn't have any proper scientific basis?

Dr. LaValley:

There are a lot of books that describe homeopathy and invoke physics regarding this...

We're in the process of assimilating that. I don't have one I can offer you. That is very frustrating, so this is the direction we need to go. By invoking that concern here, I hope to stimulate the professional interest in applying very critical scientific analysis to this, and importantly, to get some funding to do so. What we've suffered so often is the criticism that it's homeopathy, and can't be real, and just outright denial with no justification.

We need to say, okay, why **can't** this be? Let's go through it; let's pick it apart, and see where in scientific accountability does it fall. Or, is it possible? Is it plausible? It's a hypothesis; we can test it.

Q:

Does your model explain why, if a particular potency is repeated too frequently in treatment, it seems to lose its effect?

Dr. LaValley:

I wouldn't go on to offer that, at this point. I think that it's probably, down the line, a more clinical consideration. I am familiar with that effect, and I think it's very important. I think we also have to look at the question that if this model has some basic in validity that we can start to access, then what about the whole electrical potentization, and how does that work? What are the considerations for that? I know that Dr. Nelson has done extensive work in remedy transfer. All of these areas up to now have appeared to me to be sort of murky and nebulous. We know that we want to get closer to physics, and start to draw upon the obvious data available. Here's the **seed** of that model; here's the embryo. Let's see where it grows. And let's be very critical about it. Let's investigate with open-mindedness, and with very stringent scientific observations.

I want to thank you very much for this opportunity.

Dr. Bartlett:

It's clear that Dr. LaValley's understanding of biophysics is vast and comprehensive. Thank you for your presentation, which has made us very aware of the complexity of the issue. Hopefully, more will come to light as we discuss further how we can employ all these concepts and practices.

All dental practitioners suffer from a love-hate relationship with their patients. The patients hate to have to go to them, but love the results, the relief from pain, and the reconstruction of damaged tissue, etcetera. But recent investigation into the toxic side effects of some of the materials used in dentistry has opened up a hornet's nest of confusion and misunderstanding; not only amongst the public, but also amongst the medical and dental professionals themselves.

Today we hope that the next speaker will clarify the situation for us. Dr. Bill Wolfe graduated from Baylor University College of Dentistry in Texas in 1972. He practiced dentistry in Austin, Texas from 1972 until 1978; and in Albuquerque, New Mexico from 1978 to the present day. Dr. Wolfe also has a doctorate degree in naturopathic medicine. He is a member of several organizations including the American Dental Association, the Holistic Dental Association, the American Association of Biological Dentists, the American Association of Health Practitioners, and the Environmental Dental Association, of which he is a director. So I'd like to offer this opportunity to introduce Dr. Wolfe.

Dr. Wolfe:

Thank you. How many people here have amalgam fillings...? How many people have silver fillings...? How many people have mercury fillings...? How many people don't know **what** they have in their mouth? Don't you think you should know?

This is important in the United States right now: informed consent. In many areas of medicine, it is quite usual that the patient must be informed of what the procedure their going to be receiving involves. Yet, we have a material that has been used, in the United States at least, since the 1820s. We've been fighting about it for that long. We've called it silver fillings. Now, by the FDA labeling laws, you are supposed to put the ingredient with the highest content first. So if you had a mixture of mercury which is fifty percent, silver which is thirty percent, and then zinc, tin and copper, what would you call it? A mercury filling. This demonstrates the level of denial of the American Dental Association to call it a silver filling instead of a mercury filling, with fifty percent mercury.

Now, what happens is that once the mercury is mixed into the sludge of metals, the mercury does vaporize. I was the first dentist in the United States to purchase a mercury vapor detector, which is like a Geiger counter. It was originally developed for mining geological surveys, because wherever they find mercury vapor in a cave or mine, there is usually gold associated with it. That's why I don't feel that a dentist should put gold and mercury in the same mouth; they're very attractive to each other, and create a battery effect.

The US Navy found out about this machine, that it can detect mercury vapor, and purchased two hundred of them for their submarines, because in electrical switches, gauges, etcetera there's a lot of mercury used, and they didn't want vapor leaks in a closed, pressurized container under the ocean. So they purchased the vapor detectors, and started using them in their industry. OSHA in the United States, which controls work environment, has testing methods where if they come into your industry with a mercury vapor detector, and find more than .05 milligrams of mercury per cubic meter of air, they can fine you ten thousand dollars, and close your plant down. Yet, there are many of you in this room who have that much mercury vapor coming out of one tooth.

I've been measuring patients for ten years now with my mercury vapor detector, and very rarely do I find a filling that doesn't have mercury vaporizing from the filling, no matter how old it is. That's why it's called chronic micro-mercurialism; low-dose mercury exposure over a long period of time. This is why it may take years before the chronic exposure to mercury is noticed. When you're eighteen or twenty-five, the adaptive capacity of your immune system to deal with these mercury fillings is much greater. But maybe you're forty now, and with the pesticides, pollutants, preservatives, stress, plus the mercury vapor leakage affecting your teeth, then it does begin to catch up with you.

I'm not going to spend this whole lecture on mercury and amalgams. I just wanted to see your level of awareness, and to let you know that it is an immense problem. Yet, there are **many** other factors in the mouth that we need to be concerned about, especially as dentists. There are other metals, nickel crowns, palladium, a lot of electrogalvanism in the mouth from dissimilar metals. Architects and pipe-fitters all know not to put dissimilar metals in contact with each other, but I guess I was absent that day in school.

Fluoride and aluminum are also routine ingredients in composite materials. Fluoride is used in rat poison, and aluminum has been targeted as a possible culprit in Alzheimer's disease.

You have about eighteen different metals in your mouth, if you have a filling and a crown. There's a large amount of aberrant current flying around in your mouth from these dissimilar metals. Also we have barium-composite materials, so that these white fillings show up on an x-ray. So maybe in another ten years, we won't be talking about mercury vapor; we'll have a Geiger counter to test and measure the radiation coming from the mouth. Therefore, simply not using amalgam doesn't mean that dentists don't need to be concerned about potential toxins in the mouth.

Do you know that there is no biocompatibility test required for dental material to be used, to come onto the market? The American Council of Dental Therapeutics just requires that there are **mechanical** tests of compressibility, sheer strength; all engineering concerns. But there is no biocompatibility testing. Any dental material is a class 2 device. So what goes in your mouth really has not been tested as far as biocompatibility; only in efficacy of mechanical forces.

In 1979 or 1980, I came on to this because I was very sick myself. Maybe some of you, as healers and health practitioners, have had a similar experience of being very sick. I had a tumor, and I was very, very ill. I was tested for heavy metals, and found that I was very, very sensitive to mercury. If I were going to continue to be a dentist, I would have to limit my exposure to mercury. So I stopped doing mercury fillings; not for my patients, but for me. I started using alternative restorations ten or eleven years ago. Some of the materials that were out were not very good, and I struggled a lot. As I mentioned, I was the first dentist to purchase a mercury vapor detector in the United States, to check my office. I wanted to find out how much mercury was in the walls, and in the rugs. I ended up tearing up all my rugs. I started sticking this mercury vapor detector in people's mouths and keeping records of how much vaporization was coming out of people's teeth.

Anyway, this is an all-day seminar that I'm condensing down to forty-two more minutes. So we need to get on with it. Go ahead and open your notebooks.

The first page is just a letter that I give to patients, for those dentists here who want to know how I handle the introduction of this to my patients. I'm not running around taking mercury fillings out of everyone's mouth; the patient has to request that from me. All we do is provide information to the patients, so that they can make an intelligent decision. This talks about the controversy in dentistry and about the testing I do in the office.

The second page is the patient health history. These are symptoms that are commonly related to heavy metal sensitivities. So either patients will have a lot of these symptoms, or they have come in to ask you to remove their fillings; one or the other.

The third page is frequency of symptoms of patients who have been considered mercury-toxic. Irritability is one of the first ones, central nervous system problems, tingling, anger, fatigue.

I'm sure you've heard "mad as a hatter". You know, the hatters used mercury to work the felt in making hats, and they commonly went mad. This was known in the last century. Well, dentists have the highest divorce rate and suicide rate, at least in the United States, so one day they'll probably say "mad as a dentist". We all work with this substance every day, and our parent organization tells us to be very, very careful of how we dispose of the fragments we take out of the mouth, or any excess mercury. As a matter of fact, the Environmental Protection Agency has labelled amalgams that are removed from the mouth as "hazardous waste"; you can be fined if you do not dispose of these fragments properly. Now it's "safe" in the mouth, but it's not safe in the garbage can. They have strict guidelines on how you are supposed to dispose of this.

Any excess mercury-amalgam filling scrap is supposed to be kept in a tightly-sealed container in the drawer of a cabinet in an office down the hall you don't normally use. It's safe in the mouth, but it's not safe on the counter top, you see.

So dentists are exposed to mercury routinely. It's a hazard that I'm concerned about, and I'm sure that those dentists here who are interested in what I have to say are

concerned about it. Our parent organizations are concerned for us and **our** exposure to mercury, but you as patients: you're safe. Don't worry about it.

This third page is a chronology describing what has happened since the introduction of amalgam to the United States. Actually, there was some controversy as to where it was developed, whether it came from France or Germany. But whatever; it was developed in about 1820. This is basically what has happened in research findings, and what is happening in the United States right now as far as informed consent legislation; that dentists will have to inform the patient before they place amalgam in the mouth, what the constituents of the amalgam are, and the side effects of mercury. As far as I know, there is only one state in the United States that has seriously considered this legislation. It's on hold in California, but it looks like it may pass there. In New Mexico, I testified before the subcommittee for this legislature, and they all voted for it; it was unanimous. Three days later they called a hearing again, and they all voted against it. I wonder why.

The fourth page. [visual references] First of all, I got this from an industrial catalog: "Danger: inhalation hazard! Do not breathe mercury vapor." Of course, that's if you're in an industrial setting. As I say, OSHA can fine you if you have .05 vapor in your work place. If you're a dentist, you shouldn't do this, but if they're in your mouth, it's okay. This is something that has not been approached as far as some of the readings you get in the mouth. I get quite higher than .05 milligrams of mercury per cubic meter of air. The industrial exposure is based on an eight-hour day, forty-hour work week. If you have an amalgam in your mouth, that exposure's twenty-four hours a day. So you need to breathe through your nose more than your mouth. If you drink hot coffee, it can agitate the mercury vapor release. Vinegar salad dressing lowers the Ph of your saliva and increases the battery effect, chewing gum excites molecular agitation, and so on.

This [visual] is a charcoal mask. Any time I remove an amalgam, I use one of these masks, face shield, gloves, and I have a mercury filter right next to the chair.

On the fifth page: the toxic effects of dental restorations. These are documented pathological effects from the constituents of amalgam. These are the organs and systems affected by those particular constituents. These are some of the ingredients in composites that can also affect the same systems. I'm not for doing composites; I'm just against doing amalgams. I don't think the perfect dental restoration has been made yet, because there are no bio-compatibility studies on any dental materials that go in the mouth.

The crowns that we put in the mouth, especially the nonprecious, nickel, beryllium chromium, cobalt... So just because we don't use amalgam doesn't mean we can feel completely safe that we're doing the most health-conscious procedure for the patient.

In the meantime, when I do a procedure for the patient, I always have them sign an informed consent. This is an informed consent for electrodermal testing. We go to quite great extremes to make sure that our electrodiagnostic instrument has a new label on it. We took the previous plaque off, and put a "biofeedback" plaque on it. In our country the FDA doesn't like these types of machines, except for the Eclosion instrument. It's registered with the FDA, but most other machines are frowned upon in the United States.

So this is informed consent; a disclaimer stating that the patient says it's okay to remove the filling and place a composite. Also the patients sign a form stating that I have not guaranteed them that

they're going to have any health reversals from having their amalgams removed; that it is purely a request on their part.

The next page shows a letter from the United States Department of Labor. In 1986 I sent the results of my mercury vapor studies to OSHA, and asked them: Is the mercury vapor I detect in the mouth the same mercury vapor that is pronounced to be an environmental poison outside the mouth? In fact, the World Health Organization has stated that there **is** no minimum exposure to mercury that can be considered safe. The answer is summarized in the last paragraph, which says, "Although there be no difference between mercury vapor measured inside the mouth and outside the mouth, the exposure potential of intraoral mercury would be much greater than that of extra-oral mercury vapor, as mercury is toxic through the roots of absorption, ingestion, as well as inhalation." But the American Dental Association feels that they are the authority over this, and say that it's no problem.

