Scientific Research in Homeopathy

Triple Blind studies, Double-Blind Randomized Placebo-Controlled Trial, Systematic Reviews & Meta-Analysis, Evidence-base
Tartalom

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Scientific Research in Homeopathy
Triple Blind studies, Double-Blind Randomised Placebo-Controlled Trial, Systematic Reviews & Meta Analysis, Evidence-base

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Abstract
Medicines for specific disease conditions, High dilutions, Animal Studies, Plant Studies
300 human studies published in 90 peer-reviewed international medical journals out of which 96+
are FULL TEXT out of which 94 are PDF which can be downloaded at http://bit.ly/gFJlbg
Key Words: Science, Homeopathic, Pharmacy, Genetics , Homeopath,

Research Papers up to year 2010 are included in this database
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International Journal of the Medical Science of Homeopathy

I
Long term Large Scale Double Blind Study with over 100,000 patients

Introduction
Evidence of homeopathy is undeniably positive and consistent. It’s a human evidence of experience, gathered from a real-world observation in a real-world setting (not in an ideal artificial laboratory) giving real-world solutions.

BASIC FUNDAMENTAL RESEARCH
1. Annals of the New York Academy of Sciences
   Thermodynamics of extremely diluted aqueous solutions (1999) FULL TEXT // Successive dilutions and succussions may alter permanently the physical-chemical properties of the solvent water
   New Physico-Chemical Properties of Extremely-Diluted Aqueous Solutions (2004) FULL TEXT // The procedure of dilutions and succussions is capable of modifying in a permanent way the physico-chemical features of water
3. Toxicological Sciences (Oxford University Press)
   Why small doses of medicine is better than large dose, (2006) FULL TEXT
4. IETE Journal of Research (Institute of Electronics and Telecommunication Engineering)
5. Homeopathy (Elsevier)
   Proving and therapeutic experiments in the HomBRex basic homeopathy research database (2007)
   nuclear magnetic resonance spectroscopy on Kalium bichromicum (2008)
   The 2005 meta-analysis of homeopathy: the importance of post-publication data (2008)
   Nuclear Magnetic Resonance spectroscopy (2008) // 3C differs from 4C
   Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT
   Nux vomica & Calendula have significant effect on gene expression (2010)
6. Aspects of Research in Homeopathy


10. Forschende Komplementarmedizin (German) meaning Research in Complimentary Medicine (English) Homeopathic patho-genetic trials produce specific symptoms different from placebo (2009) FULL TEXT // homeopathy differs from placebo

Hahnemann’s Contribution

11. An essay on a new principle for ascertaining the curative powers of drugs & some examinations of the previous principle, Journal of Practical Medicine, volume 2, parts 3 & 4, pages 391-439 & 465-561, Germany, 1796 // He came up with Principle of similars: Like cures like

12. Spirit of the Homoeopathic Doctrine of medicine, Allgemeine Anzeiger, vol. 2, Mar. 1813 //He said Man is a “biological whole”. No single part by itself represents the human being nor can manifest itself independently [from the others] [20].

13. Appeal to Thinking Philanthropists Respecting the Mode of Propagation of the Asiatic Cholera, 20 pages, 1831, republished in The British Journal of Homoeopathy, Oct 1849 He said, “On board ships – in those confined spaces, filled with mouldy watery vapours, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists millions of those miastic animated beings, which, at first developed on the broad marshy banks or the tepid Ganges– on board these ships, I say, this concentrated aggravated miasm kills several of the crew … “ (translated by R E Dudgeon, M.D. in The Lesser Writings of Samuel Hahnemann, 1851 edition, B Jain Publishers, reproduced edition, 2002, p. 758)

It was another 59 years (1890) before Koch saw these organisms, and later on orthodox medicine gave them the name ‘germs’

HIGH DILUTION RESEARCH (Serial-agitated ultra-molecular dilutions/Dilutions beyond Avogadro
1. **Nature** (MacMillian) 
**Human basophil degranulation triggered by very dilute antiserum against IgE** (1988) FULL TEXT
This is Jacques Benveniste’s famous “memory of water” study. He duplicated his results 70 times. Three other research labs (in Israel, Canada and Italy) replicate the results before the paper was published—an unprecedented requirement. This study was replicated (the one after the next three) but not 100% reproducible.

D. T. Reilly, University of Glasgow, U.K. observed, “Scientific belief belongs on a flat earth. There is no danger, no threat to science in the restatement of the drug diluent paradox. We need only apply the scientific method and then seek the verdict of experience”. K. Opitz, School of Maritime Studies, Hamburg remarked, “Does ‘Nature’ expect nature to accommodate academic disciplines in order to be vindicated? Casting doubt on findings merely because they are inconvenient to established assumptions and patterns of speculation strikes me as a poor way of advancing scientific knowledge”.

2. **Inflammation Research** (Springer) 
**Histamine 15-19C modulates anti-IgE stimulated human basophil (CD63) activation** (2004) FULL TEXT // Research at 4 different laboratories in Europe found that Potentised Histamine alters the activity of White Blood Cells. The model is different to that of Benveniste; he used the same control but not the same activator. This study was replicated in the below two studies

- **Cytometric Protocols for analysis of human basophil activation: Biological Activity of high dilutions of histamine** (2006)
- **Histamine 2C, 12C, 14-16C potency inhibits CD203c up-regulation in anti-IgE stimulated human basophils** (2009) FULL TEXT

3. **Complementary Therapies in Medicine** (Elsevier) 
**The in vitro evidence for an effect of high homeopathic potencies—A systematic review** (2007) FULL TEXT // 73% of 67 in-vitro experiments published in 75 publications showed specific effects with high dilutions

- **Homeopathy, sensation of well-being and CD4-levels** (1998) // homeopathy improves sensation of well-being, provided evidence of ultra-high dilutions and may affect CD4 levels

4. **Interdisciplinary Sciences: Life Sciences** (SpringerLink) 
**Electromagnetic properties of highly-diluted biological samples** (2009) FULL TEXT // Prof. (Dr.) Luc Montagnier, (Nobel Laureate for discovering HIV Virus) said potentised bacteria and virus DNA emits electromagnetic signals (low frequency radio waves) at 5C and 6C potencies and forms specific nano-structures which are responsible for the EM effects measured. The EM signature changed with dilution levels but was unaffected by the initial concentration and remained even after the remaining DNA fragments were destroyed by chemical agents. The EM signal was destroyed by heating or freezing the sample. A ‘cross-talk’ effect was found whereby a negative sample inhibits the positive signal in another sample if they are left together overnight in a shielded container. It was also noted that the samples needed be ‘vortexed’ (a process akin to succussion) for the EM effects to be present.

**Luc Montagnier’s paper discussed by Dr. Rachel Roberts**
Luc Montagnier’s paper discussed by Institute of Science in Society http://www.i-sis.org.uk/homeopathicSignalsFromDNA.php

5. Material Letters (Elsevier)
Ultra dilute solutions have remarkable biological properties (2008) FULL TEXT // Prof. (Dr.) Rustom Roy, ultra-dilutions, like homeopathic remedies, do indeed contain stable and unique molecular structures with recognizable properties

6. Physica A (Elsevier)
Thermo-luminescence of ultra-high dilutions of lithium chloride & sodium chloride (2003) FULL TEXT // distinguishing one homeopathy medicine from another

7. Nonlinear Biomedical Physics (BioMed Central)

8. Homeopathy
Medicines beyond 12C retains nano-grams of fine nano-particles of original starting material (2010)

The defining role of structure including epitaxy in the plausability of homeopathy (2007) FULL TEXT

9. Journal of Alternative and Complementary Medicine (Liebert)
// distinguishing homeopathic medicine from solvent

10. International Journal of High Dilution Research


Hahemann’s Contribution

11. Cure and prevention of scarlet fever, Journal of Practical Medicine, 1801 // His discovery of the prophylactic properties of Belladonna in scarlet fever. His dose: 1/24,000,000 i.e. 0.0416 nanograms of Belladonna, to repeat the dose every 72 hrs. This is the first recorded nano dose of medicine used in treatment of any disease. Thus Hahemann can be attributed as The Father of Nano Medicine


others
http://www.high-dilutions.net/VersionAn/
Nobel Prize Winner Luc Montagnier Supports Science of Homeopathy

Friday, February 04, 2011 by: Dana Ullman

(NaturalNews) Dr. Luc Montagnier, the French virologist who won the Nobel Prize in 2008 for discovering the AIDS virus, has surprised the scientific community with his strong support for homeopathic medicine.

In a remarkable interview published in Science magazine of December 24, 2010, (1) Professor Luc Montagnier, has expressed support for the often maligned and misunderstood medical specialty of homeopathic medicine. Although homeopathy has persisted for 200+ years throughout the world and has been the leading alternative treatment method used by physicians in Europe, (2) most conventional physicians and scientists have expressed skepticism about its efficacy due to the extremely small doses of medicines used.

Most clinical research conducted on homeopathic medicines that has been published in peer-review journals have shown positive clinical results,(3, 4) especially in the treatment of respiratory allergies (5, 6), influenza, (7) fibromyalgia, (8, 9) rheumatoid arthritis, (10) childhood diarrhea, (11) post-surgical abdominal surgery recovery, (12) attention deficit disorder, (13) and reduction in the side effects of conventional cancer treatments. (14) In addition to clinical trials, several hundred basic science studies have confirmed the biological activity of homeopathic medicines. One type of basic science trials, called in vitro studies, found 67 experiments (1/3 of them replications) and nearly 3/4 of all replications were positive. (15, 16)

In addition to the wide variety of basic science evidence and clinical research, further evidence for homeopathy resides in the fact that they gained widespread popularity in the U.S. and Europe during the 19th century due to the impressive results people experienced in the treatment of epidemics that raged during that time, including cholera, typhoid, yellow fever, scarlet fever, and influenza.

Montagnier, who is also founder and president of the World Foundation for AIDS Research and Prevention, asserted, "I can't say that homeopathy is right in everything. What I can say now is that the high dilutions (used in homeopathy) are right. High dilutions of something are not nothing. They are water structures which mimic the original molecules."

Here, Montagnier is making reference to his experimental research that confirms one of the controversial features of homeopathic medicine that uses doses of substances that undergo sequential dilution with vigorous shaking in-between each dilution. Although it is common for modern-day scientists to assume that none of the original molecules remain in solution, Montagnier's research (and other of many of his colleagues) has verified that electromagnetic signals of the original medicine remains in the water and has dramatic biological effects.
Montagnier has just taken a new position at Jiaotong University in Shanghai, China (this university is often referred to as "China's MIT"), where he will work in a new institute bearing his name. This work focuses on a new scientific movement at the crossroads of physics, biology, and medicine: the phenomenon of electromagnetic waves produced by DNA in water. He and his team will study both the theoretical basis and the possible applications in medicine.

Montagnier's new research is investigating the electromagnetic waves that he says emanate from the highly diluted DNA of various pathogens. Montagnier asserts, "What we have found is that DNA produces structural changes in water, which persist at very high dilutions, and which lead to resonant electromagnetic signals that we can measure. Not all DNA produces signals that we can detect with our device. The high-intensity signals come from bacterial and viral DNA."

Montagnier affirms that these new observations will lead to novel treatments for many common chronic diseases, including but not limited to autism, Alzheimer's disease, Parkinson's disease, and multiple sclerosis.

Montagnier first wrote about his findings in 2009, (17) and then, in mid-2010, he spoke at a prestigious meeting of fellow Nobelists where he expressed interest in homeopathy and the implications of this system of medicine. (18)

French retirement laws do not allow Montagnier, who is 78 years of age, to work at a public institute, thereby limiting access to research funding. Montagnier acknowledges that getting research funds from Big Pharma and certain other conventional research funding agencies is unlikely due to the atmosphere of antagonism to homeopathy and natural treatment options.
TO: THE HUNGARIAN AIDS RESEARCH HOSPITAL

FROM: William Nelson + Nagy Karoly

DATE: SEPTEMBER 20, 1994

RE: ANALYSIS OF XRROID REACTIVITY READINGS OF AIDS PATIENTS IN BUDAPEST

The science of electrical reactivity in the body has been documented in several articles. Two such papers were recently submitted at an international medical diagnostic symposium in Pecs Hungary in September 1994. Copies of these articles are attached. Also included is the article that totally describes the electrical reactivity factors in medication testing.
Support from Another Nobel Prize winner

Montagnier's new research evokes memories one of the most sensational stories in French science, often referred to as the 'Benveniste affair.' A highly respected immunologist Dr. Jacques Benveniste, who died in 2004, conducted a study which was replicated in three other university laboratories and that was published in Nature (19). Benveniste and other researchers used extremely diluted doses of substances that created an effect on a type of white blood cell called basophils.

Although Benveniste's work was supposedly debunked, (20) Montagnier considers Benveniste a "modern Galileo" who was far ahead of his day and time and who was attacked for investigating a medical and scientific subject that orthodoxy had mistakenly overlooked and even demonized.

In addition to Benveniste and Montagnier is the weighty opinion of Brian Josephson, Ph.D., who, like Montagnier, is a Nobel Prize-winning scientist.

Responding to an article on homeopathy in New Scientist, Josephson wrote:

Regarding your comments on claims made for homeopathy: criticisms centered around the vanishingly small number of solute molecules present in a solution after it has been repeatedly diluted are beside the point, since advocates of homeopathic remedies attribute their effects not to molecules present in the water, but to modifications of the water’s structure.

Simple-minded analysis may suggest that water, being a fluid, cannot have a structure of the kind that such a picture would demand. But cases such as that of liquid crystals, which while flowing like an ordinary fluid can maintain an ordered structure over macroscopic distances, show the limitations of such ways of thinking. There have not, to the best of my knowledge, been any refutations of homeopathy that remain valid after this particular point is taken into account.

A related topic is the phenomenon, claimed by Jacques Benveniste's colleague Yolene Thomas and by others to be well established experimentally, known as "memory of water." If valid, this would be of greater significance than homeopathy itself, and it attests to the limited vision of the modern scientific community that, far from hastening to test such claims, the only response has been to dismiss them out of hand. (21)

Following his comments Josephson, who is an emeritus professor of Cambridge University in England, was asked by New Scientist editors how he became an advocate of unconventional ideas. He responded:

I went to a conference where the French immunologist Jacques Benveniste was talking for the first time about his discovery that water has a 'memory' of compounds that were once dissolved in it -- which might explain how homeopathy works. His findings provoked irrationally strong reactions from scientists, and I was struck by how badly he was treated. (22)
Josephson went on to describe how many scientists today suffer from "pathological disbelief;" that is, they maintain an unscientific attitude that is embodied by the statement "even if it were true I wouldn't believe it."

Even more recently, Josephson wryly responded to the chronic ignorance of homeopathy by its skeptics saying, "The idea that water can have a memory can be readily refuted by any one of a number of easily understood, invalid arguments."

In the new interview in Science, Montagnier also expressed real concern about the unscientific atmosphere that presently exists on certain unconventional subjects such as homeopathy, "I am told that some people have reproduced Benveniste's results, but they are afraid to publish it because of the intellectual terror from people who don't understand it."

Montagnier concluded the interview when asked if he is concerned that he is drifting into pseudoscience, he replied adamantly: "No, because it's not pseudoscience. It's not quackery. These are real phenomena which deserve further study."

The Misinformation That Skeptics Spread

It is remarkable enough that many skeptics of homeopathy actually say that there is "no research" that has shown that homeopathic medicines work. Such statements are clearly false, and yet, such assertions are common on the Internet and even in some peer-review articles. Just a little bit of searching can uncover many high quality studies that have been published in highly respected medical and scientific journals, including the Lancet, BMJ, Pediatrics, Pediatric Infectious Disease Journal, Chest and many others. Although some of these same journals have also published research with negative results to homeopathy, there is simply much more research that shows a positive rather than negative effect.

Misstatements and misinformation on homeopathy are predictable because this system of medicine provides a viable and significant threat to economic interests in medicine, let alone to the very philosophy and worldview of biomedicine. It is therefore not surprising that the British Medical Association had the sheer audacity to refer to homeopathy as "witchcraft." It is quite predictable that when one goes on a witch hunt, one inevitable finds "witches," especially when there are certain benefits to demonizing a potential competitor (homeopathy plays a much larger and more competitive role in Europe than it does in the USA).

Skeptics of homeopathy also have long asserted that homeopathic medicines have "nothing" in them because they are diluted too much. However, new research conducted at the respected Indian Institutes of Technology has confirmed the presence of "nanoparticles" of the starting materials even at extremely high dilutions. Researchers have demonstrated by Transmission Electron Microscopy (TEM), electron diffraction and chemical analysis by Inductively Coupled Plasma-Atomic Emission Spectroscopy (ICP-AES), the presence of physical entities in these extreme dilutions. (24) In the light of this research, it can now be asserted that anyone who says or suggests that there is "nothing" in homeopathic medicines is either simply uninformed or is not being honest.
Because the researchers received confirmation of the existence of nanoparticles at two different homeopathic high potencies (30C and 200C) and because they tested four different medicines (Zincum met./zinc; Aurum met. /gold; Stannum met./tin; and Cuprum met./copper), the researchers concluded that this study provides "concrete evidence."

Although skeptics of homeopathy may assume that homeopathic doses are still too small to have any biological action, such assumptions have also been proven wrong. The multi-disciplinary field of small dose effects is called "hormesis," and approximately 1,000 studies from a wide variety of scientific specialties have confirmed significant and sometimes substantial biological effects from extremely small doses of certain substances on certain biological systems.

A special issue of the peer-review journal, Human and Experimental Toxicology (July 2010), devoted itself to the interface between hormesis and homeopathy. (25) The articles in this issue verify the power of homeopathic doses of various substances.

In closing, it should be noted that skepticism of any subject is important to the evolution of science and medicine. However, as noted above by Nobelist Brian Josephson, many scientists have a "pathological disbelief" in certain subjects that ultimately create an unhealthy and unscientific attitude blocks real truth and real science. Skepticism is at its best when its advocates do not try to cut off research or close down conversation of a subject but instead explore possible new (or old) ways to understand and verify strange but compelling phenomena. We all have this challenge as we explore and evaluate the biological and clinical effects of homeopathic medicines.

REFERENCES:


(2) Ullman D. Homeopathic Medicine: Europe's #1 Alternative for Doctors. http://www.huffingtonpost.com/dana-ullman/homeopathic-medicine-euro_b...


http://www.springerlink.com/content/0557v31188m3766x/fulltext.pdf


(25) Human and Experimental Toxicology, July 2010: http://het.sagepub.com/content/vol29/issue7/

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**CLINICAL RESEARCH**

**TRIPLE-BLIND STUDIES**

1. *Journal of Psychosomatic Research* (Pergamon)
   
   **DOUBLE-BLIND RANDOMISED PLACEBO-CONTROLLED TRIAL** (DBRPCT)  
   1. *Lancet* (UK)

   http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2886%2990410-1/abstract (1986) // hay fever
   
   Is evidence for homoeopathy reproducible? (1994) // homeopathy does more than placebo
   http://www.ncbi.nlm.nih.gov/pubmed/9310601 (1997) // homeopathy is statistically significantly superior (2.45 times more effective and positive at 95% confidence interval) to placebo

2. *Pediatric Infectious Disease Journal* (Walters Kluwer)
   
   Homeopathic treatment of otitis media (2001) // significant decrease in symptoms at 24 and 64 hrs after treatment in favour of homeopathy (P<0.05), otitis media: inflammation of middle ear


3 *International Journal of Oncology* (Spandidos)
   

FULL TEXT
4. Rheumatology (Oxford University Press)
Improved Clinical Status in Fibromyalgia patients treated with homeopathic remedies Vs Placebo (2004) FULL TEXT // LM potency
5. Chest (American College of Chest Physicians)
Kali bichromicum 30C for Chronic Obstructive Pulmonary Disease in critically ill patients (2005)
FULL TEXT
6. British Medical Journal (British Medical Association)
Homeopathy for fibrostis (1989) FULL TEXT // Rhus Tox 6C for fibromyalgia (earlier known as fibrositis) (Pain & Inflammation in muscles)
Clinical Trials of Homeopathy (1991) FULL TEXT // 105 studies: 77% of studies show positive result of homeopathy
Homeopathy Vs Placebo in allergic rhinitis (2000) FULL TEXT
7. British Journal of Clinical Pharmacology (British Pharmacological Society)
Oscillococcinum in the treatment of influenza (1989) FULL TEXT
Homeopathic therapy in rheumatoid arthritis (1980) FULL TEXT // 82% patients got relief in rheumatoid arthritis compared to 21% on placebo
8. Phlebology (The Royal Society of Medicine Press, UK)
Over a period of 24 days, the effects of a homeopathic complex preparation and placebo on varicose veins were tested in a double-blind trial of 61 people suffering from this condition. The homeopathic complex produced an averaged 44% improvement in the condition while those given the placebo experienced an averaged worsening of the disorder.
9. Biological Therapy (Informa, UK)
Homeopathic Sinusitis Medication (1995) FULL TEXT
Traumeel for Sprains (1989) FULL TEXT
10. British Journal of Podiatry
Ruta Graveolens 30C for the treatment of pain in plantar fasciitis (foot) (2000)
11. European Journal of Paediatrics (SpringerLink)
k.com/content/t512515754w83686/fulltext.pdf (2005) // ADHD
12. Journal of the European Academy of Dermatology and Venereology (InterScience by Wiley)
Homeopathic treatment of patients with psoriasis (2009)
13. **Ear, Nose and Throat disorders** (BioMed Central)
   Homeopathic treatment of patients with chronic sinusitis (2009) FULL TEXT

14. **Archives of Facial Plastic Surgery** (American Medical Association)
   Effect of Homeopathic Arnica montana on Bruising in Face-lifts (2006) FULL TEXT

15. **Sleep Medicine** (Elsevier)
   Effect of homeopathic medicines on polysomnographic sleep of young adults (2010) FULL TEXT //
   Nux Vomica 30 & Coffea Cruda 30 for insomnia

16. **Cancer** (John Wiley)

17. **Applied Health Economics & Health Policy** (Adis)
   Sinfrontal (Cinnabaris 4X, Ferrum Phos 3X, etc) in the treatment of maxillary sinus (sinus + tooth pain) (2009) // ENT & respiratory tract infections

18. **Rheumatic Diseases Clinics of North America** (Elsevier)
   Homeopathy and Rheumatic Diseases (2000)

   Treatment of acute childhood diarrhea with homeopathic medicine (1994)

20. **American Journal of Pain Management**
   Osteo-arthritic Pain: A Comparison of Homeopathy and Paracetamol (1998) // 55% achieved pain relief from homeopathy as compared to 38% from acetaminophen

   Homeopathy for postoperative ileus? A meta-analysis (1997)

22. **Journal of Head Trauma Rehabilitation** (Wolters Kluwer)
   Homeopathic Treatment of Mild Traumatic Brain Injury (1999) FULL TEXT

23. **Human and Experimental Toxicology** (Sage)
   Meta-analysis of serial agitated dilutions in experimental toxicology (1994) // 80% homeopathy medicines shows positive effects

24. **Journal of Dermatological Treatment** (Taylor & Francis)
   Homeopathic treatment of leg ulcers (1997) // Sulphur 6, Siliciea 6 & Carbo Veg 6

25. **Archives of Otolaryngology- head & Neck Surgery** (American Medical Association)
   Homeopathic Vs conventional treatment of vertigo (1998) FULL TEXT

26. **International Journal of High Dilution Research**
   Usefulness of 13 homeopathic medicines in the management of acute rhinitis (2010) FULLTEXT //
   Nux-Vomica, Merc, Belladonna
27. *The Science of the total Environment* (Elsevier)

28. *The European Journal of Heart Failure* (Elsevier)
*Efficacy of homeopathic Crataegus & Spigelia for mild cardiac insufficiency* (2003) FULL TEXT

29. *Annals of Pharmacotherapy* (Harvey Whitney)
*Treatment of allergic rhinitis with homeopathy* (2005)

30. *International Review of Allergology and Clinical Immunology* (Medpress)


32. *Pharmacy World and Science* (SpringerLink)
*Echinacea Q, Ledum palustre Q, Urtica urens Q & Hamamelis for redness/rash & lump on the skin due to mosquito bite* (1996)

*Homeopathic gel for redness/rash & lump on the skin due to mosquito bite* (1995)

34. *HNO* (German) (SpringerLink Verlag)
*Homeopathy in acute rhino-sinusitis* (2007)

35. *Journal de gynécologie, obstétrique et biologie de la reproduction* (French)
meaning Journal of Gynaecology, Obstetrics and Reproductive Biology (English)
*Treatment of pain due to unwanted lactation with a homeopathic preparation given in post-partum period* (2001)

36. *Wiener medizinische Wochenschrift* (German)
*Homeopathy in emergency medicine* (2005) // critically ill patients in ICU

37. *Der Kassenarzt* (German) meaning The Panel Doctor (English)

38. *Arzneimittel-Forschung* (German) meaning Medicines Research (English)
*Treatment of vertigo with a homeopathic remedies* (2005)
*Comparing the effectiveness of the Galphimia, Galphimia 6X, and placebo on pollinosis* (1985)


39. *Cahrs de Biotherapie* (French) meaning CARS Biotherapy (English)
“Preparation for Birth by Homeopathy: Experimentation by Double-Blind Versus Placebo”, Pierre Dorfman, Marie Noel Lasserre. and Max Tetau, 94 (April 1987): 77-81 // Caulophyllum, Actea racemosa, Arnica, Pulsatilla and Gelsemium, all in 5C potency
The average labor time of the women given homeopathy was 5.1 Hours, while the Placebo Group was 8.5 Hours. Only 11.3% of women given homeopathy had any abnormal labor, while 40% of Placebo Group had an abnormal labour

40. **Zeitschrift für Allgemeinmedizin** (German) meaning Journal of General Practice (English) *Homeopathic therapy in respiratory tract diseases. Evaluation of a clinical study in 258 patients* (1997)

41. **Fortschritte der Medizin** (German) meaning Medical Progress (English) *Treatment of pollinosis with Galphimia Glauc 4X* (1983)

42. **Allergologie** (German) meaning Allergology *Treatment of pollinosis with the homeopathic preparation Galphimia Glauc* (1990)


44. **Pédiatrie** (French) meaning Pediatrics (English) *Aconite in post-operative pain and agitation* (1990)

45. **Aktuelle Rheumatologie** (German) meaning Current Rheumatology (English) *Homeopathic preparation ‘Rheumaselect’ for Rheumatoid Arthritis* (1991)

**HOMEOPATHY JOURNALS:**

1. **Homeopathy** (Elseiver)

*The research evidence base for homeopathy* (2003) FULLTEXT // 50 of the 93 studies favours homeopathy in 8 medical conditions


*Effects of homeopathic treatment on salivary flow rate in patients with oral dryness* (2005)


*Osteo-arthritis before and after homeopathic treatment* (2008)

*Cost-benefit evaluation of homeopathic versus conventional therapy in respiratory diseases* (2009) FULL TEXT // treatment by homeopathy costs 50% less

*Homeopathic treatment of mouth ulcer* (2009) // oral ulcer

*Homeopathy as an adjunct to usual care for fibromyalgia* (2009)

*Application of 200C potency of bacteria for Leptospirosis epidemic control* (2010) FULL TEXT // 2.3 million people in Cuba protected against Leptospirosis (fever+jaundice+ inflammation in
kidney enlargement of spleen) with only 10 reported cases

**Chronic Insomnia: Efficacy of homeopathic simillimum** (2010) FULL TEXT

2. **British Homoeopathic Journal**
   **Efficacy of China rubra 9C for complications in patients on chronic kidney dialysis** (1992) // Statistically significant improvements of weakness, lethargy and headache

3. **Applicability of Caulophyllum 7C during labour** (1993) // reduces duration of labour by 90 minutes
   **Immunoglobin Relationship in Patients with Cirrhosis of the Liver Before and After treatment with Zincum metallicum 5C** (1994) // 10 people suffering from Zinc deficiency as determined by atomic absorption spectrophotometry showed a substantial improvement in zinc levels
   **Oscillococcinum in patients with influenza** (1998)

4. **Homeopathy for diseases of the lymph nodes in HIV Stage 2 & 3 infected people** (1999) FULL TEXT // immunity raised
   **Betula 30C for hay fever** (2000)
   **Belladonna 7C and X-Ray 15C for treatment of radio-therapy induced dermatitis in breast cancer** (2000)
   **Homeopathic treatment of migraine** (2000)
   **Efficacy and safety of a homeopathic gel Spiroflor SRL in the treatment of acute low back pain** (2001) FULL TEXT
   **Homeopathy in acute otitis media** (2001) FULL TEXT // Resolution rates were 2.4 times faster than in placebo controls. Compared to conventional treatment the homeopathic approach was 14% cheaper
   **Potent placebo or potency? A model using homeopathically prepared pollens in hayfever** (1985)

5. **Central Council for Research in Homeopathy**, Govt of India

6. **American Journal of Homoeopathic Medicine**
   Homeopathic treatment of dental neuralgia by Arnica and Hypericum., Albertini H, Goldberg W, Sanguy B, Toulza CL., 1985, 3, pp. 126-129. // 60 people received either 4 pilules of Arnica 7C alternated with 4 pilules of Hypericum 15C every 4 hours or placebo administered in the same way. Pain levels were assessed over 3 days from the beginning of the trial. It was found that 12 of the 30 people who received the placebo had a positive response to this intervention, and 23 of the 30 people (76%) given the homeopathic medicines responded positively to these.

5. **Asian Journal of Homeopathy**
   To investigate the effectiveness of homeopathy in medical primary care in upper and lower respiratory tract complaints, 01 Feb 2008, pp. 3-19

6. **Berlin Journal of Research in Homeopathy**
   **Homoeopathic treatment of anal fissures using Nitricum acidum 9C** (1991)
   **Homeopathic Treatment of Migraines** (1991) // 93% of patients got relief compared to only 17% in placebo-treated
1. Evidence-based Complimentary & Alternative Medicine (Hindawi)
Arsenicum album 30C and 200 C alters antinuclear antibody (ANA) titre in people living in high-risk arsenic contaminated areas (2006) FULL TEXT // correction of arsenic-induced haematological changes such as total count of RBC, WBC, PCV, Hb, ESR and blood sugar level.
Can Homeopathy Bring Additional Benefits to Thalassemic Patients: Encouraging Results (2007) FULL TEXT // thalassemia
Homeopathic LM potencies Vs Fluoxetine for Depression (2009) FULL TEXT
2. Journal of Alternative and Complementary Medicine (Liebert)
Homeopathic treatment of acute childhood diarrhoea (2000)
Homeopathy for menopausal symptoms in breast cancer patients (2005)
Arnica montana 4X for Healing of Wounds After Hallux Valgus Surgery Compared to Diclofenac (2008)
3. Complementary Therapies in Medicine (Elseiver)
Homeopathy, sensation of well-being and CD4-levels (1998) // homeopathy improves sensation of well-being, provided evidence of ultra-high dilutions and may affect CD4 levels
Homeopathic Vs conventional treatment strategies in patients with chronic disorders (2005) FULL TEXT
Homeopathy for the prevention of upper respiratory tract infections (2005)
Homeopathy Proven Better Than Conventional Medicine for Eczema
4. Alternative Therapies in Health and Medicine
Homeopathic treatment of depression and anxiety (1997) // 58% of patients responded to homeopathy for anxiety and phobia
5. Alternative Medicine Review
6. Forschende Komplementarmedizin (German) meaning Research in Complimentary Medicine (English)
Euphorbium, Pulsitilla & Luffa for viral infection of respiratory tract, Influenza A virus & rhino virus (2001) FULLTEXT
Efficacy of antimony 6X on blood coagulation (2009) // pro-coagulatory effect in bleeding disorder
7. Forschende Komplementärmedizin und Klassische Naturheilkunde (German) meaning Research in Complementary and Classical Natural Medicine
Efficacy of the homeopathic Euphorbium compositum-S nasal spray in sinusitis (1994)
Comparing Luffa compositum-Heel nasal spray with cromolyn sodium spray in the treatment of
allergic rhinitis (1999) FULL TEXT
Treatment of rhinitis & sinus with Euphorbium compositum nasal drops (2005)
The DBRCT for the following conditions have been replicated: asthma, fibrositis, influenza, muscular pain, otitis media, several pain sensations, side effects of radiotherapy, strains and infections of the ear, nose and throat.

DOUBLE BLIND STUDIES
1. Complementary & Alternative Medicine (BioMed Central)
Homeopathic & conventional treatment for acute respiratory & ear complaints (2007) FULL TEXT
2. MicroVascular Research (Elsevier)
Micro-circulatory effects of VertigoHeel on vertigo (2005)
3. British Homoeopathic Journal
Homeopathic treatment of patients with persistent mild traumatic brain injury (MTBI) (2000) FULL TEXT // 50 people with persistent MTBI were treated either with their constitutional homeopathic remedy or placebo. The homeopathic treatment provided superior results to those from the placebo control

Mustard Gas 30 as prophylactic and Rhus Tox 30c for treatment of burns and skin lesions due to mustard gas (1943)

COHORT/OBSERVATIONAL/PILOT STUDIES
1. Public Health (BioMed Central)
Homeopathic medical practice (2005) FULL TEXT // (Chronic) Disease severity (p<0.001) and quality of life demonstrated marked and sustained improvements following homeopathic treatment in 3981 patients for 2 years
How healthy are chronically ill patients after eight years of homeopathic treatment? (2008) FULL TEXT // Disease severity decreases & quality of life increases
2. Homeopathy
Homeopathy for treatment of symptoms of oestrogen withdrawal in breast cancer patients (2003) // Primary symptoms changed from 7.8 to 5.4, and from 7.2 to 4.1 (p<0.001)

An observational study of patients receiving homeopathic treatment (2004) FULL TEXT //improved physical condition & high satisfaction, costs less, allopathy drug discontinued
Effectiveness of homeopathic care in Norway (2005) FULL TEXT // 70% reported improvement in 6 months
Homeopathy for hyper-sensitivity (2006)
Treating hot flushes in menopausal women with homeopathic treatment (2008)
Homeopathic treatment of allergic rhinitis (2009) FULL TEXT
3. Journal of Alternative & Complementary Medicine
Homeopathy versus conventional treatment in respiratory tract complaints (2001) FULL TEXT // response rate of 82.6% in homeopathy group compared to 67.3% in conventional group
Homeopathic Treatment for Chronic Disease (2005) FULL TEXT // 70.7% of 6544 patients over 6-year period reported improvement
4. **Complementary & Alternative Medicine** (BioMed Central)  
*Patient satisfaction & side effects: comparing homeopathy & conventional medicine* (2008) FULL TEXT // higher patient satisfaction & 3 times fewer side-effects in homeopathy

5. **Homoeopathic Links** (Theime)  
*Usefulness of the Homeopathic Medicines in Furunculosis* (2010) // Hepar sulphuris, Antimonium crudum, Sulphur and Calcarea carbonica for boils

6. **Explore: The Journal of Science and Healing**  
*Viburcol (Chamomilla, Belladonna, Calcarea carbonica, Dulcamara, Plantago major, and Pulsatilla) for treatment of fever* (2005)  
*Traumeel S ointment for tendon injuries* (2005) // traumeel superior to diclofenac gel  

7. **Pediatrics International** (Wiley)  

8. **Scientific World Journal** (UK)


9. **International Journal of Clinical Practice**  

10. **British Homoeopathic Journal**  
*Potentised Carboneum sulphuratum and Tabacum in Cuban epidemic neuropathy* (2001)  
*Homeopathic treatment in women with premenstrual syndrome* (2001) FULL TEXT // 90% of patients who had received homeopathic treatment experienced more than 30% improvement (P=0.048). Only 37.5% of patients who received placebo experienced a similar improvement

*Treatment for hyperactive children: homeopathy and methylphenidate compared* (2001)  
A pilot study in Ghana showing homeopathic treatment equal to and slightly more effective than chloroquine in the treatment of acute malaria, April 1996, 85(2):66-70

11. **Journal of Hellenic Headache Association**  
*Homeopathic Treatment in patients with migraine* (2006)

12. **International Journal of Clinical Pharmacology and Therapeutics** (Dustri-Verlag)  
*Homeopathic treatment of otitis media* (1997) FULL TEXT // duration of pain of 2 days in homeopathy-group & 3 days in conventional group. 70.7% & 56.5% of children receiving homeopathy & conventional respectively did not have another ear infection the next year

13. **Complementary Therapies in Medicine** (Elsevier)  
*Traumeel for trauma and acute musculo-skeletal injuries* (2008)

14. **Archives of Gynecology and Obstetrics** (SpringerLink)  
*Homeopathic treatment of uterine pain during mensuration* (2009)
15. The Clinical Journal of Pain (Williams & Wilkins)
Homeopathic Treatment of chronic low back pain (2009)

16. Forschende Komplementärmedizin und Klassische Naturheilkunde (German) meaning Research in Complementary and Classical Natural Medicine

17. Biologische Medizin (German) meaning Biological Medicine (English)
Lymph Therapy for nerve pain and sensation in Type-2 Diabetic Neuropathy (2000) FULL TEXT
75% patient reported improvement
Vertigoheel for Vertigo (2001) FULL TEXT // 88% patient improved
Viburcol for infections due to fever (2002) FULL TEXT

18. Der Allgemeinarzt (German) meaning The GP (English)
Adjuvant homeopathic treatment enhances conventional therapy in diabetic peripheral neuropathy (2003) FULL TEXT
Zeel (Rhus Tox, Dulcamara, Sanguinara, Arnica) for osteo-arthritis (2003) FULL TEXT
Hahnemann’s Contribution

20. Cure and prevention of scarlet fever, Journal of Practical Medicine, 1801

23. Treatment of burns, Allgemeine Anzeiger, No. 156, 1816
24. Treatment of purpura miliaris, Allgemeine Anzeiger, No. 26, 1821 // blockage of sweat glands
25. Cure and prevention of Asiatic cholera, Stapf’s Archives for the Homoeopathic Medicine, Vol. 11, part 1, 1831

SYSTEMATIC POSITIVE REVIEWS & META ANALYSIS (1991-2008) [6 Comprehensive (2 on placebo effect + 2 on high dilutions) + 11 specific medical condition)

http://www.homeopathyeurope.org/Research/clinical-research/experimental-studies // 17 meta-analysis
http://www.facultyofhomeopathy.org/research/systematic_reviews/index.html // 17 Meta Analysis
The 2005 meta-analysis of homeopathy: the importance of post-publication data (2008)
Placebo Effect
http://www.ncbi.nlm.nih.gov/pubmed/9310601(1997) // 89 studies: homeopathy is statistically significantly superior (2.45 times more effective and positive at 95% confidence interval) to placebo
Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT
High Dilutions
Meta-analysis of serial agitated dilutions in experimental toxicology (1994) // 80% homeopathic medicines shows positive effects
The in vitro evidence for an effect of high homeopathic potencies—A systematic review (2007)

Medical Conditions


ONLINE DATABASE

1. PubMed Central (National Library of Medicine, USA)


2. Cochrane

Hypericum for depression (2008) FULL TEXT

Oscillococcinum for influenza (2003) FULL TEXT // Oscillococcinum reduces the length of influenza illness by 0.28 days i.e. approx 7 hours

3. HomBRex

http://www.carstens-stiftung.de/

http://www.camnetwerk.nl/HomBRex%20database%20mei%202007.pdf // 1190 experiments in more than 900 original articles, including 1014 biological studies

4. MedWorm

5. British Library Direct // put homeopathy in search box

6. Scirus

Homeopathy Research Resource

http://hpathy.com/homeopathy-scientific-research/
http://www.nationalcenterforhomeopathy.org/articles-research
http://www.positivehealth.com/researches/homeopathy

http://avilian.co.uk/category/homeopathy/research/

Research Models in Homeopathy


The studies are distributed in the following manner

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The above 204 studies are published in the following 86 Journals (in alphabetic order):

1. Aktuelle Rheumatologie
2. Allergologie
3. Allgemeine Anzeiger
4. Alternative Medicine Review
5. Alternative Therapies in Health and Medicine
6. American Journal of Homoeopathic Journal
8. Annals of Pharmacotherapy
10. Applied Health Economics & Health Policy
11. Archives for the Homoeopathic Medicine
12. Archives of Facial Plastic Surgery
13. Archives of Gynecology and Obstetrics
15. Arzneimittel-Forschung
16. Asian Journal of Homeopathy
17. Aspects of Research in Homeopathy
18. Berlin Journal of Research in Homeopathy
19. Biological Therapy
20. Biologische Medizin
21. British Homoeopathic Journal
22. British Journal of Clinical Pharmacology
23. British Journal of Podiatry
24. British Medical Journal
25. Canadian Journal of Physiology and Pharmacology
26. Cancer
27. Cahrs de Biotherapie
28. Chest
29. Complementary & Alternative Medicine
30. Complementary Therapies in Medicine
31. Der Allgemeinarzt
32. Der Kassenarzt
33. Ear, Nose and Throat disorders
34. European Journal of Clinical Pharmacology
35. European Journal of Paedretics
36. Evidence-based Complimentary & Alternative Medicine
37. Explore: The Journal of Science and Healing
38. Forschende Komplementarmedizin
39. Forschende Komplementärmedizin und Klassische Naturheilkunde
40. Fortschritte der Medizin
41. HNO
42. Homeopathy
43. Homoeopathic Links
44. Human and Experimental Toxicology
45. IETE Journal of Research
46. Inflammation Research
47. Interdisciplinary Sciences: Life Sciences
48. International Journal of Clinical Pharmacology and Therapeutics
49. International Journal of Clinical Practice
50. International Journal of High Dilution Research
51. International Journal of Oncology
52. International Review of Allergology and Clinical Immunology
53. Journal de gynécologie, obstétrique et biologie de la reproduction
54. Journal of Alternative and Complementary Medicine
55. Journal of Clinical Gastro-enterology
56. Journal of Dermatological Treatment
57. Journal of Head Trauma Rehabilitation
58. Journal of Hellenic Headache Association
59. Journal of Practical Medicine
60. Journal of the European Academy of Dermatology and Venereology
61. Journal of Thermal Analysis and Calorimetry
62. Lancet
63. Material Letters
64. MicroVascular Research
65. Nature
66. Non-linear Biomedical Physics
67. Pediatric Infectious Disease Journal
68. Pediatrics
69. Pediatrics International
70. Pédiatrie
71. Pharmacy World and Science
72. Phlebology
73. Physica A
74. Public Health
75. Reichsanzeiger
76. Rheumatic Diseases Clinics of North America
77. Rheumatology
78. Scientific World Journal
79. Sleep Medicine
80. The British Journal of Homeopathy
81. The Clinical Journal of Pain
82. The European Journal of Heart Failure
83. The Science of the total Environment
84. Tijdschrift Integrale Geneeskunde
85. Toxicological Sciences
86. Wiener Medizinische Wochenschrift
87. Zeitschrift für Allgemeinmedizin

Note: The Journal Homeopathy was earlier published as British Homoeopathic Journal

**More Research Studies**
- Fish kill / laser reflection experiments
- Proof for Homeopathy
- Research into homeopathy
  - [http://www.wholistichealingresearch.com/homeopathy.html](http://www.wholistichealingresearch.com/homeopathy.html)
  - [http://avillian.co.uk/2008/08/scientific-research-and-homeopathy-research-forums-and-discussion-groups/](http://avillian.co.uk/2008/08/scientific-research-and-homeopathy-research-forums-and-discussion-groups/)
  - [http://news.bbc.co.uk/1/hi/england/bristol/4454856.stm](http://news.bbc.co.uk/1/hi/england/bristol/4454856.stm) // 70% of 6500 patients reported improvement

**Physics behind homeopathy**
- [http://lewfh.tripod.com/electromagneticinfectioninhomeopathy/id4.html](http://lewfh.tripod.com/electromagneticinfectioninhomeopathy/id4.html)
Homeopathy as a Genetic Medicine

http://www.complementary-medicine.com/NewHomeopathy1.htm
http://www.complementary-medicine.com/NewHomeopathy2.htm
1. Homeopathic medicines activates genes

Dynaminized Preparations in Cell Culture (2007) FULL TEXT
// Carcinosinum 200C, Conium,Lycopodium activates beneficial gene p53 which provides defense against tumour/cancer

Nux vomica & Calendula have significant effect on gene expression (2010)

2. Homeopathic medicines having DNA as an active ingredient

Prof. (Dr.) Luc Montagnier's paper gives significant support to homeopathic pharmacology
http://www.homeopathyworldcommunity.com/profiles/blogs/nobel-laureate-explains-the

Evidence for Specific Disease Conditions

http://www.britishhomeopathic.org/export/sites/bha_site/research/evidence_by_condition.refs.pdf
http://www.nutrition-matters.co.uk/misc/homeopathy.htm
http://www.facultyofhomeopathy.org/research/rcts_in_homeopathy/index.html

Fibromyalgia (Inflammation in muscles)
http://nationalcenterforhomeopathy.org/content/effect-of-homoeopathic-treatment-on-fibrositis (1989)
Homeopathy as an adjunct to usual care for fibromyalgia (2009)

Insomnia

Chronic Insomnia: Efficacy of homeopathic simillimum (2010) FULL TEXT

Respiratory
Euphorbium, Pulsitilla & Luffa for viral infection of respiratory tract, Influenza A virus & rhino virus

Homeopathic therapy in respiratory tract diseases.Evaluation of a clinical study in 258 patients (1997)

Homeopathy in respiratory allergies (2006) FULL TEXT

Cost-benefit evaluation of homeopathic versus conventional therapy in respiratory diseases (2009)
FULL TEXT // treatment by homeopathy costs 50% less

Hay Fever

Meta-analysis of homeopathic treatment of pollinosis with Galphimia glauca (1997) // homeopathic
Galphimia glauca for hay fever
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2886%2990410-1/abstract (1986) // hay fever
Comparing the effectiveness of the Galphimia, Galphimia 6X, and placebo on pollinosis (1985)
Treatment of pollinosis with Galphimia Glauc 4X (1983)
Treatment of pollinosis with the homeopathic preparation Galphimia Glauc (1990)
Betula 30C for hay fever (2000)

Potent placebo or potency? A model using homeopathically prepared pollens in hayfever (1985)

Arthritis
Osteo-arthritic Pain: A Comparison of Homeopathy and Paracetamol (1998) // 55% achieved pain relief from homeopathy as compared to 38% from acetaminophen
Homeopathic therapy in rheumatoid arthritis (1980) FULL TEXT // 82% patients got relief in rheumatoid arthritis compared to 21% on placebo
Homeopathic preparation ‘Rheumaselect’ for Rheumatoid Arthritis (1991)
Osteo-arthritis before and after homeopathic treatment (2008)

Rhinitis
Homeopathy Vs Placebo in allergic rhinitis (2000) FULL TEXT
Treatment of allergic rhinitis with homeopathy (2005)
Usefulness of 13 homeopathic medicines in the management of acute rhinitis (2010) FULLTEXT // Nux-Vomica, Merc, Belladonna

Sinus
Homoeopathic Sinusitis Medication (1995) FULL TEXT
Sinfrontal for Acute Maxillary Sinusitis (Sinus + tooth pain) (2007)
Sinfrontal (Cinnabar 4X, Ferrum Phos 3X, etc) in the treatment of maxillary sinus (sinus + tooth pain) (2009) // ENT & respiratory tract infections
Homeopathic treatment of patients with chronic sinusitis (2009) FULL TEXT
Homeopathy in acute rhino-sinusitis (2007)

Cancer

Vertigo
VertigoHeel for treatment of Vertigo (2005)
Micro-circulatory effects of VertigoHeel on vertigo (2005)
Flu

Oscillococcinum in the treatment of influenza (1989) FULL TEXT
Oscillococcinum for influenza (2003) FULL TEXT // Oscillococcinum reduces the length of influenza illness by 0.28 days i.e. approx 7 hours
Oscillococcinum in patients with influenza (1998)

Fever

Viburcol (Chamomilla, Belladonna, Calcarea carbonica, Dulcamara, Plantago major, and Pulsatilla) for treatment of fever (2005)
Treatment of typhus & fever at present prevailing, Allgemeine Anzeiger, No. 6, Jan. 1814 // Bryonia and Rhustox

Ulcer

Homeopathic treatment of mouth ulcer (2009) // oral ulcer

Tonsils

Arnica montana 30C for post-tonsillectomy analgesia (2007) // pain after tonsils removal

Otitis Media (inflammation of middle ear)

Homeopathic treatment of otitis media (2001) // significant decrease in symptoms at 24 and 64 hrs after treatment in favour of homeopathy (P<0.05)
Homeopathy in acute otitis media (2001) FULL TEXT // Resolution rates were 2.4 times faster than in placebo controls. Compared to conventional treatment the homeopathic approach was 14% cheaper
Homeopathic treatment of otitis media (1997) FULL TEXT // duration of pain of 2 days in homeopathy-group & 3 days in conventional group. 70.7 % & 56.5% of children receiving homeopathy & conventional respectively did not have another ear infection the next year

others

http://archfaci.ama-assn.org/content/8/1/54.long (2006) FULL TEXT // Arnica for bruising
Hypericum for depression (2008) FULL TEXT


http://ecam.oxfordjournals.org/cgi/content/full/7/1/129 (2007) FULL TEXT // thalassemia


58% of patients responded to homeopathy for anxiety and phobia
inflammation in kidney+enlargement of spleen


Homeopathic treatment of uterine pain during mensuration (2009)


Homeopathic Treatment of chronic low back pain (2009)

Homeopathy superior to Allopathy

Why small doses of medicine is better than large dose (2006) FULL TEXT

homeopathy safer than allopathic medicine Prozac for depression (2009) FULL TEXT

Efficacy and safety of a homeopathic gel Spiroflor SRL in the treatment of acute low back pain (2001)
// SRL is equally effective as Cremor Capsici Compositus FNA but has better safety profile

Homeopathy for the prevention of upper respiratory tract infections (2005)

Viburcol (Chamomilla, Belladonna, Calcarea carbonica, Dulcamara, Plantago major, and Pulsatilla) for treatment of fever (2005)

Traumeel for trauma and acute musculo-skeletal injuries (2008)

Traumeel S ointment for tendon injuries (2005) // traumeel superior to diclofenac gel

Osteo-arthritic Pain: A Comparison of Homeopathy and Paracetamol (1998) // 55% achieved pain relief from homeopathy as compared to 38% from acetaminophen

Homeopathic treatment of otitis media (1997) // duration of pain of 2 days in homeopathy-group & 3 days in conventional group. 70.7 % & 56.5% of children receiving homeopathy & conventional respectively did not have another ear infection the next year

Homeopathy for hyper-sensitivity (2006)

Homeopathic & antibiotic treatment strategies in recurrent acute rhinopharyngitis (2005) //

Homeopathy superior to anti-biotic

A pilot study in Ghana showing homoeopathic treatment equal to and slightly more effective than chloroquine in the treatment of acute malaria (British Homoeopathic Journal 1996 Apr;85(2):66-70). DBRCT have shown superiority of homeopathy over allopathy in treatment of otitis media, depression, low back pain, upper respiratory tract infection, trauma and musco-skeletal injuries, so can be used as first line of treatment

Homeopathy cost-effective than allopathy


Scientific framework of evidence-based homeopathy (2008) FULL TEXT // page 6-8

Homeopathy in acute otitis media (2001) FULL TEXT // Compared to conventional treatment the homeopathic approach was 14% cheaper

Homeopathy equals Allopathy

Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT

http://www.biomedcentral.com/1472-6882/7/7 (2007) FULL TEXT //homeopathy Vs anti-biotics & analgesics for respiratory & ear complaints


Comparing Luffa compositum-Heel nasal spray with cromolyn sodium spray in the treatment of allergic rhinitis (1999) FULL TEXT


Treatment of rhinitis & sinus with Euphorbium compositum nasal drops (2005) // Homeopathy Vs xylometazoline

Vertigoheel Vs Dimenhydrinate for Vertigo (2001) FULL TEXT // 88% patient improved vs 87 % in conventional group

Viburcol for infections due to fever (2002) FULL TEXT // equals paracetamol

Zeel (Rhus Tox, Dulcamara, Sanguinara, Arnica) for osteo-arthritis (2003) FULL TEXT //equals COX 2 inhibitors

Homeopathy superior to placebo

http://www.ncbi.nlm.nih.gov/pubmed/9310601 (1997) // homeopathy is statistically significantly superior (2.45 times more effective and positive at 95% confidence interval) to placebo

Homeopathy does more than placebo


Homeopathy for diseases of the lymph nodes in HIV Stage 2 & 3 infected people (1999) // statistically significant difference in CD4 +ve cell count

Efficacy of China rubra 9C for complications in patients on chronic kidney dialysis (1992) // Statistically significant improvements of weakness, lethargy and headache


Homeopathy in acute rhino-sinusitis (2007) // homeopathic treatment resulted in freedom from complaints in 90.3% of the patients & improvement in a further 8.3%, whereas in placebo group, the complaints remained unchanged or became worse in 88.9% of the patients

Homeopathy in acute otitis media (2001) FULL TEXT // Resolution rates were 2.4 times faster than in placebo controls

Homeopathic treatment in women with premenstrual syndrome (2001) // 90% of patients who had received homeopathic treatment experienced more than 30% improvement (P=0.048). Only 37.5 % of patients who received placebo experienced a similar improvement

Traumeel for Sprains (1989) FULL TEXT

Homeopathy improving Quality of life

Homeopathic medical practice (2005) FULL TEXT // (Chronic) Disease severity and quality of life demonstrated marked and sustained improvements following homeopathic treatment in 3981 patients for 2 years

increases following homeopathy treatment
Treatment of allergic rhinitis with homeopathy (2005)
Homeopathic treatment of allergic rhinitis (2009)
Homeopathic Treatment of chronic low back pain (2009)

Evidence-based Medicine
http://www.homeopathyworldcommunity.com/forum/topics/uk-house-of-commons-science

To distinguish one homeopathy medicine from another (3 techniques)
A. Spectroscopy: It is the study of interaction between matter and radiated energy i.e. how a substance absorbs, emits or scatters electromagnetic radiation
1. Nuclear Magnetic Resonance (NMR) spectroscopy
http://hpathy.com/homeopathy-scientific-research/lionel-milgrom/


http://forums.hpathy.com/forum_posts.asp?TID=9047 // proof of homeopathy in 1$
2. Electromagnetic Signatures
Electromagnetic properties of highly-diluted biological samples (2009) FULL TEXT
3. Ultra-Violet–Visible (UV–VIS) spectroscopy
The defining role of structure including epitaxy in the plausability of homeopathy (2007) FULL TEXT
// distinguishes Nux vomicia and Natrum muriaticum from one another and within a given medicine, the 6c, 12c, and 30c potencies
4. Raman Laser Spectroscopy
In 1976, Boiron and Vinh used Raman Laser Spectroscopy, showing that for the 1C potency of Kali bichromicum the spectrum of alcohol disap-pears completely, while that for potassium bichromate appears. In Kali bich 1C the ratio of the number of potassium bichromate molecules is 1 to 500. In such a case the light meets 500 more alcohol molecules as those of bichromate, yet the alcohol spectrum does not appear.
B. Thermo-luminescence: The amount of light produced by a sample when it is heated (due to the release of stored energy) can be measured.

Potentised lithium chloride and natrum mur (2003) FULLTEXT
C. Physiological variability in human body
http://homeoresearch.blogspot.com/ // Dr. Devendra Kumar, click research work in left pane
http://www.jr.ietejournals.org/downloadpdf.asp?issn=0377-
To distinguish homeopathy medicine from water (2 techniques)

1. Fourier Transform Infra Red (FTIR) spectroscopy
   Variation in Fourier transform infrared spectra of homeopathic potencies (2005) FULL TEXT

2. Bio-Electro-graphy
   others
   There is a clear difference between succussed and unsuccussed water (2005)

Potency Selection
   golden ratio/Fibonacci scale of remedies
http://www.homeoint.org/site/ahmad/potency.htm // Dr. Sayeed Ahmad

Placebo Effect
Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT

Anecdotal Evidence
http://www.i-sis.org.uk/peerReviewUnderTheSpotlight.php // peer-review Vs public scrutiny
http://www.rational skepticism.org/pseudoscience/the-danger-of-science-denial-alternative-medicine-split-t7418-760.html#p288037 // TMB

Animal Studies
http://www.carstens-stiftung.de/clinresvet/suche.php (database of 283 papers) // click “retrieve long version”

http://avilian.co.uk/2008/08/scientific-research-and-homeopathy-animal-studies/
http://www.biomedcentral.com/1472-6882/7/1/abstract (2007)
www.homeopathy.org/research/research_reviews/Immunology_3.pdf FULL TEXT
http://ict.sagepub.com/cgi/content/abstract/5/4/362 (2006)


http://www.earthsremedy.com/researchinhomeopathy.htm

Plant Studies
http://avillian.co.uk/2008/08/scientific-research-and-homeopathy-plant-studies/

Significant Dates
1823: World's first homeopathy Journal (german): Dr. Johann Ernst Stapf's Archive for the Homoeopathic Medicine
1835: World's first Double-Blind Randomised Placebo Controlled Trial was conducted by a homeopath physician Johann Jacob Reuter, The Nuremberg salt test
1888: Memory of water (Dr. Jacques Benveniste, Ig Nobel Laureate)
1991: Potentisation creates molecular clusters in water (A.C. Dutta)
1999: Potentisation alters the properties of Water (Elia V, Niccoli M)
2001: Alcohol forms clusters with water (Wisniewski)
2005: Potentisation alters the structure of water (Dr. Rustom Roy)
2007: Succussion creates nano-bubbles and Transient Localised regions
2008: homeopathic medicines have stable and unique molecular structure with recognizable properties (Dr. Rustom Roy)
2009: Potentisation creates specific nano-structures (Dr. Luc Montagnier, Nobel Laureate)
2010: Homeopathic medicine beyond 12C potency retains nano-grams of fine nano-particles of the original starting material (Indian Institute of Technology, Bombay)

Research Books
Conclusion
Research claims to have confirmed the efficacy of homeopathic medicine. Additional support comes from the fact that animals, plants and infants also benefit from homeopathic treatment and it is unlikely that they will react psychologically to a medicine they often do not know they are being given.

Give your comments, suggestions, questions and feedback.

Further Reading:
Mechanism of Action of homeopathy medicine
Homeopathy Explained
21 most Frequently asked Questions and Answers on Homeopathy
Status of Homeopathy around the world

Still to work upon
http://www.nutrition-matters.co.uk/misc/homeopathy.htm
http://www.facultyofhomeopathy.org/research/rcts_in_homeopathy/index.html
http://vaughanmedicalcentre.com/evidence_for_homeopathy.php
http://www.audesapere.in/researchstudies/
http://t.co/tHuN7Ck
http://www.homeopathyeurope.org/media/news/high-dilation-effect-reported-in-nmr-study
http://spiedigitallibrary.org/proceedings/resource/2/psisdg/2461/1/347_1?isAuthorized=no
In Canada Prof Nelson's Research helps MP Grant Hill to get Homeopathy into the Health care system
Okinawa for a Lecture on Energetic Homeopathy

in 2005 Japan tried to end Homeopathy. Desire' was asked to come to Okinawa to give an address that later saved Homeopathy in Japan here is an Abstract:

Homeopathy is a fine and professional art but a lack of respect for science has weakened the profession. Many homeopaths never use a real homeopathic they are sold devices that have no validity and falsely make a sugar pill’s supossed energy enhanced. These Alternative Medical people are mostly math-phobic and cannot really understand when they are being sold something that is not really tested. They do not know how to evaluate a study from opinion, test group or dbl blind. Alternative medicine has many many charlatans, fakers, liars, backstabbers, and frauds. These people are the ones who hate me the most. For I have spent my life doing statistics, math, testing, validation, research, and compliance. In my presentation today I will expose several of the charlatan tricks some alternative people use like muscle testing, point probes, and duplicators.
SCIO-Bio-Electronic Supported Elimination of Toxic Substances from the Human Body (SCIO Detox)

Developed By:

Authors: Dr. Annamaria Cakó M.D.

Abstract

We are living now in the age of big contradictions. Development of science makes medicine be able to carry out great achievements but in the meantime, lifestyle-depending diseases outbreak in epidemic growth. There is an ever increasing toxic burden implied on all of our patients. We must detox to survive. Detox is becoming more difficult in an ever increasingly toxic world.

Methods of detoxication have been known for a long time and they revive today. The SCIO has the electronic signatures of thousands of toxins in it’s repertory. Also the trivector signatures of the detox organs and their hormones. The SCIO can put electronic signals of these signatures into the body for the body electric to guide for increasing the detox abilities of the body. This article reviews the safety of the SCIO and it’s tremendous assistance to detox in over four hundred patient records. 425 patients are assayed for toxins and retested after the SCIO treatments. The results were astounding.

Key Words: Biofeedback, stress, stress reduction, Detox, Auto-Toxins, Sue-Toxins

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TVEP reactivity scores to Allersode compounds measure

TVEP reactivity scores to Allersode compounds measured

Written by Prof Desire’ Duboune of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hlif Klara MD
Licensed Hungarian Medical Doctors
DATE Jan, 2012
SPONSOR: Maltrey Kft.
MONITOR: IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 9 males and 7 females with known allergies using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the allersodes of the know allergies of the subjects was compared to TVEP trrroid scores of the non-allergic trvector readings. The reactivity scores of the known allergens were significantly higher than the non-allergic items. This proves the TVEP reactivity reaction of the SCIO.
TVEP Validity Study

TVEP reactivity Validity Study

Written by Prof Desire' Dubouet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis Ogurjy, MD, Dr. Hif Kalka MD
Licensed Hungarian Medical Doctors
DATE Jan, 2012,
SPONSOR: Madsa KHL
MONITOR: IMUNE (International Medical University of Natural Education)

Abstract: As we have shown everything is an energetic collection of fields that hold atoms in their places. These fields that make us up are reactive with the environment. We must decide what is appropriate to eat and what to avoid. This education starts at the earliest of ages. Most of our current electro detection of what is good or bad for us takes place in the nasal-panynx between smell and taste. The shape receptors of the smell and taste buds are electronic. They sense a proper volumetric fields that says it is good for nutrition or what is bad. The taste receptors do not absorb or metabolize the nutrient they only credential it for intake by measuring the shape of the fields with the shape receptors of the tongue. Voltammetry is the science of analysis of the electrical fields of a substance.

We have shown the patient for the process of the QDC volumetric analyzer. This device has been designed to work like the human tongue and to recognize the volumetric signatures of items. These signatures are maintained as a 22x2x32 matrix of 19,648 separate shape vectors that constitute a signature. Since these fields reflect shapes they have a 3 dimensional component and are referred to as the reactivity volumetric signatures. These complex signatures can be amplified and input into the body as part of the Xnoid process in the IPXIK or what is new known as the SCIO.

The Xnoid analysis is where the SCIO device measures the reaction of the body to over 10,000 substances at the calibrated speed of the body's reaction. During the calibration of the SCIO device to the subject the device will measure the volumetric field of the patient and then send it into the QDC. Then the volumetric signature of what is generally known as the weakest reactive substance (distilled water) is sent in over 20 times and the highest known reactive substance combination is sent in 4 times. The timing speed is 103° of a second. If the subject does not react significantly to the reactive substance versus the non-reactive distilled water the speed is reset minus one to 102° of a second. The speed drops this increment till the subject has a significant reaction to the reactive substances and it is repeatable. This then gives us a measure of the speed the subject reacts to items. Research in the SCIO showed that patients on morphine reacted much slower to norm patients. Then a variety of reactive speeds was shown thus making a speed of reactivity calibration need for proper testing.

There are several factors that can interfere with the testing of reactivity. If we test and test an item over and over there is adaptation. An aberrant movement, electrical wave form, or a brain wave surge can affect a reading. So we have seen that the reading of reactivity to a single item is not as significant as we would like. Till we could put a subject into a Faraday cage and perfectly control mental abstractions it is not likely. But we have seen that if we measure family reactions we can get some good insight into the reactivity fields of a subject. Research has shown that these families that we test develop risk profiles are worth medical attention. In this review over one hundred thousand subject studies have verified the TVEP reactive families and the risk profiles have resulted from this work.

In this study over two hundred subjects were measured for Xnoid analysis on an either normal setting or a placebo setting. This done to validate the TVEP validity and show that an normal setting there would be much more replication of data.

Proper Ethics committee and IRB were used and informed consent from subjects. The study took place in Europe and in America. Subjects were asked to do several measures of their wellness and they were measured for their Xnoid reactivity profiles before and after the test. Repeated items were counted in places versus real testing.

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EPFX Xrrorid Analysis and Homeopathic Treatment for Cholesterol and Other Blood Lipid Diseases

**EPFX XRRROID ANALYSIS AND HOMEOPATHIC TREATMENT FOR CHOLESTEROL AND OTHER BLOOD LIPID DISEASE**

Authors: William C. Nelson, M.D.; Homeo Diagnostica, Budapest, Hungary
Wm. J. Cunningham, C. B. T.; Boulder, Colorado, U.S.A.

Abstract:

The Xrrorid measure of electrophysiological reactivity has been used on many types of diseases. The Xrrorid reactivity test was utilized in this study on several patients with excess blood cholesterol versus a control group of patients with correct blood lipid measurements. The testing process was blinded for best results.

In this study the QXCI medical device was shown to be effective in detecting cholesterol excess in the blood. The device was also shown to be effective in detecting various heart problems and risks such as infarction.

This article is a summary of the Xrrorid reaction similarities in these groups, and we review the results of the homeopathic treatment of the patients with excess cholesterol. This article briefly reviews the electrical reactivity and homeopathic theories and their applications.
Antibiotics as a Primary Co-Factor in AIDS Progression

ANTIBIOTICS AS A PRIMARY CO-FACTOR IN AIDS PROGRESSION

Presented at the 1st International Conference of the Mor Kaposi Research Foundation, Convergence of AIDS and Cancer Research, Budapest, Hungary August, 27, 1996

"If a Man sees a Wrong and does not Correct it, He is NOT a Man"

ABSTRACT

The world has now recognized the demise of antibiotics. Iatrogenic damage, resistant strains, immunosuppression and dependency have now challenged the core of one of the prides of modern medicine. The vast marketing of antibiotics has left medicine with a severe crisis. Reductionistic research and philosophy has been used for financial reward of the chemical companies. These antibiotics have been shown to have a wide variety of deleterious side effects, including effects on the bowel flora. We also theorize about how this disruption of the bowel flora, could be a contributing cofactor to the AIDS epidemic.

The populations with the greatest antibiotic use are the highest risk for development of AIDS. A balanced bowel flora could be essential in defense against the virus propagation into the deadly disease. The antibiotics might then increase the progression of risk in the disease. This hypothesis, because of its’ non reductionistic complexity is difficult to challenge in a single study. Funding of such a study would also be extremely difficult in light of the challenge to synthetic chemistry. This brief article is but an introduction to the concept. For further information please refer to the collection of studies in the Journal of the Medical Science of Homeopathy, special issue on AIDS and viruses.
Brief Overview of Yerba Santa and Devil Broom Studies

Agronomic Studies

Yerba Santa as an American Indian herb was used for asthma. It is an indigenous plant to America, with relatives indigenous to Africa, India, and South America. The plant is part of the waterleaf family and its parts are used for rope or broom making and is called devil’s broom in parts of Africa. It was first discovered as a remedy for Viral replication interference in the studies of Dr. Desiré Dubouquet in Hungary.

DESCRIPTION: The Yerba Santa is an Aromatic, resinous evergreen bush or single plant. Sometimes forming thickets to 10 ft. Stems hairless and sticky. Leaves leathery and sticky, lance shaped lower leaf with wooly hairs, margins coarsely toothed. May - Aug Flowers purple to white, tubular, in clusters, petals 5-lobed.
This document is to develop the basic science of study and detail for a simple solution to this problem. I have stumbled on a natural medicine formula to help these people. And I want to share it with you in the form of Project NaHinga.

Prof Desire' Dubounet with some of the Shaman healers of SA

In 1992, I tested most of the AIDS patients and HIV positive patients in Hungary at the Semmelvise University medical hospital. There was a set of natural compounds that the patients reacted strongly to. These compounds were tested in the laboratory and in the clinical hospital with some success. These articles were presented in Singapore at an International Congress of STD and AIDS. Reprints of these articles are accompanying this document.

But since there was little interest in natural medicines, this work has been largely dormant. I tried to tell the story to the African governments, but the hold the Drug companies have is extreme. Now I have invested half a million dollars into a research project to help this massive problem. If no one will help I will do it myself.
Electrical Reactivity as a Prescreen of HIV Infection Patients

ELECTRICAL REACTIVITY AS
A PRESCREEN OF HIV INFECTION PATIENTS

By: Nagy K., Nelson W., Balazs E., Vorkonyi V., Horvath A. Study Site National Institute of Dermatology

ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for xroid electrical reactivity readings. The electrical reactivity patterns and reactive substances that were in the highest faction of reactivity. In other words, those reactants that were statistically significant are compared in the groups of the AIDS patients taking the AZT as well as the AIDS patients that were treated with homeopathic and nutritional items. The purpose of the study was to analysis similarities and consistencies in their electrical reactivity patterns over the course of four measurements. This took place during the 4th, 5th, 6th and 7th month of 1994. During these months there was also a homeopathic and nutritional intervention done on several of these patients to see the effect on blood chemistry profiles denoting aids risks and the homeopathic and nutritional intervention are described in the article known as the comparative results.
Immunological and Electrophysiological Reactivity of Patients With HIV Infection

IMMUNOLOGICAL AND ELECTROPHYSIOLOGICAL REACTIVITY OF PATIENTS WITH HIV INFECTION

By: Nagy K., Nelson W., Barabas E., Balazs E. Varkonyi V., Honvath A.
National Institute of Dermato-Venereology, Budapest, Hungary 1994

ABSTRACT

The diagnostic and prognostic value of electrophysiological reactivity patterns of HIV infected subjects were compared to complex immunological and virological laboratory markers.

Electrical responsiveness of 22 asymptomatic HIV infected patients were monitored monthly for a 4 month period by Quanta Med 4000, a sensitive multichannel diagnostic biofeedback machine, capable of measuring slight fluctuation of patients’ brain waves and skin resistance, whilst the patients are sequentially exposed to a battery of numerous homeopathic nosodes and isodes. This process known as the Xroid process.