I'm going to try to get away from mercury and amalgam. I use this chart all the time. This is so routine to me, to really understand what's happening with patients. When I first heard about this, it was hard for me to believe that this kind of information is available, yet is not taught in dental schools. We are taught a very narrow focus of education; we're just a tooth mechanic, in essence. We repair people's irresponsibility. In actually, we're an oral physician, and affect the rest of the body quite immensely, whether we want to acknowledge it or not. I've had many, many cases of health reversals just from one tooth--irritable bowel syndrome... lower molar, large intestine lung tooth... just working on one tooth. I've had prostate cancer go away just from working on the lower anterior teeth.

Now, I didn't know that those diseases would rectify themselves through working on that one area; all I knew was that the tooth was an interference field. That's all we're really talking about here, is that the mouth is an interference field. Whether you do electrodiagnosing or muscle testing, the point is that you **can** detect in the mouth that there is something going on, and that this "going on" is actually interrupting a meridian flow through the oral cavity to those specific organs. In other words, there are large intestine teeth, there are stomach teeth, there are liver teeth. The teeth do affect the organ at a distance through the particular meridian system. I want to do a little testing on someone here who has the most silver fillings of anyone in the room.

Let's go on, and do a few more of these charts. The next chart is a little more simplistic, and shows the relationship between the sinuses, the joints, and the organs.

I first had an experience that demonstrated how true this chart is. I studied with Voll, and I used to hear him going on about wisdom teeth and heart problems. He felt like most heart problems had an interference field in the area of the wisdom teeth, whether you had wisdom teeth or not. That's the other point here: you could have had that tooth taken out, and still have a field of disturbance, an osteitis in the jaw. I've gone back and re-operated on areas where there is osteitis in the x-ray, or I just picked it up with muscle testing, or maybe there are amalgam fragments. How many of you dentists have seen on an x-ray amalgam fragments in the tissue or in the jaw, and there's no tooth there? In other words, when the dentist took the tooth out, and those forceps grabbed hold of that tooth, it crunched the amalgam; all those little fragments fell down into the hole where the tooth was. Then the bone grew around it, and the tissue grew over it. You see these little amalgam fragments

in the bone. I've gone back many times and taken these amalgam fragments out, and had the disturbance clear up like that. Just because you don't have a tooth there doesn't mean there's not a problem.

Most recently, I've used homeopathic injections, magnets and lasers. Lasers are amazing in their healing capacity in the mouth, and also in eliminating interference fields. The new lasers, the 830 and 660 Nano, thirty milliwatts, puts out about 10^{16} photons per second. That's what we're talking about this weekend: photons. It's amazing what happens with lasers in the mouth. I'm not talking about high-powered lasers for surgery; I'm talking about low-powered, for healing.

Let's go on to the next sheet. Whatever kind of unit you're using, whether it be the Eclosion, the Dermitron, the Interro, or whatever, we're measuring basically the same points. The ones I use for dental material testing are basically the ones that Dr. Thompson from Germany recommends. The allergy number three point is most standardly used, although the nerval degeneration, endocrine, sometimes heart point-on your really chemically-sensitive patients, it's good to measure more than one point to see what kind of distress the material would be. In addition, its' good to use the lymph number two point, the dental pathology point, to check the condition of the mouth. The allergy point is to check the condition of how the mouth would react to the dental material.

I don't want to spend a lot of time on electrodiagnostic testing. I feel you can get the same results with muscle testing, but if you're checking a hundred different dental materials, the arm gets quite tired. It's much more reliable, I find, to do electrodiagnostic testing for a lot of dental materials.

Another interesting subject is the oral acupuncture points. This is not injecting the tooth; this is actually supporting the organ meridian through the mouth. In other words, if I'm working on a lower first molar, I know that's a large intestine/lung tooth. Perhaps I'm removing an amalgam, and I want to support that organ. I will maybe inject the tooth with a homeopathic remedy for trauma, but I will also inject the large intestine meridian, to support the meridian. You can actually feel these oral acupuncture points, especially when they're sensitive. They're down in the vestibule, or the trench of your mouth, and as it start to curve up on the outside, almost to your cheek, you'll feel these points, especially if they are sensitive.

When you have a patient come in with a sensitive tooth, but you don't know which tooth it is, what you can do is have the patient go around the mouth, actually touching the teeth, and muscle test them. Start with the lower front teeth; they're the least likely to have fillings. So touch a tooth that has no filling. Have the patient hold their arm stiff, and then go around on the particular teeth that may be the culprits, and they'll blow out on the tooth; they'll get weak on the tooth that is culprit. You can also do this with the oral acupuncture meridians, to see if the large intestine meridian is also affected. They'll be tender on the spots over by the cheek, and they'll get weak. So you'll know that an organ is involved, too. So if you work with a physician, they should also see the physician to have the organ supported.

What you can do is actually sedate the tooth. You can get a reading on the large intestine point, and then you can measure the dental point (lymph number two), and get a reading. You can go to the mouth and sedate that tooth; you can look at the chart and see which teeth are the large intestine

teeth. You have four opportunities there that might be an energetic focus. Maybe it's not **causing** irritable bowel syndrome, but it's inhibiting the ability of the large intestine to heal, because the meridian flow is obstructed.

One way you can do this is if you had a unit that actually could sedate the teeth, you could go one by one. Sedate that tooth; recheck the large intestine. Say the large intestine meridian had been measured at eighty (normal would be fifty). You sedate the tooth, and then the meridian falls down to sixty-five. Then you'll know that tooth had something to do with that intestine. Or you can use a magnet, and measure the large intestine meridian, put the north pole of a magnet on lymph number two, which helps draw out, and just see what happens to the large intestine meridian. If it tends to balance out more through stabilization of the lymphatic number two point, for the mouth, then you'll know that the mouth is an interference field for the large intestine.

(Do you have amalgams? Come on up here.) He has amalgams on his lower molars. So one way we can find out if he has some problems that might be associated... You have to have the teeth apart a little bit... You're a little weaker on that one, can you tell? So there's a little energy blockage there. Now what I'm going to do is just disrupt the energy a little bit, right in this area where the molars are. See how much stronger you are there? So that's without a machine. It's sort of crude, all you've got is your hands if you can't sedate the tooth directly. You can just ask the body a question. If I just disrupted the energy there for a second and let the meridian flow, what would happen to the large intestine? The large intestine meridian is strong. So that means there's probably a pretty good chance that there's a disruption of the meridian in this area. It sure wouldn't hurt anything to take these amalgams out.

I can use 7.5 hertz frequency. There are different wave forms. There's the tonification waveform, the sedation wave form, and we actually give an electrical impulse to the tooth for just a moment, which calms it down. Then I can go back and remeasure that large intestine meridian. In other words, I'm asking the body a question: If this tooth weren't a factor for just a moment, what would that large intestine meridian be reading? If it came down over five points, then I would know that there is an energetic focus there. One way to do it is to disrupt the energy for a moment, and touch the meridian points. It's something I've played with. You can also use a magnet, if you know where the points are.

Or, if he has a problem with electrogalvanism, here's the next thing I'll show you. I started noticing that maybe there's more to TMJ (the jaw joint) than correct anatomical placement. I would take my amalgam patients through a phase, where I would remove their metals, and put in temporary fillings. I was going to put them in a splint, get the TMJ anatomically spaced and aligned, and then come back and determine the finalized dentistry required. I started noticing that as soon as I'd removed the metals and put in temporary fillings, a lot of their TMJ symptoms went away. I didn't have to make them a splint! So I couldn't justify going on with the TMJ splint procedure. So I wondered what happened there. Then I thought, well maybe it's the fact that the metals are gone-- not because the **mercury** is gone, but because the**current** is gone.

You don't even need to have mercury to have electrogalvanism. If you have dissimilar metals, saliva is a wonderful electrolyte. There is an ionic interchange, a current flow, in the mouth. This current flow can affect your muscle relaxation, controlling the jaw.

Now, he's weaker with his teeth together, and there are a couple of reasons why. One reason is where his teeth are placed in the jaw is not where his muscles want to be.

The other reason is that he has dissimilar metals in his mouth, and when he puts his teeth together, he completes a circuit. He has vertical electrogalvanism. Right now, with his teeth apart, he just has horizontal electrogalvanism. So I don't know what component of this is electrical and what is TMJ.

We can rule out how much is electrogalvanism by using this magic instrument. This is a common tape head demagnetizer. What I do in my office is have the patient close his teeth together, and just approximate the line where the teeth come together, and you push the button, and wait twenty seconds. As you may remember from physics, when you have a current flow, there is a ninety-degree electromagnetic field. So if we alter the electromagnetic field, we alter the current flow; or if we alter the current, we alter the electromagnetic field.

Now, you could do this tooth to tooth in the mouth, but for those of you who aren't dentists, you might not want to deal with the mouth, saliva, and sterilization.

Why mess around the TMJ when they've got an electrical problem? You get the electrical problem cured first, and then you can honestly get some feedback on their anatomical alignment.

In changing those fillings, maybe we're just doing a quadrant at a time. I wouldn't be opening his vertical very much, or moving his midline over. I'm basically trying to put him where he was. In this case, I'm not just talking about premature contacts because of a TMJ problem. He has a midline shift, and I can only correct that by building an entire arch differently. So yes, it would take away premature contacts.

Some splints work just because you separate the teeth. I've seen some horrible splints that had nothing to do with where I thought the patient should be in reference to the physiological rest position of the muscles, but they worked, just because the teeth were apart, and the metals were not allowed to come together.

There are so many symptoms that can be related to TMJ. Anything in your spine that's out of line, even your pelvis, can be related to the TMJ. Headaches, blurred vision, ringing in the ears, tension, trigger points in the upper torso... it's a syndrome, not a localized, acute problem.

The patient will tell you he has headaches, or you can ask him if he clenches or grinds his teeth. One thing that you as a physician should do is put your fingers in the patient's ears, and bring them forward toward the condyle. Have them open and close. Are you feeling any clicking and popping? In other words, is the condyle on the disk, or is it sliding off the disk in that area? Then I would palpate for trigger points throughout the temporalis area, the occipital, mastoid areas; feel the vertebrae; see if they're out of place. They're all tied in. My chiropractic adjustments won't hold if the TMJ is out. It's all one piece. One we get the TMJ balanced, then the chiropractic or osteopathic adjustments will start to hold.

We're taught in dental school that if you look at that x-ray and see some osteitis or any kind of lesions, you either do a root canal, or take the tooth out. If we can vasodilate, get more blood flow to the area, more lymphatic drainage, stimulation of an area that's energetically congested, these areas can heal, too. Since I've started doing homeopathic injections and using lasers, I've found that on a large percentage of teeth most dentists would have done root canals on teeth that don't need them.

Let me tell you about the Vega dental test kit. This has all the factors that would be contributory to a dental interference field: all the osteitis, the periodontal situations, the amalgam, things for sinus--and the way you would use this in your machine-- if this particular homeopathic helped to balance out that meridian, then you would know that's a factor.

Dr. Bartlett:

The Homeopathic Dental Association has ninety-two members around the country. Any of you doctors who are interested in following any of this up, are sympathetic to this cause, and have a certain degree of knowledge on the subject, then we have a little brochure, which has an address you can contact for a list of members. Thank you.

Dr. Wolfe:

Thank you, Peter.

For those of you who don't have a machine, I want to show you how you can diagnose dental problems. Another way to know if that tooth is a problem on that meridian, or exactly **what** the problem is on that tooth, you can take your homeopathic remedies, and ask the body a question. Now, we're going to touch some teeth that don't have any fillings in them, usually the lower front teeth. He's touching a tooth that has a very large amalgam in it. Now I'm going to put in some silver amalgam homeopathic. I know now that's where the problem is. So you can actually focalize what's going on. New Vistas has an amalgam remedy. So you can go around, and ask the teeth questions.

Let's say I ask: What's the problem with this tooth? And it is chronic pulpitis. What I would do then is inject that tooth with this, and then see what happens to the meridian; see what happens to the large intestine. You don't know, but if you calm the tooth down a little bit with the energetic remedy it needs, and then see what happens to the intestine, this is another way to know.

Q:

How do you inject the tooth?

Dr. Wolfe:

I get a low-dose insulin syringe that has a very, very small needle on it, and then I will aspirate the solution up into the syringe. I'll just put three or four units right there, and rest I'll spray underneath the tongue for sublingual absorption, which is the second fastest way to administer a drug, next to IV. So what this does is free up the energy congestion around the root tip, and when he comes back to test, the tooth will be strong. If you do that repeatedly on these teeth that are routinely sensitive, and you don't what to do; it's amazing--you do this a couple of times, and the tooth calms down.

Bill, does New Vistas have any injectable?

Dr. Nelson:

We have a full line of injectable for the dentist, optometrist, and the medical profession in general.