Immunological and virological analysis included determination of CD cell count, HIV, HCV and CMV antibodies, HbsAg, and serum Beta 2-microglobulin (B2M) and Neopterin levels.

In the study - 4000 substances (items) were tested to determine which of these the patient had the most reaction to. The reactivity scores were than analyzed statistically. As a result a profile of electro-reaction is suggested, which considered characteristic of HIV disease in contrast to that of the normal subjects.

After initial evaluation a treatment protocol was designed. Half of the patients received a fatty acid blend and homeopathic medicaments throughout the test. Subjects were instructed to use the products daily and compliance was evaluated in the monthly interview. Reevaluation of electrophysiological reactivity and immunological tests were repeated every month.

H2M level was found decreased in 68 percent of those who received homeopathic treatment and in 50 percent it was found < 3 mg/l, compared to 27 percent of those untreated. Antibody level to CM was also found decreased in consequence of treatment. No changes, however could be detected in CD count and HbsAg and HBC antibody level.

The electrophysiological reactivity test provided information, which suggest that it can be used as a pre-diagnostic method, which might complete laboratory analysis. Complex homeopathy and individual nosode treatment shows some positive intervention.
Dr. Kofi Ghartey of Project Nahinga

We have seen six patient data files from Ghana where patients who had HIV in Blood test were cured and the tests have come back negative for HIV after the Nahinga protocol.

In Budapest, Africa, and elsewhere we have seen several reports of cures and viral irradication. This begs for further study and confirmation of results. But the research from project Nahinga seems interesting at least. We are continuing the search for more funds to do better studies and better controls, but till then we still seek to study and treat patients with this future orientated medicine.
Dr. Amanda Velloen – Update on Project Nahinga
Dr Amanda Velloen - Budapest Conference 2009
Update on Project Nahinga

Project Nahinga (bantu for the Angel that comes from the heavens to help us, the bantu name for Desire’) has been spreading and many extreme success stories have shown fantastic results.

PROGRESS
- Results in PHASE 1 –
- Up to 100% feeling better
- Average 65% improving in Critical Measures of HI V progression
- No side effects reported
- Symptom free
- No secondary infections
- Improved quality of life

Critical Measures
- Subjects tested positive for HI Virus
- CD4 count
- Elisa test if available
- Viral Load test

Schedule for 2009
- Father John Mugaga in Kwa-Zulu Natal 1st Satellite
- October 2009 – AIDS Children’s homes
- November 2009 – Brazzaville Congo, DRC, Angola, Nigeria
- November 2009 - Kenya, Zimbabwe, Mozambique
- December 2009 – Lesotho, Swaziland

After Desire has donated over 2 million dollars of equipment for our research we have shown safety and efficacy and there appears to be a natural cure for this horrible disease on the future horizon
Dr. Helleen Coetzee – Quantum SCIO
Biofeedback Program for Epigenetic Influences on Gene Expression

Quantum SCIO Biofeedback Program for Epigenetic Influences on Gene Expression

*Dr. Helseen Coetzee, PhD, MSc, TED, Quantum Diplomate, Quantum Instructor*

This protocol for the SCIO contains biofeedback programs focusing on the influence that epigenetics (environment, belief and nutrition) has on the DNA. It is not possible to do all the programs in a session and have to be spread out over a few. Remember to do the foundational building by opening the Channels of Elimination in Short Sarcodics and always include at least one of the two recommended Universal Biofeedback Therapies.

If achieving balance had been difficult i.e. many Flaws in chromosomes had been revealed or there are many Energetic Foul detected, consider the SCIO DNA Correction and Stabilization Long Term therapy. If the bars on the graph have not reached the top upon completion of the DNA therapy or are very uneven consider the SCIO DNA Stimulation and Stabilization Long Term therapy.

**SCIO DNA Correction and Stabilization Long Term OR SCIO DNA Stimulation and Stabilization Long Term** (whichever is the appropriate choice)
Kathryn Wilson – Clients with Allergies: Helping Avoid and Improve the Negative Degenerative Cycle

Clients with Allergies: Helping avoid and improve the negative degenerative cycle

By: Kathryn Wilson, ND, CBI, CBT, IrD.

The ALLERGY REACTION can be easily explained with the action of the histamine cascade. Histamine receptor cells cause the allergy reaction. Now why... The body has a reaction to something, which it finds to be foreign, not foreign to others outside of that person, but foreign to them, this may be fungal (mold, mildew), bacterial, food, any type of protein molecule or even an emotional trigger. It can happen in a matter of a few minutes or up to a couple hours. In my case the food triggers, which cause anaphylaxis shock, trigger in 6 to 8 hours where the green peppers, which caused hives, were instantaneous.

So let's look at the event: Antigen (enemy) is sensed, it causes the immune system to handle it by using the white blood cells. These white blood cells increase to combine and produce antibodies (immunoglobulin), which are made in the B-cells (B-lymphocytes) of the lymph nodes and the antibodies now attach to the white blood cells (basophile) and mass cells to fight the allergens. Mast cells trigger histamine cells, which produce the histamine, which now makes the inflammation, which the body stores into its memory. After the first time reaction (memory) is done the body will automatically respond. This response to the antigen (enemy) will produce an automatic "allergy cascade" reaction to happen and IF the histamine is released all over the body rather than just to a specific region; we now have anaphylaxis (anaphylaxis shock).

Using the SCIO I could find allergies quicker and also find solutions to treating them with biofeedback and the SCIO technology.
Two decades plus of Imponderable Voltammetric Homeopathy and Emotional Balance
Two decades Plus of Imponderable Voltammetric Homeopathy and Emotional Balance

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis Gyorgy, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATES: July 2011
SPONSOR: Maitreya Kft.
MONITOR: IMUNE (International Medical University of Natural Education)

Abstract:

Imponderable homeopathy is basically taking an energy that does not have a matter form and putting it into a homeopathic form. This was first done by Boericke who made homeopathic X-ray. Shooting the energy of X-ray at a bottle of 9 parts water and one part diatomaceous earth. He reasoned that diatoms that make diatomaceous earth could absorb energy and this make a homeopathic mother tincture of the energy. Being a licensed mental care practitioner, I felt the need for assaying a patient’s mental state. In the late 1980’s I started making imponderable homeopathy by getting my study group to get into a mental state and then hold a bottle of the 9 parts water and one part diatomaceous earth while directing their mental energy into the bottle. I always had a minimum of 25 people involved in this mental energy transfer. Now the energy of the mental state would be theoretically would be transferred to the water and diatom mixture.

When we look at the energy state with the QQC device there is a small but measurable difference in the emotional imponderables. This was put into the EFPX in 1989. Then revised and improved in the QXCI of 1996, and the SCI of 2002. Now in 2012 the trivector signatures are being added to the Eductor. There have been many reports of significance in the reactions of patients by thousands of practitioners world over. We review some of these testimonials.

In this review we look at a study of 42 patients who imponderable reactions are evaluated for significance of the reactions. There is a significant correlation of the emotional state of the patient with the TVEP reactions. This study reviews the field of imponderable trivector Voltammetric reactivity.
TVEP reactivity scores to Nosode compounds measured

TVEP reactivity scores to Nosode compounds measured

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATE and PLACE: Jan, 2012, Budapest
SPONSOR:
Maitreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 5 males and 8 females with known infections using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the infectious nosodes of the known infections of the subjects was compared to TVEP xrroid scores of the Infectious Items trivector readings. The reactivity scores of the known nosodes were significantly higher than the non-infectious items. This proves the TVEP reactivity reaction of the SCIO.
MCES and Addiction Control – A Double Blind Clinical Study and Lit Review

MCES and Addiction Control a Dbl Blind Clinical Study and Lit Review

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS; Dr. Darius György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors

DATES: July 2011
SPONSOR:
Maitreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract:

Ten patients with tobacco addiction and five patients with alcohol addiction diagnosis were given SCIO MCES treatments or Placebo treatments for three to ten sessions. There was one report of headache logged and no report of any significant risks. Patients were asked to rate their desire or cravings as scalar numbers from one to ten rating. There was evidence of the SCIO MCES reducing craving versus the Placebo control group. The MCES had positive results to lower addiction craving and to stabilize emotional depression. Discussion will show a positive effect on addiction and emotions using MCES and trans-cranial-cutaneous electrodes.
TVEP reactivity scores to isode compounds measured

TVEP reactivity scores to isode compounds measured

Written by Prof Desire' Dubouy of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Ilif Klara MD
Licensed Hungarian Medical Doctors
DATE and PLACE: August, 2011, Budapest
SPONSOR:
Maltreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 21 males Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity to two compounds given internally. One was diluted orange juice to act as a placebo and the next one was a safe weak dilution of a common insecticide. The subjects had a very significant reaction to homeopathic isode compounds containing the insecticide for detox and other detox compounds. They also had a no measurable reaction to placebo orange juice after testing. The placebo test showed no reaction to the sensitive compounds were as the treatment group had significant reactions. This points to the efficacy of the TVEP method.
Dr. William Nelson – Inventor of the EPFX System

Dr William Nelson
Inventor of the Electro-Physiological Feedback Xrroid Interface EPFX

Born and raised in Ohio, Bill Nelson was identified as a genius from an early age. As a young man, his interest in quantum physics and electronic engineering led to his work on the navigation system for the Apollo space project. He turned his genius to the field of medicine and health after the birth of his first born, a son. His son retreated into the world of autism—a result of an anti-nausea drug his wife took while pregnant. After devouring the information offered by a medical world, he turned to the world of alternative health. With natural remedies, he was successful in reversing many of the symptoms of his son’s autism.

During his research, he was intrigued by a number of bio-electric devices being used in Germany—the Vega machine, the Voll, and the Mora unit as well as biofeedback and cranial electrical stimulation (CES) units in the US. These units either measure the body’s electrical response to help diagnose problems in the body or they emit frequencies to treat problems. He also studied the body’s subtle energy systems: acupuncture meridians, chakra energy, applied kinesiology or muscle testing, etc. The body’s subtle energy system is an early warning system. Imbalances in the body’s subtle energies show up much earlier than disease symptoms. Bill Nelson decided to apply his genius to design an all-inclusive system—a computerized system that would both test and balance the body at the subtle energy level. The EPFX was born.

To develop this system, Bill Nelson has integrated the sciences of mathematics, quantum physics, electronics, naturopathy, homeopathy, chiropractic, energetic medicine and computer programming. He has also incorporated his knowledge of metaphysical subjects to bring a unique synergistic perspective to natural healing. He has studied homeopathy, naturopathy, science, business, computer science and international law. He has also mastered the difficulties of creating the software to integrate the many healing modalities he has programmed into the EPFX system. His unique knowledge of esoteric subjects such as fractal dynamics, subspace theory, a tri-vector system and more has made this energetic feedback system possible.

The EPFX gathers bio-energetic data from the body via twenty channels simultaneously. The information is prioritized to help the natural health practitioner zero in on the body’s current specific needs. The program offers information specific to your subtle energies: emotional and mental stresses, nutritional needs, food sensitivities, digestive and cleansing needs, etc. In the hands of a trained health practitioner, the imbalances in the subtle energy field are tracked to determine the most probable sources of ill health. In addition the EPFX has the capability to apply approximately 50 different, corrective energies to help the body establish energetic balance for health and well-being. The health practitioner is also able to determine the lifestyle changes and remedies that will best help you as a next step in your plan for better health.
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.
Dr. Wilf Corell is a cum laude graduate of Yale College, 1970 and Stanford University School of Medicine, 1974. He completed five years of postgraduate training including Internal medicine, Ear, Nose and Throat, General Surgery, and Family Medicine.

He was board certified by the American Academy of Family Practice in 1979 with recertification in 1986, 1993, 2000 and 2007. He has been in practice in the Spokane area since 1979, where he blends aspects of traditional medicine with his primarily holistic-oriented medical practice.

Thank you, Dr. Nelson for inviting me here. 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.

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 will 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 sub-acute 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.

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.
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.

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 they are 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 this 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 fiftyperecent, 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 whenever 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.
Dr. LaValley is a member of the American Medical Association (AMA), the Texas Medical Association (TMA), the Travis County Medical Society (TCMS) in Austin Texas, the Canadian Medical Association (CMA) and Doctors Nova Scotia. He has also served as the Chairperson of the Complementary Medicine Section of the Nova Scotia division of the CMA since 1994.

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.
Richard Gerber, MD, is the author of the 1988 book, *Vibrational Medicine: New Choices for Healing Ourselves*, a publication that has been reviewed as ‘landmark’ and ‘encyclopedic’, and in many ways bridges the gap between science and esoteric healing. *Vibrational Medicine* cites hundreds of scientific studies that support the energy model of health and healing and presents the theoretical foundation for such therapies as homeopathy and acupuncture.

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 Burr, 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.

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.
Froehlich basically said is that inside the body there is communication that would make an enzyme come in to a substrate. This 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.

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. We researched the EPFX and found it to be the best energetic medicine device. And the EPFX has a scalar component.

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.

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 Eclosion EPFX system, 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 dowsing out all these patients (I'm not ashamed of saying I am dowsing, I'm a fairly average dowsers), 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.

For example, in electro-acupuncture, if you want to use an electro-acupuncture 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. 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.
When English Homeopathy was challenged in the early 90's Dr. Nelson addressed the Parliament to help save Homeopathy
When The State of Utah decided to make a Homeopathy Medical Board, Nelson was called on to address the State of Utah Legislature.
Sacred Birthing

What is Sacred Birthing

Sacred Birthing is truly for one purpose: to birth a baby in a way that can best preserve the essence of divinity that accompanies each new being.

Extensive research of the EPFX-QXCI was done to show it effective in helping the Natural Birth
Comparative Study on the Treatment of Average Allergy Patient with SCIO versus a Conventional Medical Protocol

Comparative Study on the Treatment of Average Allergy Patient with SCIO-Medical Device versus a Conventional Medical Protocol

Developed and written By Dr. Annamária Cakó

Part of The International Ethics Study, 2007

ABSTRACT:

One hundred allergy patients from a typical medical practice were evaluated and treated with the SCIO provocative allergy system. Their results and fees were compared to nine hundred patients treated in traditional ways. From scratch and live cell tests, to antihistamine and synthetic chemical treatments. The results showed better results from the SCIO group, for considerably less money. A complete discussion of the field of allergy testing comes at the end of the treatise.
The Long Term Pathological Findings of the Camelford Toxicity Group

Title
The Long- term Pathological Findings of the Camelford Toxicity group.

Subtitle
The Premature Ageing Effects of a Toxic Water Syndrome Case.

By
Dr. William Nelson LPCC, Peter Smith LCH

Abstract:
In July 1988, a toxic water spill in the Camelford water district by South West Water, the public water utility, in Cornwall, England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homeopathic practitioner, together with other colleagues, launching into a long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, several different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients' disease profile. Various lengthy papers have been prepared by the North Cornwall Homeopathic Project and the Lowermoor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.
NaHinga

IMMUNO COMPROMISED PROTOCOL

First Avoid All White Processed Sugar
This means all dextrose sugar products including candy, cola, doughnuts, etc.
You can have all of the levulose fructose products you want,
this means any fruit of fruit sugar

Second Avoid all Foods Boiled or Fried in Oil.
Use at least three tablespoons a day of uncooked natural cold processed oil such as
olive oil, safflower, sunflower, soybean oil.
Have some five servings a day of fresh and raw fruits or vegetables.

Third Reduce Stress and Enjoy Life
Do at least fifteen minutes twice a day of quiet meditation using affirmations, and
imagery of your immune system working.

Exercise for twenty minutes at least four times a week
work to a sweat and breathe deeply, use the thymus tap

Take the Hemo-A twice a day with other supplements
Hemo-A has Yerba Santa, Phytolacca, Chinese Cucumis Sativa, Trifolium, herring sperm
and other sarcodes of Thymus adenoids tonsils and appendix
use 500 mg Vitamin C, 15, mg Zinc, 4 pills of Oxygen Stimulator at bed
use Golden Seal, Aloe Vera, Lentil, Mustard, Tumeric, Curry, Paprika
Sesame seeds, and use Sambuca

AVOID ANTI-BIOTICS
use Probiotics Actimel, Activa, etc Twice a day
Antibiotics as a Primary Co-Factor in AIDS Progression

ANTIBIOTICS AS A PRIMARY CO-FACTOR IN AIDS PROGRESSION


ABSTRACT

The world has now recognized the demise of antibiotics. Iatrogenic damage, resistant strains, immunosuppression and dependency have now challenged the core of one of the prides of modern medicine. The vast marketing of antibiotics has left medicine with a severe crisis. Reductionistic research and philosophy has been used for financial reward of the chemical companies. These antibiotics have been shown to have a wide variety of deleterious side effects, including effects on the bowel flora. We also theorize about how this disruption of the bowel flora, could be a contributing cofactor to the AIDS epidemic.

The populations with the greatest antibiotic use are the highest risk for development of AIDS. A balanced bowel flora could be essential in defense against the virus propagation into the deadly disease. The antibiotics might then increase the progression of risk in the disease. This hypothesis, because of its' non-reductionistic complexity is difficult to challenge in a single study. Funding of such a study would also be extremely difficult, in light of the challenge to synthetic chemistry. This brief article is but an introduction to the concept. For further information please refer to the collection of studies in the Journal of the Medical Science of Homeopathy, special issue on AIDS and vituses.
NATURAL TREATMENT OF CHILDREN WITH AIDS

A Report of the findings presented on AIDS and children at the 1995 IUVD World STD/AIDS Congress

First Presented by: Michio Tani, M.D., President of the Eastern Japanese Medical Institute, Japan
Edited and Reported by: Maitreya Ltd., Dr. William Nelson, LPCC, Professor of Complex Homeopathy, College of Practical Homeopathy, London England / Singapore, March 30, 1995

ABSTRACT

At the 1995 World AIDS Conference in Singapore, several key articles were presented on natural and homeopathic treatments for AIDS. Natural therapy is indeed getting more attention throughout the world. This article is a summary of a Japanese presentation on herbal and naturopathic treatment of AIDS in children. The article reviews the dramatic success of Naturopathic treatment versus AZT treatments and shows a heightened level of survival and decreased mortality statistics in the Naturopathic group.

INTRODUCTION

New directions of therapy are needed in AIDS. Much research has been started into co-factors that might be responsible for facilitating AIDS. New co-factors such as antibiotics and removal of adenoids, tonsils, and appendix, and other conflicts of allopathy medicine are now being reviewed by scientists. These and other immuno-suppressions which are happening in our societies and environments today might be responsible for the elevated factors of AIDS.

The dramatic use of these allopathic techniques have extenuated over the years and might have reached saturation points that could then cause complications and allow the AIDS virus to do its damage. In looking to new directions, people have looked into natural therapies. At the 1995 Singapore AIDS conference, it was indeed a pleasure to sit through doctor Tani’s presentation on his results with naturopathic treatment of AIDS in children. His paper titled “Clinical Recovery of Pediatric AIDS by Natural Therapy” was indeed intriguing. Let me present some of the basic statistics and philosophy presented in this discussion by Dr. Tani and Dr. Rodica of Constantine, Romania.

Fifty-six pediatric AIDS patients were studied. Eleven were symptomatic HIV and 29 had clinical AIDS. The 56 pediatric patients were separated into 6 treatment groups and studied for a 30 month period. Natural remedies utilizing a Chinese herbal blend and soups were studied in contrast to AZT.

The different treatment groups consisted of
1. herbal tea*
2. herbal tea*, astol (Phaseolus radiatus) and soup,
3. herbal tea*, astol, soup, and AZT,
4. just AZT, and
Antibiotic Disruption of Bowel Flora

ANTIBIOTIC DISRUPTION OF BOWEL FLORA

Antibiotics as a co-factor in AIDS

By: W. Nelson, LFCC, M.D.

ABSTRACT

The antibiotic revolution was touted as one of the best discoveries of modern medicine. There have been however, a derogatory side effects of these antibiotics. The environment has been effected as well as the patients. In this article we look at the disruption of the bowel flora by antibiotics. And theorize about how this disruption of the bowel flora, could be a contributing factor to the AIDS epidemic. The article also reviews the bowel flora in naturopathic terms for treatment and diagnosis.
Homeopathic Treatment of Epstein Barr Virus Infections

HOMEOPATHIC TREATMENT OF EPSTEIN-BARR VIRUS INFECTIONS


Developed By: The staff of Maitreya; Limerick, Ireland

This study was performed in 1987 at the Survival Center Clinic in Ravenna, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Clinic in Budapest, Hungary, and by the doctors listed above.

ABSTRACT

Homeopathy has been proven effective historically in many different viral conditions. Recent experimental evidence has shown homeopathy to be effective for flu, measles, AIDS, and other viral conditions. In this article we review some of this literature and research, and we explore homeopathic treatment of Epstein barr and mononucleosis conditions.
Homeopathic Treatment of Herpes-Like Conditions

HOMEOPATHIC TREATMENT
OF HERPES-LIKE CONDITIONS

INTRODUCTION

Herpes sores develop for many reasons. The herpes virus gets into cells, and can produce these sores. There are several types of herpes including simplex, progentais and zoster. There are many types of virus associated with these. These viruses often hide in connective tissue, especially around the spine, and then come out when there are periods of stress or metabolic imbalances that produce the right environment for them to leave. Once they leave the spine and go into an area such as the mouth, nose, Vagina, penis, or other attack area, the herpes virus is ripe for disablement by the immune system. The key factors of the immune system that deal with this are B cells and their antibody activity.

TREATMENT

Herpes virus does not like cold. Often we see heat produced in the area before herpes strikes, and heat afterwards. When we place a cold source onto the actual lesion, we can observe that it might take several ice
Homeopathic and Naturopathic Treatment of AIDS:

So in conclusion to treat this disease naturally we must do the following.

1. Use herb blends that directly interfere with the virus. Hemo A or Chan Bai San

2. Treat the infections with natural means BAC, FNG, VIR

3. Use homeopathic Autonomic techniques to stimulate the immune system

4. Avoid all immunosuppressants AVOID
   A. Processed Sugar and flour
   B. Antibiotics
   C. Excess Stress
   D. Excess Alcohol
   E. Street Drugs

5. Stimulate the immune system with herbs, soups, vitamins and Natural Immunomodulators.

6. Use the Mind to help with Neuro-Immuno-Stimulation.

7. Healthy Bowel Flora and Bowel Function, with Healthy Lymphatic functioning.

I hope that this report can help science to recognize the natural potentials.
In 1994 a major AIDS conference was held in Japan. The overall conference was very successful, and many types of discoveries were encountered regarding prolonging the life of the AIDS patient. One basic conclusion arose from this convention, however. The basic conclusion reported on five major news networks was that whatever we are doing for AIDS research is not working to complete satisfaction. Thereby, a new direction is definitely needed: a new direction for diagnosis, and especially towards cure, must be investigated.

There was an overall plea made at this convention for new directions of research. The previous directions of research have all been around certain synthetic, chemical dimensions. Chemical companies are looking for a magic bullet, some type of immunization therapy from which they could profit after doing their research.

We basically feel that we have this new direction, and that this new direction lies in the field of homeopathy and electro reactivity. In our study of the electrical reactivity of AIDS patients in Budapest, Hungary, we found that there is indeed a specific profile of compounds to which the patients reacted [Studies: 4].

We also treated the patients with the homeopathic pharmaceutical technique which we have outlined in this brief paper. This is the Auto Immunization Nelsonian Technique, in which we took a drop of
IMMUNOLOGICAL AND ELECTROPHYSIOLOGICAL REACTIVITY OF PATIENTS WITH HIV INFECTION

By: Nagy K., Nalson W., Barabac F., Balazs E., Varkonyi V., Horvath A.
National Institute of Dermato-Venereology, Budapest, Hungary 1994

ABSTRACT

The diagnostic and prognostic value of electrophysiological reactivity patterns of HIV infected subjects were compared to complex immunological and virological laboratory markers.

Electrical responsiveness of 22 asymptomatic HIV infected patients were monitored monthly for a 4 month period by Quanta Med 4000, a sensitive multichannel diagnostic biofeedback machine, capable of measuring slight fluctuation of patients' brain waves and skin resistance, whilst the patients are sequentially exposed to a battery of numerous homeopathic nosodes and isodes. This process known as the Xrroid process.

Immunological and virological analysis included determination of CD cell count, HIV, HCV and CMV antibodies, HbsAG, and serum Beta 2-microglobulin (B2M) and Neopterin levels.

In the study - 4000 substances (items) were tested to determine which of these the patient had the most reaction to. The reactivity scores were then analyzed statistically. As a result a profile of electro-reaction is suggested, which considered characteristic of HIV disease in contrast to that of the normal subjects.

After initial evaluation a treatment protocol was designed. Half of the patients received a fatty acid blend and homeopathic medicaments throughout the test. Subjects were instructed to use the products daily and compliance was evaluated in the monthly interview. Reevaluation of electrophysiological reactivity and immunological tests were repeated every month.

H2M level was found decreased in 88 percent of those who received homeopathic treatment and in 50 percent it was found < 3 mg/L, compared to 27 percent of those untreated. Antibody level to CM was also found decreased in consequence of treatment. No changes, however could be detected in CD count and HbsAg and HBC antibody level.

The electrophysiological reactivity test provided information, which suggest that it can be used as a pre-diagnostic method, which might complete laboratory analysis. Complex homeopathy and individual nosode treatment shows some positive intervention.
Homeopathic and Herbal Treatment of Amoeba Infections

HOMEOPATHIC AND HERBAL TREATMENT OF AMOeba INFECTIONS

By: W.C. Nelson, L.P.C.C.

INTRODUCTION

Amoeba is a one celled organism that can cause a parasitical or protozoa disease. The amoeba motivate by extending and contracting their protoplasm. There are a host of types of amoeba as well as a multitude of other protozoa diseases. These diseases were thought of as being rare for many years but due to better diagnosis and detection we see today more and more of these diseases. The usual contact is with bad food or water. The initial exposure usually results in dysentery or what we refer to in Mexico as Montezumas revenge. This is usually treated symptomatically which produces relief. But the unconquered organism can proliferate and lead to other diseases. They can cause ulcerations in the colon and digestive tract. Most often the ulceration is in the lower bowel. Often the protozoa can proliferate in the mouth, bowel or spread to other areas. The proliferation of these intruders is slow and often takes 4 to 5 years before other symptoms result. The amoeba can occupy places in the synovial fluid of the joints and cause arthritis or articular disease. In the joints they will cause distortion of the joint and distention of the joint sack. Many arthritic deformed joints in the fingers are a result of amebic proliferation. They can cause hepatic abscesses in the liver or other organs. Since they shrink when exposed, to saline solution (from the isotonic effect) they can be difficult to diagnose. The electro reactivity Xroid can detect the amebic disease with some accuracy. In recent years in clinical practice I have seen more and more Amoeba infections in Northern areas. In fact the further North I go the more amoeba I see. I can speculate that this is some how related to changes in the ultra violet light and the reduction in Amphibian populations.

TREATMENT

The human immune system dose not have a developed system for dealing with this protozoa disease. All attempts to correct this with classical homeopathy, nutrition, and behavioral therapy come up empty. The patient needs more refined and direct therapy. So to help the system to deal with this disease we developed a nosode treatment with some herbal therapy that could disable any flagellated bacteria such as Giardia or the motivated Amoeba.

The formula is made with the patented activation process at New Vistas which appears to increase the clinical results significantly. The formula contains nosodes from over 8 forms of Amoeba and other Protozoa. In addition herbal forms of Diloxanide Furoate, Metronidazole, and absinthium are at lower potencies.
Endotoxin

ENDOTOXIN

NDC 55541-2140-1

Product Specifications: Manufactured by Maitreya, Inc., 5260 East 39th Avenue, Denver, Colorado USA 80207
303-333-9269 / 800-283-4533 / FAX 303-355-415

ACTIONS

Endotoxin functions as a non-specific immune enhancer. Experimental research indicates that the constituent responsible for this immuno-stimulation is the lipopolysaccharide released from the bacterial cell walls upon lysis. Clinical trials indicate this non-specific stimulation includes increased antibody production and macrophage motility, and enhanced B and T cell activity.

NOTE: Lipopolysaccharides have been shown to be toxic at higher concentrations, while at ultra-high dilutions, they test unstable and results obtained are inconsistent. The midrange potencies contained in Endotoxin have demonstrated stable, safe and highly effective properties.

It is also important to note that the formula does not contain whole organisms or viable populations of any bacteria. Processing techniques prior to manufacturing ensure the bacteria used for this formula are completely destroyed.

INDICATIONS

Endotoxin is most useful in the effective management of mild to moderate bacterial and viral infection. It may, however, be effectively used for both chronic and acute conditions. Commonly used antibiotics routinely circumvent the reticuloendothelial system and focus directly on disrupting bacterial replication.

Endotoxin is designed to stimulate the immune system to properly respond to the challenge of general microbial infection. May be used concomitantly with antibiotics for prolonged or especially resistant infections. Endotoxin is also very effective when used as a preventative. By assisting the innate biological intelligence that already exists in the organism, Endotoxin tones the entire immune system and enhances subsequent immunological responses.
SO YOU HAVE A COLD - IS IT ALLERGY, ASTHMA, INFLUENZA, INFECTIOUS, OR NUTRITIONAL IMBALANCE?

Author: William Nelson, D. Sc. L.P.C.C. Maitreya; Limerick, Ireland

This article was presented by Dr. William Nelson at the Phamia Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

ABSTRACT

In this brief paper we categorize some simple diagnostic methods for analysis of patients who present with rhinitis, sinusitis, itchy, runny eyes, asthma, fever, chills... in other words, cold symptoms. Cold symptoms can come from a variety of reasons, not just from viral infection. However, viral infection will be thoroughly discussed in this paper.

In this article we will discuss simple OTC (over-the-counter) treatment regimes which can be used for cold-like symptoms. This is vital information for pharmacists and practitioners alike in dealing with probably the most common ailment known to man.
A SHORT STUDY OF COMPARISON FACTORS OF HOMEOPATHIC TREATMENT VERSUS ENZYMATIC TREATMENT OF INTESTINAL PARASITES

ABSTRACT

In this study a group of patients from ages twenty-five to fifty were chosen who displayed signs of worm eggs on coprolith (stool) analysis. The patients were divided into two groups of ten patients each. One group received treatment with a combination homeopathic product known as Vermex, which contains various homeopathic stimulants that stimulate the defenses of the system against parasitic intrusion, and also homeopathics that help to flush out the intestinal tract. The other group was given Standard Process enzyme therapy in a pill called Synex, whose ability to bond the system of parasites through its enzymatic effects was claimed by various doctors.

The patients in each group were then remeasured. It was found that the Vermex product was successful in treatment, whereas the Standard Process product seemed to show no positive effect.
STIMULATION OF MOTILITY FACTORS IN NEUTROPHILS

Edited and Validated By: Istvan Bandics, M.D.; Budapest, Hungary
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Developed By: The staff of Maitreyas, Limerick, Ireland
William Nelson L.P.C.C.

This study was performed in 1994 at the Homeopathic Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathic Clinic in Budapest, Hungary, and by the doctors listed above. This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

ABSTRACT

In 1987 a department of scientific research in Germany published the first part of this study [Studies: 5]. In this study a sample of patients' blood was taken by finger prick, and put onto an inverted slide. The inverted slide allowed for motility of the white blood cell underneath the cover slip. When viewing blood normally, using a noninverted slide, the cover slip would produce pressure on the white blood cell and restrict its movement.

A sample of various bacteria was put into the blood sample, comprised of streptococcus. The mobility and motility of the white blood cell was then studied under the microscope. This was done using a dark field at 1500x to minimize the effects of excess infrared radiation. However, the temperature of the blood was always maintained within one degree of body temperature (98.6°F, 37.5°C).

The speed of the white blood cell was then measured in seconds per 10 um, as well as the ability of the white blood cell to produce phagocytosis around the bacteria. The baseline was thus established by observing multiple white blood cells in the patients. One group of patients was then given a placebo of water and alcohol (ten drops) orally, and another group was given a sample of a complex homeopathic designed to stimulate the white blood cell towards bacteria. Blood was taken thirty minutes after administration of the placebo or homeopathic.

In the treatment group there was virtually no change from the initial pre-test. In the homeopathic group there was an increase. In the homeopathic treatment group there was a thirty-five percent increase in the motility and mobility factors of the leukocytes.

This initial American study of 1987 has been duplicated using an additional ten subjects with fungus instead of bacteria, and fifteen subjects have recently been added to the study population from Hungary. This makes a sum total of thirty-five subjects who participated in our study.
HOMEOPATHIC STIMULATION OF WHITE BLOOD CELL MOTILITY AS ANALYSED UNDER THE MICROSCOPE

(A Proposed Mechanism of Homeopathic Immuno-Stimulation)

Chief Editor: N. Víšmos, M.D.: Independent Medical Editor; Budapest, Hungary.
Developed By: The staff of Maitreyaya; Limerick, Ireland William Nelson L.P.C.C.

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10-13, 1994. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathy Clinic in Budapest, Hungary, and by the doctors listed above.

ABSTRACT

The dynamic factors of life seem to be dependent on photons. This has been developed through quantum electrodynamics, which has been applied to biology by many researchers. In this study we microscopically analyzed the white blood cell's recognition and motility factors for bacteria and fungi. By then observing how the white blood cell moves towards the bacteria and fungi we are able to analyze one factor of immunity.

A key question in biology must be: How do the white blood cel and the immune system find and isolate the microorganism intruder?

A thermodynamic and/or chemical mechanism is not a complete analysis. In this paper we bring forth the treatise that the white blood cell has some photon receptors and a type of vision which allows it to find these intruders and thereby destroy them.

In this study we then gave the patients a treatment of water and alcohol, and/or a homeopathic of various microorganisms. This was performed in a double-blind fashion. In the placebo group there was virtually no change from the baseline reading in the motility recognition factors. However, there was a thirty-five percent increase in recognition and motility of the white blood cells in the blood samples of the patients receiving the homeopathic treatment.

The conclusions of this study are drawn through a dynamic, quantum, photon system of understanding of biology, which then helps us to understand some possible mechanisms of homeopathy. In the conclusions of the study we further show that homeopathy not only is a safe but also an effective and natural process of not defeating the organism directly, but stimulating the immune system to do its job better in defeating the microorganism intruder. Thus homeopathy offers a more natural way to stimulate the immune system of the host rather than a way to defeat the intruder directly, as in antibiotic treatment.
NEW TECHNIQUES OF HOMEOPATHIC TREATMENT OF FUNGAL INFECTIONS

Chief Editor: N. Vilmos, M.D.; Independent Medical Editor: Budapest, Hungary
Developed By: The staff of Maitreya; Limerick, Ireland William Nelson, L.P.C.C.; Denver, Colorado, USA

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

ABSTRACT

In this study there are two major investigative reports that we explain. One is a forty-five-patient study of female yeast problems, in which a complex homeopathic treatment was proven to be effective. We first present a twenty-patient study of various effects on overall fungus population. The overall fungus was measured through culture analysis of patients' hair, urine, sputum, and other physiological samples. Three treatment groups were organized: that of a candida-only diet, that of a homeopathic singular of Candida albicans only, and that of a complex homeopathic for full-range treatment of fungal disorders. In the study we show the dramatic superiority of the complex homeopathic, how it worked on a wide variety of fungal disorders, and how the Candida albicans homeopathic only worked on Candida albicans. The diet proved to have little or no effect.