Dr. Bartlett:

Thank you, Dr. Wolfe, for a most entertaining and informative talk. I only hope that more of the dental profession in the UK will be soon investigating and experimenting with these concepts, and sharing such knowledge with medical professionals. Perhaps then we'll have a more integrated approach to health care management in this country.

Now, in keeping with the characteristics of the subject matter of this conference, namely unpredictability, we have a surprise for you. Dr. Nelson is planning a brief presentation on pharmacology. He has asked that everyone kindly attend this talk, as he will be presenting some vital new material.

* * *

Dr. Bartlett:

Well, we've already heard Dr. Nelson speak to us, yesterday, but we haven't really officially introduced him yet. So, to that end, I'm going to the age-old tradition of Anglo-American cooperation: I'm going to relinquish the chair of this meeting to Mr. Michael Haines, who is now going to introduce Dr. Nelson to you, and will take over the chair for the rest of the afternoon. Mr. Michael Haines.

Mr. Haines:

Thank you. I'm delighted to be here. Anglo-American friendship is certainly at the core of what we do.

I've had an association with Dr. Bill Nelson for about a year and three quarters. During that time, I've begun to appreciate that there is a unique synthesis represented in the work of Dr. Nelson. As we can all appreciate, we're beginning to find out the backgrounds and the work of one another. This sort of networking is an extraordinary important process; we probably can't overemphasize how important it is.

In the case of my work with Dr. Nelson, I've begun to appreciate three things. One is that he has, in my view, actually brought to birth a new school of medicine, and it's his variant of energetic medicine that I'm very concerned with. To bring to birth a new school of medicine, I think you need three things. You need, first of all, a technology that is represented in the various hardware that Bill and his coworkers have brought forth and developed. You also need a system of remedies. Here, too, there has been an entire natural pharmacopeia brought forth. Lastly, and perhaps most importantly, you need a theoretical basis for that school. That is being done, as well.

What this represents for us on a very practical basis in North America, and I trust, to some degree, for you here in Europe, is that we are at the point in which there is an extraordinarily great demand within the public for the type of medicine represented here. It's one thing to have a demand that is well-documented statistically; it's another thing to provide a theoretical basis for the physicians, who ultimately will be the carriers of a new way of performing medicine, to step forth and serve that demand.

Up until this point in time, we have not yet had it as fully as we might. There have been many excellent laborers in this area. Certainly we all profited from the exposition by Dr. Kenyon. In North America we are well aware of his work. He's widely published, and his books are known there. However, the work that we need to do is the work that is now represented by this material coming forth in quantum physics. As you can appreciate, most of the other sciences have already moved to embrace many theoretical constructs of it.

Conventional medicine as we know it is essentially fifty years in the past. What that means is that it is not only working out of an old and truly outmoded paradigm, but that all of the technology, and in many respects most of the client-physician interaction, is in some curious sense reflective of that old paradigm. It creates enormous stress in the infrastructure, it creates enormous psychological stresses in the lives of the patients, and it just **will not work**. I'm not here to elaborate on just how badly it doesn't work, but if you can think of a business, shall we say, that is undertaking itself on the order of hundreds of billions of dollars a year, and that is proving itself to be dysfunctional, then you can appreciate the scale of magnitude here. We are talking about an **enormously** powerful effect of business that is just simply not doing what it should be doing. I'm using "business" in the sense of actually accomplishing something, not just simply in this mercantile sense.

Well, that's where we're at. Certainly for some years I and many others have been looking for a spokesperson who actually embodies the new perspective that we can take forth to the clients, to help them begin to realize a new way of finding the medicine. That's what I believe we have here with the work of Dr. Nelson.

So at this point, I'd like to welcome him.

Dr. Nelson:

What I'm here to talk to you about today is quality control. Quality control in general and quality control in homeopathy. This is something that is really important to me.

In the field of quality control in America, there was a leader in the industry known as Walter Deming. Walter Deming offered to the American people quality control techniques for businesses, etcetera. How to make the best quality whatever. The best quality car, the best quality radio, the best quality receiver. The American businesses, one by one, rejected Walter Deming's ideas, saying that it was going to cost us too much to do quality. Dejected, Walter, in the late 1950s, went to Japan, where he was embraced. He changed the Japanese way of thinking. In the 60s and 70s Walter Deming's quality control became the paramount of the Japanese system.

In the American system today, the highest honor any citizen can get is the Congressional Medal of Honor, usually awarded for killing somebody. The highest award that any Japanese citizen can get is the Walter Deming Award for Quality Control. They realized that quality control was so much a part of the growth of any industry that it had to be dealt with.

In America there are people who manufacture semiconductors, which are sent out, and seven or eight percent of them could be bad. As a way of business, you just have to throw away seven or eight percent of them. They sent some of these semiconductors to the Japanese companies, who wanted their money back. The American companies said that no one had ever complained before. The Japanese were intolerant at any quality control system that exceeded **one** percent, because **they** strive to have **point** one percent rejection in quality control.

So this is something I was obsessed with in understanding homeopathy. Years ago, I came up with some ideas of how homeopathy could work, and some ideas of how we could test it. I'll share these ideas with you today. I went around the world to different homeopathic manufacturers, and could not find **anybody** who would take me up on the idea of spending money on quality control.

Dr. Isaacs (the father of quantum biology) and I went to Paris with a large homeopathic company. We toured for hours and hours, and finally the President came in, and he said, "Well, I've got to be at a meeting in twenty minutes. It takes me five minutes to get there, so you have fifteen minutes." Dr. Isaacs stood up, and said, "No, you have twenty minutes to get there." And he turned around, and walked out. Because we wanted to really talk. So I spent the next couple of minutes talking to the President, saying that I wanted to do something, because we wanted to do quality control. We wanted to put homeopathy on the map; we wanted to**validate** it. That wasn't what they wanted. They brought us over because they were interested in marketing.

What I really wanted to do was this type of quality control. So I started doing it on a shoestring with different tests and ideas, which now have grown into a larger type of quality control.

In quality control, one of the first things we want to do in developing a product series is to statistically evaluate the product. This is so important, because what I found was that most companies would just buy product that was designed by someone in his head, in what is called the **GEDANKT** experiment. I don't think you can do this in pharmacology; I don't think it's appropriate. I think we need to go beyond the in-head experiments, and I think we need to do double-blind challenges. I'd be embarrassed to tell you how many times I've done designs in my head, felt like it was really going to work, put it in the patient population, and didn't get results, or sometimes got negative results. I'm talking about pilot studies. Before something is released into a large environment, we want to do some pilot studies to make sure that it's safe and effective.

One time, I came up with a design for a nasal spray that had some B-12 in it. I found out that nasal mucus was highly absorbing of B-12, didn't need much intrinsic factor. I added a little bit of gararna (sic) to it. I had six people in a little study who were going to use it. Three of them called me back within in three days; two of them at three o'clock in the morning. "This stuff is great!" It was having too much pharmacological response.

So we need to do these pilot studies. Hahnemann was a big believer in provings, and this was his way of statistically evaluating. There's a statue in Washington D.C. to Hahnemann. Behind that statue, there should be a statue to the provers, and it should be ten times larger. Because you can read his book to see what happened to the provers: "bleeding from eyes, testicular degeneration, lost all hair," the extreme types of things these provers went through to help him develop a science. Statistical evaluation is something I've found that most people in this profession don't like. They don't like to do paperwork, but I think that's so important.

So we finally got into New Vistas pharmaceuticals, which is now ten years old, and we're developing New Vistas pharmaceuticals in Limerick, Ireland for the common market. The ground has been broken there. So these are some of the ideals. We want to make sure that we have safe things, and that we've evaluated them.

We found in America when we bought digitalis from many herbal companies that sometimes we didn't even get digitalis. Sometimes the digitalis wasn't pharmacologically active. Podophyllum is only active the first week of July. So if you're going to pick podophyllum in the Orient, and you're an herbalist, you'll know to pick it during the first week of July, when it's pharmacologically active. You'll probably pick it at the change of the moon, with your left hand, at three in the morning. That's how exact they are in how to pick this herb. So we found that our best source of some of these herbs was the Orient. We still challenge it, and want to make sure that we check the herbs for the proper argot alkaloid. In whatever type of intake procedure we can, we want the quality. We want to make sure that we're not just doing homeopathy with something that is flawed to begin with. So we want to make sure that when we're doing the pharmacological work (and below 12x we **are** doing a lot of pharmacological work), we're using the right stuff.

Those techniques are all well known in chromatography, spectrophotometry and spectrographic analysis; all the ones we do. Chemical work is well documented.

Now for Kirlian photography. Here, I wanted to be able to confirm that through the process of succussion there is a transfer of energy into the outer states of electrons. Could there be some type of quantic, energetic imprinting of one message into the water and alcohol base? How would we measure this? How could we do quality control?

What I found is a system I developed called the **REGAE** (Rare Electron Gas A-Allopathic Evaluation). By putting the homeopathic around some rare-electron gas, energizing it with an electron plasma, and then taking a picture, which we then do a laser scattering through (because we have to have some coherent light), we were able to generate some of the pictures.

This [visual] is a slide of a Kirlian print used with the **REGAE** and using a fingertip... This is a slice of bread that has been prayed over. We found that there's a change when you pray over the bread. Healers, just by praying over the bread, energize it... This is a blown-up picture of a Kirlian slide of an acupuncture point... This one uses the film, and places the finger on it. What we are doing is something a little different; now we are learning to take pictures of the electron field around the rare electron gases. These are some electron scatterings of atoms.

This is more the type of system we have. You see the camera on the bottom, which allows us to take a picture. Instead of having a dielectric and a liquid crystal layer, what I have there is a rare electron gas. I wrote a report on this for the German government.

This is Denver city water, unfiltered, and that's the field we get generating around it. It's a very sick, adverse field... This is the first attempt I made at an environmental detoxisode.

I worked with a company known as Pasco, and a couple of other companies. I started taking this type of picture of the products. I found that the more asymmetrical a pattern, the more likely a healing crisis would be induced. People taking this product, with a collection of potencies and different compounds of environmental pollution, would get sick and have dramatic detoxifying. I called these companies up, and reported this to them. They didn't want to change. In fact, they **liked** hearing stories about detoxification. They **liked** hearing stories about people with their arms wrapped around the porcelain altar for days, and things coming out of every orifice of the body. The more horrendous the detoxification stories, the more they smiled, and knew that their remedies were working. I didn't think that had to be the case, because I personally saw at least two patients who, I am absolutely convinced, died because of a healing crisis they could not tolerate. I believe as a psychologist that if I put my hand on this thing and get shocked, I'm less likely to put my hand on that again. If a patient comes to see you, and goes home and has a healing crisis, he's less likely to come back.

In working out this formula with the environmental pollution, I started playing around with potencies. This was about a three-year process, by the way. When I got this balanced symmetrical pattern, I seemed to get minimal crises. I would get very effective cleansings; yet, they were not crises. People's lives were not threatened. The symmetry of the pattern seemed to add a safety factor.

Now, the **size** of the pattern seems to tell us how well it works, whereas the **stability** of the pattern tells us whether it's safe or not, and whether it will provoke a healing crisis or not. So we worked with this type of remedy.

This was an interesting remedy that I first put together as a product now known as Algin. This is the first form of Algin. It's a radiation detoxisode. I took different radiations, made imponderable homeopathics of the radiations, used different products, put them together into a wide variety called Algin, for radiation detox.

One of the first bottles we made was used by a good friend of mine, who was a vitamin salesman, and he was about three hundred pounds; grossly overweight. He had skin conditions, and problems with blood pressure (his blood pressure was 300/140). I checked him out with the Eclosion machine, and found that there were high radiation scores. In fact, every point of his body was satisfied with this exact remedy. He went home, took this remedy, and within three days, a black, oozy sore came out on his chest that was about the size of my hand. It started to move within a couple of hours; you could see it move, very slowly. He called me up, a little bit concerned. I told him that it sounded like he was having a healing crisis, and that his high blood pressure made him a possible target for something detrimental.

He said he wanted to go through with the program, and he **did** go through with the program. He kept on the product. Over the course of the next three days, this black, oozy sore went all over his body. He lost all the hair on his body, and thirty-five pounds of this black, oozy mess. We had it analyzed at a lab, and they could not find anything but dead, necrotic cells. His hair grew back, his blood pressure on that day dropped down to 140/90. He has not had problems with his blood pressure again, and his skin conditions went away. I just saw him about six months ago in Indiana, and he looked like an olympic athlete. So it was able to help him dramatically, but that wasn't exactly the kind of reaction I was looking for. We want to try to engineer for safety.

This is a different formula, the Amalgam. This is a collection all the different mercuries, all the different amalgams... This is the Algin that was then later engineered. We donated four thousand bottles of it to the Fins when the Chernoble (sic) incident happened. The cloud went from Chernoble, and spread right out into Finland. The Fins used it primarily on the reindeer, and they tell me that in fields where they used the formula on the reindeer didn't get sick. But the reindeer died in most of the fields where they weren't given the Algin. This was a much safer formula.

This is one of the early forms of Metex.

Dr. Nelson:

This is a picture of a drop of water on top of a container of rare electron gas. The rare electron gases, as reported by several researchers, seem to fluoresce very peculiarly in the presence of certain bioelectric fields. So that's what got me into it.

This is a picture of candida in the heart. Some people say candida doesn't affect the body. This is a young man's heart, and that's candida growing on the tricuspid valve of the heart. He was twenty-four, and died of candidiasis.

This is some of the work we lecture on regarding worms. We started finding out that about eighty percent of the population of America has worms. It was very interesting. I first got started in the path lab at the hospital, and in order to do a worm analysis, we would take one little bit of the patient's stool, put it in some sugar water, and see what type of eggs would float up. I found that only fifteen to twenty percent of the people in Youngstown, Ohio had worms. When I started taking more of the stool sample, in one hundred patients, we started finding out that more like eighty to eight-five percent of the people had worms.

It penetrates through the unbroken skin of bare feet. It only takes about ten minutes, and those larvae can get through. They migrate to the lung, and once there, they are swept up by the scilla (the hairs of the lung) into the esophagus. If the stomach acid is not strong enough at that time to kill them, then they go on to find healthy living areas in the small and large intestine. I believe that worms are the number-one cause of appendicitis, and also the number-one cause of epilepsy. The worms seem to like the area around the valve that controls serotonin-dopamine. So I've cured many cases of epilepsy by de-worming.

I had to be realistic in the idea that to think that homeopathy could just work in one dimension would be simplistic. One of the other ways it could work was in the **ELECTRONIC SIGNATURE** of the alcohol

and water. When we get into studying the water, we're going to see that water has some rather peculiar electrical activities. So can we now enhance these electrical activities with our homeopathics, and if so, what would be the effect?

So we started doing some work on a trivector analysis. We found that we could look at how a homeopathic absorbs current over time versus in controls. We also found ways to charge water with certain electrical energies, which then would hold its charge and allow superior activity in making up a homeopathic. Back to our quality.

We found that by taking a signal generator, and by wrapping two identical induction coils (one around a control of water and alcohol and the other around a homeopathic), and then by running the same signal generator through them, and going to an oscilloscope, we could find out where the homeopathic would absorb the magnetic energy of the induction coil. So we were able to do a magnetic signature by looking at the different spectrum responses of a homeopathic.

Well, the second day of electronics school, they taught us about the **RIGHT-HAND RULE**: as an electron field moves, like my thumb, there is a magnetic field at ninety degrees, and there's a static field. So that's three fields. One is conduction, one is magnetic, and one is static. So in conduction, I did the same experiment, only I ran the signal generators through the control by putting two electrodes into the water, running it through the water and alcohol, and then running it also through the homeopathic. Then I ran it at different spectra. I would see certain peculiar spectra. All fungi seemed to absorb 197 megahertz. At 197 megahertz, fungi absorb this electron. Bacteria were closer to 200, and viruses went up to 250.

So now we start getting signatures, and we start seeing how viruses and bacteria, etcetera, have electronic signatures, as well. We can prove dramatically that this is being imparted into the water and alcohol. So now I do what I call the **TRIVECTOR ANALYSIS**. I analyze homeopathics and their spectra, and how it maintains conduction, magnetic, and static. To do the static I made an electrolytic capacitor, and put the control in one as the electrolytic layer, and in the other I used the homeopathic. So it's simple electronic stuff. But most people in pharmacology don't like to think electronically. I used to be an electrical engineer.

Now we're able to make quality homeopathics, because that was our original goal.

We want to look at the liquid crystal state. Water is a very peculiar substance, in that it is really more of a liquid crystal than it is a true liquid. Because of the dipole structure of water, the two hydrogens bond at 109.54♄. Now we have a little magnet. You can go home tonight, run a little stream of water out of the spicket, take a little electrically-charged plastic comb, and hold it about that far away from the water, and you'll see the water divert, because it has a magnetic action.

So water organizes itself in a type of liquid crystal. This is the question they asked at the Hahnemanian Hospital about magnetic resonance: Could there be a shape structure imparted into water and alcohol? When you turn on a strong, strong magnet, all the hydrogen protons in water come to attention. Then when you turn off the magnet, they all go back. The water proton has a magnetic memory. If you didn't have magnetic memory, you couldn't survive on a magnetic planet.

Every time you walked through a magnetic field, your body would die. The body is designed to shield against magnetics.

Now, with this magnetic memory of water, the Hahnemanian Hospital found that there was an undetermined shape, but they could tell what type of homeopathic they were analyzing by the amount of protons that fell into a certain position. So there **was** a shape effect, but they couldn't tell what the exact shape was. So I thought to myself that if there really was a liquid crystal in this homeopathic, could we detect it with some other quality control means?

Well, the process I came up with is the microscope. We freeze the homeopathic, these are the results. Here we've taken water and alcohol, and frozen it. We looked under a microscope at this frozen substance, and now we can see that just the frozen control of water and alcohol really doesn't have much of a shape. But, look at the homeopathic of 30x belladonna. The 30x belladonna has a particular shape. Apis melifica has rounded edges, and certain others have Z edges, etcetera. There seems to be a shape structure that is imparted into the water and alcohol.

How would this work in homeopathy? Well, we all have shape receptors on every cell of the body. The primary place for our shape receptors is in our sense of smell and taste; in the nasal pharynx. The largest nerve fibers in the body run from the nasal pharynx to the brain. There are dramatic amounts of this.

When we take in a homeopathic, could we not trigger a shape receptor, which would then trigger a process in the brain. What is the chemical effect of belladonna? Belladonna makes us "red as a beet, dry as a bone, mad as a hatter". So what would happen if just the **shape** of that belladonna came into your mouth? It triggers the shape receptor, and your brain knows that belladonna is coming; it recognizes that shape. It turns on the anti-redness, anti-dryness, anti-madness device. It's being fooled; it's thinking that belladonna is coming in, and it isn't. So it's shape receptors in the nasal pharynx.

How else would this happen in homeopathy? Strong odors block homeopathy, don't they? Would camphor, mint, and strong odors not get in and block up those shape receptors, and nullify this part of homeopathy?

We want to make sure that we do spectrophotometer and atomic absorption work. What we're finding now is that certain photon wavelengths change the magnetic structure of a homeopathic. It's very exciting. So we can run a certain type of wavelength, a photon, through a simple spectrophotometer, and measure the inductance or magnetic capacities of the homeopathic, the water, and the alcohol; and there's a change in the magnetic structure. So now we can start getting more and more signatures. Right now, we're accumulating signatures, and trying to get some more good, workable theories.

We want to make sure when we make products that all the parts of the process are cultured, to make sure we don't have any aberrant growth of anything. So we do rather elaborate culture work at every step of the process. The entire process is always done in a clean room. The air has to be filtered to .05 microns to make sure that even viruses aren't coming in. I've been in homeopathic companies in America. One of them (whose name I won't mention) was right next to the Ventura

freeway, and they left the windows open all day, because it was hot. There were a hundred cars a minute going by this place.

I've trademarked a process known as quantum quality control (**QQC**).

This pro bono program means "for the good". If there's a doctor working with a patient, and the patient can't afford a remedy, we want to donate a certain number of remedies a month to the patient. Part of the work of lawyers is pro bono. This is what we want to do as a homeopathic company. We realize that not everybody can afford the total program they might need. We want to make sure that some little child doesn't go without the key program, because I don't think one thing does it; I think it's the program that works. This is part of what we want to do. I believe that this as part of our quality control. We want to give back to the universe, to help assure our quality.

We want to educate the doctor and the public. We're strongly committed to doing the quality seminars. In this seminar we haven't talked about kidney or liver function; we haven't talked much about the medicine of this. We're trying to sell you all on the science. But we do lots of medical seminars in neurology, pain reduction and so on, in using these natural techniques. People ask me in radio and television interviews: Where do these techniques work, or not work? And I say: Everywhere. These techniques work everywhere.

So in developing the New Vistas formulas we wanted to make sure that in the sarcodes-- there are two thousand parts of the body, according to Gray's anatomy. I wrote to the HPUS, and declared Gray's anatomy as a document for reference under sarcodes for homeopathy. So now we have two thousand products; we have every known part of the body. So then we wanted to get all the enzymes, the hormones, the metabolic pathways-- massive amounts of money, time and energy to not only bring those in, but do quality control. Now we have seven thousand products on the shelf.

Thousands of different pollutants, etcetera. We're trying to add even more to it. Somebody called up the other day, and wanted an allergin of newsprint. So we went out, and made up an allergin of newsprint, which was rather easy to get. But somebody else called up and asked for some really crazy, wild hormone, and it took us a couple of months to even locate it. That's the type of service we want to be able to give in developing quality control.

We want to make sure homeopathy succeeds, because it is the medicine of the future.

We're now seeing a radical shift in ways of thinking, because fractal and nonlinear thinking are coming in. Quantum theory is now coming in. All of these things threaten the incomes of these pharmaceutical companies. So we're trying to prepare for this type of shift, as well.

We have all kinds of classical homeopathics, as well; over a thousand. I find that the combinations are what I want to do, because most people come to me in very sick conditions. The practice of Hahnemanian homeopathy couldn't be done in 1992, I don't think. Hahnemann was not practicing in the advent of the dramatic amount of pharmaceuticals and petrochemicals that exist now on the planet, which absolutely everybody in this room has in his body. There are over five hundred documented insecticides in your body right now. Every person in this room, and everyone you'll ever

meet for the rest of your life, will have five times more DDT in their bodies than what we thought was safe ten years ago.

In Iowa two years ago, every water source in the entire state was found to exceed the safe limits of pollution from insecticides. The state of Iowa thought about this, and they had a real nice solution: they raised the safe limits, so now the water's okay.

We have a parasite test kit with over one hundred fifty different worms. We have a product called Vermex, which has them all. It works very well.

The first step of my process in working with a patient is finding the cause of disease. I would probably want to consider the case history and what was going on, as to whether or not I would use Vermex. Now, Vermex is a de-wormifier, and since most people have some type of worms, I wouldn't be afraid to use two bottles of that. It usually takes two bottles of Vermex to help get rid of those worms.

But I wouldn't use the biological age to determine my protocol. The first thing I'm looking at is the cause, the stone in the shoe. Is there stress? Is there bad nutrition? Are there behavioral problems? Are there emotional factors? What are the causative factors of disease? I try to make the patient aware of how to remove or reduce those causative factors. The second step is to rebuild organ tissue, and the third step is looking for symptomatic relief. So that's basically the process I'm using in dealing with my patients.

But to go back and answer your question about Vermex, I would be prone to use Vermex a lot, even though I might not think it is particularly integral to the symptoms; in other words, if there wasn't epilepsy, small intestine or large intestine involvement. But I'd probably go with a lot, because I really believe that there are so many people who carry these worms in them, and their bodies are improved by removing them.

Serotonin and dopamine can be broken up in the large intestine from proteins, and absorbed in the intestinal tract. The largest spot of absorption is the ilium-cecum area.

Worms that gravitate and pocket in those areas can disrupt the absorption process.

The new research that came out about three years ago was that the small and large intestines are **SELECTIVELY ABSORBING**; they're not unipotentially absorbing. There is one best place for zinc, one best place for serotonin, one best place for tryptophan. And all of these things are absorbed in selective absorption. There seem to be protein coding that helps in the absorption of these different nutrients. So if your spot that absorbs zinc is blocked, you have to depend on the plastic ability of the small and large intestines to develop another spot to absorb zinc, and sometimes your body just doesn't have enough energy to push on the plasticity. So you can be sick. A lot of other pathological factors can break up and cause problems in absorption.

I showed you distorted fields, and it seemed like those were the ones that produced the most intense crises. I haven't done an awful lot of this, but in a couple of cases where we took some blood and lymph of the patient, we saw similar fields. I think that the homeopathic can neutralize them. But it does it so dramatically that it can cause a healing crisis, which could cause a lot of

different electrolyte disturbances, etcetera. So what I wanted to do was engineer some formulas for safe cleansings without crises.

I found that when I got into the more stable, circular patterns, I achieved that.