The study reviews the process of the immune system's defense against fungal intrusion and fungal overgrowth. Also, there is the proposed mechanism for the homeopathic action, in that it appears to be stimulatory of the immune system.
Title
ACQUIRED IMMUNE DEFICIENCY SYNDROME

Abstract:
This study demonstrated the safety and efficacy of a SCI device used in a large scale study. A large cohort of over 10,000 patients with over 15,000 patient visits returned their devices. Many of them reported this disease. And the results of their therapy are reported in this study.

Introduction:
This large scale research was designed to produce a large number of people with a diverse array of diseases to see if they get better or worse while using the SCI for stress reduction and patient monitoring. The SCI is a handheld, potential tool for Electro-Physiological Monitoring. It is designed to help with relaxation and stress reduction. The basic functions of the device are simple and easy to use, but it is also capable of providing additional functions that are specific to the user. As a result of these studies, these additional functions are now registered with the ETS.

An ethics committee was officially registered and governmental permission approved to do the significant risk study. Qualified registered and/or licensed feedback therapists were enlisted to perform the study. Therapists were recruited from all over the world including the United States, Canada, Europe, Africa, Australia, and Asia. They were trained in the aspects of the study and how to obtain informed consent and transmit the results to the ethics committee or ETS (Ethical Review Board).

2,596 patients existed in the study. There were 26,746 patient visits, 64% had more than one visit, 43% had over two visits. There were over 275,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCI therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Thus the therapist is to inspect any recorded changes during the testing and in follow-ups any measured variations. It must be pointed out that the therapists were free to do any additional therapies they wish such as acupuncture, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCI therapist.
SPECIAL NOTE ON LECTINS, NATURAL ANTI-VIRALS, HOMEOPATHICS and NUTRIENTS VALUABLE IN THE TREATMENT OF AIDS

By: W. Nelson, LPCC, M.D.

This article will review a protocol for treating AIDS patients. This protocol has had clinical validation and superlative effects.

Lectins are naturally occurring substances that mostly are found in the plant kingdom. Lectins are proteins or glycoproteins that are not made by the immune system of a human but can influence the immune system of a human. Lectins influence agglutination and precipitate complex carbohydrates. The agglutinations activity of these highly specific carbohydrate binding molecules is usually inhibited by a simple monosaccharide. For some lectins Di, Tri, or Poly saccharides are required. The plant source often carries the needed molecules for action.

Many Lectins produce stimulation effects on the manufacture of lymphocytes. In fact several of these compounds have mitogenic stimulation of T-cell Lymphocytes. In the last study on the treatment of children with AIDS the use of the miso soups reflect the use of some lectins.

But if we review the Lectin research we can see a more refined type of soup prescription. "The effects of T-cell stimulation can indeed be of the utmost importance to the AIDS patient.

Biological research has shown several substances to produce this Mitogenic effect. Many of these herbal compounds are in the New Vistas Product Known as Hemo-A. This product has been tested in cell culture and clinically and proven its ability. But there are many compounds that can provide some dietary effect. We recommend combining the diet of these foods with the Hemo-A. Many of the best naturally occurring sources of Lectins are herbal controlled substances that are put into the Hemo A. So combining this with the diet has maximum effects.

DATE: SEPTEMBER 20, 1994

RE: ANALYSIS OF XRROID REACTIVITY READINGS OF AIDS PATIENTS IN BUDAPEST

ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for xrroid electrical reactivity readings. The electrical reactivity patterns and reactive substances that were in the highest faction of reactivity. In other words, those reactants that were statistically significant are compared in the groups of the AIDS patients taking the AZT as well as the AIDS patients that were treated with homeopathic and nutritional items. The purpose of the study was to analysis similarities and consistencies in their electrical reactivity patterns over the course of four measurements. This took place during the 4th, 5th, 6th and 7th month of 1994. During these months there was also a homeopathic and nutritional intervention done on several of these patients to see the effect on blood chemistry profiles denoting aids risks and the homeopathic and nutritional intervention are described in the article known as the comparative results.
TITLE
THE TRIVECTOR ANALYSIS OF
THE ELECTRONIC SIGNATURE OF HOMEOPATHY
SUBTITLE
OF
QUANTUM QUALITY CONTROL = QQ C
TWO DECADES OF SERVICE
BY
PROF. WILLIAM C. NELSON MD IMUNE

ABSTRACT: The first proposition of the electrical signature of a homeopathic
was put forward by Reinhold VOLL. He called it medication testing. In 1968
Nelson had theorized the proposition in more engineering terms. In 1974 at
Youngstown State University Nelson had successfully proven the trivector
reactive field of a human thru subspace. Then the science was outlined in the
PROMORPHEUS. Here a basic treatise of Quantum Electro Dynamics was used.

By 1985 there was a working model of a trivector analysis and it was
reliably tested as part of the EPFX system in 1989. Now over 25,000 devices,
hundreds of clinical articles, and hundreds of millions of patient visits there is an
undeniable truth to the safety and efficacy of the trivector analysis system. This is
a review.

There is evidence for resonant and anti resonant frequencies of different
biological substances. There is also some research there is the same in
homeopathic medicines. These homeopathics also have capacitance and
inductance fields that can be measured. When challenged, trace substances
reveal volt and amperage profiles from oxidation and reduction reactions.
Voltammetry is traditionally used in analytic chemistry. The basic capacities of
electronics are voltage, amperage, and resistance. They are mathematically
related in Ohms law. There are other mathematical relations that relate
capacitance and inductance as variables. The resonant frequency is a
mathematical relation of capacitance and inductance.

This article briefly reviews all of these factors together. That a
biological substance or a homeopathic can posses an electronic trivector
signature. This signature will be a tri-vector signal paralleling the right hand rule
of electronics. This rule states that as an electron moves, it generates a magnetic
field at 90 degrees and then a static field at another ninety degrees. Thus the
condutance, inductance, and capacitance field of a homeopath makes up its'
trivector electronic signature. This is the basis of a standard accepted art in
chemistry known as Electro-chemistry. There are thousands of articles about
electro-chemistry.
XIII. HOMEOPATHIC TREATMENT OF INSOMNIA

(A Review of Clinical Protocol)

Abstract:

This short article reviews a natural protocol for treating insomnia. Treatments include behavioral medicine, psychology, nutrition and homeopathy.

Introduction:

Insomnia can result from a variety of conditions. Many patients have things on their minds at night that keep them awake. Often the sleep center is disoriented in the brain and can produce problems. Also, over-use of stimulants may be a cause. Too much caffeine, nicotine or other stimulants may be ingested which can also produce insomnia. Too much alcohol is a cause because although it is a sedative, its secondary effect is that of stimulation. So if we have one or two drinks before bed, they might help us to go to sleep, but we might wake up at two or three in the morning because of the stimulation-rebound effect of alcohol.

Insomnia is defined as difficulty in sleeping or disturbed sleep. For the elderly, sleep time tends to shorten. Sometimes stage four of sleep can disappear with age. Sleep becomes more disturbed. This is a pathogenic, unnatural condition. Most often this is iatrogenic, caused by medications. Emotional states, which are the most frequent cause of insomnia, can be aggravated by medications. Low-grade depression can affect sleep [Studies: 2]. Sleep medications often produce inverted sleep rhythms which can result in tiredness and lethargy during the day and interrupted sleep at night.

Insomnia is identified as either primary (chronic, somatic or psychic causes), or secondary (from pain, depression or anxiety) [Books: 13].

The most important factors to explore in the medical interview are:

1. Medications (stimulants or depressants)
2. Depression, lethargy, feelings of hopelessness
3. Anxiety, fears or phobias
4. Nutritional Imbalance
5. Geopathological stress
6. Exercise deficiency or excess
7. Musculoskeletal pain or stress
8. Brain disturbances
Title:

A SHORT STUDY ON A NATURAL RELAXANT

(A Natural Valium Effect on Normal Patient Population)

Chief Editor:

Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary

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Consultant:

Dr. Simon Gutl, M.D.; Hanover, Germany

Developed By:

The staff of Maitreys; Limerick, Ireland

This study was performed in 1994 in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors in Budapest, Hungary, and by the doctors listed above.

Abstract:

A group of volunteers were asked to take the Relax combination homeopathic so that safety and efficacy issues could be determined. The Relax is designed as a muscle relaxant, and should help to prompt the relaxation of muscles as well as ease patients to sleep. This compound contains valarian and other homeopathic relaxants. This compound was developed as a safe, natural muscle relaxant and stress reducer. The patient population had no measurable disorders, but was asked to rate the effects of the Relax and how well it worked. The study shows that the Relax worked well in relaxing the patients' muscles, and prompted them to go to sleep.
HOMEOPATHIC TREATMENT OF CEREBRAL ISCHEMIA RISK PATIENTS
(The Evaluation of a Homeopathic Chelation Program)

Chief Editor:
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Consultant:
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Developed By:
The staff of Maltrey, Limeric, Ireland

Abstract:
In this paper a population of sixty-five patients were evaluated who were found to be at risk of cerebral ischemia. This was measured through the George’s Circulatory Risk Test, and was further confirmed with many patients by Doppler tests, as well. The study outlines the procedure for evaluation and therapy. The homeopathic program was then utilized, and patient results were achieved at a significant level, showing that the homeopathic chelation program could help to break up congestion of the artery in a safe, natural process without surgery or synthetic drugs.
Abstract
This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study.

Introduction
Overview
This Large scale research was designed to produce an extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is a evoked potential Universal ElectroPhysiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, Australia, S. America, Mexico, and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

An European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Feedback therapists were enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There
Alcoholism (study)

Part of the Following:
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Developed By:
The Centro Ricerche of Prof. William Nelson
University of Venice + Padova, Italy
This study was performed in the field by practicing Biofeedback technicians. Data
was collected and the study supervised by the Ethics International Institutional Review
Board of Romania. The Data analysis and study presentation is done by the The Centro

Abstract
This study demonstrates the safety and effective qualities of the SCIO device used in
a large scale study. A large scale study of over 97,000 patients with over 275,000 patient
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wide variety of diseases to see who gets or feels better while using the SCIO for stress
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Biofeedback therapists where enlisted to perform the study. Therapists were enrolled
from all over the world including N America, Europe, Africa, Australia, Asia, and S America.
They were trained in the aspects of the study and how to attain informed consent and
transmit the results to the ethics committee or IRB (Institutional Review Board).
Full Spectrum Micronutrient Treatment of Bacteria
(Homeopathic Treatment of Bacterial Infections)

Chief Editor:
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Dima Sakharov, Ph.D.; Kiev, Ukraine
Tony Hughes, D.A.c.; Dublin, Ireland
Peter Bartlett, D.O.; London, England

Consultant:
Dr. Simon Gutl, M.D.; Hanover, Germany

Abstract
Two studies involving homeopathic or micronutrient treatment of bacteria are reported which indicate a natural, safe alternative to antibiotics. Both studies involve patients aged twenty-five to fifty. In the first study we take pin-prick blood samples from ten healthy patients, bring them on an inverted side, and then measure the speed and motility factors of the white blood cell. The patients are then given (in double-blind fashion) either water and alcohol or a homeopathic for bacterial stimulation. On evaluation under the microscope, the speed of the white blood cell is increased in the treatment group; the placebo group shows no change.

In the second study patients are evaluated for urinary bacteria from culture.

They are then prescribed the complex homeopathic, and reevaluated. The study shows that the complex homeopathic can indeed help the patients to deal with their bacterial infections.

The proposed mechanism is discussed, along with this short study.

Keywords
Bacteria, complex homeopathic, micronutrient, motility factor, phagocytosis

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.
Zapping the Human Papilloma Virus

By William Nelson LPCC

At the Semmelweis Hospital in Budapest 1994

Abstract

We know of no good evidence for Dr. Kruger’s Zap therapy. The Zap technology of the QXCI/EPFX has some tested capabilities. In this study 25 women showed signs of papilloma virus spots. The papilloma virus HPV spots fluoresce in UV light if they are exposed to vinegar. A vinegar swab showed spots on all 25 with an average of 12 spots per person. The women were given three 30 min QXCI Zap therapies over the course of one week. In 2 of the subjects there was no change. All of the others had lessening of their spots in size and number. In five subjects there was complete removal of the spots. The rest had approximately 60% reduction in the number of spots. The overall average therapy was 60% effective in treating papilloma.

A SHORT STUDY OF COMPARISON FACTORS OF COPROLITH VERSUS QXCI DETECTION OF INTESTINAL PARASITES

- Chief Editor: William Nelson, N. M.D.; Independent Medical Editor; Budapest, Hungary
- Edited and Validated By: Istvan Bandics, M.D; Budapest, Hungary Gyula Panszki, M.D; Budapest, Hungary; Attila Kiss, M.D; Győr, Hungary
- Consultant: Dr. Simon Gutj, M.D; Hanover, Germany
- Developed By: The staff of Maitreya; Limerick, Ireland

This study was performed in 1984 at the King Health Center in Lowellville, Ohio, USA. Revalidation and further clinical testing and has been repeated by medical doctors at the Homeopathy Clinic in Budapest, Hungary and by the doctors listed above.

The Long-term Pathological Findings of the Camelford Toxicity group, 1990

The Premature Ageing Effects of a Toxic Water Syndrome Case.

By
Dr. William Nelson LPCC, Peter Smith LCH

ABSTRACT:
In July 1988, a toxic water spill in the Camelford water district by South West Water, the public water utility, in Cornwall England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homeopathic practitioner, together with other colleagues, launching into long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, several different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients’ disease profile. Various lengthy papers have been prepared by the North Cornwall Homeopathic Project and the Lowermoor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.
Stimulation of Sports Performance and relief of Sports Pains with a Natural Herbal Yeast Formula with Special consideration of the SCIO

Towards a Natural Oxygenation and Sports Stimulation Formula

Chief Editor: William Nelson, Prof Medicine IMUNE

Edited and Validated By:
Christian Sirbu Dr of Homeopathy, Budapest, Hungary
Istvan Bandics, M.D.; Budapest, Hungary
Gyrla Panszki, M.D.; Budapest, Hungary

Developed By:
The staff of IMUNE 1997

Abstract
This study tests the effects of a natural oxygenation formula on sport fatigue pain, and sport performance. The SCIO treatment provides a basic repair stimulation signal for cellular rejuvenation. Diseased tissue has a different type of electrical signature than healthy tissue. When the SCIO detects an injured tissue signal it responds with a curative stimulation electrical pattern to promote and speed healing. There are also many additional effects from the device to enhance sport performance in general.

Key Words: Stimulation, Flower Pollen, Pangamic Acid, Oxygenation, Xrroid, SCIO

World's Largest Clinical Biofeedback Peer Reviewed Research Study on the SCIO
A World Leading Educational meeting

Paris, France
Palais des Congrès
Abstract

During the course of a one year period the 1854 patients in our clinic were all asked in their intake form to participate in a study. All patients were treated with the EPFX device. The types of disease trends these patients presented were evaluated by one of the medical doctors on staff. The EPR reactivity profile was checked by the EPFX device. A comparison of the EPR reactivity patterns yielded a Risk probability profile. The results of this profile are reported here.

At the Szent Janos hospital in 1995 Budapest a TVEP study was done on cataract patients. Both of these studies proved TVEP reactions patterns to be helpful and significant in detection of disease patterns. see XRROID reactivity patterns in Cataract patients, UMSH 1997 volume 1/4 ISSN 1417 0876

The following reactants are statistically significant at alpha levels .05 for the cataract patient.

- sucrose
- sucrose
- glucuronidase
- glucose
- glucagon
- glucose dehydrogenase
- aspartase
- myeloperoxidase
- cataract nosode
- pancreatin
- pancrease sarcode
- glutathione
Desiré is the Professor Emeritus of IMUNE. IMUNE is an accredited and legally registered medical university in Europe.

Since 1995 IMUNE has been offering medical education in a variety of subjects to defend and perpetuate Natural Medicine. There are many small minded people being driven by the SINthetic chemical companies to destroy Natural Medicine as a viable choice in Medicine. IMUNE has offices in Switzerland, Mexico, Dubai, Budapest, England, and the British Virgin Islands. The small petty minded picayune minions of the chemical companies constantly attack with their anal retentive biased short sided views.

We must fight for freedom of choice and especially freedom of choice on medicine.

Education... free from Borders  www.imune.net
Large scale SCIO Studies

Title: Large Scale Study of the Safety and Efficacy of the SCIO Device

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Developed By:
The Centro Ricerche of Prof. William Nelson University of Venice + Padova, Italy

This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy


Abstract:

A global and momentous research project was developed for the last three years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

The device and thus the study has insignificant risk. There was a staff of medical doctors who designed and supervised the study. This study started in 2004 as an attempt to show the world the validation of being a SCIO therapist.

Over 98,000 patients gave informed consent and participated in the study. The study would conclusively prove safety and efficacy of the SCIO Device. With over 60% of these patients having multiple visits. There were over 275,000 patient visits. With a total record of the SCIO patient information, therapy parameters and reactivity data. No names of patients were recorded for confidentiality.

Two of the 2,200 plus therapists were given blank devices that were completely visually the same but were none functional. These two blind therapists were then given 35 patients each. This was to evaluate the double blind component of the placebo effect as compared to the device. Thus the studied groups were a placebo group, a subspace group, and an attached harness group.

This is just the first study in a long task of analysis in truly break down the data totally. This study verifies the safety and efficacy of the SCIO device. There were small effects seen in the placebo group, larger effects in the subspace, and astounding effects in the real harness group.

Large Scale Study of the Safety and Efficacy of the SCIO Device
Abstract:

A global and momentous research project was developed for the last two years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

The SCIO device and thus the study has insignificant risk. There was a staff of medical doctors who designed and supervised the study.

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ACNE VULGARIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 1833 of them reported acne. The SCIO treatments had little if any effect on acne.

Subspace Treatment 1,239 patients, 594 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 2,566 patient visits
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were:
1,233 cases reporting no improvement of Symptoms, 48 % of Subgroup
7 cases reporting no improvement in feeling better, .003% of Subgroup
8 cases reporting no improvement in stress reduction .003% of Subgroup

3%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
4%---.Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
17%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,521 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
762 cases reporting no improvement of Symptoms, 50 % of Subgroup
53 cases reporting no improvement in feeling better, .003% of Subgroup
2 cases reporting no improvement in stress reduction .000% of Subgroup

4%--- Percentage of Improvement in Symptoms
57%---- Percentage of Improvement in Feeling Better
5%---.Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
ACROPARESTHESIA Treated by SCIO Practitioners

Numbness of extremities

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 458 of them reported the medical diagnosis of acroparesthesia or numbness in the arms or legs. This a disease marked by attacks of tingling, numbness, and stiffness chiefly in the fingers, hands, and forearms, sometimes with pain, skin pallor, or slight cyanosis. 65% of the SCIO harness treated patients had substantial improvement. Thus showing the effects of the VARHOP stabilization on circulatory and nerve function.

Subspace Treatment 221 patients, 237 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms,         .001% of Subgroup
3 cases reporting no improvement in feeling better,    .001% of Subgroup
3 cases reporting no improvement in stress reduction   .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
47%--- Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 458 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
21 cases reporting no improvement of Symptoms,         % of Subgroup
4 cases reporting no improvement in feeling better,     % of Subgroup
1 cases reporting no improvement in stress reduction   % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
44%---Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior
ACQUIRED IMMUNE DEFICIENCY SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Participants have a complete history and physical examination and additional blood tests, including genetic studies, upon entering the study. They start taking SCIO treatments and following the Nahinga protocol. At the end, patients have a medical history, physical examination and blood and urine tests, including CD4+T cell count and HIV plasma viral load measurement. 5026 subjects were in the study. There were little results with the subspace group, but there were many success stories and 57% had measurable improvements in the SCIO test harness group.

Subspace Treatment 3,290 patients, 1736 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 8,733 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

23 cases reporting no improvement of Symptoms, .001% of Subgroup
24 cases reporting no improvement in feeling better, .001% of Subgroup
11 cases reporting no improvement in stress reduction .0001% of Subgroup

21%--- Percentage of Improvement in Symptoms
22%--- Percentage of Improvement in Feeling Better
22%--- Percentage of Improvement Measured
12%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,212 patient visits

There were 6 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

19 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
13 cases reporting no improvement in stress reduction .001% of Subgroup

56%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
57%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior
Measured events included antibody response, T4 count, and quality of life. There is improvement in these categories in subspace and distinctly more improvement in the Harness group.

ALCOHOLISM Treated by SCIO Practitioners

Abstract:
This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. There are serious consequences of excess alcohol consumption. 411 patients with diagnosed alcoholism were tested. The subspace group had moderate improvements over placebo but the SCIO treatment group had very good success after the MCES (Micro-current Cranial Electro-Stimulation) treatment helped to lower desire and craving to drink. 37% reduced drinking after CES therapy.

Subspace Treatment 202 patients, 209 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 588 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
11 cases reporting no improvement of Symptoms, .018% of Subgroup
10 cases reporting no improvement in feeling better, .018% of Subgroup
5 cases reporting no improvement in stress reduction .009% of Subgroup
32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 633 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
5 cases reporting no improvement of Symptoms, .009% of Subgroup
8 cases reporting no improvement in feeling better, .012% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
50%--- Percentage of Improvement in Symptoms
76%--- Percentage of Improvement in Feeling Better
37%----Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior
SCIO ALLERSODE THERAPY

Abstract: This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Studies confirm previous research that has shown allergies in the United States are on the rise and provide more evidence to suggest global climate change may partly explain the hike, the researchers say. Both ragweed and mold are environmental allergens that may be influenced by changing global temperatures. An allergy is a reaction of your immune system to what are usually harmless, common substances, such as pollen, cat hair or dust. An antibody known as IgE binds to the offending substance, called an allergen. This binding triggers a chain reaction that ultimately results in allergy symptoms, including sneezing, wheezing and coughing. This study compares the treatments of Subspace therapy versus the SCIO harness system. Over 10,000 patients had medical diagnosis of allergy. 31% in the subspace group got improvements versus double that of 62% in the SCIO harness group whose allergy symptoms improved.

Subspace Treatment 7,941 patients, 2,403 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 22,504 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
21%---- Percentage of Improvement in Feeling Better
31%----.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
% Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
45%---- Percentage of Improvement in SOC Behavior

**ALZHEIMER’S DISEASE Treated by SCIO Practitioners**

**Abstract:**
This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. This study compares the treatments of Subspace therapy versus the SCIO harness system. Over 200 patients had medical diagnosis of Alzheimer’s disease. 12% in the subspace control group got improvements versus 69% in the SCIO harness group whose mental functioning symptoms improved. The MCES treatment had definite improvements on the symptoms.

**Subspace Treatment 58 patients, 161 SCIO Harness Patients**

**OVERALL ASSESSMENT**

**A. Subspace Treatment 78 patient visits**
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .025% of Subgroup
3 cases reporting no improvement in feeling better, .032% of Subgroup
5 cases reporting no improvement in stress reduction .047% of Subgroup
10%---- Percentage of Improvement in Symptoms
4 %--- Percentage of Improvement in Feeling Better
12%--- Percentage of Improvement Measured
21%-- Percentage of Improvement in Stress Reduction
0 %---- Percentage of Improvement in SOC Behavior

**B. SCIO Harness Treatment 310 patient visits**
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
3 cases reporting no improvement of Symptoms, .014 % of Subgroup
1 cases reporting no improvement in feeling better, .006% of Subgroup
3 cases reporting no improvement in stress reduction .013 % of Subgroup
44%---- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
69%---- Percentage of Improvement Measured
58%-- Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior

-
ANEMIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 450 patients had medical diagnosis of anemia. 47% in the subspace group got improvements versus 44% in the SCIO harness group whose anemia improved. New studies are raising questions about whether anemia treatment drugs that have been used by millions of cancer patients might actually be harming them. This study suggests that the SCIO can be helpful in helping these patients without the drug use concerns.

Subspace Treatment 222 patients, 236 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 533 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
47%--- Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%-----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 477 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
1 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
43%--- Percentage of Improvement in Symptoms
61%--- Percentage of Improvement in Feeling Better
44%---- Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%-----Percentage of Improvement in SOC Behavior
ANXIETY UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 3,000 patients had medical diagnosis of anxiety. 23% in the subspace group got improvements versus 58% in the SCIO harness group whose anxiety symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine.

Subspace Treatment 1,035 patients, 2982 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,458 patient visits
There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
3 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

40% --- Percentage of Improvement in Symptoms
38% --- Percentage of Improvement in Feeling Better
23% --- Percentage of Improvement Measured
43% --- Percentage of Improvement in Stress Reduction
21% --- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 4,032 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
1 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

45% --- Percentage of Improvement in Symptoms
55% --- Percentage of Improvement in Feeling Better
58% --- Percentage of Improvement Measured
74% --- Percentage of Improvement in Stress Reduction
9% --- Percentage of Improvement in SOC Behavior
ASTHMA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 600 patients had medical diagnosis of asthma. 21% in the subspace group got improvements versus 58% in the SCIO harness group whose asthma symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine used for emotional stability. This also has been shown to help allergy and inflammation concerns such as asthma in this study.

Subspace Treatment 122 patients, 509 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 323 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0.001 % of Subgroup
0 cases reporting no improvement in feeling better, 0.001% of Subgroup
0 cases reporting no improvement in stress reduction, 0.001% of Subgroup

33%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
10%----.Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1308 patient visits

There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, 0.001% of Subgroup
5 cases reporting no improvement in feeling better, 0.001% of Subgroup
1 cases reporting no improvement in stress reduction 0.001% of Subgroup

43%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
54%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----.Percentage of Improvement in SOC Behavior
BACTERIA INFECTION Treated by SCIO Practitioners

BACTEREMIA

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of some type of bacterial infection. 13% in the subspace group got improvements versus over 50% in the SCIO harness group whose infection improved. The SCIO can autofocus an electrocution signal to lower bacteria counts as well as stimulate the natural recticuloendothelial system.

Subspace Treatment 3,922 patients, 6,281 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 4,659 patient visits
There were 9 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
34 cases reporting no improvement of Symptoms, .007% of Subgroup
53 cases reporting no improvement in feeling better, .012% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
23%-- Percentage of Improvement in Symptoms
26%-- Percentage of Improvement in Feeling Better
13%----Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 14,553 patient visits
There were 5 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
21 cases reporting no improvement of Symptoms, .001% of Subgroup
15 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
45%---- Percentage of Improvement in Symptoms
68%-- Percentage of Improvement in Feeling Better
56%----Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
Dramatic and significant improvements in symptoms and in measured reduction in the infections.

This points to the value of the Neuro-Immuno link that biofeedback works with, and also validation of the electrocution Zap principle used by the SCIO.
BICARB DEFICIENCY, Treated by SCIO Practitioners

Potassium and Magnesium Metabolism, Pancreatic Bicarb Deficiency

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 120 patients had medical diagnosis of Pancreas Bicarb deficiency. 42% in the subspace group got improvements versus 48% in the SCIO harness group whose Bicarb deficiency symptoms improved.

Subspace Treatment 21 patients, 107 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 43 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
0 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup

12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
42%----Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 258 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, % of Subgroup
1 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup

45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
48%----Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior
BRAIN FATIGUE UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 44,000 patients had symptoms of brain fatigue. 21% in the subspace group got improvements versus 52% in the SCIO harness group whose brain fatigue symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine and it helps brain fatigue quite well.

Subspace Treatment 14,516 patients, 18,508 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 14,516 patients....30,289 patient visits
There were 238 cases patients reported a negative Improvement.
None of these cases reported any major difficulty.
There were
439 cases reporting no improvement of Symptoms, .0173% of Subgroup
69 cases reporting no improvement in feeling better, .0001% of Subgroup
32 cases reporting no improvement in stress reduction .0001% of Subgroup
22%--- Percentage of Improvement in Symptoms
41%---Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured
34%--Percentage of Improvement in Stress Reduction
15%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 18,508 patients.....53,542 patient visits
There were 50 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
531 cases reporting no improvement of Symptoms, .0028% of Subgroup
12 cases reporting no improvement in feeling better, .0001% of Subgroup
13 cases reporting no improvement in stress reduction .0001% of Subgroup
53%--- Percentage of Improvement in Symptoms
53%--- Percentage of Improvement in Feeling Better
52%---Percentage of Improvement Measured
78%--- Percentage of Improvement in Stress Reduction
23%---Percentage of Improvement in SOC Behavior
Brain wave detection and correction with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1800 patients had medical diagnosis of brain wave disorders. 8% in the subspace group got improvements versus 85% in the SCIO harness group whose brain waves improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine. This MCES can be used to balance brain wave disorders.

Subspace Treatment 641- patients, 1265 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 783 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

3 cases reporting no improvement of Symptoms, 0.001% of Subgroup
4 cases reporting no improvement in feeling better, 0.001% of Subgroup
7 cases reporting no improvement in stress reduction 0.001% of Subgroup
21%--- Percentage of Improvement in Symptoms
12%--- Percentage of Improvement in Feeling Better
8%---Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
2%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,983 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

21 cases reporting no improvement of Symptoms, 0.001% of Subgroup
5 cases reporting no improvement in feeling better, 0.001% of Subgroup
5 cases reporting no improvement in stress reduction 0.001% of Subgroup
45%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
85%----Percentage of Improvement Measured
52%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior

The brainwave was measured and there was a significant improvement with the Harness group of 85%.
CANCER Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 7,500 patients had medical diagnosis of cancer. 28% in the subspace group got improvements versus 63% in the SCIO harness group whose cancer profile improved.

The SCIO device uses the principles of Quantum Electro Dynamics (QED) as the base of an energetic medicine technique for healing. Bioresonance, Volt-Ammetry, Trivector, Provocative Allergy Tests, Infection Reaction Testing and Immune Stimulation, Electro-Acupuncture, Neurological-Stimulation, Biofeedback-Psychological Interaction, Muscle-Neurological Re-education, Homotoxicity and Homeopathy, Electrophysiological Diagnosis, Behavioral Management Therapy and more are avant garde therapies registered for the SCIO device to perform on patients.

Cancer is a dys-regulation of the metabolic/reproductive epigenic rhythm. This dysfunction shifts the energy from metabolism to reproduction. Thus the cancer cells grow. This is explained in the PROMORPHEUS and in the IMUNE cancer video. The SCIO device can interrupt the epigenic dysfunction and thus destroy the cancer cells.

In this study the disease group total number of patients was 7,672, with Subspace Treatment 2,109 patients, and 5,563 SCIO Harness Patients. There was Subspace Treatment 5,601 patient visits, SCIO Harness Treatment 16,720 patient visits.

The results show dramatic promise for the premise that the QED functions of the SCIO can have healing effects on a cancer patient. There was over 2,000 cases of cures reported in this study. More than fifty percent of the patients reported positive results. There was insignificant negative risk effects reported.

Subspace Treatment 2,109 patients, 5,563 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 5,601 patient visits
There were 4 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
11 cases reporting no improvement of Symptoms, .002% of Subgroup
15 cases reporting no improvement in feeling better, .002% of Subgroup
11 cases reporting no improvement in stress reduction .002% of Subgroup
27%--- Percentage of Improvement in Symptoms
27%--- Percentage of Improvement in Feeling Better
28%--- Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
6 %----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 16,720 patient visits

There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
14 cases reporting no improvement of Symptoms, .001% of Subgroup
15 cases reporting no improvement in feeling better, .001% of Subgroup
15 cases reporting no improvement in stress reduction, .001% of Subgroup

56%---Percentage of Improvement in Symptoms
57%---Percentage of Improvement in Feeling Better
63%---Percentage of Improvement Measured
75%---Percentage of Improvement in Stress Reduction
20%---Percentage of Improvement in SOC Behavior
CARDIAC ARRHYTHMIA Treated by SCIO Practitioners

IRREGULAR PULSE

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1500 patients had medical diagnosis of arrhythmia. 12% in the subspace group got improvements versus 55% in the SCIO harness group whose arrhythmia improved.

Subspace Treatment 321 patients, 1188 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 375 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

1 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup

24% --- Percentage of Improvement in Symptoms
26% --- Percentage of Improvement in Feeling Better
12% --- Percentage of Improvement Measured
43% --- Percentage of Improvement in Stress Reduction
7% --- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2047 patient visits

There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

5 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
2 cases reporting no improvement in stress reduction % of Subgroup

38% --- Percentage of Improvement in Symptoms
47% --- Percentage of Improvement in Feeling Better
55% --- Percentage of Improvement Measured
66% --- Percentage of Improvement in Stress Reduction
21% --- Percentage of Improvement in SOC Behavior
CIRCULATION DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 8,000 patients had medical diagnosis of circulatory problems. 33% in the subspace group got improvements versus 65% in the SCIO harness group whose circulatory symptoms improved.

Subspace Treatment 1,241 patients, 7,333 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,537 patient visits
There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
13 cases reporting no improvement of Symptoms, .001 % of Subgroup
13 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
22%—Percentage of Improvement in Symptoms
21%—Percentage of Improvement in Feeling Better
33%—Percentage of Improvement Measured
30%—Percentage of Improvement in Stress Reduction
11%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
6 cases reporting no improvement of Symptoms, .001 % of Subgroup
12 cases reporting no improvement in feeling better, .001 % of Subgroup
10 cases reporting no improvement in stress reduction .001% of Subgroup
47%—Percentage of Improvement in Symptoms
56%—Percentage of Improvement in Feeling Better
66%—Percentage of Improvement Measured
64%—Percentage of Improvement in Stress Reduction
42%—Percentage of Improvement in SOC Behavior
Clinical Review of Biofeedback Stress Therapy with the QXCI / SCIO biofeedback device

Abstract:

This article reviews the clinical results and experiences of users of the QXCI biofeedback device. The practice of biofeedback dates back several decades. The technique of using biofeedback devices to diagnose stress and treat stress is receiving more attention in our ever increasingly stressful world. In this article we review the positive results achieved from clinical experience treating patients on a day to day basis. In over two thousand patient visits the QXCI was over 80% successful in reducing stress.
COMMON COLD Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 15,000 patients had medical diagnosis of the common cold. 28% in the subspace group got improvements versus 65% in the SCIO harness group whose cold symptoms improved.

Subspace Treatment 12,720 patients, 4,878 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 17,901 patient visits

There were 7 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

9 cases reporting no improvement of Symptoms, .001% of Subgroup
11 cases reporting no improvement in feeling better, .001% of Subgroup
6 cases reporting no improvement in stress reduction .001% of Subgroup

24%---- Percentage of Improvement in Symptoms
25%---- Percentage of Improvement in Feeling Better
28%----Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits

There were 11 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

8 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup

45%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
65%----Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior
DEPRESSION + SEASONAL AFFECTIVE DISORDER Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 40,000 patients had medical diagnosis of S.A.D. -37% in the subspace group got improvements versus 56% in the SCIO harness group whose depression symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine. This MCES can be used to balance emotional disorders.