I used to teach statistics, and I have a strong belief in the double-blind; putting my money where my mouth is, and that sort of thing. I can show you results of where we've taken people with high levels of aluminum, and used an aluminum-type homeopathic, which we call Metex, and we dropped it down. We have a homeopathic immunization program. The state of New York had a immunoglobulin level for measles that was set at 15. If they had 15 or above, the children did not need the measles injection, because then they were said to have enough immunoglobulin, and enough reactivity of the antigens for the measles to develop their own potential. The average of this group was 10. Just using the homeopathic for measles, the average was then 18, and one child who was at 7 went up to 21. The intervention here was just the addition of a homeopathic measles nosode, which is able to build up the immunoglobulin, and thereby make the child more resistent to the measles virus.

All the research I've done is catalogued in the "Experimental Data and Proof on Homeopathy".

I've seen people stop the cleansing, or sometimes not do the cleansing. I've seen people get started, stop the product, and then not totally cleanse. It's possible that one dose could set the person into a cleansing, but I disagree that this happens in every case. I think it's more than likely that people who have heavy metals need more help; more push. Homeopathics seem to come in and give a push to the detoxifying process of the body, and sometimes I think they need more than one administration. The older they are, it seems, the more they need it. Children respond more quickly.

Good water is needed, of course, and most of the water on the planet is bad water. In developing the homeopathics, let me tell you about the restructuring process we do, so that you can understand. What we've decided is that every step of a homeopathic process has to use water and alcohol. So in every succussion process, we have to use a base of water and alcohol. We want to make sure that the base of water and alcohol is pharmacologically active.

Well, there was a case here in Great Britain years ago, where they developed a large aquarium, and the one scientist said that he could make seawater. He made this great big aquarium full of sinthetic sea water. He put fish in it, and they all died. So they decided that they would have to drain all the water, and truck in water from the coast to fill up this aquarium. Well, this one guy was sweeping the floor, and he just happened to make a comment. He said, "Why don't we put in one bucket of real sea water?" So they tried it, and the fish lived. So there's something about this living entity, and seawater is a real interesting base.

So in developing the homeopathics, we take this type of seawater, we put it into the base at around a 9x, so it has all the known minerals in it, and it is very similar to blood.

Then I started doing some research, and I found that endorphins, serotonin, dopamine, and some of these other neurotransmitters in the brain were very complex in their shape, and when I tried to

electronically duplicate those hormones, I could not. I could not duplicate those complex shapes. So then I took those different endorphins, and put them also into this recipe to make the homeopathic more superior. By just using this recipe in every part of the process of the homeopathic production, I was able to get double the size of the fields.

Then I wanted to do an electrical restructuring. We found that at certain types of frequencies and charging of the water by restructuring water, we could add to the ability of the polymorphic structure, and add to the liquid crystal effect. When we did that, we got a fivefold increase from there on all the energetic readings. So we were able to get better quality homeopathics. Most people who use the products will tell you how well they work.

Now, whether the **patient** needs to take in that restructured water, I can only say that if were done correctly, I believe that would be beneficial. I'd like to see some double-blind testing.

We will find that there is a greater impartation of the energy by a slight amount in the x and d preparations. It seems to be that there is just more succussion. Hahnemann, who started out with x, as he got older went to c. As he got older yet, he went to m, and then as he got older yet, he went to lm. So I think he was just getting tired of hitting the Bible all the time. What we find in energetic analysis is that the x potencies seem to have better, more stable, stronger fields; the c is not far behind, the m doesn't seem to have as much, at all. Now that doesn't mean that the m doesn't work, or the l.

I would have to say that in most of the remedies we've checked, there is more energy in a 12x than in a 6c.

Hippocrates said, "First, don't hurt." That's got to be our rule. In 1959 the President of the American Medical Association apologized to the American people, and said, "We have to now hurt to do medicine." So they threw "first don't hurt" out. We have to hurt to do medicine, and I don't think that's appropriate. So we need to develop forms of medicine that **don't** hurt. So we tried to develop in the biofeedback machine is a device that can measure the voltage, amperage, resistance, temperature, capacitance, reductance, and the energy fields around the body (and I haven't even talked to you about that). We want to be able to take energetic medicine **beyond** just that resistance level and into a very sophisticated type of level, and make this into a much more indelible type of medicine. That's what we're trying to do.

I think there's something to a lot of these wives' tales, but I also think we have to be skeptical, as well. We have to look at things. There are things that have been going on for ages and ages, and I think there's got to be a reason for it.

We have found that a homeopathic made by hand is superior to a homeopathic made by a machine. We evaluated that. It seems like there is a biological energy source. We don't let people who are in bad moods work on the succussion, etcetera. It seems like it takes a process at least ten succussions to get the right energy field, so we want to do at least fifteen on every product. And Hahnemann said to do them on a Bible, so we do them on a Bible. But we tried them on a telephone book, and there was no detectable difference.

Q:

What portion of alcohol do you use?

Dr. Nelson:

We try to use as little as possible. We found what the Hahnemanian Hospital found: percentages below three percent and above ninety-seven percent do not seem to work in homeopathy. But any percent of alcohol in between seems to make a homeopathic.

So we want to use as little as possible, and in most of the remedies, we use around twelve or fourteen percent. We want to minimize the use of alcohol, because it **can** have detrimental side effects. We also use a lactose pill for people who can't tolerate the alcohol.

Water alone cannot make every known polygon, and therefore, cannot make every known shape. In the study of topography, there are eight great polygons. If you have sources of all of those polygons, you can make any known shape. In water, you only get five of them. But if you add a little alcohol, between the water and alcohol, you get all eight. So the water alone does not make all the homeopathics.

I also want to say that when we started doing this work taking electronically-duplicated remedies, there is no change in the Kirlian energy. We won't see those patterns in electronically-duplicated remedies. We won't see changes in the liquid crystal effect in an electronically-duplicated. We won't see changes in the trivector or electrical analysis. Homeopathy also works in other dimensions, through a super-placebo effect.

But we find that a duplicated remedy is not the same as a real remedy.

Mr. Haines:

Thank you, Dr. Nelson. Quality control, of course, is at the essence of what we need to do. I think we need to begin to demand universally that homeopathic products begin to display it. After all, if we are bringing forth an alternative to synthetic pharmacology, and their own methods in quality control are well-established, we need our own. I think it's just really that simple.

One of the last items on Bill's list on the **QQC** is this notion of the pro bono programs for the poor. We've been doing some work recently in Atlanta with a number of AIDS clients. One chap just walked in our door a couple of months ago looking a little bit doleful. His T-cell count had dropped from 350 to something like 80 in the last few weeks, and he was beginning to number his days. He was in his twenties. So we began to work with him, and within a matter of three weeks, all the symptomatic issues literally had reversed. Color was in his cheeks, his energy was up, he had gained weight, and he was actually working in another two weeks. This was pro bono; he was completely destitute.

Another case walked in very shortly after that. He'd been sent home to die by his doctor. He was essentially the same age as the other, and had a month left to live. He's flourishing at this point. But

I must say, as superbly engineered as the New Vistas products are, he **did** go through some dramatic healing responses. But, he's living. And he'd had thirty days given to him.

* * *

Mr. Haines:

It's my very good pleasure to introduce Dr. Will Corell. Dr. Corell is a graduate of Yale College and Stanford University School of Medicine. He has completed five years of post-graduate training in internal medicine, general surgery, ear nose and throat, family practice, and he's a diplomat of the American Board of Family Practice. He has been in private practice in Spokehan, Washington for the past thirteen years, and is the founder and medical director of a multi-disciplinary clinic offering services in both traditional and complementary medicine. His practice includes nutritional counseling, behavioral and lifestyle modification, stress reduction, acupuncture, electroacupuncture, evaluation and treatment, and complex homeopathy. Dr. Corell is actively using the testing equipment developed by Dr. Nelson.

Please welcome Dr. Will Corell.

Dr. Corell:

Thank you, Michael. Thank you all for having me here. It's a great honor to be talking in the Royal Society of Medicine here in London.

I'd like to address my talk today on some of the more practical applications of some of the bio-medicine techniques we've been talking about today. For the purpose of the talk, I'd like to

address a syndrome we call **CHRONIC FATIGUE SYNDROME** in America. I understand that here it's called myalgic encephalomyelitis. If you don't mind, for my untrained American tongue, I prefer to call it chronic fatigue syndrome, or **CFS**, or more appropriately, chronic fatigue immune deficiency syndrome.

I'd like to talk to you a little bit about what the syndrome is, how it has been defined in western medicine, and what it is not. I think there is some confusion around the area. More than anything else about this subject, it seems that this is an excellent diagnosis to work with principles of bio-energetic medicine.

This (Fig. 1) was a **Newsweek** from November 12, 1990, just beginning to introduce the subject to the American populace. I've given this talk a lot before, and often I'm in the process of trying to explain it, or justify it to people. Can we do without some of the formalities? Do people agree that this is a defined syndrome, and we don't have to say that it's not just clinical depression, and so on and so forth? Because that would simplify things a bit.

I would like to go a little bit through the definition of chronic fatigue syndrome as defined by our Center for Disease Control (CDC). The purpose of this definition, I think, is primarily research. And it has a certain value. This (Fig. 2) was from the Annals of Internal Medicine. Mark Lovelace is a physician near us in Portland, Oregon.

The purpose of this article was for the CDC to define Chronic Fatigue Syndrome as a research project. There is a four-site research protocol set up in the United States designed to study this syndrome a bit further; study the etiology and cause initially, and hopefully, come up with a cure. Given the structure of organized medicine as we know it in our country, this is going to be more along the traditional realms. But I think there are certain aspects that are useful to look at.

First off, the criteria. A patient must have both major criteria to be identified as having chronic fatigue syndrome; again, for purposes of research. The primary onset of fatigue, persistent or relapsing; or easy fatiguability with the conditions you see described.

The second factor under major criteria--and here is where we may have some disagreement--there is an exclusion of other conditions that produce similar symptoms. I would look specifically at letters C or D, especially chronic or subacute bacterial, fungal or parasitic disease. As Dr. Nelson mentioned, the degree of vigor with which we look for parasitic disease will often determine our success at finding it. So when my colleagues typically say they've done a routine investigation for parasitic disease and found the workup negative, I think we need to take that with a small to moderate-sized grain of salt. As we've all discussed, I think parasitic disease is much more common than traditionally reported.

Several of the researchers doing CFS work in the United States, through standard recovery techniques, have documented parasitic involvement in as high as thirty to fifty percent of the patients we're dealing with. I think we all know that can certainly be a major immune weakening effect.

Obviously, a patient with malignancy has another cause for fatigue, and so, by definition, this is not an idiopathic cause of fatigue. Similarly, anemia, autoimmune disease, endocrine disorders, and so on... As with good medicine of any sort, we must begin with a careful history and evaluation of what it going on. These are the sorts of things that must be excluded, in my opinion, before we can make the diagnosis of chronic fatigue syndrome.

The minor criteria are symptoms that I'm sure all of us in clinical practice are all too familiar with: fatigue, low-grade fever, sore throat, painful nodes, unexplained generalized muscular weakness, muscle discomfort, and so on. These are the common things patients come to us with over and over and over again--if your practices are similar to mine, often with a history of having seen a minimum of three or four (more likely ten or twelve) physicians before making their way to our doors, saying, "My doctors think I'm crazy. I don't feel well, but my doctors can't find anything wrong. Would you please help me?" And we certainly will try.

So I think it's important to look at the CDC definitions so that we know what we're talking about. But for those of us in clinical practice, the criteria may be milder. For example, a patient came to me just last month with fairly typical symptoms. This person, I believe, was a post-viral cause. The patient had a chronic pharyngitis, an exudative tonsillitis, low grade fever, anterior and posterior cervical adenopathy, a majority of the symptoms; and had been sick for two months. So, according to the criteria, what I had to do was tell the patient, "No, I'm sorry, I can't help you. You must go home and be sick for another four months before I can take care of you." Let's be real. This patient clearly fit the category of an early, perhaps subacute fatigue syndrome rather than chronic. Obviously, we do an evaluation, see if we can establish cause, and move on to a form of therapy.

I would like to spend some time discussing causal force with you; causation for chronic fatigue syndrome. The awareness in the United States began about fifteen years ago.

There was a group of cases that clustered around the Incline Village/Reno, Nevada area; several hundred cases of an Epstein Barr-type viral infection, which was documented with elevated Epstein Barr titers. A number of clinicians were thrust into a research role by having to deal with large numbers of cases in this situation.

So the origin of the syndrome in the United States was around the Epstein Barr virus. For years, it was assumed that Epstein Barr was the cause of chronic fatigue syndrome. The name officially reflected it; we called it Chronic Epstein Barr Virus Infection. With time, it became clear that several factors were a problem here. Number one, there were a number of patients who had evidence of Epstein Barr virus infection, at least at some time in the past, and had no evidence of chronic fatigue syndrome whatsoever. As people researched the syndrome, there were more and more patients who had the classic chronic fatigue symptomatologies, but upon serologic testing, had no evidence of exposure to the Epstein Barr virus. So it seemed that this was one of those true, unrelated sorts of situations. The Epstein Barr virus was perhaps implicated, but clearly was not the only cause for the syndrome.

Some of you may know some of the early work with HIV disease. At the very beginning, it was thought that the Epstein Barr virus was in some way related to the cases of AIDS that were seen prior to isolation of HIV. So Epstein Barr seems to have this peculiar proclivity of being around when

people are sick, and as a result, being blamed for a large variety of cases. In my experience in working in alternative medicine, I do find Epstein Barr virus involvement probably fifty to sixty percent of the time, sometimes as primary, other times as more of a secondary, and perhaps an opportunistic infection. We'll talk more about that as we go along.

One of the investigators from that early cohort study was a colleague of mine, Dr. Paul Cheney. Paul is a family practitioner who was in primary medicine and family care in the Reno/Incline Village area. He had a large number of patients at the time of the onset of the diagnosis. Paul has gone on to specialize in this syndrome, and in fact, has relocated his practice to the North Carolina area. But he has remained in the forefront of some of our research. Paul is responsible for the model I would like to present to you, which is one of a multi-causal etiology for chronic fatigue syndrome.

This again (Fig. 3) is Paul's work, and it was taken from a workshop presented several years ago in San Francisco, in the first international symposium on chronic fatigue syndrome sponsored by the city of San Francisco. Paul presented this model at the conference, and I was really quite taken with the model; it fits in greatly with the type of work we do.

Your typical patient presenting with the complaint of fatigue in the office will probably not turn out to have chronic fatigue/immune deficiency syndrome. Probably, the majority of patients who are fatigued will have depression mood disorder as one of the major factors present. When you do your medical workup, you will find another group that have organic disorders as the cause of their fatigue. Things that need to be excluded: malignancy, autoimmune disease, anemia, thyroid disorder, and so on. But there will be a group of people who are going to fit this category of chronic fatigue/immune deficiency syndrome.

And of course, the key that distinguishes this group from either of these is the presence of immunologic dysfunction. This can be evaluated if your are willing to do enough testing (or spend enough money) to identify the degree of immune dysfunction, but I won't go into that in great detail. There are a number of factors that have been identified.

Unfortunately, there is no clear diagnostic indicator that is always present in every single patient with chronic fatigue. Some factors that have been identified are a decrease in population of the natural killer cells, which is present in forty to sixty percent of patients sampled. There will generally be a change of some sort in the T-cell/B-cell ratios. There is generally a decrease in the helper cells. This is again not consistent, and it will change from time to time. But there is clearly a factor of immune dysfunction that can be often be identified clinically, which will distinguish these patients from the others.

So, if we look at immunologic dysfunction, there are going to be a variety of mechanisms that are possibly causal for immune dysfunction.

I'll start with immunotrophic virus, because this was the model of EBV. **IMMUNOTROPHIC** means that it's attracted to, and has an effect on, the immune system. Now, in this situation, the immunotrophic virus (let's use Epstein Barr as an example) is going to be attracted to the immune system. The Epstein Barr is toxic for the immune system. Patients develop a problem with the infection because of a difficulty with the immune system which is further compounded by the Epstein Barr infection;

further decreasing certain aspects of the immune system, decreasing immune responsiveness, and thereby, further weakening the immune system for other onslaughts. So it becomes a self-perpetuating cycle.

There are a variety of immune viruses that can cause such an effect. Some of them are similar. They all tend to be DNA viruses. EBV is the best-known one, cytomegalovirus is another key, and also the various herpes viruses. Lately, you've probably seen a lot of the work focusing around human herpes virus type 6, which is an apparent co-factor for infection in not only chronic fatigue syndrome, but in the AIDS virus as well. This is a virus that, when present, seems to make the primary infective virus more virulent.

So the mechanism in this situation is a particular virus that attacks the immune system, thereby weakening it, creating immunologic dysfunction. The agent or cause in this situation can be one of several viruses, virus A, B or C.

Moving on, there is another situation that also relates to virus. This is the **POSTVIRAL SYNDROME**. This may be nothing more than a flu (grippe), a cold, a respiratory virus or a gastrointestinal virus. For the majority of people, there will be a self-limited illness; three to seven days. People will feel pretty miserable for that time, the virus will resolve, they will feel better. There is a certain group of people-- and the virus is not key here--who will develop this illness, and never quite feel the same again. Now, the immune system, in response to the virus, has an up-regulatory phenomenon.

The immune system is activated by the stimulus of the virus, and the immune system is more active to help deal with the infection. Once the infection resolves, the immune system goes back to its standard status of rest. This is down-regulation.

The current feeling about most post-viral syndromes is that this is an immune dysfunction whereby there is a failure to down-regulate. The immune system has been activated, and continues to maintain a hyper-vigilant, hyperactive state, as though the virus were still there causing the stimulation. I think Paul used this example in his lecture: it's as though you're driving down the highway with one foot on the accelerator, and your other foot on the brake. So you've got a strong stimulus for activation, but you've got the brakes on. That creates a situation where the immune system, while activated, is no longer as functional as it should be, and you can have a similar pattern of susceptibility to disease. This is a common presentation for CFIDS; patients will present with recurrent aspects of flu-like, viral-type illnesses, occurring every several weeks to months, depending on the severity of the illness.

There is another subset of disease whereby people **never** seem to get colds. They have just the opposite. These are people who have the fatigue, the central nervous system dysfunction, mood disorder, cognitive dysfunction, the fibromyalga, the aches and pains; but their immune systems seem to be hyper-vigilant. Some of my patients come in and tell me that they never get colds any more, ever since they had their last flu. They never get sick, but they never feel well. That's the paradox. This, then, is the failure to down-regulate.

Not infrequently, people will have what seems to be a relatively benign flu syndrome, have an onset of post-viral syndrome, and on serologic testing, have evidence of activation of perhaps two or three

of the viruses we mentioned before: EBV, CMV, herpes, and so on. The primary event was post-viral, and it was complicated by a secondary activation of an immunotrophic virus, which further weakens the immune system. So we're seeing cyclic action going on here.

This may also relate to something we're all increasingly familiar with: environmental immunotoxin. There are many toxins we can find in our environment that are shown to have discrete immune inhibiting effects. Interestingly, some people are developing these effects at extremely low levels of exposure. So again, we're in some ways moving away from dose response, even in this area of environmental medicine. The key here is environmental hypersensitivity. We call this **CHEMICAL HYPERSENSITIVITY SYNDROME**. These patients may be exposed to any number of toxins x, y and z, which will have a negative effect on their immune systems, which may well make them susceptible to the viral reactivation phenomenon. So we have interactions back and forth here.

So what we're describing then is a syndrome with common clinical presentation. The symptoms are the same, people feel very similar, there are variations in terms of the types of symptoms and the way they are presenting, but the causes may be vastly different. In order to provide an intelligent, rational form of therapy, it seems crucial to me to identify the appropriate cause, and thereby create a remedy in whatever way we can. I think that this is the most important thing I have to present in terms of actual information on this subject.

Q:

I heard something a couple of years ago about using DNA probes, finding what they thought was evidence of a B-cell-specific virus, but they actually only had evidence of an AIDS-like virus that selectively attacks B-cells instead of T-cells.

Dr. Corell: Right. I remember seeing that literature, and I don't see that it's gone any further. Do you know if that was separate from HHV6 (human herpes virus type 6)?

Q:

I think they considered it to be a separate virus.

Dr. Corell:

I'm not sure if that's been identified in every patient identified as per the CDC protocol.

Q:

My question has to do with serologic testing. Do you find in either the post-viral syndromes or in the immunotrophic viral syndromes, other than the obvious antibody responses to the various viruses, any blanket responses, responses in elevations or decreases in various antibodies that correlate? Because I'm finding some very significant changes.

Dr. Corell:

What are you observing?

Q: I'm observing that it's all over the spectrum.

Dr. Corell: Okay, so you're not finding a consistent-

Q: No.

Dr. Corell:

I must say that at this point, I don't routinely do the titers any more. I don't find them clinically useful. It's not necessary any more to make the diagnosis. I don't use them as a specific direction for my therapy. I **do** rely a great deal on electroacupuncture assessment for determining my form of therapy. The titers are somewhat expensive, and it adds nothing to my therapeutic regiment. I **will** do it in a situation where a client asks me, and I'll also do it when I suspect global immune suppression, and in that case, I'll generally order a T-cell/B-cell assay, and all three of the viral titers: EBV, CMV and herpes I and II.

I would like to comment for those of you who are going to use titers, I think it's essential to know what we're looking at. This (Fig. 4) is the immune response in patients with infectious mono, beginning with incubation, week zero, and progressing across here, from weeks to months. What we usually test for in the office for mono is the heterophile antibody, what we call the mono spot.

This is a fairly early onset of antibody, and it is present maximally at about eight weeks, and then will be nonexistent or in very small amounts after about three or four months.

The other very early reactivity are the viral capsid (sic) antibodies; both the IGG and IGM. IGG will generally peak higher than IGM, which is more of an acute phase reactant, and will be out of the system sooner. IGG will persist. If you order in my lab EBV antibody, and don't specify, you will get viral capsid antibody, which in my opinion is worthless. It will help you know that a person has been exposed to the Epstein Barr virus at some time in the past, but will tell you nothing about activity. Because the viral capsid antibody persists for long periods; in fact, can be life-long. It's felt that this is what confers immunity, although there are documented cases of mono in perhaps two, three or more occasions in the patient! This immunity is relative, and certainly not enduring.

The viral capsid IGM will rise and fall. The viral capsid IGG will last longer. The EBNA, the Epstein Barr nuclear antigen (because we're developing an antibody to the **nuclear** antigen, is going to come on later, as the virus starts to break up. This also persists, and this is another long-term marker. My feeling is that the actual amounts of these antibodies do not indicate the severity of the disease, or even the amount of exposure, that a patient may have.

When I use these titers, the one that I find most useful is the early antigen. The one mapped out on this particular graph is the diffuse. There's also the restricted. Many of the labs are lumping them together, because there doesn't seem to be as much of a distinction. The early antigen will rise

mid-way in the course of the disease, and in an uncomplicated case of mono, will fade, and be gone in five months.

I think that the early antigen shows the best correlation with activity. With our labs, a titer of 1 to 10 is considered normal. Anything over 20 is definitely suggestive, and anything over 40, I think, is indicative of active virus at the time the blood sample was drawn.

In the years when I thought that this was all caused by the Epstein Barr virus, I used to follow the viral titers fairly frequently. I would find a rise and a fall in the early antigen, depending upon the activity of the disease. And I think that this **does** correlate fairly well with viral activity, whether it be primary infection, or more likely, reactivation. So if you are going to use the titers, please order the entire profile, so that you will have some idea as to where you stand in terms of the disease interpretation itself. The lab always prints out at the bottom of the report: "These titers cannot be used for diagnosis of a chronic infection, and must be correlated with clinical data." This again takes us back to wondering why we ordered them in the first place. But if we're going to do them, let's interpret them correctly.

I'd like to talk just a little bit about making the diagnosis. Again, we are clinicians; we rely on history first. The major criteria, the exclusions, and the symptom list from the CDC are what I use predominantly (Figs. 5 & 6). I do have a symptom check list, which I find quite helpful for saving time in the office. While they're waiting for the doctor, patients can go through and mark their symptoms depending on what's going on with them. It indicates the frequency of these symptoms. Cognitive function I separate from psychological problems. Interestingly, there is clearly a difference.

A lot of people have mood disorder, with depression, anxiety and so forth, and similarly, difficulty with attention, calculation, memory disturbance, and so on. They often occur together, but can be separate. As I'm sure you're aware, the presentation

is distinctly different from patients who have depression alone. The mental and emotional aspects of the symptoms can be similar; the majority of the other symptoms are quite different.

So after history, I do a physical exam. There are only a few things that are really key for chronic fatigue syndrome. The major purpose of a very thorough history and physical examination is for exclusion. For example, we want to make sure that we don't have an occult liver neoplasm that is the cause of this patient's problems. So the major portion of physical examination is to rule out what the patient has **not**, rather than what he or she has. But there are some findings to look for. Again, from the criteria, if you can document fever, non-exudative pharyngitis, and adenopathy... again, in particular the posterior cervical nodes will be more significant.