Subspace Treatment 13,878 patients, 18,152 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 21,092 patient visits
There were 34 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
43 cases reporting no improvement of Symptoms, .0021% of Subgroup
57 cases reporting no improvement in feeling better, .0027% of Subgroup
34 cases reporting no improvement in stress reduction .0016% of Subgroup
34%--- Percentage of Improvement in Symptoms
36%--- Percentage of Improvement in Feeling Better
37%---Percentage of Improvement Measured
46%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 39,983 patient visits
There were 25 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
32 cases reporting no improvement of Symptoms, .001% of Subgroup
32 cases reporting no improvement in feeling better, .001% of Subgroup
32 cases reporting no improvement in stress reduction .001% of Subgroup
55%--- Percentage of Improvement in Symptoms
61%--- Percentage of Improvement in Feeling Better
56%----Percentage of Improvement Measured
70%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
CORRELATIVE INFECTION COMPARISONS TO SCIO

Abstract:

The first assay of these factors was done in 1989, then again 1994 and now in 2007. One of those papers was presented at the Hungarian Diagnostic and Laboratory World Seminar in September, 1994, in Pecs, Hungary (a major world-wide congress on laboratory and diagnostic techniques). The 1989 paper was the basis of USA registration of the EPFX. Eighteen years latter there was a need for a more complete reevaluation.

This review report scrutinizes a comparison between cultured blood, skin, urine, lymph and stool results, and SCIO Electro-Physiological-Feedback EPR reactivity. Events display that the Xrroid has a very high interdependence to culture results, and thus the Xrroid is very helpful in determining the electrical reactivity of the patient, and in determining the type of infection the patient might have. The over-all correlation was approximately 91%. The existence of many so called false positives or infections that are subclinical makes reading difficult. This makes the SCIO profile a good pre-diagnostic tool.
DIGESTIVE DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large-scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 16,000 patients had medical diagnosis of digestive dysfunction. 32% in the subspace group got improvements versus 62% in the SCIO harness group whose digestive distress symptoms improved.

Subspace Treatment 7,954 patients, 8,410 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 12,504 patient visits

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<th>Improvement</th>
<th>Subgroup Percentage</th>
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<td>0 cases of patients who reported a negative Improvement.</td>
<td>None of these cases reported any major difficulty.</td>
</tr>
<tr>
<td>There were</td>
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<tr>
<td>29 cases reporting no improvement of Symptoms</td>
<td>.001 % of Subgroup</td>
</tr>
<tr>
<td>25 cases reporting no improvement in feeling better</td>
<td>.001% of Subgroup</td>
</tr>
<tr>
<td>28 cases reporting no improvement in stress reduction</td>
<td>.001% of Subgroup</td>
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</tbody>
</table>

27%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
32%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 17,990 patient visits

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Subgroup Percentage</th>
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<tbody>
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<td>There were</td>
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</tr>
<tr>
<td>7 cases reporting no improvement of Symptoms</td>
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</tr>
</tbody>
</table>

47%--- Percentage of Improvement in Symptoms
60%--- Percentage of Improvement in Feeling Better
62%----Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
Electro-Acupuncture with the SCIO as a safe and effective therapy

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 56,641 of them were treated with Electro-acupuncture, over 100,000 visits. And the results of their therapy are reported in this study.

Imagine a medical device that could check all of the acupuncture points in your body, then treat them, give you a list of unrepaired points, draw you a picture of the problem points, and give you another chance to repair the point.

Acupuncturists now do not have time to check and treat all of the possible points. So an acupuncturist has to interview symptoms and then determine the short list of points to deal with. But what if a device could be developed to automatically test and treat all points.

Such a device is available today and has been tested, registered, and validated for legal use. The QXCI device is this and more. This article reviews a new process of electro-acupuncture diagnosis and therapy. The computer can be used to accomplish this in minutes allowing for total electro-acupuncture therapy of a patient in a matter of minutes. This revelation in medicine involves a new computerized technology.

Subspace Treatment 20,233 patients, 36,408- SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 50,656 patient visits
There were 33 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
311 cases reporting no improvement of Symptoms, 0.001% of Subgroup
321 cases reporting no improvement in feeling better, 0.001% of Subgroup
111 cases reporting no improvement in stress reduction 0.001% of Subgroup

37%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
45%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
21%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 100,301 patient visits
There were 6 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
432 cases reporting no improvement of Symptoms, 0.001% of Subgroup
344 cases reporting no improvement in feeling better, 0.001% of Subgroup
76 cases reporting no improvement in stress reduction  
0.001% of Subgroup

54% --- Percentage of Improvement in Symptoms

48% --- Percentage of Improvement in Feeling Better

43% --- Percentage of Improvement Measured

56% --- Percentage of Improvement in Stress Reduction

25% --- Percentage of Improvement in SOC Behavior
ENDOMETRIOSIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of endometriosis. Endometriosis is a gynecologic disorder that is frequently encountered in the emergency department (ED) as well as in the outpatient setting. Because it is enigmatic, endometriosis can present as a diagnostic and therapeutic challenge for emergency physicians in their approach to the female patient with pelvic pain. 21% in the subspace group got improvements versus 46% in the SCIO harness group whose endometriosis symptoms improved.

Subspace Treatment 320 patients, 269 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 489 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .002 % of Subgroup
1 cases reporting no improvement in feeling better, .002% of Subgroup
2 cases reporting no improvement in stress reduction .004% of Subgroup
32% — Percentage of Improvement in Symptoms
34% — Percentage of Improvement in Feeling Better
21% — Percentage of Improvement Measured
43% — Percentage of Improvement in Stress Reduction
2% — Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 430 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficult.
There were
0 cases reporting no improvement of Symptoms, .001 % of Subgroup
0 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
44% — Percentage of Improvement in Symptoms
51% — Percentage of Improvement in Feeling Better
46% — Percentage of Improvement Measured
66% — Percentage of Improvement in Stress Reduction
12% — Percentage of Improvement in SOC Behavior
Ulcerative COLITIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Ulcerative colitis is an inflammatory bowel disease that results in chronic inflammation in digestive tract, usually in the large intestine (colon) and the rectum.

Symptoms of ulcerative colitis may include:

- Abdominal pain, Bloody diarrhea, Rectal bleeding, Feeling of urgency, Inability to have a bowel movement despite the urge to do so, Abdominal cramping and pain, Weight loss

Symptoms may also occur outside the gut and include joint pain, eye inflammation, skin rashes and lesions, and mouth ulcers. Over 2,400 patients had medical diagnosis of colitis. 33% in the subspace group got improvements versus 43% in the SCIO harness group whose colitis symptoms improved.

Subspace Treatment 1,387 patients, 1,102 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,450 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

41 cases reporting no improvement of Symptoms, 0.001% of Subgroup
51cases reporting no improvement in feeling better, 0.001% of Subgroup
5 cases reporting no improvement in stress reduction 0.001% of Subgroup

32%---- Percentage of Improvement in Symptoms
33%---- Percentage of Improvement in Feeling Better
33%---- Percentage of Improvement Measured
39%-- Percentage of Improvement in Stress Reduction
0 %---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,999 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

23 cases reporting no improvement of Symptoms, 0.001% of Subgroup
20 cases reporting no improvement in feeling better, 0.001% of Subgroup
2 cases reporting no improvement in stress reduction 0.001% of Subgroup

24%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
54%---- Percentage of Improvement Measured
57%---- Percentage of Improvement in Stress Reduction
10%---- Percentage of Improvement in SOC Behavior
ESOPHAGITIS GASTRIC REFLUX Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 700 patients had medical diagnosis of gastric reflux. 29% in the subspace group got improvements versus 31% in the SCIO harness group whose reflux symptoms improved. The lifestyle instructions in both categories of treatment were more responsible for improvement than the SCIO.

Subspace Treatment 238 patients, 468 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, \(0.005\%\) of Subgroup
4 cases reporting no improvement in feeling better, \(0.01\%\) of Subgroup
5 cases reporting no improvement in stress reduction \(0.01\%\) of Subgroup
23\%---- Percentage of Improvement in Symptoms
23\%---- Percentage of Improvement in Feeling Better
29\%---- Percentage of Improvement Measured
37\%-- Percentage of Improvement in Stress Reduction
2 \%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 656 patient visits
There were 1 cases of patients who reported a negative Improvement.
This patient reported some extreme skin redness from the harness.
There were
3 cases reporting no improvement of Symptoms, \(0.004\%\) of Subgroup
2 cases reporting no improvement in feeling better, \(0.004\%\) of Subgroup
2 cases reporting no improvement in stress reduction \(0.004\%\) of Subgroup
32\%---- Percentage of Improvement in Symptoms
32\%---- Percentage of Improvement in Feeling Better
31\%---- Percentage of Improvement Measured
38\%-- Percentage of Improvement in Stress Reduction
9 \%---- Percentage of Improvement in SOC Behavior
FEMALE DISORDERS, PMS PMT, PREMENSTRUAL STRESS OR TENSION Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of PMS. 31% in the subspace group got improvements versus 60% in the SCIO harness group whose PMS symptoms improved.

Subspace Treatment 7,941 patients, 2,406 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 22,504 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
62%----Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
FLEXIBILITY, Restricted Range of Motion Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 9,000 patients had medical diagnosis of restricted motion. 33% in the subspace group got improvements versus 64% in the SCIO harness group whose restricted flexibility symptoms improved.

Subspace Treatment 2,941 patients, 6,404 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 8,504 patient visits
There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
33%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 11,897 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
64%--.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
FRACTURES Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 100 patients had medical diagnosis of bone fracture. 2% in the subspace group got improvements versus 34% in the SCIO harness group whose bone fracture improved.

Subspace Treatment 32 patients, 93 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 87 patient visits
There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0.% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

32%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
2%---Percentage of Improvement Measured

43%-- Percentage of Improvement in Stress Reduction
2%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 201 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
39%----Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
7%----Percentage of Improvement in SOC Behavior
GASTRIC - ESOPHAGEAL REFLUX HIATAL HERNIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study

Subspace Treatment 121 patients, 428 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 331 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00% of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup
12%--- Percentage of Improvement in Symptoms
13%--- Percentage of Improvement in Feeling Better
44%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 982 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
41--- Percentage of Improvement in Symptoms
72%--- Percentage of Improvement in Feeling Better
45%----.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
32%----Percentage of Improvement in SOC Behavior
HAY FEVER  ALLERGIC RHINITIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1700 patients had medical diagnosis of allergic rhinitis. 41% in the subspace group got improvements versus 51% in the SCIO harness group whose allergic rhinitis symptoms improved.

Subspace Treatment 899 patients, 867 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 2,334 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
49%---- Percentage of Improvement in Symptoms
45%---- Percentage of Improvement in Feeling Better
41%---- Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,225 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, 0% of Subgroup
1 cases reporting no improvement in feeling better, 0% of Subgroup
1 cases reporting no improvement in stress reduction 0% of Subgroup
47%---- Percentage of Improvement in Symptoms
47%---- Percentage of Improvement in Feeling Better
51%----Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
7%----Percentage of Improvement in SOC Behavior
HEADACHE Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 5,500 patients had medical diagnosis of headache. 21% in the subspace group got improvements versus 59% in the SCIO harness group whose headaches improved.

Subspace Treatment 2,565 patients, 3,326 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 4,670 patient visits

There were 21 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

32 cases reporting no improvement of Symptoms, .007 % of Subgroup
21 cases reporting no improvement in feeling better, .004% of Subgroup
21 cases reporting no improvement in stress reduction .004% of Subgroup

32%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
21%---- Percentage of Improvement Measured
45%---- Percentage of Improvement in Stress Reduction
23%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 5,439 patient visits

There were 23 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

23 cases reporting no improvement of Symptoms, .004% of Subgroup
23 cases reporting no improvement in feeling better, .004% of Subgroup
24 cases reporting no improvement in stress reduction .004 % of Subgroup

43%---- Percentage of Improvement in Symptoms
32%---- Percentage of Improvement in Feeling Better
59%---- Percentage of Improvement Measured
60%---- Percentage of Improvement in Stress Reduction
5 %---- Percentage of Improvement in SOC Behavior
Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of disk herniation. 34% in the subspace group got improvements versus 57% in the SCIO harness group whose disk symptoms improved.

Subspace Treatment 320 patients, 183 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 430 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

32%—Percentage of Improvement in Symptoms
23%—Percentage of Improvement in Feeling Better
34%—Percentage of Improvement Measured
43%—Percentage of Improvement in Stress Reduction
21%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 230 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

56%—Percentage of Improvement in Symptoms
56%—Percentage of Improvement in Feeling Better
57%—Percentage of Improvement Measured
45%—Percentage of Improvement in Stress Reduction
24%—Percentage of Improvement in SOC Behavior
HYPERTONIA Treated by SCIO Practitioners

Hypertension, High Blood Pressure

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 250 patients had medical diagnosis of high blood pressure. 30% in the subspace group got improvements versus 45% in the SCIO harness group whose high blood pressure condition improved.

Subspace Treatment 29 patients, 230 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 53 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

12%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
30%--- Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 433 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
8 cases reporting no improvement of Symptoms, % of Subgroup
3 cases reporting no improvement in feeling better, % of Subgroup
0 cases reporting no improvement in stress reduction % of Subgroup

45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
45%---.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior
HYPOADRENIA, WEAK ADRENALS, STRESS SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 25,000 patients had medical diagnosis of hypo-adrenia. 30% in the subspace group got improvements versus 60% in the SCIO harness group whose hypo-adrenia symptoms improved.

Subspace Treatment 10,722 patients, 15,128 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 34,945 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0.0% of Subgroup
0 cases reporting no improvement in feeling better, 0.0% of Subgroup
0 cases reporting no improvement in stress reduction, 0.0% of Subgroup
33%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
30%--- Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment47,930 patient visits
There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, .001% of Subgroup
8 cases reporting no improvement in feeling better, .001% of Subgroup
5 cases reporting no improvement in stress reduction, .000% of Subgroup
47%--- Percentage of Improvement in Symptoms
46%--- Percentage of Improvement in Feeling Better
59%----Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior
HYPOGLYCEMIA- Oscillating Blood Sugar Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of hypoglycemia. 30% in the subspace group got improvements versus 63% in the SCIO harness group whose hypoglycemic symptoms improved.

Subspace Treatment 7,741 patients, 2,403 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 21,534 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
22 cases reporting no improvement of Symptoms, 001 % of Subgroup
21 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

25%--- Percentage of Improvement in Symptoms
20%--- Percentage of Improvement in Feeling Better
30%--- Percentage of Improvement Measured
31%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 15,393 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
7 cases reporting no improvement of Symptoms, 001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup

42%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
63%----Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
HYPOTHYROID Weak Thyroid Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of hypothyroid. 40% in the subspace group got improvements the same as 40% in the SCIO harness group whose low thyroid symptoms improved.

Subspace Treatment 25 patients, 34 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 46 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
0 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
40%--- Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 121 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
45%--- Percentage of Improvement in Symptoms
49%--- Percentage of Improvement in Feeling Better
40%----Percentage of Improvement Measured
60%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior
HYSTERIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of hysteria. 35% in the subspace group got improvements the same as 35% in the SCIO harness group whose hysteria improved.

Subspace Treatment 31 patients, 28 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 58 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0- cases reporting no improvement of Symptoms, .0% of Subgroup
0- cases reporting no improvement in feeling better, .0% of Subgroup
0- cases reporting no improvement in stress reduction . 0% of Subgroup

28%---- Percentage of Improvement in Symptoms
25%---- Percentage of Improvement in Feeling Better
35%---- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 61 patient visits

There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

1 cases reporting no improvement of Symptoms, .02% of Subgroup
1 cases reporting no improvement in feeling better, .02 % of Subgroup
1 cases reporting no improvement in stress reduction .02% of Subgroup

35%---- Percentage of Improvement in Symptoms
35%---- Percentage of Improvement in Feeling Better
35%---- Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior
**IMPOTENCE Treated by SCIO Practitioners**

**Abstract:**

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 200 patients had medical diagnosis of impotence. 23% in the subspace group got improvements versus 45% in the SCIO harness group whose impotence symptoms improved.

**Subspace Treatment 34 patients, 177 SCIO Harness Patients**

**OVERALL ASSESSMENT**

**A. Subspace Treatment 55 patient visits**

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0- cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

22%--- Percentage of Improvement in Symptoms
22%--- Percentage of Improvement in Feeling Better
23%--- Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
1%----Percentage of Improvement in SOC Behavior

**B. SCIO Harness Treatment ----- patient visits**

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

34%--- Percentage of Improvement in Symptoms
35%-- Percentage of Improvement in Feeling Better
45%----Percentage of Improvement Measured
76%-- Percentage of Improvement in Stress Reduction
2%----Percentage of Improvement in SOC Behavior
INDIGESTION Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 4,000 patients had medical diagnosis of indigestion. 23% in the subspace group got improvements versus 28% in the SCIO harness group whose indigestion symptoms improved.

Subspace Treatment 1,032 patients, 2980 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 3,450 patient visits
There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
3 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
40 %--- Percentage of Improvement in Symptoms
38 %--- Percentage of Improvement in Feeling Better
23 %--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3991 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
1 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
35%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
28%----Percentage of Improvement Measured
54%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior

-
Infection Reaction Testing and Immune Stimulation with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 43,000 patients had medical diagnosis of infection. 21% in the subspace group got improvements versus 34% in the SCIO harness group whose infections improved.

There were 43,023 patients with reported infections. Infections ranging from virus to worms, bacteria to fungus, and ricketsia to pion. This study chronicles their SCIO treatment in general terms.

Subspace Treatment 24,516 patients, 18,507 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 25,516 patients

There were 238 cases were patients reported a negative Improvement. None of these cases reported any major difficulty.

There were

439 cases reporting no improvement of Symptoms, .0173% of Subgroup
69 cases reporting no improvement in feeling better, .0001% of Subgroup
32 cases reporting no improvement in stress reduction .0001% of Subgroup

23%—Percentage of Improvement in Symptoms
40%——Percentage of Improvement in Feeling Better
21%——Percentage of Improvement Measured
34%——Percentage of Improvement in Stress Reduction
19%——Percentage of Improvement in SOC Behavior

5,431 patients reported measured infections. There was a 32% measured improvement over a one month period.

B. SCIO Harness Treatment 18,507 patients

There were 50 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

531 cases reporting no improvement of Symptoms, .0028% of Subgroup
12 cases reporting no improvement in feeling better, .0001% of Subgroup
13 cases reporting no improvement in stress reduction .0001% of Subgroup

43%——Percentage of Improvement in Symptoms
43%——Percentage of Improvement in Feeling Better
32%——Percentage of Improvement Measured
68%——Percentage of Improvement in Stress Reduction
23%——Percentage of Improvement in SOC Behavior

7,800 patients reported measured infections. There was a 56% measured improvement over a one month period.
Injured or Diseased Tissue Detection and Repair with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 35,000 patients had medical diagnosis of injury. 16% in the subspace group got improvements versus 43% in the SCIO harness group whose injury symptoms improved.

In this report we review the detection and treatment of injured tissue. In our testing procedure we use measurements of multiple voltage potential, amperage potential, and resistance vectors. We can determine the potentials as normal or as diseased from the experiences of energetic medicine. Once detected the computer can then repair these injured tissue with proper autofocused TENS electrical stimulation. The SCIO device allows for detection and correction at biological speeds or in excess of one hundredths of a second.

Many athletes such as Lance Armstrong, Michael Shumaker, Valentino Rossi, AC Milan football team, the San Antonio Spurs use and have used the Injured tissue repair system. It helps to get an athlete back into the game after an injury.

This report relates how a large scale use of the system has proven the safety and efficacy.

Subspace Treatment 15,032 patients, 19,900 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 45,082 patient visits
There were 23 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

592 cases reporting no improvement of Symptoms, % of Subgroup
326 cases reporting no improvement in feeling better, % of Subgroup
44 cases reporting no improvement in stress reduction % of Subgroup

21%---- Percentage of Improvement in Symptoms
31%---- Percentage of Improvement in Feeling Better
16%---- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
9%-----Percentage of Improvement in SOC Behavior

12,985 patients reported measured injuries. There was a 22% measured improvement over a one month period.

B. SCIO Harness Treatment 53,891 patient visits
There were 32 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

23 cases reporting no improvement of Symptoms, % of Subgroup
56 cases reporting no improvement in feeling better, % of Subgroup
3 cases reporting no improvement in stress reduction % of Subgroup

69%---Percentage of Improvement in Symptoms
67%---Percentage of Improvement in Feeling Better
45%---Percentage of Improvement Measured
42%---Percentage of Improvement in Stress Reduction
21%---Percentage of Improvement in SOC Behavior

35,811 patients reported measured injuries. There was a 65% measured improvement over a one month period.
Stimulation of Sports Performance and relief of Sports Pains with a Natural Herbal Yeast Formula with Special consideration of the SCIO

Towards a Natural Oxygenation and Sports Stimulation Formula

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INSOMNIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,200 patients had medical diagnosis of insomnia. 35% in the subspace group got improvements versus 61% in the SCIO harness group whose insomnia symptoms improved.

Subspace Treatment 392 patients, 1,806 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 433 patient visits
There was 1 case of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 case reporting no improvement of Symptoms, .002% of Subgroup
1 case reporting no improvement in feeling better, .002% of Subgroup
1 case reporting no improvement in stress reduction .002% of Subgroup
22%--- Percentage of Improvement in Symptoms
20%--- Percentage of Improvement in Feeling Better
35%---.Percentage of Improvement Measured
44%-- Percentage of Improvement in Stress Reduction
3 %----.Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2,145 patient visits
There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
3 cases reporting no improvement of Symptoms,.001 % of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001 % of Subgroup
43%--- Percentage of Improvement in Symptoms
44%--- Percentage of Improvement in Feeling Better
61%----.Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
5 %----.Percentage of Improvement in SOC Behavior
-
IRRITABLE BOWEL SYNDROME (IBS) Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1,100 patients had medical diagnosis of IBS. 7% in the subspace group got improvements versus 57% in the SCIO harness group whose IBS symptoms improved.

Subspace Treatment 322 patients, 878 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 499 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

30%---- Percentage of Improvement in Symptoms
19%---- Percentage of Improvement in Feeling Better
7 %----Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1003 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

43%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
50%----Percentage of Improvement Measured
57%-- Percentage of Improvement in Stress Reduction
4 %----Percentage of Improvement in SOC Behavior
ITCHING UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 600 patients had medical diagnosis of allergy. 21% in the subspace group got improvements versus 54% in the SCIO harness group whose itching symptoms improved.

Subspace Treatment 123 patients, 511 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 327 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, % of Subgroup
0 cases reporting no improvement in feeling better, .% of Subgroup
0 cases reporting no improvement in stress reduction .% of Subgroup
33%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
21%--- Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,321 patient visits
There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
43%---- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
54%----Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior
KIDNEY DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,600 patients had medical diagnosis of kidney dysfunction. 22% in the subspace group got improvements versus 66% in the SCIO harness group whose kidney dysfunction improved.

Subspace Treatment 720 patients, 1,878 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 1,290 patient visits
There were 7 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
9 cases reporting no improvement of Symptoms, .001% of Subgroup
7 cases reporting no improvement in feeling better, .001% of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
23%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
22%--- Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits
There were 11 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .001 % of Subgroup
1 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup
44%---- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
66%----Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior
LEUKEMIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 200 patients had medical diagnosis of leukemia. 23% in the subspace group got improvements versus 67% in the SCIO harness group whose leukemia improved.

Subspace Treatment 121 patients, 166 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 211 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

32%---- Percentage of Improvement in Symptoms
12%---- Percentage of Improvement in Feeling Better
23%---- Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
1 %---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 299 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

45%---- Percentage of Improvement in Symptoms
54%---- Percentage of Improvement in Feeling Better
67%---- Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
2 %---- Percentage of Improvement in SOC Behavior
LIVER PROBLEMS UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,600 patients had medical diagnosis of liver dysfunction. 21% in the subspace group got improvements versus 54% in the SCIO harness group whose liver function improved.

Subspace Treatment 1,122 patients, 1,509 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,323 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, % of Subgroup
0 cases reporting no improvement in feeling better, % of Subgroup
0 cases reporting no improvement in stress reduction % of Subgroup
33%---Percentage of Improvement in Symptoms
32%---Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured

B. SCIO Harness Treatment 3,308 patient visits
There was 1 case of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
2 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
1 case reporting no improvement in stress reduction % of Subgroup
43%---Percentage of Improvement in Symptoms
33%---Percentage of Improvement in Feeling Better
54%---Percentage of Improvement Measured
32%---Percentage of Improvement in Stress Reduction
11%---Percentage of Improvement in SOC Behavior
LOW BACK PAIN Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 3000 patients had medical diagnosis of low back pain. 25% in the subspace group got improvements versus 65% in the SCIO harness group whose low back symptoms improved.

Subspace Treatment 1687 patients, 1,344 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 4,878 patient visits

There was 1 case of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

1 case reporting no improvement of Symptoms, 1 case reporting no improvement in feeling better, 1 case reporting no improvement in stress reduction

21%---- Percentage of Improvement in Symptoms
33%---- Percentage of Improvement in Feeling Better
25%---- Percentage of Improvement Measured

B. SCIO Harness Treatment 3,912 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, 2 cases reporting no improvement in feeling better, 2 cases reporting no improvement in stress reduction

45%---- Percentage of Improvement in Symptoms
55%---- Percentage of Improvement in Feeling Better
65%---- Percentage of Improvement Measured
66%---- Percentage of Improvement in Stress Reduction
21%---- Percentage of Improvement in SOC Behavior
LYMPH DISORDERS Treated by SCIO Practitioners

Lymphatic Congestion

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of lymphatic congestion. 31% in the subspace group got improvements versus 62% in the SCIO harness group whose lymphatic congestion improved.

Subspace Treatment 5,941 patients, 4,697 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 22,204 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

25%---- Percentage of Improvement in Symptoms
21%---- Percentage of Improvement in Feeling Better
31%---- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,790 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup

47%---- Percentage of Improvement in Symptoms
51%---- Percentage of Improvement in Feeling Better
62%---- Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----- Percentage of Improvement in SOC Behavior
MALABSORPTION SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1300 patients had medical diagnosis of allergy. 33% in the subspace group got improvements versus 44% in the SCIO harness group whose malabsorption improved.

Subspace Treatment 455 patients, 889 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 744 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup
43%---- Percentage of Improvement in Symptoms
45%---- Percentage of Improvement in Feeling Better
33%---- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 881 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup
56%---- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
44%----.Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior
METACARPAL TUNNEL Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 400 patients had medical diagnosis of meta-carpal tunnel. 20% in the subspace group got improvements versus 75% in the SCIO harness group whose meta-carpal symptoms improved.

Subspace Treatment 132 patients, 245 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 437 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0. % of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
21%---- Percentage of Improvement in Symptoms
21%---- Percentage of Improvement in Feeling Better
20%----Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 768 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
45%---- Percentage of Improvement in Symptoms
59%---- Percentage of Improvement in Feeling Better
75%----Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior
OSTEOPOROSIS Treated by SCIO Practitioners

Weak Bones

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of osteoporosis. 10% in the subspace group got improvements versus 45 % in the SCIO harness group whose osteoporosis symptoms improved.

Subspace Treatment 210 patients, 389 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 334 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00% of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup

12% --- Percentage of Improvement in Symptoms
23% --- Percentage of Improvement in Feeling Better
10% --- Percentage of Improvement Measured
30% --- Percentage of Improvement in Stress Reduction
12% --- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 598 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00% of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup

45% --- Percentage of Improvement in Symptoms
69% --- Percentage of Improvement in Feeling Better
45% --- Percentage of Improvement Measured
62% --- Percentage of Improvement in Stress Reduction
43% --- Percentage of Improvement in SOC Behavior
OTITIS MEDIA Treated by SCIO Practitioners

Glue Ear

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 15,000 patients had medical diagnosis of otitis media. 29% in the subspace group got improvements versus 68% in the SCIO harness group whose otitis media symptoms improved.

Subspace Treatment 12,700 patients, 4,801 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 17,453 patient visits
There were 7 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
9 cases reporting no improvement of Symptoms, .001% of Subgroup
11 cases reporting no improvement in feeling better, .001% of Subgroup
8 cases reporting no improvement in stress reduction .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
29%---Percentage of Improvement Measured
40%--- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,860 patient visits
There were 11 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, .001 % of Subgroup
9 cases reporting no improvement in feeling better, .001 % of Subgroup
5 cases reporting no improvement in stress reduction .001 % of Subgroup
44%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
68%---Percentage of Improvement Measured
68%--- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior
PAIN UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients reported pain. 33% in the subspace group got improvements versus 66% in the SCIO harness group whose pain symptoms improved.

Subspace Treatment 4,022 patients, 6,481 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 4,788 patient visits

There were 9 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

34 cases reporting no improvement of Symptoms, .007% of Subgroup
53 cases reporting no improvement in feeling better, .012% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

24%--- Percentage of Improvement in Symptoms
27%--- Percentage of Improvement in Feeling Better
33%---Percentage of Improvement Measured
53%--- Percentage of Improvement in Stress Reduction
3%-----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 14,555 patient visits

There were 5 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

21 cases reporting no improvement of Symptoms, .001% of Subgroup
15 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

65%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
66%---Percentage of Improvement Measured
78%--- Percentage of Improvement in Stress Reduction
21%-----Percentage of Improvement in SOC Behavior
POLYCYSTIC OVARIIES Treated by SCIO Practitioners

Multiple ovarian cysts.

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1000 patients had medical diagnosis of ovarian cysts. 21% in the subspace group got improvements versus 59% in the SCIO harness group whose ovarian cysts reduced.

Subspace Treatment 430 patients, 609 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 901 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured
55%--- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 876 patient visits

There was 1 case of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

2 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001% of Subgroup

75%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
59%---Percentage of Improvement Measured
65%--- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
PROSTATITIS Treated by SCIO Practitioners

Benign PROSTATIC HYPERTROPHY (BPH)

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 300 patients had medical diagnosis of Benign Prostatic Hypertrophy. 13% in the subspace group got improvements versus 69% in the SCIO harness group whose BPH symptoms improved.

Subspace Treatment 143 patients, 201 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 266 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

21%---- Percentage of Improvement in Symptoms
21%---- Percentage of Improvement in Feeling Better
13%----.Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 455 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, .004 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

77%---- Percentage of Improvement in Symptoms
67%---- Percentage of Improvement in Feeling Better
69%----.Percentage of Improvement Measured
77%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior
TENDON CALCIFICATION, Bone Spurs, Calcaneus Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of bone spurs. 40% in the subspace group got improvements versus 40% in the SCIO harness group whose bone spur symptoms improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 21 patients, 38 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 33 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
40%---- Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 98 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

1 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%---- Percentage of Improvement in Feeling Better
40%---- Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
29%----Percentage of Improvement in SOC Behavior
THYMUS DISORDERS and Myasthenia Gravis Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of thymus disorders. 40% in the subspace group got improvements versus 41% in the SCIO harness group whose thymus disorder improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 21 patients, 31 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 34 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%——Percentage of Improvement in Symptoms
21%——Percentage of Improvement in Feeling Better
40%——Percentage of Improvement Measured
37%——Percentage of Improvement in Stress Reduction
13%——Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 100 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001 % of Subgroup
4 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
49%——Percentage of Improvement in Symptoms
69%——Percentage of Improvement in Feeling Better
41%——Percentage of Improvement Measured
62%——Percentage of Improvement in Stress Reduction
39%——Percentage of Improvement in SOC Behavior
TRANSIENT ISCHEMIC ATTACK (TIA) Stroke Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 150 patients had medical diagnosis of allergy. 43% in the subspace group got improvements versus 42% in the SCIO harness group whose ischemia symptoms improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 43 patients, 114 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 101 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%-- Percentage of Improvement in Symptoms
33%-- Percentage of Improvement in Feeling Better
43%-- Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%-- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 234 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
44%-- Percentage of Improvement in Symptoms
34%-- Percentage of Improvement in Feeling Better
42%-- Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
23%-- Percentage of Improvement in SOC Behavior
Weight Loss Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 39,000 patients had medical diagnosis of being overweight. 16% in the subspace group got improvements versus 50% in the SCIO harness group whose healthy weight improved.

The SCIO device uses the principles of Quantum Electro Dynamics (QED) as the base of an energetic medicine technique for healing. Bioresonance, Volt-Ammetry, Trivector, Provocative Allergy Tests, Infection Reaction Testing and Immune Stimulation, Electro-Acupuncture, Neurological-Stimulation, Biofeedback-Psychological Interaction, Muscle-Neurological Re-education, Homotoxicity and Homeopathy, Electrophysiological Diagnosis, Behavioral Management Therapy and more are avant garde therapies registered for the SCIO device to perform on patients.

More than fifty percent of the patients reported positive results. There was insignificant negative effects reported.

This disease group total number of patients was 39,300. There were Subspace Treatment 22,475 patients, 16,825 SCIO Harness Patients. There was overall more than 40% results.

Subspace Treatment 22,475 patients, 16,825 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 73,324 patient visits
There were 538 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
657 cases reporting no improvement of Symptoms, .009% of Subgroup
580 cases reporting no improvement in feeling better, .007% of Subgroup
753 cases reporting no improvement in stress reduction .008% of Subgroup
34%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
16%---Percentage of Improvement Measured
13%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
37,203 patients reported their weight loss, their average weight loss was .8 kilos per month

B. SCIO Harness Treatment 45,980 patient visits
There were 371 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
386 cases reporting no improvement of Symptoms, .008% of Subgroup
411 cases reporting no improvement in feeling better, .009% of Subgroup
151 cases reporting no improvement in stress reduction .002% of Subgroup
76%—Percentage of Improvement in Symptoms
65%—Percentage of Improvement in Feeling Better
53%—Percentage of Improvement Measured
68%—Percentage of Improvement in Stress Reduction
23%—Percentage of Improvement in SOC Behavior

23,143 patients reported their weight loss; their average weight loss was 1.9 kilos per month
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Professor Desiré Dubounet has spent over 30 million dollars to bring the world a professional and thorough course on Wellness, Naturopathy and Neuro-Electro-Physiology of Biofeedback as Bioresonance. She is such a humanitarian Angel, she lets you pay for the course videos, books and materials with Karma...

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2. Study and Complete Courses at Your Own Pace. Use this to maximize the learning.
3. Scheduling Convenience. Work when you are ready to work.
4. Teaching Faculty Who Actually Have Work Experience in Your Field of Study. Global faculty at IMUNE is with worldwide famous doctors.
5. Save Money on Travel, Parking, Childcare, and Books. You save money the world saves energy, this makes you and the world better.
6. Employer Support. Many employers offer tuition reimbursement for employees' tuition associated with training in their fields. Employers also tend to encourage enrollment in online degree programs because they know employees will be able to go to school and still be able to be committed to their jobs. Don’t be afraid to ask your employer. Every company needs a wellness consultant.

Professor Desiré Dubounet the world’s most famous Naturopath has spent over 30 million dollars to bring the world a professional and thorough course on Wellness, Naturopathy and Neuro-Electro-Physiology of Biofeedback as Bioresonance. She is such a humanitarian Angel, she lets you pay for the course videos, books and materials with Karma go to www.imune.name for more information.
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“As a child they could not measure Desire IQ it was off the charts. Desire’s mental powers are phenomenal but her compassion and altruistic grace are transcendentally awe-inspiring”

“Desire has saved countless lives she will never know and she has touched innumerable hearts and changed people’s lives”

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IF YOU PROMISE TO HELP OTHERS YOU CAN PAY ME IN KARMA
Professor of Medicine
Dr Desire' Dubounet has written and edited over 85 University Certified Medical Textbooks
Scientific Research in Homeopathy

Triple Blind studies, Double-Blind Randomized Placebo-Controlled Trial, Systematic Reviews & Meta-Analysis, Evidence-base
# Tartalom

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Scientific Research in Homeopathy

Triple Blind studies, Double-Blind Randomised Placebo-Controlled Trial, Systematic Reviews & Meta Analysis, Evidence-base

December 4, 2011 · homeopathy

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Abstract
Medicines for specific disease conditions, High dilutions, Animal Studies, Plant Studies
300 human studies published in 90 peer-reviewed international medical journals out of which 96+
are FULL TEXT out of which 94 are PDF which can be downloaded at http://bit.ly/gFJIbg
Key Words: Science, Homeopathic, Pharmacy, Genetics , Homeopath,

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**Introduction**
Evidence of homeopathy is undeniably positive and consistent. It’s a human evidence of experience, gathered from a real-world observation in a real-world setting (not in an ideal artificial laboratory) giving real-world solutions.