In terms of lab screening at the present time, I limit myself to a minimal screening, for the purposes of ruling out other things. CBC, sed rate, a chem profile of some sort for your chemistries, urine analysis, hypothyroid profile... ANA probably would be a reasonable thing again, if it's a younger woman with a butterfly rash, you want to get your ANA. In a man with a low risk, if you want to save some money, you can probably do without that, especially with a normal sed rate. Similarly with rheumatoid factor.

I don't routinely do quantitative immunoglobulins, unless the patient comes in specifically requesting them. There have been some protocols for using intramuscular immunoglobulin as therapy. If there is a low quantitative immunoglobulin, the success rate is about sixty percent for a protocol of weekly immunoglobulin. It may be worthwhile looking at that if you suspect that, but again, with what I'm doing now, that's fallen down to lower priority. I will do some form of stool evaluation on all of my patients, generally one that would include both candida and parasite evaluation. GEA in my nomenclature is for German electroacupuncture, and again that has been one of the predominant aspects of my evaluation.

So, it's really quite simple; all the things we learned in medical school, and just applying a few new tricks of the trade as we go along. I do have a summary of some of the treatment protocols we use. I think we'll talk about that more with some specific case reports.

But as far as therapy goes, I think that really the first and foremost is the general supportive. As I get excited about new remedies and things that can help, I sometimes forget some of the basics. When a person is tired, I think that there's some basic information their body is giving them, and that's telling them to rest. So, while we're trying to strengthen the body, and give it more vim and vigor, I think we need to listen to what the dictates of the body tell us. Some of my patients require fourteen to sixteen hours of sleep a day. At

the beginning, I think we need to encourage them to do so; otherwise, I think the healing process will be retarded. So, give them permission to sleep when they're tired.

Rest, healthy nutrition, validation, and emotional support are amongst the highest of importance; less so now, perhaps, than in years past, when people didn't understand the diagnosis. Now it's uncommon for a patient to come to me not having heard about chronic fatigue syndrome. Five years ago, patients would come crawling through the door, barely able to walk, saying that their doctors told them there was nothing wrong with them. Often, the first step is just acknowledging that there is a problem here, and that so far our medical system has not been erudite enough to pick it up. So validating the patient, hearing where they are, and giving them some confirmation for the validity of their symptoms, I think, is very important.

The second phase is equally important: graded exercise. We must take the muscles at the point they present, and work with them. Often these people have been fatigued from months to years. There will be some degree of muscular atrophy present. In the United States we have the saying, "Use it, or lose it." These patients **have** lost strength. Some of these people can't get up and go to the bathroom. So telling them to get into an aerobics program three times a week is a little excessive in the very beginning. You have to start where they are. If they can barely move, get them to walk, just a little bit. Maybe at the beginning, it might be from their bed into the living room, and back. Then you get them walking around the house. Then you might get them outside and down the block a bit, and back. Then around the block. Just gradually, gradually, work with where they are, and help them build. Let them know that they will probably hit the wall. They'll do a little bit, and they'll be okay. They'll do a little bit more, and they'll be okay. They'll do a little bit more, and they'll crash. And they'll crash and burn badly; I'm sure you've all seen that.

This seems to relate to the storage of energy substrates in the body; I'm not really clear on the mechanism. We need to educate the patient to listen to their own biofeedback; listen to what their body is telling them. Acknowledge that. There are going to be days when they're not going to feel like doing much of anything. Whatever they can do will be helpful.

There is some value to prescription medications. What I will say, however, in looking at any literature review on the treatment of chronic fatigue syndrome, nothing is proven to be effective for modulating the disease process. So if you look at the literature, no one can say that x-y-z therapy has been helpful to change the course of the disease itself. On one hand, this can be a little frustrating; on the other hand, it says that anything we might do on an alternative level, if we don't hurt the patient, might possibly help them.

I would prefer to move on to natural therapies. Vitamin/mineral support, B-12-- we do use coenzyme Q10 a fair amount. To go to the doses proven to be immunestimulatory, we're talking in the vicinity of two hundred dollars a month in the United States.

Q10 apparently works mainly through increasing the availability of energy substrate for the krebs cycle, and so forth. Dosages of thirty milligrams anywhere from one to three times a day may be helpful. You may see it used more frequently with blood pressure control and cardiovascular.

Monolaurin is a short-chain fatty acid, useful for inhibiting viral replication. It is a key component of the Fatty Acid Liquescence. It's not an anti-viral per se, but it does seem to slow the replication rate a bit. So you may gain some time while you're doing some other things. Again, I use less of these now that I'm doing what I'm doing, but when I started out, I was not doing much in the way of electroacupuncture assessment, and it seemed useful at the time.

Q:

Have you had any experience with royal jelly?

Dr. Corell:

A lot of my patients have experimented with royal jelly, generally, with very favorable reports. I haven't seen any studies, and I have not prescribed it myself.

I had the opportunity of hearing Dr. Cathcart at one of these seminars. He was one of the forerunners of vitamin C therapies in the Bay area. He feels that at the doses he uses, which are generally 50 to 75 grams per infusion, that we are moving vitamin C from the range of a vitamin into simply a free radical scavenger, and that the way it works is through the antioxidant effect, and not the usual way we think of it as a vitamin, which makes a lot of sense.

I have a few patient discussions to present to you, indicating the scope of some of the various causes of CFIDS.

This (Fig. 9) was a patient who first presented to me in September about three years ago, and at the time, we did not have an Eclosion. So there are some things we are doing a little differently. Now that we have an Eclosion, our diagnostic ability has dramatically improved, and the time it takes to

diagnose has been cut down. Her history is fairly typical, with profound fatigue present for a year. A couple of months before presenting, she had experienced a chest pain syndrome with a negative workup. Actually, this was triggered by chemical exposure, which we'll talk about a little bit. Her doctor thought that she probably had panic disorder. In April her symptoms presented with fairly typical hypoglycemia and post-prandial symptomatologies, which she had not had much of before. A year or so before, she had noticed the onset of food and chemical allergies and sensitivities; actually a fair number of them. Of significance, about five years previously, her family had relocated to an area in rural Washington state, where we have very good apples; a lot of apples with very heavy spraying of pesticides. Prior to that time, her health had actually been fairly good.

We had a variety of diagnoses. Initially my therapy was somewhat nonspecific with her, doing the things I did at the time: a general cleansing and detoxification diet, elimination of sugars and food allergins. We did use general vitamin and mineral support, with particular attention to anti-oxidant therapy at the beginning. We used some of the herbal therapies we discussed, both anti-viral and immune-stimulation; all of which resulted in some degree of improvement for her. We eventually did prevail upon her to move out of her heavy pesticide exposure area, which she did. Then she began to have some definite improvement. Classic homeopathy did not work in this case.

The complex homeopathic remedies we found most valuable to her (which are all available to you through New Vistas) were Mycological Immune Stimulator, general stimulation for the immune system to fight off fungus (she did have documented candida overgrowth on culture, as well as fairly typical symptoms), Spleen Liquescence... We talked a little bit in Chinese medicine about the role of the spleen as the middle burner for digestive function. In our association there has been a very high incidence of spleen disorder in patients who have the typical candida syndrome. I know of some colleagues who simply treat the spleen, and don't do anything else anti-fungal at all.

I want to mention Addex. This is one of Bill's detoxes for pesticides. When we got our machine, I was delighted to put our patient on for testing, and not surprisingly, Addex came up very high. Given her history of chemical hypersensitivity,

I started her on a low dose, and proceeded. She did have fairly mild reaction, which we were able to modulate by holding the dose. When we proceeded with the homeopathic detoxification, she had a **very** dramatic improvement. She is employed as an RN, has returned to full-time work, and is now contemplating having a baby.

Males do get chronic fatigue as well. This fellow was first seen a couple of years ago. He had an interesting history in a fairly typical juvenile rheumatoid arthritis in childhood, which had been quiescent up until the onset of his possible Lyme's disease. Another interesting aspect with his history is premature coronary artery disease, myocardial infarction at the age of forty-one, with very minimal cholesterol abnormalities. He had no rash or arthritis on exam when I evaluated him, and did have negative Lyme's titers. But because of the history, we did treat him empirically with a twenty-one-day course of antibiotics, with no improvement. We then moved through a variety of therapies. We did make him worse at one point. He was my all-time marathon sleeper, with a requirement of twenty-two hours of sleep per day! Needless to say, he was not working at the time!

All nutritional and classic homeopathics showed no results. Only when the New Vistas compounds were introduced did we see results.

He did improve after about five months; he was able to hold a part-time construction job six hours a day. At this point, we were testing, and he had evidence of a need for all three of our immune stimulators. We used mycological first, then moved on to viral, and eventually bacterial. At this time, we added Brain Liquescence, which he was quite pleased with. For the first time since he had been ill, we had a very dramatic improvement in mental functioning, less depression, and so on. We finally did add the New Vistas EBV drops, and last I heard, that had given him a further boost in his recovery. New Vistas quality and efficacy has dramatically helped our success rate.

This is a young lady whom I first saw clinically in March of this year (1992), a very driving executive-type person with the complaint of four years of progressively worsening fatigue since she ran the Honolulu marathon. She really crashed after that, improved somewhat, but always felt fatigued. She stated that she dealt with her symptoms by using sugar, caffeine and adrenaline. But she never really got back to her usual state of health. Then, in February, she really did crash and burn, on a long extended business meeting with a lot of stress. She experienced worsened fatigue, depression, myalgias, night sweats, recurrent pharyngitis, etcetera. Sleeping twelve to fourteen hours a day really had to cut back significantly at work. Her exam did reveal a fairly typical lymphadenopathy

with a granular pharyngitis, not exudative in this case. She was one of the patients I mentioned who had elevations to **all** the viral titers (EBV, CMV, herpes I and II). She had a stool sample negative for parasites, but positive for yeast. She also responded favorably to New Vistas Brain Liquescence and Serotonin-Dopamine Liquescence, and had a fairly dramatic improvement in mood, mental functioning and depression.

We subsequently worked in the usual fashion with dietary measures, sugar elimination, and so forth. She had good response to New Vistas EBV drops, the night sweats resolved, and she is now back to work, pretty much full time. She has fairly normal sleep requirements. There is some slight tendency toward recurrence of symptoms if her fatigue level increases. The majority of her symptoms were resolved through this program. New Vistas formulas have revolutionized my practice with astounding results.

So, these are just a few cases to indicate how we've been using these sorts of remedies.

Thank you very much.

Mr. Haines:

Thank you, Dr. Corell. There are very few things more stimulating than hearing about chronic fatigue at the end of such a presentation.

(From Presentation at Royal Society)

This is the synopsis of a presentation done at the Royal Society of Medicine done in 1992. This presentation was presented in the Merk, Sharp and Dome room, dedicated toward pharmaceuticals.

It is the point of this discussion to show how synthetic pharmaceuticals are used unnaturally in the body. It is ironic that the presentation would be held in this room.

About ten years ago I had the pleasure of seeing a very famous neurosurgeon, Dr. Sperry, lecture in New York City at the Albert Einstein College of Medicine. He was the one who did the original surgery of the cerebral commissures of the corpus callosum, where he took bad epileptic patients and cut the bridge between their brains in order to isolate epileptic seizures on one side of the brain or the other. This is very exciting research. Dr. Sperry was a world-renowned neurosurgeon, a brain surgeon. He stated in his lecture that absolutely everything he was taught in medical school about neurology was contradicted by the new research. Everything he was taught was wrong. He was taught that inside all the neurons of the synaptic cleft, there was actually a physical electron spark like that in an automobile spark plug. That was contradicted by a group of researchers who showed that there were chemical neurotransmitters. Hence, a lot of Nobel Prizes were awarded. What I=m about to do today is to prove to you mathematthat at that=s not the way it works, either. It doesn=t only work on a neurotransmitter basis. It must be pointed out that knowledge seems so permanent and lasting.

So throughout history, even learned men have put extreme confidence into their education. The illusion of this education is that it is firmly based in unchallengeable scientific fact; whereas actually, all of science is evolutionary, building toward deeper understandings. With the advent of quantum biology, we now must have a much deeper understanding of our biology in order for us to understand the mechanics of life.

Often people who make their living in medicine come along to find that what they were taught in medicine is wrong, and needs some revision. This is the case with Dr. Sperry.

With this point in mind, we now need to introduce a new, radical concept; a different understanding about the synaptic cleft that will help to further entrench our quantum biology.