**BASIC FUNDAMENTAL RESEARCH**
1. Annals of the New York Academy of Sciences
   **Thermodynamics of extremely diluted aqueous solutions** (1999) FULL TEXT // Successive dilutions and succussions may alter permanently the physical-chemical properties of the solvent water
   **New Physico-Chemical Properties of Extremely-Diluted Aqueous Solutions** (2004) FULL TEXT // The procedure of dilutions and succussions is capable of modifying in a permanent way the physico-chemical features of water
3. Toxicological Sciences (Oxford University Press)
   **Why small doses of medicine is better than large dose**, (2006) FULL TEXT
4. IETE Journal of Research (Institute of Electronics and Telecommunication Engineering)
5. Homeopathy (Elseiver)
   **Double-blind Placebo-controlled homeopathic patho-genetic trials** (2006) FULL TEXT
   **Proving and therapeutic experiments in the HomBRex basic homeopathy research database** (2007)
   **nuclear magnetic resonance spectroscopy on Kalium bichromicum** (2008)
   **The 2005 meta-analysis of homeopathy: the importance of post-publication data** (2008)
   **Nuclear Magnetic Resonance spectroscopy** (2008) // 3C differs from 4C
   **Placebo effect size same in conventional & homeopathy medicine** (2010) FULL TEXT
   **Nux vomica & Calendula have significant effect on gene expression** (2010)
6. Aspects of Research in Homeopathy


10. Forschende Komplementarmedizin (German) meaning Research in Complimentary Medicine (English) Homeopathic patho-genetic trials produce specific symptoms different from placebo (2009) FULL TEXT // homeopathy differs from placebo

Hahnemann’s Contribution

11. An essay on a new principle for ascertaining the curative powers of drugs & some examinations of the previous principle, Journal of Practical Medicine, volume 2, parts 3 & 4, pages 391-439 & 465-561, Germany, 1796 // He came up with Principle of similars: Like cures like

12. Spirit of the Homoeopathic Doctrine of medicine, Allgemeine Anzeiger, vol. 2, Mar. 1813 // He said Man is a “biological whole”. No single part by itself represents the human being nor can manifest itself independently [from the others] [20].


He said, “On board ships – in those confined spaces, filled with mouldy watery vapours, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists millions of those miasmatic animated beings, which, at first developed on the broad marshy banks or the tepid Ganges– on board these ships, I say, this concentrated aggravated miasm kills several of the crew ... “ (translated by R E Dudgeon, M.D. in The Lesser Writings of Samuel Hahnemann, 1851 edition, B Jain Publishers, reproduced edition, 2002, p. 758)

It was another 59 years (1890) before Koch saw these organisms, and later on orthodox medicine gave them the name ‘germs’

HIGH DILUTION RESEARCH (Serial-agitated ultra-molecular dilutions/Dilutions beyond Avogadro
number)
1. Nature (MacMillian)

**Human basophil degranulation triggered by very dilute antiserum against IgE** (1988) FULL TEXT
This is Jacques Benveniste’s famous “memory of water” study. He duplicated his results 70 times.
Three other research labs (in Israel, Canada and Italy) replicate the results before the paper was published—
an unprecedented requirement. This study was replicated (the one after the next three) but not 100% reproducible.

D. T. Reilly, University of Glasgow, U.K. observed, “Scientific belief belongs on a flat earth. There is
no danger, no threat to science in the restatement of the drug diluent paradox. We need only apply
the scientific method and then seek the verdict of experience”. K. Opitz, School of Maritime Studies,
Hamburg remarked, “Does ‘Nature’ expect nature to accommodate academic disciplines in order to
be vindicated? Casting doubt on findings merely because they are inconvenient to established
assumptions and patterns of speculation strikes me as a poor way of advancing scientific
knowledge”.

2. Inflammation Research (Springer)

**Histamine 15-19C modulates anti-IgE stimulated human basophil (CD63) activation** (2004) FULL
TEXT // Research at 4 different laboratories in Europe found that Potentised Histamine alters the
activity of White Blood Cells. The model is different to that of Benveniste; he used the same control
but not the same activator. This study was replicated in the below two studies

* Cytometric Protocols for analysis of human basophil activation: Biological Activity of high dilutions of
  histamine (2006)
* Histamine 2C, 12C, 14-16C potency inhibits CD203c up-regulation in anti-IgE stimulated human
  basophils (2009) FULL TEXT

3. Complementary Therapies in Medicine (Elsevier)

**The in vitro evidence for an effect of high homeopathic potencies—A systematic review** (2007) FULL
TEXT // 73% of 67 in-vitro experiments published in 75 publications showed specific effects with high
dilutions

* Homeopathy, sensation of well-being and CD4-levels (1998) // homeopathy improves sensation of
  well-being, provided evidence of ultra-high dilutions and may affect CD4 levels

4. Interdisciplinary Sciences: Life Sciences (SpringerLink)

**Electromagnetic properties of highly-diluted biological samples** (2009) FULL TEXT // Prof. (Dr.) Luc
Montagnier, (Nobel Laureate for discovering HIV Virus) said potentised bacteria and virus
DNA emits electromagnetic signals (low frequency radio waves) at 5C and 6C potencies and forms
specific nano-structures which are responsible for the EM effects measured. The EM signature
changed with dilution levels but was unaffected by the initial concentration and remained even after
the remaining DNA fragments were destroyed by chemical agents. The EM signal was destroyed by
heating or freezing the sample. A ‘cross-talk’ effect was found whereby a negative sample inhibits
the positive signal in another sample if they are left together overnight in a shielded container. It was
also noted that the samples needed be ‘vortexed’ (a process akin to succussion) for the EM effects
to be present.

Luc Montagnier’s paper discussed by Dr. Rachel Roberts
Luc Montagnier’s paper discussed by Institute of Science in Society [http://www.iisis.org.uk/homeopathicSignalsFromDNA.php](http://www.iisis.org.uk/homeopathicSignalsFromDNA.php)

5. **Material Letters** (Elsevier)

*Ultra dilute solutions have remarkable biological properties* (2008) FULL TEXT // Prof. (Dr.) Rustom Roy, ultra-dilutions, like homeopathic remedies, do indeed contain stable and unique molecular structures with recognizable properties

6. **Physica A** (Elsevier)

*Thermo-luminescence of ultra-high dilutions of lithium chloride & sodium chloride* (2003) FULL TEXT // distinguishing one homeopathy medicine from another

7. **Nonlinear Biomedical Physics** (BioMed Central)


8. **Homeopathy**

*Medicines beyond 12C retains nano-grams of fine nano-particles of original starting material* (2010) FULL TEXT

9. **Journal of Alternative and Complementary Medicine** (Liebert)

*Gas Discharge Visualization Evaluation of Ultramolecular Doses of Homeopathic Medicines* (2003) // distinguishing homeopathic medicine from solvent

10. **International Journal of High Dilution Research**


Hahemann’s Contribution

11. *Cure and prevention of scarlet fever*, Journal of Practical Medicine, 1801 // His discovery of the prophylactic properties of Belladonna in scarlet fever. His dose: 1/24,000,000 i.e. 0.0416 nanograms of Belladonna, to repeat the dose every 72 hrs. This is the first recorded nano dose of medicine used in treatment of any disease. Thus Hahemann can be attributed as The Father of Nano Medicine


others


[http://www.high-dilutions.net/VersionAn/](http://www.high-dilutions.net/VersionAn/)


Nobel Prize Winner Luc Montagnier Supports Science of Homeopathy

Friday, February 04, 2011 by: Dana Ullman

(NaturalNews) Dr. Luc Montagnier, the French virologist who won the Nobel Prize in 2008 for discovering the AIDS virus, has surprised the scientific community with his strong support for homeopathic medicine.

In a remarkable interview published in Science magazine of December 24, 2010, (1) Professor Luc Montagnier, has expressed support for the often maligned and misunderstood medical specialty of homeopathic medicine. Although homeopathy has persisted for 200+ years throughout the world and has been the leading alternative treatment method used by physicians in Europe, (2) most conventional physicians and scientists have expressed skepticism about its efficacy due to the extremely small doses of medicines used.

Most clinical research conducted on homeopathic medicines that has been published in peer-review journals have shown positive clinical results,(3, 4) especially in the treatment of respiratory allergies (5, 6), influenza, (7) fibromyalgia, (8, 9) rheumatoid arthritis, (10) childhood diarrhea, (11) post-surgical abdominal surgery recovery, (12) attention deficit disorder, (13) and reduction in the side effects of conventional cancer treatments. (14) In addition to clinical trials, several hundred basic science studies have confirmed the biological activity of homeopathic medicines. One type of basic science trials, called in vitro studies, found 67 experiments (1/3 of them replications) and nearly 3/4 of all replications were positive. (15, 16)

In addition to the wide variety of basic science evidence and clinical research, further evidence for homeopathy resides in the fact that they gained widespread popularity in the U.S. and Europe during the 19th century due to the impressive results people experienced in the treatment of epidemics that raged during that time, including cholera, typhoid, yellow fever, scarlet fever, and influenza.

Montagnier, who is also founder and president of the World Foundation for AIDS Research and Prevention, asserted, "I can't say that homeopathy is right in everything. What I can say now is that the high dilutions (used in homeopathy) are right. High dilutions of something are not nothing. They are water structures which mimic the original molecules."

Here, Montagnier is making reference to his experimental research that confirms one of the controversial features of homeopathic medicine that uses doses of substances that undergo sequential dilution with vigorous shaking in-between each dilution. Although it is common for modern-day scientists to assume that none of the original molecules remain in solution, Montagnier's research (and other of many of his colleagues) has verified that electromagnetic signals of the original medicine remains in the water and has dramatic biological effects.
Montagnier has just taken a new position at Jiaotong University in Shanghai, China (this university is often referred to as "China's MIT"), where he will work in a new institute bearing his name. This work focuses on a new scientific movement at the crossroads of physics, biology, and medicine: the phenomenon of electromagnetic waves produced by DNA in water. He and his team will study both the theoretical basis and the possible applications in medicine.

Montagnier's new research is investigating the electromagnetic waves that he says emanate from the highly diluted DNA of various pathogens. Montagnier asserts, "What we have found is that DNA produces structural changes in water, which persist at very high dilutions, and which lead to resonant electromagnetic signals that we can measure. Not all DNA produces signals that we can detect with our device. The high-intensity signals come from bacterial and viral DNA."

Montagnier affirms that these new observations will lead to novel treatments for many common chronic diseases, including but not limited to autism, Alzheimer's disease, Parkinson's disease, and multiple sclerosis.

Montagnier first wrote about his findings in 2009, (17) and then, in mid-2010, he spoke at a prestigious meeting of fellow Nobelists where he expressed interest in homeopathy and the implications of this system of medicine. (18)

French retirement laws do not allow Montagnier, who is 78 years of age, to work at a public institute, thereby limiting access to research funding. Montagnier acknowledges that getting research funds from Big Pharma and certain other conventional research funding agencies is unlikely due to the atmosphere of antagonism to homeopathy and natural treatment options.
The science of electrical reactivity in the body has been documented in several articles. Two such papers were recently submitted at an international medical diagnostic symposium in Pécs, Hungary in September 1994. Copies of these articles are attached. Also included is the article that totally describes the electrical reactivity factors in medication testing.
Support from Another Nobel Prize winner

Montagnier's new research evokes memories one of the most sensational stories in French science, often referred to as the 'Benveniste affair.' A highly respected immunologist Dr. Jacques Benveniste, who died in 2004, conducted a study which was replicated in three other university laboratories and that was published in Nature (19). Benveniste and other researchers used extremely diluted doses of substances that created an effect on a type of white blood cell called basophils.

Although Benveniste's work was supposedly debunked, (20) Montagnier considers Benveniste a "modern Galileo" who was far ahead of his day and time and who was attacked for investigating a medical and scientific subject that orthodoxy had mistakenly overlooked and even demonized.

In addition to Benveniste and Montagnier is the weighty opinion of Brian Josephson, Ph.D., who, like Montagnier, is a Nobel Prize-winning scientist.

Responding to an article on homeopathy in New Scientist, Josephson wrote:

Regarding your comments on claims made for homeopathy: criticisms centered around the vanishingly small number of solute molecules present in a solution after it has been repeatedly diluted are beside the point, since advocates of homeopathic remedies attribute their effects not to molecules present in the water, but to modifications of the water’s structure.

Simple-minded analysis may suggest that water, being a fluid, cannot have a structure of the kind that such a picture would demand. But cases such as that of liquid crystals, which while flowing like an ordinary fluid can maintain an ordered structure over macroscopic distances, show the limitations of such ways of thinking. There have not, to the best of my knowledge, been any refutations of homeopathy that remain valid after this particular point is taken into account.

A related topic is the phenomenon, claimed by Jacques Benveniste's colleague Yolene Thomas and by others to be well established experimentally, known as "memory of water." If valid, this would be of greater significance than homeopathy itself, and it attests to the limited vision of the modern scientific community that, far from hastening to test such claims, the only response has been to dismiss them out of hand. (21)

Following his comments Josephson, who is an emeritus professor of Cambridge University in England, was asked by New Scientist editors how he became an advocate of unconventional ideas. He responded:

I went to a conference where the French immunologist Jacques Benveniste was talking for the first time about his discovery that water has a 'memory' of compounds that were once dissolved in it -- which might explain how homeopathy works. His findings provoked irrationally strong reactions from scientists, and I was struck by how badly he was treated. (22)
Josephson went on to describe how many scientists today suffer from "pathological disbelief;" that is, they maintain an unscientific attitude that is embodied by the statement "even if it were true I wouldn't believe it."

Even more recently, Josephson wryly responded to the chronic ignorance of homeopathy by its skeptics saying, "The idea that water can have a memory can be readily refuted by any one of a number of easily understood, invalid arguments."

In the new interview in Science, Montagnier also expressed real concern about the unscientific atmosphere that presently exists on certain unconventional subjects such as homeopathy, "I am told that some people have reproduced Benveniste's results, but they are afraid to publish it because of the intellectual terror from people who don't understand it."

Montagnier concluded the interview when asked if he is concerned that he is drifting into pseudoscience, he replied adamantly: "No, because it's not pseudoscience. It's not quackery. These are real phenomena which deserve further study."

### The Misinformation That Skeptics Spread

It is remarkable enough that many skeptics of homeopathy actually say that there is "no research" that has shown that homeopathic medicines work. Such statements are clearly false, and yet, such assertions are common on the Internet and even in some peer-review articles. Just a little bit of searching can uncover many high quality studies that have been published in highly respected medical and scientific journals, including the Lancet, BMJ, Pediatrics, Pediatric Infectious Disease Journal, Chest and many others. Although some of these same journals have also published research with negative results to homeopathy, there is simply much more research that shows a positive rather than negative effect.

Misstatements and misinformation on homeopathy are predictable because this system of medicine provides a viable and significant threat to economic interests in medicine, let alone to the very philosophy and worldview of biomedicine. It is therefore not surprising that the British Medical Association had the sheer audacity to refer to homeopathy as "witchcraft." It is quite predictable that when one goes on a witch hunt, one inevitable finds "witches," especially when there are certain benefits to demonizing a potential competitor (homeopathy plays a much larger and more competitive role in Europe than it does in the USA).

Skeptics of homeopathy also have long asserted that homeopathic medicines have "nothing" in them because they are diluted too much. However, new research conducted at the respected Indian Institutes of Technology has confirmed the presence of "nanoparticles" of the starting materials even at extremely high dilutions. Researchers have demonstrated by Transmission Electron Microscopy (TEM), electron diffraction and chemical analysis by Inductively Coupled Plasma-Atomic Emission Spectroscopy (ICP-AES), the presence of physical entities in these extreme dilutions. (24) In the light of this research, it can now be asserted that anyone who says or suggests that there is "nothing" in homeopathic medicines is either simply uninformed or is not being honest.
Because the researchers received confirmation of the existence of nanoparticles at two different homeopathic high potencies (30C and 200C) and because they tested four different medicines (Zincum met./zinc; Aurum met./gold; Stannum met./tin; and Cuprum met./copper), the researchers concluded that this study provides "concrete evidence."

Although skeptics of homeopathy may assume that homeopathic doses are still too small to have any biological action, such assumptions have also been proven wrong. The multi-disciplinary field of small dose effects is called "hormesis," and approximately 1,000 studies from a wide variety of scientific specialties have confirmed significant and sometimes substantial biological effects from extremely small doses of certain substances on certain biological systems.

A special issue of the peer-review journal, Human and Experimental Toxicology (July 2010), devoted itself to the interface between hormesis and homeopathy. (25) The articles in this issue verify the power of homeopathic doses of various substances.

In closing, it should be noted that skepticism of any subject is important to the evolution of science and medicine. However, as noted above by Nobelist Brian Josephson, many scientists have a "pathological disbelief" in certain subjects that ultimately create an unhealthy and unscientific attitude blocks real truth and real science. Skepticism is at its best when its advocates do not try to cut off research or close down conversation of a subject but instead explore possible new (or old) ways to understand and verify strange but compelling phenomena. We all have this challenge as we explore and evaluate the biological and clinical effects of homeopathic medicines.

REFERENCES:


(2) Ullman D. Homeopathic Medicine: Europe's #1 Alternative for Doctors. http://www.huffingtonpost.com/dana-ullman/homeopathic-medicine-euro_b...


http://www.springerlink.com/content/0557v31188m3766x/fulltext.pdf


(25) Human and Experimental Toxicology, July 2010: http://het.sagepub.com/content/vol29/issue7/

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**CLINICAL RESEARCH**

**TRIPLE-BLIND STUDIES**

1. *Journal of Psychosomatic Research* (Pergamon)

   **DOUBLE-BLIND RANDOMISED PLACEBO-CONTROLLED TRIAL** (DBRPCT)

   1. *Lancet* (UK)


   Is evidence for homoeopathy reproducible? (1994) // homeopathy does more than placebo

   [http://www.ncbi.nlm.nih.gov/pubmed/9310601](http://www.ncbi.nlm.nih.gov/pubmed/9310601) (1997) // homeopathy is statistically significantly superior (2.45 times more effective and positive at 95% confidence interval) to placebo

2. *Pediatric Infectious Disease Journal* (Walters Kluwer)

   Homeopathic treatment of otitis media (2001) // significant decrease in symptoms at 24 and 64 hrs after treatment in favour of homeopathy (P<0.05), otitis media: inflammation of middle ear


3. *International Journal of Oncology* (Spandidos)


FULL TEXT

4. Rheumatology (Oxford University Press)
Improved Clinical Status in Fibromyalgia patients treated with homeopathic remedies Vs Placebo (2004) FULL TEXT // LM potency

5. Chest (American College of Chest Physicians)
Kali bichromicum 30C for Chronic Obstructive Pulmonary Disease in critically ill patients (2005)
FULL TEXT

6. British Medical Journal (British Medical Association)
Homeopathy for fibrostis (1989) FULL TEXT // Rhus Tox 6C for fibromyalgia (earlier known as fibrositis) (Pain & Inflammation in muscles)

Clinical Trials of Homeopathy (1991) FULL TEXT // 105 studies: 77% of studies show positive result of homeopathy
Homeopathy Vs Placebo in allergic rhinitis (2000) FULL TEXT

7. British Journal of Clinical Pharmacology (British Pharmacological Society)
Oscillococcinum in the treatment of influenza (1989) FULL TEXT
Homeopathic therapy in rheumatoid arthritis (1980) FULL TEXT // 82% patients got relief in rheumatoid arthritis compared to 21% on placebo

8. Phlebology (The Royal Society of Medicine Press, UK)
Over a period of 24 days, the effects of a homeopathic complex preparation and placebo on varicose veins were tested in a double-blind trial of 61 people suffering from this condition. The homeopathic complex produced an averaged 44% improvement in the condition while those given the placebo experienced an averaged worsening of the disorder.

9. Biological Therapy (Informa, UK)
Homeopathic Sinusitis Medication (1995) FULL TEXT
Traumeel for Sprains (1989) FULL TEXT

10. British Journal of Podiatry
Ruta Graveolens 30C for the treatment of pain in plantar fasciitis (foot) (2000)

11. European Journal of Paedetrics (SpringerLink)
http://www.springerlink.com/content/t512515754w83686/fulltext.pdf (2005) // ADHD

12. Journal of the European Academy of Dermatology and Venereology (InterScience by Wiley)
Homeopathic treatment of patients with psoriasis (2009)
13. **Ear, Nose and Throat disorders** (BioMed Central)
*Homeopathic treatment of patients with chronic sinusitis* (2009) FULL TEXT

14. **Archives of Facial Plastic Surgery** (American Medical Association)
*Effect of Homeopathic Arnica montana on Bruising in Face-lifts* (2006) FULL TEXT

15. **Sleep Medicine** (Elsevier)
*Effect of homeopathic medicines on polysomnographic sleep of young adults* (2010) FULL TEXT // Nux Vomica 30 & Coffea Cruda 30 for insomnia

16. **Cancer** (John Wiley)

17. **Applied Health Economics & Health Policy** (Adis)
*Sinfrontal (Cinnabaris 4X, Ferrum Phos 3X, etc) in the treatment of maxillary sinus (sinus + tooth pain)* (2009) // ENT & respiratory tract infections

18. **Rheumatic Diseases Clinics of North America** (Elsevier)
*Homeopathy and Rheumatic Diseases* (2000)

*Treatment of acute childhood diarrhea with homeopathic medicine* (1994)

20. **American Journal of Pain Management**
*Osteo-arthritic Pain: A Comparison of Homeopathy and Paracetamol* (1998) // 55% achieved pain relief from homeopathy as compared to 38% from acetaminophen

*Homeopathy for postoperative ileus? A meta-analysis* (1997)

22. **Journal of Head Trauma Rehabilitation** (Wolters Kluwer)

23. **Human and Experimental Toxicology** (Sage)
*Meta-analysis of serial agitated dilutions in experimental toxicology* (1994) // 80% homeopathy medicines shows positive effects

24. **Journal of Dermatological Treatment** (Taylor & Francis)
*Homoeopathic treatment of leg ulcers* (1997) // Sulphur 6, Siliciea 6 & Carbo Veg 6

25. **Archives of Otolaryngology- head & Neck Surgery** (American Medical Association)
*Homeopathic Vs conventional treatment of vertigo* (1998) FULL TEXT

26. **International Journal of High Dilution Research**
*Usefulness of 13 homeopathic medicines in the management of acute rhinitis* (2010) FULLTEXT // Nux-Vomica, Merc, Belladonna
27. The Science of the total Environment (Elsevier)  
Arsenicum Album 30C for arsenic toxicity: Evidence-based findings (2007)

28. The European Journal of Heart Failure (Elsevier)  
Efficacy of homeopathic Crataegus & Spigelia for mild cardiac insufficiency (2003) FULL TEXT

29. Annals of Pharmacotherapy (Harvey Whitney)  
Treatment of allergic rhinitis with homeopathy (2005)

30. International Review of Allergology and Clinical Immunology (Medpress)  

31. Explore: The Journal of Science and Healing (Elseiver)  
Sinfrontal for Acute Maxillary Sinusitis (Sinus + tooth pain) (2007)

32. Pharmacy World and Science (SpringerLink)  
Echinacea Q, Ledum palustre Q, Urtica urens Q & Hamamelis for redness/rash & lump on the skin due to mosquito bite (1996)

33. European Journal of Clinical Pharmacology (Springer)  
Homeopathic gel for redness/rash & lump on the skin due to mosquito bite (1995)

34. HNO (German) (SpringerLink Verlag)  
Homeopathy in acute rhino-sinusitis (2007)

35. Journal de gynécologie, obstétrique et biologie de la reproduction (French)  
meaning Journal of Gynaecology, Obstetrics and Reproductive Biology (English)  
Treatment of pain due to unwanted lactation with a homeopathic preparation given in post-partum period (2001)

36. Wiener medizinische Wochenschrift (German)  
Meta-analysis of homeopathic treatment of pollinosis with Galphimia glauca (1997) // homeopathic Galphimia glauca for hay fever  
Homeopathy in emergency medicine (2005) // critically ill patients in ICU

37. Der Kassenarzt (German) meaning The Panel Doctor (English)  

38. Arzneimittel-Forschung (German) meaning Medicines Research (English)  
Treatment of vertigo with a homeopathic remedies (2005)  
Comparing the effectiveness of the Galphimia, Galphimia 6X, and placebo on pollinosis (1985)


39. Cahrs de Biotherapie (French) meaning CARS Biotherapy (English)  
“Preparation for Birth by Homeopathy: Experimentation by Double-Blind Versus Placebo”, Pierre Dorfman, Marie Noel Lasserre. and Max Tetau, 94 (April 1987): 77-81 // Caulophyllum, Actea racemosa, Arnica, Pulsatilla and Gelsemium, all in 5C potency
The average labor time of the women given homeopathy was 5.1 Hours, while the Placebo Group was 8.5 Hours. Only 11.3% of women given homeopathy had any abnormal labor, while 40% of Placebo Group had an abnormal labour

40. Zeitschrift für Allgemeinmedizin (German) meaning Journal of General Practice (English)
Homeopathic therapy in respiratory tract diseases. Evaluation of a clinical study in 258 patients (1997)

41. Fortschrritte der Medizin (German) meaning Medical Progress (English)
Treatment of pollinosis with Galphimia Glauc 4X (1983)

42. Allergologie (German) meaning Allergology
Treatment of pollinosis with the homeopathic preparation Galphimia Glauc (1990)

43. Tijdschrift Integrale Geneeskunde (Dutch) meaning Integrative Medicine Journal (English)

44. Pédiatrie (French) meaning Pediatrics (English)
Aconite in post-operative pain and agitation (1990)

45. Aktuelle Rheumatologie (German) meaning Current Rheumatology (English)
Homeopathic preparation ‘Rheumaselect’ for Rheumatoid Arthritis (1991)

HOMEOPATHY JOURNALS:
1. Homeopathy (Elseiver)

The research evidence base for homeopathy (2003) FULLTEXT // 50 of the 93 studies favours homeopathy in 8 medical conditions


Effects of homeopathic treatment on salivary flow rate in patients with oral dryness (2005)

Homeopathic & antibiotic treatment strategies in recurrent acute rhinopharyngitis (2005) //
Inflammation of the mucous membranes of nose & throat

Homeopathy in respiratory allergies (2006) FULL TEXT

Arnica montana 30C for post-tonsillectomy analgesia (2007) // pain after tonsils removal

Osteo-arthritis before and after homeopathic treatment (2008)

Cost-benefit evaluation of homeopathic versus conventional therapy in respiratory diseases (2009)
FULL TEXT // treatment by homeopathy costs 50% less

Homeopathic treatment of mouth ulcer (2009) // oral ulcer

Homeopathy as an adjunct to usual care for fibromyalgia (2009)

Application of 200C potency of bacteria for Leptospirosis epidemic control (2010) FULL TEXT // 2.3 million people in Cuba protected against Leptospirosis (fever+jaundice+ inflammation in
kidney+enlargement of spleen) with only 10 reported cases

Chronic Insomnia: Efficacy of homeopathic simillimum (2010) FULL TEXT

2. British Homoeopathic Journal
Efficacy of China rubra 9C for complications in patients on chronic kidney dialysis (1992) // Statistically significant improvements of weakness, lethargy and headache
Applicability of Caulophyllum 7C during labour (1993) // reduces duration of labour by 90 minutes
Immunoglobin Relationship in Patients with Cirrhosis of the Liver Before and After treatment with Zincum metallicum 5C  (1994) // 10 people suffering from Zinc deficiency as determined by atomic absorption spectrophotometry showed a substantial improvement in zinc levels
Oscillococcinum in patients with influenza (1998)

Homeopathy for diseases of the lymph nodes in HIV Stage 2 & 3 infected people  (1999) FULL TEXT // immunity raised
Betula 30C for hay fever  (2000)
Homeopathic treatment of migraine  (2000)
Efficacy and safety of a homeopathic gel Spiroflor SRL in the treatment of acute low back pain  (2001) FULL TEXT
Homeopathy in acute otitis media  (2001) FULL TEXT // Resolution rates were 2.4 times faster than in placebo controls. Compared to conventional treatment the homeopathic approach was 14% cheaper
Potent placebo or potency? A model using homeopathically prepared pollens in hayfever  (1985)

3. Central Council for Research in Homeopathy, Govt of India

4. American Journal of Homoeopathic Medicine
Homeopathic treatment of dental neuralgia by Arnica and Hypericum., Albertini H, Goldberg W, Sanguy B, Toulza CL., 1985, 3, pp. 126-129. // 60 people received either 4 pilules of Arnica 7C alternated with 4 pilules of Hypericum 15C every 4 hours or placebo administered in the same way. Pain levels were assessed over 3 days from the beginning of the trial. It was found that 12 of the 30 people who received the placebo had a positive response to this intervention, and 23 of the 30 people (76%) given the homeopathic medicines responded positively to these.

5. Asian Journal of Homeopathy
To investigate the effectiveness of homeopathy in medical primary care in upper and lower respiratory tract complaints, 01 Feb 2008, pp. 3-19

Homeopathic Treatment of Migraines  (1991) // 93% of patients got relief compared to only 17% in placebo-treated
CAM JOURNALS

1. Evidence-based Complimentary & Alternative Medicine (Hindawi)
  Arsenicum album 30C and 200 C alters antinuclear antibody (ANA) titre in people living in high-risk arsenic contaminated areas (2006) FULL TEXT // correction of arsenic-induced haematological changes such as total count of RBC, WBC, PCV, Hb, ESR and blood sugar level
  Can Homeopathy Bring Additional Benefits to Thalassemic Patients: Encouraging Results (2007) FULL TEXT // thalassemia
  Homeopathic LM potencies Vs Fluoxetine for Depression (2009) FULL TEXT

2. Journal of Alternative and Complementary Medicine (Liebert)
  Homeopathic treatment of acute childhood diarrhoea (2000)
  Homeopathy for menopausal symptoms in breast cancer patients (2005)
  Arnica montana 4X for Healing of Wounds After Hallux Valgus Surgery Compared to Diclofenac (2008)

3. Complementary Therapies in Medicine (Elseiver)
  Homeopathy, sensation of well-being and CD4-levels (1998) // homeopathy improves sensation of well-being, provided evidence of ultra-high dilutions and may affect CD4 levels
  Homeopathic Vs conventional treatment strategies in patients with chronic disorders (2005) FULL TEXT
  Homeopathy for the prevention of upper respiratory tract infections (2005)
  Homeopathy Proven Better Than Conventional Medicine for Eczema

4. Alternative Therapies in Health and Medicine
  Homeopathic treatment of depression and anxiety (1997) // 58% of patients responded to homeopathy for anxiety and phobia

5. Alternative Medicine Review

6. Forschende Komplementarmedizin (German) meaning Research in Complimentary Medicine (English)
  Euphorbium, Pulsitilla & Luffa for viral infection of respiratory tract, Influenza A virus & rhino virus (2001) FULLTEXT
  Effectiveness, Safety and Cost-Effectiveness of Homeopathy in General Practice (2006) FULL TEXT
  Efficacy of antimony 6X on blood coagulation (2009) // pro-coagulatory effect in bleeding disorder

7. Forschende Komplementärmedizin und Klassische Naturheilkunde (German) meaning Research in Complementary and Classical Natural Medicine
  Efficacy of the homeopathic Euphorbium compositum-S nasal spray in sinusitis (1994)
  Comparing Luffa compositum-Heel nasal spray with cromolyn sodium spray in the treatment of
**allergic rhinitis** (1999) FULL TEXT

**Efficacy of Phyto-Hypophyson L in female for sterility & infrequent mensuration** (2000) // recommended

**Treatment of rhinitis & sinus with Euphorbium compositum nasal drops** (2005)

The DBRCT for the following conditions have been replicated: asthma, fibrositis, influenza, muscular pain, otitis media, several pain sensations, side effects of radiotherapy, strains and infections of the ear, nose and throat.

**DOUBLE BLIND STUDIES**

1. **Complementary & Alternative Medicine** (BioMed Central)
   **Homeopathic & conventional treatment for acute respiratory & ear complaints** (2007) FULL TEXT
2. **MicroVascular Research** (Elsevier)
   **Micro-circulatory effects of VertigoHeel on vertigo** (2005)
3. **British Homoeopathic Journal**
   **Homeopathic treatment of patients with persistent mild traumatic brain injury** (MTBI) (2000) FULL TEXT // 50 people with persistent MTBI were treated either with their constitutional homeopathic remedy or placebo. The homeopathic treatment provided superior results to those from the placebo control

**Mustard Gas 30 as prophylactic and Rhus Tox 30c for treatment of burns and skin lesions due to mustard gas** (1943)

**COHORT/OBSERVATIONAL/PILOT STUDIES**

1. **Public Health** (BioMed Central)
   **Homeopathic medical practice** (2005) FULL TEXT // (Chronic) Disease severity (p<0.001) and quality of life demonstrated marked and sustained improvements following homeopathic treatment in 3981 patients for 2 years
   **How healthy are chronically ill patients after eight years of homeopathic treatment?** (2008) FULL TEXT // Disease severity decreases & quality of life increases
2. **Homeopathy**
   **Homeopathy for treatment of symptoms of oestrogen withdrawal in breast cancer patients** (2003) // Primary symptoms changed from 7.8 to 5.4, and from 7.2 to 4.1 (p<0.001)
   **An observational study of patients receiving homeopathic treatment** (2004) FULL TEXT //improved physical condition & high satisfaction, costs less, allopathy drug discontinued
   **Effectiveness of homeopathic care in Norway** (2005) FULL TEXT // 70% reported improvement in 6 months
3. **Journal of Alternative & Complementary Medicine**
   **Homeopathy for hyper-sensitivity** (2006)
   **Treating hot flushes in menopausal women with homeopathic treatment** (2008)
   **Homeopathic treatment of allergic rhinitis** (2009) FULL TEXT
4. **Effectiveness of homeopathic care in Norway** (2005) FULL TEXT // 70% reported improvement in 6 months

**Double blind studies**

1. **Complementary & Alternative Medicine** (BioMed Central)
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2. **MicroVascular Research** (Elsevier)
   **Micro-circulatory effects of VertigoHeel on vertigo** (2005)
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**Mustard Gas 30 as prophylactic and Rhus Tox 30c for treatment of burns and skin lesions due to mustard gas** (1943)

**Cohort/Observational/Pilot Studies**

1. **Public Health** (BioMed Central)
   **Homeopathic medical practice** (2005) FULL TEXT // (Chronic) Disease severity (p<0.001) and quality of life demonstrated marked and sustained improvements following homeopathic treatment in 3981 patients for 2 years
   **How healthy are chronically ill patients after eight years of homeopathic treatment?** (2008) FULL TEXT // Disease severity decreases & quality of life increases
2. **Homeopathy**
   **Homeopathy for treatment of symptoms of oestrogen withdrawal in breast cancer patients** (2003) // Primary symptoms changed from 7.8 to 5.4, and from 7.2 to 4.1 (p<0.001)
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   **Homeopathic treatment of allergic rhinitis** (2009) FULL TEXT
4. **Effectiveness of homeopathic care in Norway** (2005) FULL TEXT // 70% reported improvement in 6 months

**Double blind studies**

1. **Complementary & Alternative Medicine** (BioMed Central)
   **Homeopathic & conventional treatment for acute respiratory & ear complaints** (2007) FULL TEXT
2. **MicroVascular Research** (Elsevier)
   **Micro-circulatory effects of VertigoHeel on vertigo** (2005)
3. **British Homoeopathic Journal**
   **Homeopathic treatment of patients with persistent mild traumatic brain injury** (MTBI) (2000) FULL TEXT // 50 people with persistent MTBI were treated either with their constitutional homeopathic remedy or placebo. The homeopathic treatment provided superior results to those from the placebo control

**Mustard Gas 30 as prophylactic and Rhus Tox 30c for treatment of burns and skin lesions due to mustard gas** (1943)
4. Complementary & Alternative Medicine (BioMed Central)
Patient satisfaction & side effects: comparing homeopathy & conventional medicine (2008) FULL TEXT // higher patient satisfaction & 3 times fewer side-effects in homeopathy

5. Homoeopathic Links (Theime)
Usefulness of the Homeopathic Medicines in Furunculosis (2010) // Hepar sulphuris, Antimonium crudum, Sulphur and Calcarea carbonica for boils

6. Explore: The Journal of Science and Healing
Viburcol (Chamomilla, Belladonna, Calcarea carbonica, Dulcamara, Plantago major, and Pulsatilla) for treatment of fever (2005)

7. Pediatrics International (Wiley)

8. Scientific World Journal (UK)

9. International Journal of Clinical Practice

10. British Homoeopathic Journal
Potentised Carbomeum sulphuratum and Tabacum in Cuban epidemic neuropathy (2001)
Homeopathic treatment in women with premenstrual syndrome (2001) FULL TEXT // 90% of patients who had received homeopathic treatment experienced more than 30% improvement (P=0.048). Only 37.5 % of patients who received placebo experienced a similar improvement
Treatment for hyperactive children: homeopathy and methylphenidate compared (2001)
A pilot study in Ghana showing homeopathic treatment equal to and slightly more effective than chloroquine in the treatment of acute malaria, April 1996, 85(2):66-70

11. Journal of Hellenic Headache Association
Homeopathic Treatment in patients with migraine (2006)

12. International Journal of Clinical Pharmacology and Therapeutics (Dustri-Verlag)
Homoeopathic treatment of otitis media (1997) FULL TEXT // duration of pain of 2 days in homeopathy-group & 3 days in conventional group. 70.7 % & 56.5% of children receiving homeopathy & conventional respectively did not have another ear infection the next year

13. Complementary Therapies in Medicine (Elsevier)
Traumeel for trauma and acute musculo-skeletal injuries (2008)

14. Archives of Gynecology and Obstetrics (SpringerLink)
Homeopathic treatment of uterine pain during mensuration (2009)
15. The Clinical Journal of Pain (Williams & Wilkins)  
Homeopathic Treatment of chronic low back pain (2009)  
16. Forschende Komplementärmedizin und Klassische Naturheilkunde (German) meaning Research in Complementary and Classical Natural Medicine  
17. Biologische Medizin (German) meaning Biological Medicine (English)  
Lymph Therapy for nerve pain and sensation in Type-2 Diabetic Neuropathy (2000) FULL TEXT // 75% patient reported improvement  
Vertigoheel for Vertigo (2001) FULL TEXT // 88% patient improved  
Viburcol for infections due to fever (2002) FULL TEXT  

18. Der Allgemeinarzt (German) meaning The GP (English) 
Adjuvant homeopathic treatment enhances conventional therapy in diabetic peripheral neuropathy (2003) FULL TEXT  
Zeel (Rhus Tox, Dulcamara, Sanguinara, Arnica) for osteo-arthritis (2003) FULL TEXT  
Hahnemann’s Contribution  
20. Cure and prevention of scarlet fever, Journal of Practical Medicine, 1801  
23. Treatment of burns, Allgemeine Anzeiger, No. 156, 1816  
24. Treatment of purpura miliaris, Allgemeine Anzeiger, No. 26, 1821 // blockage of sweat glands  
25. Cure and prevention of Asiatic cholera, Stapf’s Archives for the Homoeopathic Medicine, Vol. 11, part 1, 1831  
SYSTEMATIC POSITIVE REVIEWS & META ANALYSIS (1991-2008) [6 Comprehensive (2 on placebo effect + 2 on high dilutions) + 11 specific medical condition]  

http://www.homeopathyeurope.org/Research/clinical-research/experimental-studies // 17 meta-analysis  
http://www.facultyofhomeopathy.org/research/systematic_reviews/index.html // 17 Meta Analysis  
The 2005 meta-analysis of homeopathy: the importance of post-publication data (2008)  
Placebo Effect  
http://www.ncbi.nlm.nih.gov/pubmed/9310601 (1997) // 89 studies: homeopathy is statistically significantly superior (2.45 times more effective and positive at 95% confidence interval) to placebo  
Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT  
High Dilutions  
Meta-analysis of serial agitated dilutions in experimental toxicology (1994) // 80% homeopathic medicines shows positive effects
The in vitro evidence for an effect of high homeopathic potencies—A systematic review (2007)

Medical Conditions

ONLINE DATABASE
1. PubMed Central (National Library of Medicine, USA)

2. Cochrane
Hypericum for depression (2008) FULL TEXT

Oscillococcinum for influenza (2003) FULL TEXT // Oscillococcinum reduces the length of influenza illness by 0.28 days i.e. approx 7 hours

3. HomBRex
http://www.carstens-stiftung.de/

http://www.camnetwerk.nl/HomBRex%20database%20mei%202007.pdf // 1190 experiments in more than 900 original articles, including 1014 biological studies
4. MedWorm
5. British Library Direct // put homeopathy in search box
6. Scirus

Homeopathy Research Resource
http://hpathy.com/homeopathy-scientific-research/
http://www.nationalcenterforhomeopathy.org/articles-research
http://www.positivehealth.com/researches/homeopathy
http://avilian.co.uk/category/homeopathy/research/

Research Models in Homeopathy

The studies are distributed in the following manner

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**The above 204 studies are published in the following 86 Journals** (in alphabetic order)

1. Aktuelle Rheumatologie
2. Allergologie
3. Allgemeine Anzeiger
4. Alternative Medicine Review
5. Alternative Therapies in Health and Medicine
6. American Journal of Homoeopathic Journal
8. Annals of Pharmacotherapy
10. Applied Health Economics & Health Policy
11. Archives for the Homoeopathic Medicine
12. Archives of Facial Plastic Surgery
13. Archives of Gynecology and Obstetrics
15. Arzneimittel-Forschung
16. Asian Journal of Homeopathy
17. Aspects of Research in Homeopathy
18. Berlin Journal of Research in Homeopathy
19. Biological Therapy
20. Biologische Medizin
21. British Homoeopathic Journal
22. British Journal of Clinical Pharmacology
23. British Journal of Podiatry
24. British Medical Journal
25. Canadian Journal of Physiology and Pharmacology
26. Cancer
27. Cahrs de Biotherapie
28. Chest
29. Complementary & Alternative Medicine
30. Complementary Therapies in Medicine
31. Der Allgemeinarzt
32. Der Kassenarzt
33. Ear, Nose and Throat disorders
34. European Journal of Clinical Pharmacology
35. European Journal of Paedretics
36. Evidence-based Complimentary & Alternative Medicine
37. Explore: The Journal of Science and Healing
38. Forschende Komplementarmedizin
39. Forschende Komplementärmedizin und Klassische Naturheilkunde
40. Fortschritte der Medizin
41. HNO
42. Homeopathy
43. Homoeopathic Links
44. Human and Experimental Toxicology
45. IETE Journal of Research
46. Inflammation Research
47. Interdisciplinary Sciences: Life Sciences
48. International Journal of Clinical Pharmacology and Therapeutics
49. International Journal of Clinical Practice
50. International Journal of High Dilution Research
51. International Journal of Oncology
52. International Review of Allergology and Clinical Immunology
53. Journal de gynécologie, obstétrique et biologie de la reproduction
54. Journal of Alternative and Complementary Medicine
55. Journal of Clinical Gastro-enterology
56. Journal of Dermatological Treatment
57. Journal of Head Trauma Rehabilitation
58. Journal of Hellenic Headache Association
59. Journal of Practical Medicine
60. Journal of the European Academy of Dermatology and Venereology
61. Journal of Thermal Analysis and Calorimetry
62. Lancet
63. Material Letters
64. MicroVascular Research
65. Nature
66. Non-linear Biomedical Physics
67. Pediatric Infectious Disease Journal
68. Pediatrics
69. Pediatrics International
70. Pédiatrie
71. Pharmacy World and Science
72. Phlebology
73. Physica A
74. Public Health
75. Reichsanzeiger
76. Rheumatic Diseases Clinics of North America
77. Rheumatology
78. Scientific World Journal
79. Sleep Medicine
80. The British Journal of Homeopathy
81. The Clinical Journal of Pain
82. The European Journal of Heart Failure
83. The Science of the total Environment
84. Tijdschrift Integrale Geneeskunde
85. Toxicological Sciences
86. Wiener Medizinische Wochenschrift
87. Zeitschrift für Allgemeinmedizin

Note: The Journal Homeopathy was earlier published as British Homoeopathic Journal

**More Research Studies**
fish kill / laser reflection experiments
Proof for Homeopathy
Research into homeopathy
http://www.wholistichealingresearch.com/homeopathy.html
http://avillian.co.uk/2008/08/scientific-research-and-homeopathy-research-forums-and-discussion-groups/
http://news.bbc.co.uk/1/hi/england/bristol/4454856.stm // 70% of 6500 patients reported improvement

**Physics behind homeopathy**
http://lewfh.tripod.com/electromagneticinfectioninhomeopathy/id4.html
Homeopathy as a Genetic Medicine
http://www.complementary-medicine.com/NewHomeopathy1.htm
http://www.complementary-medicine.com/NewHomeopathy2.htm
1. Homeopathic medicines activates genes
Dynamized Preparations in Cell Culture (2007) FULL TEXT
  // Carcinosinum 200C, Conium, Lycopodium activates beneficial gene p53 which provides defense against tumour/cancer
Nux vomica & Calendula have significant effect on gene expression (2010)
2. Homeopathic medicines having DNA as an active ingredient
Prof. (Dr.) Luc Montagnier's paper gives significant support to homeopathic pharmacology
http://www.homeopathyworldcommunity.com/profiles/blogs/nobel-laureate-explains-the
Evidence for Specific Disease Conditions
http://www.britishhomeopathic.org/export/sites/bha_site/research/evidence_by_condition.refs.pdf
http://www.nutrition-matters.co.uk/misc/homeopathy.htm
http://www.facultyofhomeopathy.org/research/rcts_in_homeopathy/index.html
Fibromyalgia (Inflammation in muscles)
http://nationalcenterforhomeopathy.org/content/effect-of-homeopathic-treatment-on-fibrositis (1989)
Homeopathy as an adjunct to usual care for fibromyalgia (2009)
Insomnia
Chronic Insomnia: Efficacy of homeopathic simillimum (2010) FULL TEXT
Respiratory
Euphorbium, Pulsitilla & Luffa for viral infection of respiratory tract, Influenza A virus & rhino virus
Homeopathic therapy in respiratory tract diseases. Evaluation of a clinical study in 258 patients (1997)
Homeopathy in respiratory allergies (2006) FULL TEXT
Cost-benefit evaluation of homeopathic versus conventional therapy in respiratory diseases (2009)
FULL TEXT // treatment by homeopathy costs 50% less
Hay Fever
Meta-analysis of homeopathic treatment of pollinosis with Galphimia glauca (1997) // homeopathic
Galphimia glauca for hay fever

Comparing the effectiveness of the Galphimia, Galphimia 6X, and placebo on pollinosis (1985)
Treatment of pollinosis with Galphimia Glauca 4X (1983)
Treatment of pollinosis with the homeopathic preparation Galphimia Glauc (1990)
Betula 30C for hay fever (2000)

Potent placebo or potency? A model using homeopathically prepared pollens in hay fever (1985)

Arthritis

Osteo-arthritic Pain: A Comparison of Homeopathy and Paracetamol (1998) // 55% achieved pain relief from homeopathy as compared to 38% from acetaminophen
Homeopathic therapy in rheumatoid arthritis (1980) FULL TEXT // 82% patients got relief in rheumatoid arthritis compared to 21% on placebo
Homeopathic preparation 'Rheumaselect' for Rheumatoid Arthritis (1991)
Osteo-arthritis before and after homeopathic treatment (2008)

Rhinitis

Homeopathy Vs Placebo in allergic rhinitis (2000) FULL TEXT
Treatment of allergic rhinitis with homeopathy (2005)
Usefulness of 13 homeopathic medicines in the management of acute rhinitis (2010) FULLTEXT //
Nux-Vomica, Merc, Belladonna

Sinus

Homoeopathic Sinusitis Medication (1995) FULL TEXT
Sinfrontal for Acute Maxillary Sinusitis (Sinus + tooth pain) (2007)
Sinfrontal (Cinnabar 4X, Ferrum Phos 3X, etc) in the treatment of maxillary sinus (sinus + tooth pain) (2009) // ENT & respiratory tract infections
Homeopathic treatment of patients with chronic sinusitis (2009) FULL TEXT
Homeopathy in acute rhino-sinusitis (2007)

Cancer

Ruta 6 for brain cancer
Carcinosin, Phytolacca, Conium and Thuja for breast cancer


Vertigo

VertigoHeel for treatment of Vertigo (2005)
Micro-circulatory effects of VertigoHeel on vertigo (2005)
**Flu**

*Oscillococcinum in the treatment of influenza* (1989) FULL TEXT

*Oscillococcinum for influenza* (2003) FULL TEXT // Oscillococcinum reduces the length of influenza illness by 0.28 days i.e. approx 7 hours


**Fever**

*Viburcol (Chamomilla, Belladonna, Calcarea carbonica, Dulcamara, Plantago major, and Pulsatilla) for treatment of fever* (2005)

Treatment of typhus & fever at present prevailing, Allgemeine Anzeiger, No. 6, Jan. 1814 // Bryonia and Rhustox

**Ulcer**


*Homeopathic treatment of mouth ulcer* (2009) // oral ulcer

**Tonsils**


**Otitis Media (inflammation of middle ear)**

*Homeopathic treatment of otitis media* (2001) // significant decrease in symptoms at 24 and 64 hrs after treatment in favour of homeopathy (P<0.05)

*Homeopathy in acute otitis media* (2001) FULL TEXT // Resolution rates were 2.4 times faster than in placebo controls. Compared to conventional treatment the homeopathic approach was 14% cheaper

*Homeopathic treatment of otitis media* (1997) FULL TEXT // duration of pain of 2 days in homeopathy-group & 3 days in conventional group. 70.7 % & 56.5% of children receiving homeopathy & conventional respectively did not have another ear infection the next year

**others**


Hypericum for depression (2008) FULL TEXT


http://ecam.oxfordjournals.org/cgi/content/full/7/1/129 (2007) FULL TEXT // thalassemia


Homeopathic treatment of uterine pain during mensuration (2009)


Homeopathic Treatment of chronic low back pain (2009)

Homeopathy superior to Allopathy

Why small doses of medicine is better than large dose (2006) FULL TEXT
homeopathy safer than allopathic medicine Prozac for depression (2009) FULL TEXT
Efficacy and safety of a homeopathic gel Spiroflor SRL in the treatment of acute low back pain (2001)
// SRL is equally effective as Cremor Capsici Compositus FNA but has better safety profile
Homeopathy for the prevention of upper respiratory tract infections (2005)
Viburcol (Chamomilla, Belladonna, Calcarea carbonica, Dulcamara, Plantago major, and Pulsatilla) for treatment of fever (2005)
Traumeel for trauma and acute musculo-skeletal injuries (2008)
Traumeel S ointment for tendon injuries (2005) // traumeel superior to diclofenac gel
Osteo-arthritic Pain: A Comparison of Homeopathy and Paracetamol (1998) // 55% achieved pain relief from homeopathy as compared to 38% from acetaminophen

Homeopathic treatment of otitis media (1997) // duration of pain of 2 days in homeopathy-group & 3 days in conventional group. 70.7 % & 56.5% of children receiving homeopathy & conventional respectively did not have another ear infection the next year

Homeopathy for hyper-sensitivity (2006)

Homeopathic & antibiotic treatment strategies in recurrent acute rhinopharyngitis (2005) // homeopathy superior to anti-biotic
A pilot study in Ghana showing homoeopathic treatment equal to and slightly more effective than chloroquine in the treatment of acute malaria (British Homoeopathic Journal 1996 Apr;85(2):66-70). DBRCT have shown superiority of homoeopathy over allopathy in treatment of otitis media, depression, low back pain, upper respiratory tract infection, trauma and musco-skeletal injuries, so can be used as first line of treatment

Homeopathy cost-effective than allopathy

Scientific framework of evidence-based homeopathy (2008) FULL TEXT // page 6-8

Homeopathy in acute otitis media (2001) FULL TEXT // Compared to conventional treatment the homeopathic approach was 14% cheaper

Homeopathy equals Allopathy
Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT
http://www.biomedcentral.com/1472-6882/7/7 (2007) FULL TEXT //homeopathy Vs anti-biotics & analgesics for respiratory & ear complaints
Comparing Luffa compositum-Heel nasal spray with cromolyn sodium spray in the treatment of allergic rhinitis (1999) FULL TEXT
Treatment of rhinitis & sinus with Euphorbium compositum nasal drops (2005) // Homeopathy Vs xylometazoline
Vertigoheel Vs Dimenhydrinate for Vertigo (2001) FULL TEXT // 88% patient improved vs 87 % in conventional group
Viburcol for infections due to fever (2002) FULL TEXT // equals paracetamol
Zeel (Rhus Tox, Dulcamara, Sanguinara, Arnica) for osteo-arthritis (2003) FULL TEXT //equals COX 2 inhibitors

Homeopathy superior to placebo
http://www.ncbi.nlm.nih.gov/pubmed/9310601(1997) // homeopathy is statistically significantly superior (2.45 times more effective and positive at 95% confidence interval) to placebo
Homeopathy does more than placebo


http://www.bmj.com/cgi/content/full/321/7259/471 (2000) FULL TEXT // allergic rhinitis

http://chestjournal.chestpubs.org/content/127/3/936.full (2005) FULL TEXT // Chronic Obstructive Pulmonary Disease


Homeopathy for diseases of the lymph nodes in HIV Stage 2 & 3 infected people (1999) // statistically significant difference in CD4 +ve cell count

Efficacy of China rubra 9C for complications in patients on chronic kidney dialysis (1992) // Statistically significant improvements of weakness, lethargy and headache


Homeopathy in acute rhino-sinusitis (2007) // homeopathic treatment resulted in freedom from complaints in 90.3% of the patients & improvement in a further 8.3%, whereas in placebo group, the complaints remained unchanged or became worse in 88.9% of the patients

Homeopathy in acute otitis media (2001) FULL TEXT // Resolution rates were 2.4 times faster than in placebo controls

Homeopathic treatment in women with premenstrual syndrome (2001) // 90% of patients who had received homeopathic treatment experienced more than 30% improvement (P=0.048). Only 37.5 % of patients who received placebo experienced a similar improvement

Traumeel for Sprains (1989) FULL TEXT

**Homeopathy improving Quality of life**

Homeopathic medical practice (2005) FULL TEXT // (Chronic) Disease severity and quality of life demonstrated marked and sustained improvements following homeopathic treatment in 3981 patients for 2 years

increases following homeopathy treatment
Treatment of allergic rhinitis with homeopathy (2005)
Homeopathic treatment of allergic rhinitis (2009)
Homeopathic Treatment of chronic low back pain (2009)

Evidence-based Medicine
http://www.homeopathyworldcommunity.com/forum/topics/uk-house-of-commons-science

To distinguish one homeopathy medicine from another (3 techniques)
A. Spectroscopy: It is the study of interaction between matter and radiated energy i.e. how a substance absorbs, emits or scatters electromagnetic radiation
1. Nuclear Magnetic Resonance (NMR) spectroscopy
http://hpathy.com/homeopathy-scientific-research/lionel-milgrom/


http://forums.hpathy.com/forum_posts.asp?TID=9047 // proof of homeopathy in 1$
2. Electromagnetic Signatures
Electromagnetic properties of highly-diluted biological samples (2009) FULL TEXT
3. Ultra-Violet–Visible (UV–VIS) spectroscopy
The defining role of structure including epitaxy in the plausability of homeopathy (2007) FULL TEXT
// distinguishes Nux vomica and Natrum muriaticum from one another and within a given medicine, the 6c, 12c, and 30c potencies
4. Raman Laser Spectroscopy
In 1976, Boiron and Vinh used Raman Laser Spectroscopy, showing that for the 1C potency of Kali bichromicum the spectrum of alcohol disap-pears completely, while that for potassium bichromate appears. In Kali bich 1C the ratio of the number of potassium bichromate molecules is 1 to 500. In such a case the light meets 500 more alcohol molecules as those of bichromate, yet the alcohol spectrum does not appear.
B. Thermo-luminescence: The amount of light produced by a sample when it is heated (due to the release of stored energy) can be measured.

Potentised lithium chloride and natrum mur (2003) FULLTEXT
C. Physiological variability in human body
http://homeoresearch.blogspot.com/ // Dr. Devendra Kumar, click research work in left pane
http://www.jr.ietejournals.org/downloadpdf.asp?issn=0377-
To distinguish homeopathy medicine from water (2 techniques)

1. Fourier Transform Infra Red (FTIR) spectroscopy
   Variation in Fourier transform infrared spectra of homeopathic potencies (2005) FULL TEXT

2. Bio-Electro-graphy
   others

   There is a clear difference between succussed and unsuccussed water (2005)

   Potency Selection
   golden ratio/Fibonacci scale of remedies
   http://www.homeoint.org/site/ahmad/potency.htm // Dr. Sayeed Ahmad

   Placebo Effect
   Placebo effect size same in conventional & homeopathy medicine (2010) FULL TEXT

   Anecdotal Evidence
   http://www.i-sis.org.uk/peerReviewUnderTheSpotlight.php // peer-review Vs public scrutiny

   Animal Studies
   http://www.carstens-stiftung.de/clinresvet/suche.php (database of 283 papers) // click “retrieve long
   version”
   http://avilian.co.uk/2008/08/scientific-research-and-homeopathy-animal-studies/
   http://www.biomedcentral.com/1472-6882/7/1/abstract (2007)
   www.homeopathy.org/research/research_reviews/Immunology_3.pdf FULL TEXT
http://ict.sagepub.com/cgi/content/abstract/5/4/362 (2006)


http://www.earthsremedy.com/researchinhomeopathy.htm

Plant Studies
http://avilian.co.uk/2008/08/scientific-research-and-homeopathy-plant-studies/

Significant Dates
1823: World’s first homeopathy Journal (german): Dr. Johann Ernst Stapf’s Archive for the Homoeopathic Medicine
1835: World’s first Double-Blind Randomised Placebo Controlled Trial was conducted by a homeopath physician Johann Jacob Reuter, The Nuremberg salt test
1988: Memory of water (Dr. Jacques Benveniste, Ig Nobel Laureate)
1991: Potentisation creates molecular clusters in water (A.C. Dutta)
1999: Potentisation alters the properties of Water (Elia V, Niccoli M)
2001: Alcohol forms clusters with water (Wisniewski)

2005: Potentisation alters the structure of water (Dr. Rustom Roy)

2007: Succussion creates nano-bubbles and Transient Localised regions

2008: homeopathic medicines have stable and unique molecular structure with recognizable properties (Dr. Rustom Roy)
2009: Potentisation creates specific nano-structures (Dr. Luc Montagnier, Nobel Laureate)
2010: Homeopathic medicine beyond 12C potency retains nano-grams of fine nano-particles of the original starting material (Indian Institute of Technology, Bombay)

Research Books
Conclusion
Research claims to have confirmed the efficacy of homeopathic medicine. Additional support comes from the fact that animals, plants and infants also benefit from homeopathic treatment and it is unlikely that they will react psychologically to a medicine they often do not know they are being given. Give your comments, suggestions, questions and feedback.

Further Reading:
Mechanism of Action of homeopathy medicine
Homeopathy Explained
21 most Frequently asked Questions and Answers on Homeopathy
Status of Homeopathy around the world

Still to work upon
http://www.nutrition-matters.co.uk/misc/homeopathy.htm
http://www.facultyofhomeopathy.org/research/rcts_in_homeopathy/index.html
http://vaughanmedicalcentre.com/evidence_for_homeopathy.php
http://www.audesapere.in/researchstudies/
http://t.co/tHuN7Ck
http://www.homeopathyeurope.org/media/news/high-dilation-effect-reported-in-nmr-study
http://spiedigitallibrary.org/proceedings/resource/2/psisdg/2461/1/347_1?isAuthorized=no
In Canada Prof Nelson's Research helps MP Grant Hill to get Homeopathy into the Health care system
Okinawa for a Lecture on Energetic Homeopathy

in 2005 Japan tried to end Homeopathy. Desire' was asked to come to Okinawa to give an address that later saved Homeopathy in Japan here is an Abstract:

Homeopathy is a fine and professional art but a lack of respect for science has weakened the profession. Many homeopaths never use a real homeopathic they are sold devices that have no validity and falsely make a sugar pill’s suppossed energy enhanced. These Alternative Medical people are mostly math-phobic and cannot really understand when they are being sold something that is not really tested. They do not know how to evaluate a study from opinion, test group or dbl blind. Alternative medicine has many many charlatans, fakers, liars, backstabbers, and frauds. These people are the ones who hate me the most. For I have spent my life doing statistics, math, testing, validation, research, and compliance. In my presentation today I will expose several of the charlatan tricks some alternative people use like muscle testing, point probes, and duplicators.
SCIO-Bio-Electronic Supported Elimination of Toxic Substances from the Human Body (SCIO Detox)

Developed By:

Authors: Dr. Annamaria Cakó M.D.

Abstract

We are living now in the age of big contradictions. Development of science makes medicine be able to carry out great achievements but in the meantime, lifestyle-depending diseases outbreak in epidemic growth. There is an ever increasing toxic burden implied on all of our patients. We must detox to survive. Detox is becoming more difficult in an ever increasingly toxic world.

Methods of detoxication have been known for a long time and they revive today. The SCIO has the electronic signatures of thousands of toxins in it’s repertory. Also the trivector signatures of the detox organs and their hormones. The SCIO can put electronic signals of these signatures into the body for the body electric to guide for increasing the detox abilities of the body. This article reviews the safety of the SCIO and it’s tremendous assistance to detox in over four hundred patient records. 425 patients are assayed for toxins and retested after the SCIO treatments. The results were astounding.

Key Words: Biofeedback, stress, stress reduction, Detox, Auto-Toxins, Sue-Toxins

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TVEP reactivity scores to Allersode compounds measure

TVEP reactivity scores to Allersode compounds measured

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATE Jan, 2012
SPONSOR:
Maltrey Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 9 males and 7 females with known allergies using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the allersodes of the know allergies of the subjects was compared to TVEP xirroid scores of the non-allergic trvector readings. The reactivity scores of the known allergies were significantly higher than the non-allergic items. This proves the TVEP reactivity reaction of the SCIO.
TVEP Validity Study

TVEP reactivity Validity Study

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis Gyorgy, MD, Dr. Ilif Kaza MD
Licensed Hungarian Medical Doctors
DATE Jan, 2012,
SPONSOR:
MADREYA KIL.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: As we have shown everything is an energetic collection of fields that hold atoms in their places. These fields that make up are reactive with the environment. We must decide what is appropriate to eat and what to avoid. This education starts at the earliest of ages. Most of our current electro detection of what is good or bad for us takes place in the nasal-pharynx between smell and taste. The shape receptors of the small and taste buds are electronic. They sense a proper voltametric fields that says it is good for nutrition or what is bad. The taste receptors do not absorb or metabolize the nutrient they only credential it for intake by measuring the shape of the fields with the shape receptors of the tongue. Voltammetry is the science of analysis of the electrical fields of a substance.

We have shown the patient for the process of the QDC voltammetric analysis. This device has been designed to work like the human tongue and to recognize the voltammetric signatures of items. These signatures are maintained as a 20x20x2 matrix of 19,648 separate shape vectors that constitute one signature. Since these fields reflect shapes they have a 3 Dimensional component and are referred to as the trivet voltammetric signatures. These complex signatures can be amplified and inputted into the body as part of the Xroid process in the IFIXX or what is now known as the SCIO.

The Xroid analysis is where the SCIO device measures the reaction of the body to over 10,000 substances at the calibrated speed of the body receptor. During the calibration of the SCIO device to the subject the device will measure the voltametric field of the patient and then send it to the QDC. Then the voltametric signature of what is generally known as the weakest reactive substance (distilled water) is sent in over 20 times and the highest known reactive substance combination is sent in 4 times. The starting speed is 103°/second. If the subject does not react significantly to the reactive substance versus the non-reactive distilled water the speed is reset minus one to 102°/second. The speed drops in this increment till the subject has a significant reaction to the reactive substances and it is repeatable. This then gives us a measure of the speed the subject reacts to items. Research in the 398 study showed that patients on morphine reacted much slower to norm patients. Then a variety of reactive speeds was shown thus making a speed of reactivity calibration need for proper testing.

There are several factors that can interfere with the testing of reactivity. If a test and test an item over and over the test is not valid. An aberrant movement, electrical noise form, or a brain wave surge can affect a reading. So we have seen that the reading of reactivity to a single item is not as significant as we would like. Till we could put a subject into a Faraday cage and perfectly control mental and physical it is not likely. But we have seen that if we measure family reactions we can get some good insight into the reactivity fields of a subject. Research has shown that these families that we use to develop risk profiles are worth medical attention. In this review over one hundred thousand subject studies have verified the TVEP reactive families and the risk profiles have resulted from this work.

In this study over two hundred subjects were measured for Xroid analysis on either a normal setting or a placebo setting. This was done to validate the TVEP validity and show that an abnormal setting there would be much more replication of data.

Proper Ethics committee and IRB were used and informed consent from subjects. The study took place in Europe and in America. Subjects were asked to do several measures of their wellness and they were measured for their Xroid reactivity profiles before and after the test. Repeated items were counted in placebos versus real testing.
EPFX Xrroid Analysis and Homeopathic Treatment for Cholesterol and Other Blood Lipid Diseases

EPFX XRROID ANALYSIS AND HOMEOPATHIC TREATMENT FOR CHOLESTEROL AND OTHER BLOOD LIPID DISEASES

1995

Authors: William C. Nelson, M.D.; Homeo Diagnostica, Budapest, Hungary
Wm. J. Cunningham, C. B. T.; Boulder, Colorado, U.S.A.

Abstract:

The Xroid measure of electrophysiologic reactivity has been used on many types of diseases. The Xroid reactivity test was utilized in this study on several patients with excess blood cholesterol versus a control group of patients with correct blood lipid measurements. The testing process was blinded for best results.

In this study the QXCI medical device was shown to be effective in detecting cholesterol excess in the blood. The device was also shown to be effective in detecting various heart problems and risks such as infarction.

This article is a summary of the Xroid reaction similarities in these groups, and we review the results of the homeopathic treatment of the patients with excess cholesterol. This article briefly reviews the electrical reactivity and homeopathic theories and their applications.
ANTIBIOTICS AS A PRIMARY CO-FACTOR IN AIDS PROGRESSION

Presented at the 1st International Conference of the Mor Kaposi Research Foundation, Convergence of AIDS and Cancer Research, Budapest, Hungary August 27, 1996

"If a Man sees a Wrong and does not Correct it, He is NOT a Man"

ABSTRACT

The world has now recognized the demise of antibiotics. Iatrogenic damage, resistant strains, immunosuppression and dependency have now challenged the core of one of the prides of modern medicine. The vast marketing of antibiotics has left medicine with a severe crisis. Reductionistic research and philosophy has been used for financial reward of the chemical companies. These antibiotics have been shown to have a wide variety of deleterious side effects, including effects on the bowel flora. We also theorize about how this disruption of the bowel flora, could be a contributing cofactor to the AIDS epidemic.

The populations with the greatest antibiotic use are the highest risk for development of AIDS. A balanced bowel flora could be essential in defense against the virus propagation into the deadly disease. The antibiotics might then increase the progression of risk in the disease. This hypothesis, because of its’ non reductionistic complexity is difficult to challenge in a single study. Funding of such a study would also be extremely difficult, in light of the challenge to synthetic chemistry. This brief article is but an introduction to the concept. For further information please refer to the collection of studies in the Journal of the Medical Science of Homeopathy, special issue on AIDS and viruses.
Brief Overview of Yerba Santa and Devil Broom Studies
Agronomic Studies

Yerba Santa as an American Indian herb was used for asthma. It is an indigenous plant to America, with relatives indigenous to Africa, India, and South America. The plan is part of the waterleaf family and its parts are used for rope or broom making and it is called devil’s broom in parts of Africa. It was first discovered as a remedy for viral replication interference in the studies of Dr. Desiré Dubounet in Hungary.

DESCRIPTION: The Yerba Santa is an Aromatic, resinous evergreen bush or single plant. Sometimes forming thickets to 10 ft. Stems hairless and sticky. Leaves leathery and sticky. Lance shaped lower leaf with wooly hairs, margins coarsely toothed. May – Aug Flowers purple to white, tubular, in clusters, petals 5-lobed.
This document is to develop the basic science of study and detail for a simple solution to this problem. I have stumbled on a natural medicine formula to help these people. And I want to share it with you in the form of Project NaHinga.

Prof Desire' Dubounet with some of the Shaman healers of SA

In 1992, I tested most of the Aids patients and HIV positive patients in Hungary at the Semmelwize University medical hospital. There was a set of natural compounds that the patients reacted strongly to. These compounds were tested in the laboratory and in the clinical hospital with some success. These articles were presented in Singapore at an International Congress of STD and AIDS. Reprints of these articles are accompanying this document.