In analyzing classic physics, Schrödinger came up with an idea that when you got down to things smaller and smaller and smaller, at a certain point you would go quantum. You would now have to deal with indeterminate conditions. The laws of Newtonian physics would not apply. If we manufacture a TV set, inside it we have phosphorescent dots that the electron beam hits. When the electron hits that dot, it phosphoresces. So if you=re

an electrical engineer, you have to know these things. These are hard, fast laws because there is an indeterminacy of the electron. This distance **A** is known as the indeterminacy of the electron. You don=t know where the electron is within this distance.

You see that the dot is bigger than the indeterminacy. We can manufacture that television set, because we can determine where the electron is within this range. When our dot is smaller than the indeterminacy, we can no longer build that TV set. There is a naturally-occurring limitation. If our dot is smaller, we will not know where the electron is.

If our target is smaller than the indeterminacy, we cannot do this in a Newtonian system.

So we have to know these things if we=re going to be electrical engineers, if we=re going to build TV sets or transistor circuits. A full scientific and mathematical analysis of this is presented in our *Quantum Biology* books.

Heisenberg found out that indeterminacy relates to Planck=s constant. Planck=s constant is 6.625 x 10^{-27}. Heisenberg said that if we know momentum (mass times length divided by time) and/or position (in other words, length), in an indeterminate event you cannot know both things if these things get too small. So this is the basis of all quantum theory. These are the basics of all energetic understanding today. We have to know where *quantum* reality starts, and Newtonian dynamics stop. We=re so used to thinking in Newtonian push/pull terms, because of our observations of the gross world. Schrödinger also said that anything traveling has an indeterminacy. But the indeterminacy in our gross world is so small that it is of little consequence.

So even the baseball we pitch has an indeterminacy. But if we put it into this equation,

we=ll see that the indeterminacy is in mere micrometers. (**ELAB**) In our gross world we don=t even deal with this indeterminacy. When we want to deal with increasingly smaller events, this indeterminacy has to be dealt with, at 10^{-27}. So when we make our calculations, and put in the mass, the length and time, if the result is less than 10^{-27}, then what we are dealing with is an indeterminate quantic system; we have to use quantum laws, and not think Newtonian. If what we are doing is *greater* than 10^{-27}, then we have determinism, and we can go back to Newtonian dynamics.

As a case in point, let=s take a watch manufacturer. Is a watch manufacturer making a very fine Swiss watch dealing with quantum indeterminacy? If we take the mass of the parts he=s using (about 10^{-4} kilogram), the amount of distance (10^{-4} meters squared) and the amount of time the part has to deal with (one second). Does the watch manufacturer have to know quantum dynamics? Let=s make the calculation. **(ELAB)** The solution is greater than 10^{-27}. So the watch manufacturer does not need to know quantum dynamics; he can deal with Newtonian physics.

Now Merk, Sharp and Dome are selling a synthetic pharmacology, built on interactions inside the synaptic cleft of the human brain. Dr. Sperry says that after he graduated in neurology, everything was all rewritten. The new thinking Sperry refers to was based on Newtonian dynamics until now. After today a new type of paradigm will develop, and quantum biology will be formed.

Now let=s return to our mathematical analysis. Let=s put in the math equation on the apropos effect. Let=s put the synaptic cleft into this same equation. The distance of the synaptic cleft is about a hundred angstroms, which turns out to be 10^{-6} meters. If we take the mass of a neurotransmitter such as acetyl choline, which has an atomic weight of about two hundred atomic units, and if we take one molecule of that, we know Avogadro=s number is 6.023 x 10^{23}, so we put in the weight of this acetyl choline. One molecule of the acetyl choline will have a mass of 1.02 x 10^{-20} kilograms. Now we know mass, and we know distance. What is the time involved? The time involved has

always been thought to be about one millisecond. Now we have distance, time, mass. Let=s put it into my equation. I come out to 10^{-29}. That is less than 10^{-27}. Now if you want to understand neurology, you have to throw out Newtonian dynamics. The synaptic cleft is *quantum*. We have to look at quantum physics to understand the most basic thing happening in the human brain: the synaptic cleft. Mathematically, we=ve proven the quantic nature of neurology. This is just as great a revelation as the neurotransmitter itself, because now we have a distinct mathematical direction to proceed in.

The implications of this are dramatic, in that Newtonian physics and thermodynamics have been used to explain the pharmacological events of the neurotransmitter action. Our mathematical proof has shown that Newtonian and thermodynamic physics are inadequate; that quantic physics must be understood and utilized in looking at the synaptic cleft. Thus indeterminacy is a factor in the synaptic cleft, as we=ve shown. Since the controlling point of biology (the synaptic cleft) is quantic, biology is quantic. Medicine must be quantic as well. Since quantum theory is a mathematical construct, biology will have a mathematical relationship. I have proven this in the *Quantum Biology* books. Indeterminacy must be dealt with in our neurology. An in-depth analysis of the scientific ramifications of this are covered in my *Quantum Biology* series.

So what does this quantum mathematical nature of biology imply? First, it definitely demands that we shift from Newtonian physics as a way of interpreting all of biology. The field of synthetic pharmacology is thrown out the window. Homeopathy and energetic medicine make much more sense. Much of modern medicine has been dependent on thermodynamics and Newtonian descriptions of cellular function. Now we realize the fallacy of this thought process.

Proving that the synaptic cleft is quantic means that biology must involve indeterminacy. Indeterminacy is an undeniable part of quantum theory, so now we must bring indeterminacy into medicine. Medicine must bring back words and concepts like humility, reverence, and faith; words that have been absent from medicine for too long. Now these concepts are thrust back into medicine, gripping us with respect and awe for the power of God and nature, and restoring our faith in the natural forces of life in God=s world.

This is how *nature* does it. Nature is working on an indeterminacy principle in the synaptic cleft. The question is asked: Why have the synthetic pharmaceutical companies sold so much if their philosophy is wrong? The answer to the question is that the synthetic companies say their products work. They deal with the symptom adequately. But is that our definition of what works?

The definition of what works or does not work is one that we now must analyze. People who sell antibiotics say that they work. What do they mean? They mean that there is some type of effect the antibiotics have in the system that seems to accomplish their original purpose. The fact that they might cause secondary effects of long-term immunosuppression usually is not considered or analyzed. Only the initial short-term results are considered.

Dr. Ehrlich developed what he called the Amagic bullet@theory: the idea that a pharmaceutical could be utilized to accomplish a goal with minimum side effects. Side effects can never be reduced to zero with a synthetic entity. Thus the magic bullet that Ehrlich sought was something that had the

most minimal side effects. Sometimes that side effects can have cumulative results and can cause problems for generations, or sometimes in the patient=s own life. Our new fractal theories show just how powerful some seemingly small effects can be. Reductionistic science has caused tremendous damage to our bodies and our ecology. Reductionistic science has never understood biology. Biology is quantic and nonreductionistic, and thus our medicine must be restructured.

In the alternative healing profession many of the practitioners I talk to say they also use a certain therapy because it works; people seem to feel better. In a lecture a couple of years ago one of the students said that she used hydrogen peroxide in an enema because it works. I asked her what she meant. She said that she felt great after doing it. I told her that there are places in New York City where we could go and talk to cocaine users, and that they would say they use it because they feel great. Does cocaine work? Feeling great is not our only definition of what works.

Thus what works in medicine must not be seen as what gets instantaneous results, or what elevates people=s moods. What works has to be taken into consideration of what ameliorates immediate symptomatology at no cost whatsoever to the patient=s quality of life. Complete safety first must be our dictum. Efficacy must be considered secondary to the cost of safety. Our definition of what works must be what works to restore natural balance. What works must be what maximizes the natural healing force of life itself.

Now we can see just how the magic bullet of Dr. Ehrlich took off in many different directions into the pharmaceutical companies. Also we see how these companies started to concern themselves philosophically less and less with long-term effects and more and more with short-term growth and profitability. Profitability has the most profound effects on philosophy. History abounds with all the different examples of this abuse. We must realize that all the different drug horror stories were allowed because someone proved that those drugs worked. We must reset our standards, and reanalyze what does and doesn=t work. Our quantum biology brings with it a different type of morality that can only put reverence, humility, and religion back into our medicine.

Now that we have a deeper understanding of the phenomena of biology and neurology, and that they are quantic, this should allow us the make the next steps into our further understanding of medicine. We must start to use our quantum biology to build a system of medicine. This is what I=ve dedicated my life to in the development of the *Quantum Biology* books, the *Natural Compendium*, the *Homeopathy* books, and all the other writings.

Nature is ultimately more complex than we are capable of knowing. Since we are of nature, it is impossible for us to comprehend it completely. If we could, we would be able to comprehend ourselves. No system is able to comprehend itself cognitively. Only through the transcending thought of intuition and cognition can we even approach knowing ourselves.

Nature does not operate as we originally thought. It does not operate on any type of Newtonian physics at the cellular level; it operates on quantum physics. We=ve got a whole new definition of biology here, unless you put in so much more mass. If we raise the mass up by dumping in a neurotransmitter, then we can demand the synaptic cleft to go into Newtonian physics, and thus override indeterminacy to push into the predictability needed to satisfy reductionistic statistical analysis.

From our equation of the synaptic cleft, as we-ve shown before, if we increase the mass by a factor of one thousand, we can shift the situation from quantum physics to Newtonian dynamics. Thus this is how pharmacology works; by so overloading a transmitter that it causes this shift into Newtonian dynamics, where we can now demand action. We must realize that we demand action unnaturally, and that the large amount of the neurotransmitter put into the system has secondary side effects, and complicates biology. The amounts needed are unnatural in design and quantity. Enzyme pathways and other factors must be utilized to deal with the unnaturally large amounts of the neurotransmitter, or synthetic copy of the neurotransmitter.

Technology has always sought to duplicate nature. It seems to be a basic human temptation. Our ability to duplicate nature is always bound by the limits of our technology. As we discover new technologies, we make better copies. Then if we use our technology to measure the difference, nature and the copy look identical. This is only due to the limits of our technology to measure the difference. I have developed new technologies that measure the energetics of medical compounds and patients= reactions to them. There is a temptation to think that we can now copy nature; it is not true. We cannot truly duplicate nature. Our copies are only counterfeit compounds.

We must respect nature and utilize her wisdom while being reverent to her process. As the Bible says, AThe healing of the nations will come from the leaves of the field.@ If we respect nature=s ability to heal, and honor nature=s secrets, the leaves of the field will give us abundant healing.

We now have a different process. We are demanding an unnatural process.

Pharmacology can be a totally synthetic or unnatural process.

Another set of unnatural circumstances that synthetic pharmacology will depend upon is that of using a large number of receptor site blockers: synthetic chemicals that enter into the synaptic cleft and block the utilization of different hormones. This is also an unnatural concept, as it works to block neurotransmitter receptors. Rather than seeking balance in their biological medicine, the chemically-minded users of modern medicine techniques mainly concern themselves with unnatural solutions that are more allopathic or symptomatic than balanced or holistic.

If you take a thyroid hormone, and put it into the body in large amounts, one thousand times larger than what the body actually manufactures, then you now demand this hormonal action by making the entity of the synaptic cleft become unnatural. When you start cascading, and put into the body excess acetyl choline, so much serotonin, so much dopamine, so much stelazine, etc.; you start upsetting the natural cybernetics and all the little feedback mechanisms. Iatrogenic disease will rise. Iatrogenic, drug-caused disease has been rising at over 1000% a year for the last ten years.

The president of a major pharmaceutical company in the United States, last year in a public address, said that he believes by the year 2000 half of the pharmaceutical business in the United States will be homeopathy. And they=re preparing for it now. They see the trends in the market, and public opinion.

So we can see that there is an awakening, that homeopathy as a form of medicine is starting to make sense, and that some of the mistakes made in the past by synthetic chemical entities are

being realized. Scientists are starting to realize the amount of destruction we=ve done to our environment with these synthetic chemicals, and to our bodies, and to the very nature of health on this planet. The magic bullets needs to have no side effects, because even minimal side effects should not, and cannot, be tolerated.

By working against nature for short-term results, so-called intelligent scientists have immaturely put our planet in jeopardy. Only time will tell if nature can respond and heal itself from man=s sins and his synthetic culture.

This is not to say that all synthetic pharmacology and all allopathic drugs are absolutely wrong. There is a time for all things under Heaven. There is a time when antibiotics must be used, but in modern medicine these synthetic, allopathic, chemical entities are reached for in 98% of cases. We should reach for natural compounds in 80% of our medicine. In 20% of the real crisis cases, we might look for synthetic compounds to work for temporary suspension of symptoms. This can allow time for healing to occur. Only when we can turn around and reset the balance will modern medicine have a chance of developing a more safe technology.

The ROYAL SOCIETY of MEDICINE