But since there was little interest in natural medicines, this work has been largely dormant. I tried to tell the story to the African governments, but the hold the Drug companies have is extreme. Now I have invested Half a million dollars into a research project to help this massive problem. If no one will help I will do it myself.
Electrical Reactivity as a Prescreen of HIV Infection Patients

ELECTRICAL REACTIVITY AS
A PRESCREEN OF HIV INFECTION PATIENTS

By: Nagy K., Nelson W., Barabas E., Balazs E. Veresy V., Horovath A Study Site National Institute of Dermatology

ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for x-ray electrical reactivity readings. The electrical reactivity patterns and reactive substances that were in the highest faction of reactivity, in other words, those reactants that were statistically significant are compared in the groups of the AIDS patients taking the AZT as well as the AIDS patients that were treated with homeopathic and nutritional items. The purpose of the study was to analysis similarities and consistencies in their electrical reactivity patterns over the course of four measurements. This took place during the 4th, 5th, 6th and 7th month of 1994. During these months there was also a homeopathic and nutritional intervention done on several of these patients to see the effect on blood chemistry profiles denoting AIDS risks and the homeopathic and nutritional intervention are described in the article known as the comparative results.
Immunological and Electrophysiological Reactivity of Patients With HIV Infection

IMMUNOLOGICAL AND ELECTROPHYSIOLOGICAL REACTIVITY OF PATIENTS WITH HIV INFECTION

By: Nagy K., Nelson W., Barabas E., Balazs E. Varkonyi V., Honvath A.
National Institute of Dermato-Venereology, Budapest, Hungary 1994

ABSTRACT

The diagnostic and prognostic value of electrophysiological reactivity patterns of HIV infected subjects were compared to complex immunological and virological laboratory markers.

Electrical responsiveness of 22 asymptomatic HIV infected patients were monitored monthly for a 4 month period by Quanta Med 4000, a sensitive multichannel diagnostic biofeedback machine, capable of measuring slight fluctuation of patients' brain waves and skin resistance, whilst the patients are sequentially exposed to a battery of numerous homeopathic nosodes and isodes. This process known as the Xroid process.

Immunological and virological analysis included determination of CD cell count, HIV, HCV and CMV antibodies, HbsAg, and serum Beta 2-microglobulin (B2M) and Neopterin levels.

In the study - 4000 substances (items) were tested to determine which of these the patient had the most reaction to. The reactivity scores were than analyzed statistically. As a result a profile of electro-reaction is suggested, which considered characteristic of HIV disease in contrast to that of the normal subjects.

After initial evaluation a treatment protocol was designed. Half of the patients received a fatty acid blend and homeopathic medicaments throughout the test. Subjects were instructed to use the products daily and compliance was evaluated in the monthly interview. Reevaluation of electrophysiological reactivity and immunological tests were repeated every month.

H2M level was found decreased in 88 percent of those who received homeopathic treatment and in 50 percent it was found < 3 mg/L, compared to 27 percent of those untreated. Antibody level to CM was also found decreased in consequence of treatment. No changes, however could be detected in CD count and HbsAg and HBC antibody level.

The electrophysiological reactivity test provided information, which suggest that it can be used as a pre-diagnostic method, which might complete laboratory analysis. Complex homeopathy and individual nosode treatment shows some positive intervention.
We have seen six patient data files from Ghana where patients who had HIV in Blood test were cured and the tests have come back negative for HIV after the Nahinga protocol.

In Budapest, Africa, and elsewhere we have seen several reports of cures and viral eradication. This begs for further study and confirmation of results. But the research from project Nahinga seems interesting at least. We are continuing the search for more funds to do better studies and better controls, but till then we still seek to study and treat patients with this future orientated medicine.
Dr. Amanda Velloen – Update on Project Nahinga
Dr Amanda Velloen - Budapest Conference 2009
Update on Project Nahinga

Project Nahinga (bantu for the Angel that comes from the heavens to help us, the bantu name for Desire') has been spreading and many extreme success stories have shown fantastic results.

PROGRESS
• Results in PHASE 1 –
• Up to 100% feeling better
• Average 65% improving in Critical Measures of HIV progression
• No side effects reported
• Symptom free
• No secondary infections
• Improved quality of life

Critical Measures
• Subjects tested positive for HIV virus
• CD4 count
• Elisa test if available
• Viral Load test

Schedule for 2009
• Father John Mugaga in Kwa-Zulu Natal 1st Satellite
• October 2009 – AIDS Children’s homes
• November 2009 – Brazzaville Congo, DRC, Angola, Nigeria
• November 2009 - Kenya, Zimbabwe, Mozambique
• December 2009 – Lesotho, Swaziland

After Desire has donated over 2 million dollars of equipment for our research we have shown safety and efficacy and there appears to be a natural cure for this horrible disease on the future horizon
This protocol for the SCIO contains biofeedback programs focusing on the influence that epigenetics (environment, belief and nutrition) has on the DNA. It is not possible to do all the programs in a session and have to be spread out over a few. Remember to do the foundational building by opening the *Channels of Elimination* in Short Sarcoodes and always include at least one of the two recommended Universal Biofeedback Therapies.

If achieving balance had been difficult i.e. many Flaws in chromosomes had been revealed or there are many Energetic Pools detected, consider the SCIO DNA Correction and Stabilization Long Term therapy. If the bars on the graph have not reached the top upon completion of the DNA therapy or are very uneven consider the SCIO DNA Stimulation and Stabilization Long Term therapy.

*SCIO DNA Correction and Stabilization Long Term OR SCIO DNA Stimulation and Stabilization Long Term* (whichever is the appropriate choice)
Kathryn Wilson – Clients with Allergies: Helping Avoid and Improve the Negative Degenerative Cycle

Clients with Allergies:
Helping avoid and improve the negative degenerative cycle

By: Kathryn Wilson, ND, CBI, CBT, IrD.

The ALLERGY REACTION can be easily explained with the action of the histamine cascade. Histamine receptor cells cause the allergy reaction. Now why... The body has a reaction to something, which it finds to be foreign, not foreign to others outside of that person, but foreign to them, this may be fungal (mold, mildew), bacterial, food, any type of protein molecule or even an emotional trigger. It can happen in a matter of a few minutes or up to a couple hours. In my case the food triggers, which cause anaphylaxis shock, trigger in 6 to 8 hours where the green peppers, which caused hives, were instantaneous.

So let’s look at the event: Antigen (enemy) is sensed, it causes the immune system to handle it by using the white blood cells. These white blood cells increase to combine and produce antibodies (immunoglobulin), which are made in the B-cells (B-lymphocytes) of the lymph nodes and the antibodies now attach to the white blood cells (basophile) and mass cells to fight the allergens. Mast cells trigger histamine cells, which produce the histamine, which now makes the inflammation, which the body stores into its memory. After the first time reaction (memory) is done the body will automatically respond. This response to the antigen (enemy) will produce an automatic “allergy cascade” reaction to happen and IF the histamine is released all over the body rather than just to a specific region; we now have anaphylaxis (anaphylaxis shock).

Using the SCIO I could find allergies quicker and also find solutions to treating them with biofeedback and the SCIO technology.
Two decades plus of Imponderable Voltammetric Homeopathy and Emotional Balance
Two decades Plus of Imponderable Voltammetric Homeopathy and Emotional Balance

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis Gyorgy, MD, Dr. Hift Klara MD
Licensed Hungarian Medical Doctors
DATES: July 2011
SPONSOR:
Maitreyo Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract:

Imponderable homeopathy is basically taking an energy that does not have a matter form and putting it into a homeopathic form. This was first done by Boericke who made homeopathic X-ray. Shooting the energy of X-ray at a bottle of 9 parts water and one part diatomaceous earth. He reasoned that clatons that make diatomaceous earth could absorb energy and this make a homeopathic mother tincture of the energy. Being a licensed mental care practitioner, I felt the need for assaying a patient’s mental state. In the late 1980’s I started making imponderable homeopathy by getting my study group to get into a mental state and then hold a bottle of the 9 parts water and one part diatomaceous earth while directing their mental energy into the bottle. I always had a minimum of 15 people involved in this mental energy transfer. Now the energy of the mental state would be theoretically would be transferred to the water and clatons mixture.

When we look at the energy state with the QQC device there is a small but measureable difference in the emotional imponderables. This was put into the EPFX in 1989. Then revised and improved in the QCQI of 1996, and the SCIO of 2002. Now in 2012 the trivector signatures are being added to the Eductor. There have been many reports of significance in the reactions of patients by thousands of practitioners world over. We review some of these testimonials.

In this review we look at a study of 42 patients who imponderable reactions are evaluated for significance of the reactions. There is a significant correlation of the emotional state of the patient with the TVEP reactions. This study reviews the field of imponderable trivector Voltammetric reactivity.
TVEP reactivity scores to Nosode compounds measured

TVEP reactivity scores to Nosode compounds measured

Written by Prof Desire’ Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATE and PLACE: Jan, 2012, Budapest
SPONSOR:
Maitreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 5 males and 8 females with known infections using the Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity in the SCIO. The SCIO readings to the infectious nosodes of the known infections of the subjects was compared to TVEP xrooid scores of the infectious items trivector readings. The reactivity scores of the known nosodes were significantly higher than the non-infectious items. This proves the TVEP reactivity reaction of the SCIO.
MCES and Addiction Control – A Double Blind Clinical Study and Lit Review

MCES and Addiction Control a Dbl Blind Clinical Study and Lit Review

Written by Prof Desire' Dubounet of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Darris Gyorgy, MD, Dr. Hili Klara MD
Licensed Hungarian Medical Doctors

DATES: July 2011
SPONSOR:
Maitreya Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract:
Ten patients with tobacco addiction and five patients with alcohol addiction diagnosis were given SCIO MCES treatments or Placebo treatments for three to ten sessions. There was one report of headache logged and no report of any significant risks. Patients were asked to rate their desire or cravings as scalar numbers from one to ten rating. There was evidence of the SCIO MCES reducing craving versus the Placebo control group. The MCES had positive results to lower addiction craving and to stabilize emotional depression. Discussion will show a positive effect on addiction and emotions using MCES and trans-cranial-cutaneous electrodes.
TVEP reactivity scores to isode compounds measured

TVEP reactivity scores to isode compounds measured

Written by Prof Desire' Dubouset of IMUNE

STUDY INFORMATION:
SUPERVISING RESEARCHERS: Dr. Danis György, MD, Dr. Hilf Klara MD
Licensed Hungarian Medical Doctors
DATE and PLACE: August, 2011, Budapest
SPONSOR:
Maltrey Kft.
MONITOR:
IMUNE (International Medical University of Natural Education)

Abstract: In this study we tested 21 males Transcutaneous Voltammetric Evoked Potential (TVEP) electrical reactivity to two compounds given internally. One was diluted orange juice to act as a placebo and the next one was a safe weak dilution of a common insecticide. The subjects had a very significant reaction to homeopathic isode compounds containing the insecticide for detox and other detox compounds. They also had a no measurable reaction to placebo orange juice after testing. The placebo test showed no reaction to the sensitive compounds were as the treatment group had significant reactions. This points to the efficacy of the TVEP method.
Dr. William Nelson – Inventor of the EPFX System

Born and raised in Ohio, Bill Nelson was identified as a genius from an early age. As a young man, his interest in quantum physics and electronic engineering led to his work on the navigation system for the Apollo space project. He turned his genius to the field of medicine and health after the birth of his first born, a son. His son retreated into the world of autism, a result of an anti-nausea drug his wife took while pregnant. After devouring the information offered by a medical world, he turned to the world of alternative health. With natural remedies, he was successful in reversing many of the symptoms of his son’s autism.

During his research, he was intrigued by a number of bio-electric devices being used in Germany—the Vega machine, the VBI, and the Mora unit—as well as biofeedback and cranial electrical stimulation (CES) units in the US. These units either measure the body’s electrical response to help diagnose problems in the body or they emit frequencies to treat problems. He also studied the body’s subtle energy systems—acupuncture meridians, chakra energy, applied kinesiology or muscle testing, etc. The body’s subtle energy system is an early warning system. Imbalances in the body’s subtle energies show up much earlier than disease symptoms. Bill Nelson decided to apply his genius to design an all-inclusive system—a computerized system that would both test and balance the body at the subtle energy level. The EPFX was born.

To develop this system, Bill Nelson has integrated the sciences of mathematics, quantum physics, electronics, naturopathy, homeopathy, chiropractic, energetic medicine and computer programming. He has also incorporated his knowledge of metaphysical subjects to bring a unique synergistic perspective to natural healing. He has studied homeopathy, naturopathy, science, business, computer science and international law. He has also mastered the difficulties of creating the software to integrate the many healing modalities he has programmed into the EPFX system. His unique knowledge of esoteric subjects such as fractal dynamics, subspace theory, a tri-vector system and more has made this energetic feedback system possible.

The EPFX gathers bio-energetic data from the body via twenty channels simultaneously. The information is prioritized to help the natural health practitioner zero in on the body’s current specific needs. The program offers information specific to your subtle energies—emotional and mental stresses, nutritional needs, food sensitivities, digestive and cleansing needs, etc. In the hands of a trained health practitioner, the imbalances in the subtle energy field are tracked to determine the most probable sources of ill health. In addition, the EPFX has the capability to apply approximately 50 different corrective energies to help the body establish energetic balance for health and well-being. The health practitioner is also able to determine the lifestyle changes and remedies that will best help you as a next step in your plan for better health.
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.
Dr. Will Corelli is a cum laude graduate of Yale College, 1970 and Stanford University School of Medicine, 1974. He completed five years of postgraduate training including Internal medicine, Ear, Nose and Throat, General Surgery, and Family Medicine.

He was board certified by the American Academy of Family Practice in 1979 with recertification in 1986, 1993, 2000 and 2007. He has been in practice in the Spokane area since 1979, where he blends aspects of traditional medicine with his primarily holistic-oriented medical practice.

Thank you, Dr. Nelson for inviting me here. 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.

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 will 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 sub-acute 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.

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.
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.

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 they are 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, etc., there is 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.
Dr. LaValley is a member of the American Medical Association (AMA), the Texas Medical Association (TMA), the Travis County Medical Society (TCMS) in Austin, Texas, the Canadian Medical Association (CMA), and Doctors Nova Scotia. He has also served as the Chairperson of the Complementary Medicine Section of the Nova Scotia Division of the CMA since 1994.

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.
Richard Gerber, MD, is the author of the 1988 book, Vibrational Medicine: New Choices for Healing Ourselves, a publication that has been reviewed as ‘landmark’ and ‘encyclopedic’, and in many ways bridges the gap between science and esoteric healing. Vibrational Medicine cites hundreds of scientific studies that support the energy model of health and healing and presents the theoretical foundation for such therapies as homeopathy and acupuncture.

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 Burr, 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.

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.
From the basic idea that within the body there is communication that would make an enzyme come to a substrate. This 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.

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. We researched the EPFX and found it to be the best energetic medicine device. And the EPFX has a scalar component.

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.

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 Eclosion EPFX system, 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 dowsing out all these patients (I'm not ashamed of saying I do dowsing; I'm a fairly average dowser), I could probably dowsing 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.

For example, in electro-acupuncture, if you want to use an electro-acupuncture 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. 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.
When English Homeopathy was challenged in the early 90's Dr. Nelson addressed the Parliament to help save Homeopathy.
When The State of Utah decided to make a Homeopathy Medical Board, Nelson was called on to address the State of Utah Legislature.
Sacred Birthing

What is Sacred Birthing

Sacred Birthing is truly for one purpose: to birth a baby in a way that can best preserve the essence of divinity that accompanies each new being.

Extensive research of the EPFX-QXCI was done to show it effective in helping the Natural Birth
Comparative Study on the Treatment of Average Allergy Patient with SCIO versus a Conventional Medical Protocol

Comparative Study on the Treatment of Average Allergy Patient with SCIO-Medical Device versus a Conventional Medical Protocol

Developed and written by Dr. Annamária Cákó

Part of The International Ethics Study, 2007

ABSTRACT:

One hundred allergy patients from a typical medical practice were evaluated and treated with the SCIO provocative allergy system. Their results and fees were compared to nine hundred patients treated in traditional ways. From scratch and live cell tests, to antihistamine and synthetic chemical treatments. The results showed better results from the SCIO group, for considerably less money. A complete discussion of the field of allergy testing comes at the end of the treatment.
The Long Term Pathological Findings of the Camelford Toxicity Group

Subtitle
The Premature Ageing Effects of a Toxic Water Syndrome Case.

By
Dr. William Nelson LPCC, Peter Smith LCH

ABSTRACT:
In July 1988, a toxic water spill in the Camelford water district by South West Water, the public water utility, in Cornwall, England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homeopathic practitioner, together with other colleagues, launching into long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, several different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients' disease profile. Various lengthy papers have been prepared by the North Cornwall Homeopathic Project and the Lowermoor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.
NaHingga
IMMUNO COMPROMISED PROTOCOL
First Avoid All White Processed Sugar
This means all dextrose sugar products including candy, cola, doughnuts, etc.
You can have all of the levulose fructose products you want,
this means any fruit of fruit sugar

Second Avoid all Foods Boiled or Fried in Oil.
Use at least three tablespoons a day of uncooked natural cold processed oil such as
olive oil, safflower, sunflower, soybean oil.
Have some five servings a day of fresh and raw fruits or vegetables.

Third Reduce Stress and Enjoy Life
Do at least fifteen minutes twice a day of quiet meditation using affirmations, and
imagery of your immune system working.

Exercise for twenty minutes at least four times a week
work to a sweat and breathe deeply, use the thymus tap

Take the Hemo-A twice a day with other supplements
Hemo-A has Yerba Santa, Phytolacca, Chinese Cucumber Sativa, Trifolium, herring sperm
and other sarcodes of Thymus adenoids tonsils and appendix
use 500 mg Vitamin C, 15 mg Zinc, 4 pills of Oxygen Stimulator at bed
use Golden Seal, Aloe Vera, Lentil, Mustard, Tumeric, Curry, Paprika
Sesame seeds, and use Sambuca

AVOID ANTI-BIOTICS
use Probiotics Actimel, Activa, etc Twice a day
Antibiotics as a Primary Co-Factor in AIDS Progression

ANTIBIOTICS AS A PRIMARY CO-FACTOR IN AIDS PROGRESSION

Presented at the 1st International Conference of the Mor Kaposi Research Foundation, Convergence of AIDS and Cancer Research, Budapest, Hungary August 27, 1996

ABSTRACT

The world has now recognized the demise of antibiotics. Iatrogenic damage, resistant strains, immunosuppression and dependency have now challenged the core of one of the prides of modern medicine. The vast marketing of antibiotics has left medicine with a severe crisis. Reductionistic research and philosophy has been used for financial reward of the chemical companies. These antibiotics have been shown to have a wide variety of deleterious side effects, including effects on the bowel flora. We also theorize about how this disruption of the bowel flora, could be a contributing cofactor to the AIDS epidemic.

The populations with the greatest antibiotic use are the highest risk for development of AIDS. A balanced bowel flora could be essential in defense against the virus propagation into the deadly disease. The antibiotics might then increase the progression of risk in the disease. This hypothesis, because of its non-reductionistic complexity is difficult to challenge in a single study. Funding of such a study would also be extremely difficult, in light of the challenge to synthetic chemistry. This brief article is but an introduction to the concept. For further information please refer to the collection of studies in the Journal of the Medical Science of Homeopathy, special issue on AIDS and vituses.
Natural Treatment of Children with AIDS

NATURAL TREATMENT OF CHILDREN WITH AIDS

A Report of the findings presented on AIDS and children at the 1995 IUVDT World STD/AIDS Congress

First Presented by: Michio Tani, M.D., President of the Eastern Japanese Medical Institute, Japan
Edited and Reported by: Maitreya Ltd. Dr. William Nelson, LPCC, Professor of Complex Homeopathy, College of Practical Homeopathy, London England / Singapore, March 30, 1995/

ABSTRACT

At the 1995 World AIDS Conference in Singapore, several key articles were presented on natural and homeopathic treatments for AIDS. Natural therapy is indeed getting more attention throughout the world. This article is a summary of a Japanese presentation on herbal and naturopathic treatment of AIDS in children. The article reviews the dramatic success of Naturopathic treatment versus AZT treatments and shows a heightened level of survival and decreased mortality statistics in the Naturopathic group.

INTRODUCTION

New directions of therapy are needed in AIDS. Much research has been started into co-factors that might be responsible for facilitating AIDS. New co-factors such as antibiotics and removal of adenoids, tonsils, and appendix, and other conflicts of allopathy medicine are now being reviewed by scientists. These and other immuno-suppressions which are happening in our societies and environments today might be responsible for the elevated factors of AIDS.

The dramatic use of these allopathic techniques have extenuated over the years and might have reached saturation points that could then cause complications and allow the AIDS virus to do its damage. In looking to new directions, people have looked into natural therapies. At the, 1995 Singapore AIDS conference, it was indeed a pleasure to sit through doctor Tani’s presentation on his results with naturopathic treatment of AIDS in children. His paper titled “Clinical Recovery of Pediatric AIDS by Natural Therapy” was indeed intriguing. Let me present some of the basic statistics and philosophy presented in this discussion by Dr. Tani and Dr. Rodica of Constantine, Romania.

Fifty-six pediatric AIDS patients were studied. Eleven were symptomatic HIV and 29 had clinical AIDS. The 56 pediatric patients were separated into 6 treatment groups and studied for a 30 month period. Natural remedies utilizing a Chinese herbal blend and soups were studied in contrast to AZT.

The different treatment groups consisted of
1. herbal tea
2. herbal tea, astol (phaseolus radiatus) and soup
3. herbal tea, astol, soup, and AZT
4. just AZT, and

75
ANTIBIOTIC DISRUPTION OF BOWEL FLORA

Antibiotics as a co-factor in AIDS

By: W. Nelson, LFCC, M.D.

ABSTRACT

The antibiotic revolution was touted as one of the best discoveries of modern medicine. There have been however, a derogatory side effects of these antibiotics. The environment has been effected as well as the patients. In this article we look at the disruption of the bowel flora by antibiotics. And theorize about how this disruption of the bowel flora, could be a contributing factor to the AIDS epidemic. The article also reviews the bowel flora in naturopathic terms for treatment and diagnosis.
Homeopathic Treatment of Epstein Barr Virus Infections

HOMEOPATHIC TREATMENT OF EPSTEIN-BARR VIRUS INFECTIONS

Nosodial Therapy for Viral Chronic Fatigue
Chief Editor: N Vilmos, M.D.; Independent Medical Editor: Budapest, Hungary


This study was performed in 1987 at the Survival Center Clinic in Ravenna, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Clinic in Budapest, Hungary, and by the doctors listed above.

ABSTRACT

Homeopathy has been proven effective historically in many different viral conditions. Recent experimental evidence has shown homeopathy to be effective for flu, measles, AIDS, and other viral conditions. In this article we review some of this literature and research, and we explore homeopathic treatment of Epstein barr and mononucleosis conditions.
Homeopathic Treatment of Herpes-Like Conditions

HOMEOPATHIC TREATMENT OF HERPES-LIKE CONDITIONS

INTRODUCTION

Herpes sores develop for many reasons. The herpes virus gets into cells, and can produce these sores. There are several types of herpes including simplex, gorgoentals and zoster. There are many types of virus associated with these. These viruses often hide in connective tissue, especially around the spine, and then come out when there are periods of stress or metabolic imbalances that produce the right environment for them to leave. Once they leave the spine and go into an area such as the mouth, nose, Vagina, penis, or other attack area, the herpes virus is ripe for disablement by the immune system. The key factors of the immune system that deal with this are B cells and their antibody activity.

TREATMENT

Herpes virus does not like cold. Often we see heat produced in the area before herpes strikes, and heat afterwards. When we place a cold source onto the actual lesion, we can observe that it might take several ice
Homeopathic and Naturopathic Treatment of AIDS:

So in conclusion to treat this disease naturally we must do the following:

1. Use herb blends that directly interfere with the Virus. Hemo A or Chan Bai San

2. Treat the infections with natural means BAC, FNG, VIR

3. Use homeopathic Auto nosodal techniques to stimulate the immune system

4. Avoid all immunosuppressants AVOID
   A. Processed Sugar And flour
   B. Antibiotics
   C. Excess Stress
   D. Excess Alcohol
   E. Street Drugs

5. Stimulate the immune system with herbs, soups, vitamins and Natural Immunomodulators.

6. Use the Mind to help with Neuro-Immuno-Stimulation.

7. Healthy Bowel Flora and Bowel Function, with Healthy Lymphatic functioning.

I hope that this report can help science to recognize the natural potentials.
AUTO IMMUNIZATION
NELSONIAN THERAPY (AINT)

By: W. C. Nelson M.D.

In 1994 a major AIDS conference was held in Japan. The overall conference was very successful, and many types of discoveries were encountered regarding prolonging the life of the AIDS patient. One basic conclusion arose from this convention, however. The basic conclusion reported on five major news networks was that whatever we are doing for AIDS research is not working to complete satisfaction. Thereby, a new direction is definitely needed: a new direction for diagnosis, and especially towards cure; must be investigated.

There was an overall plea made at this convention for new directions of research. The previous directions of research have all been around certain synthetic, chemical dimensions. Chemical companies are looking for a magic bullet, some type of immunization therapy from which they could profit after doing their research.

We basically feel that we have this new direction, and that this new direction lies in the field of homeopathy and electro reactivity. In our study of the electrical reactivity of AIDS patients in Budapest, Hungary, we found that there is indeed a specific profile of compounds to which the patients reacted [Studies: 4].

We also treated the patients with the homeopathic pharmaceutical technique which we have outlined in this brief paper. This is the Auto Immunization Nelsonian Technique, in which we took a drop of
IMMUNOCOLOGICAL AND ELECTROPHYSIOLOGICAL REACTIVITY OF PATIENTS WITH HIV INFECTION

By: Nagy K., Nalson W., Barabac E., Balazs E., Varkonyi V., Horvath A.
National Institute of Dermato-Venereology, Budapest, Hungary 1994

ABSTRACT

The diagnostic and prognostic value of electrophysiological reactivity patterns of HIV infected subjects were compared to complex immunological and virological laboratory markers.

Electrical responsiveness of 22 asymptomatic HIV infected patients were monitored monthly for a 4 month period by Quanta Med 4000, a sensitive multichannel diagnostic biofeedback machine, capable of measuring slight fluctuation of patients' brain waves and skin resistance, whilst the patients are sequentially exposed to a battery of numerous homeopathic nosodes and isodes. This process known as the Xrroid process.

Immunological and virological analysis included determination of CD cell count, HIV, HCV and CMV antibodies, HbsAG, and serum Beta 2-microglobulin (B2M) and Neopterin levels.

In the study - 4000 substances (items) were tested to determine which of these the patient had the most reaction to. The reactivity scores were then analyzed statistically. As a result a profile of electro-reaction is suggested, which considered characteristic of HIV disease in contrast to that of the normal subjects.

After initial evaluation a treatment protocol was designed. Half of the patients received a fatty acid blend and homeopathic medicaments throughout the test. Subjects were instructed to use the products daily and compliance was evaluated in the monthly interview. Reevaluation of electrophysiological reactivity and immunological tests were repeated every month.

H2M level was found decreased in 88 percent of those who received homeopathic treatment and in 50 percent it was found < 3 mg/L compared to 27 percent of those untreated. Antibody level to CM was also found decreased in consequence of treatment. No changes, however could be detected in CD count and HbsAg and HBC antibody level.

The electrophysiological reactivity test provided information, which suggest that it can be used as a pre-diagnostic method, which might complete laboratory analysis. Complex homeopathy and individual nosode treatment shows some positive intervention.
Homeopathic and Herbal Treatment of Amoeba Infections

HOMEOPATHIC AND HERBAL TREATMENT OF AMOEBA INFECTIONS

By: W.C. Nelson, L.P.C.C.

INTRODUCTION

Amoeba is a one celled organism that can cause a parasitical or protozoa disease. The amoeba motivate by extending and contracting their protoplasm. There are a host of types of amoeba as well as a multitude of other protozoa diseases. These diseases were thought of as being rare for many years but due to better diagnosis and detection we see today more and more of these diseases. The usual contact is with bad food or water. The initial exposure usually results in dysentery or what we refer to in Mexico as Montezuma's revenge. This is usually treated symptomatically which produces relief. But the unconquered organism can proliferate and lead to other diseases. They can cause ulcerations in the colon and digestive tract. Most often the ulceration is in the lower bowel. Often the protozoa can proliferate in the mouth, bowel or spread to other areas. The proliferation of these intruders is slow and often takes 4 to 5 years before other symptoms result. The amoeba can occupy places in the synovial fluid of the joints and cause arthritis or articular disease. In the joints they will cause distortion of the joint and dislocation of the joint sack. Many arthritic deformed joints in the fingers are a result of amebic proliferation. They can cause hepatic abscesses in the liver or other organs. Since they shrink when exposed to saline solution (from the isotonic effect) they can be difficult to diagnose. The electro reactivity Xroid can detect the amebic disease with some accuracy. In recent years in clinical practice I have seen more and more Amoeba infections in Northern areas. In fact the further North I go the more amoeba I see. I can speculate that this is some how related to changes in the ultraviolet light and the reduction in Amphibian populations.

TREATMENT

The human immune system dose not have a developed system for dealing with this protozoa disease. All attempts to correct this with classical homeopathy, nutrition, and behavioral therapy come up empty. The patient needs more refined and direct therapy. So to help the system to deal with this disease we developed a nosode treatment with some herbal therapy that could disable any flagellated bacteria such as Giardia or the motivated Amoeba.

The formula is made with the patented activation process at New Vistas which appears to increase the clinical results significantly. The formula contains nosodes from over 8 forms of Amoeba and other Protozoa. In addition herbal forms of Diloxanide Furoate, Metronidazole, and absinthium are at lower potencies.
Endotoxin

ENDOTOXIN

NDC 55541-2140-1

Product Specifications: Manufactured by Maitreya, Inc., 5260 East 39th Avenue, Denver, Colorado USA 80207
303-333-9269 / 800-283-4533 / FAX 303-355-415

ACTIONS

Endotoxin functions as a non-specific immune enhancer. Experimental research indicates that the constituent responsible for this immuno-stimulation is the lipopolysaccharide released from the bacterial cell walls upon lysis. Clinical trials indicate this non-specific stimulation includes increased antibody production and macrophage motility, and enhanced B and T cell activity.

NOTE: Lipopolysaccharides have been shown to be toxic at higher concentrations, while at ultra-high dilutions, they test unstable and results obtained are inconsistent. The midrange potencies contained in Endotoxin have demonstrated stable, safe and highly effective properties.

It is also important to note that the formula does not contain whole organisms or viable populations of any bacteria. Processing techniques prior to manufacturing ensure the bacteria used for this formula are completely destroyed.

INDICATIONS

Endotoxin is most useful in the effective management of mild to moderate bacterial and viral infection. It may, however, be effectively used for both chronic and acute conditions. Commonly used antibiotics routinely circumvent the reticuloendothelial system and focus directly on disrupting bacterial replication.

Endotoxin is designed to stimulate the immune system to properly respond to the challenge of general microbial infection. May be used concomitantly with antibiotics for prolonged or especially resistant infections. Endotoxin is also very effective when used as a preventative. By assisting the innate biological intelligence that already exists in the organism, Endotoxin tones the entire immune system and enhances subsequent immunological responses.
SO YOU HAVE A COLD - IS IT ALLERGY, ASTHMA, INFLUENZA, INFECTIOUS, OR NUTRITIONAL IMBALANCE?

Author: William Nelson, D. Sc. L.P.C.C. Maitreya; Limerick, Ireland

This article was presented by Dr. William Nelson at the Phamia Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

ABSTRACT

In this brief paper we categorize some simple diagnostic methods for analysis of patients who present with rhinitis, sinusitis, itchy, runny eyes, asthma, fever, chills... in other words, cold symptoms. Cold symptoms can come from a variety of reasons, not just from viral infection. However, viral infection will be thoroughly discussed in this paper.
In this article we will discuss simple OTC (over-the-counter) treatment regimes which can be used for cold-like symptoms. This is vital information for pharmacists and practitioners alike in dealing with probably the most common ailment known to man.
A SHORT STUDY OF COMPARISON FACTORS OF HOMEOPATHIC TREATMENT VERSUS ENZYMATIC TREATMENT OF INTESTINAL PARASITES

This study was performed in 1984 at the King Health Center in Loveland, Ohio, USA Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathy Clinic in Budapest, Hungary and by the doctors listed above.


ABSTRACT

In this study a group of patients from ages twenty-five to fifty were chosen who displayed signs of worm eggs on coprolites (stool) analysis. The patients were divided into two groups of ten patients each. One group received treatment with a combination homeopathic product known as Vermex, which contains various homeopathics that stimulate the defenses of the system against parasitic intrusion, and also homeopathics that help to flush out the intestinal tract. The other group was given Standard Process enzyme therapy in a pill called Zymex, whose ability to aid the system of parasites through its enzymatic effects was claimed by various doctors.

The patients in each group were then remeasured. It was found that the Vermex product was successful in treatment, whereas the Standard Process product seemed to show no positive effect.
STIMULATION OF MOTILITY FACTORS IN NEUTROPHILS

This study was performed in 1994 at the Homeopathic Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathic Clinic in Budapest, Hungary, and by the doctors listed above. This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

ABSTRACT

In 1987 a department of scientific research in Germany published the first part of this study [Studies: 5]. In this study a sample of patients' blood was taken by finger prick, and put onto an inverted slide. The inverted slide allowed for motility of the white blood cell underneath the cover slip. When viewing blood normally, using a noninverted slide, the cover slip would produce pressure on the white blood cell and restrict its movement.

A sample of various bacteria was put into the blood sample, comprised of streptococcus. The mobility and motility of the white blood cell was then studied under the microscope. This was done using a dark field at 1500x to minimize the effects of excess infrared radiation. However, the temperature of the blood was always maintained within one degree of body temperature (98.6°F, 37.5°C).

The speed of the white blood cell was then measured in seconds per 10 μm, as well as the ability of the white blood cell to produce phagocytosis around the bacteria. The baseline was thus established by observing multiple white blood cells in the patients. One group of patients was then given a placebo of water and alcohol (ten drops) orally, and another group was given a sample of a complex homeopathic designed to stimulate the white blood cell towards bacteria. Blood was taken thirty minutes after administration of the placebo or homeopathic.

In the treatment group there was virtually no change from the initial pre-test. In the homeopathic group there was an increase. In the homeopathic treatment group there was a thirty-five percent increase in the motility and mobility factors of the leukocytes.

This initial American study of 1987 has been duplicated using an additional ten subjects with fungus instead of bacteria, and fifteen subjects have recently been added to the study population from Hungary. This makes a sum total of thirty-five subjects who participated in our study.
HOMEOPATHIC STIMULATION OF WHITE BLOOD CELL MOTILITY AS ANALYSED UNDER THE MICROSCOPE

(A Proposed Mechanism of Homeopathic Immune-Stimulation)

Chief Editor: N. Vilmos, M.D.: Independent Medical Editor; Budapest, Hungary.
Developed By: The staff of Maitreya; Limerick, Ireland William Nelson L.P.C.C.

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathy Clinic in Budapest, Hungary, and by the doctors listed above.

ABSTRACT

The dynamic factors of life seem to be dependent on photons. This has been developed through quantum electrodynamics, which has been applied to biology by many researchers. In this study we microscopically analyzed the white blood cell's recognition and motility factors for bacteria and fungi. By then observing how the white blood cell moves towards the bacteria and fungi we are able to analyze one factor of immunity.

A key question in biology must be: How do the white blood cell and the immune system find and isolate the microorganism intruder?

A thermodynamic and/or chemical mechanism is not a complete analysis. In this paper we bring forth the treatise that the white blood cell has some photon receptors and a type of vision which allows it to find these intruders and thereby destroy them.

In this study we then gave the patients a treatment of water and alcohol, and/or a homeopathic of various microorganisms. This was performed in a double-blind fashion. In the placebo group there was virtually no change from the baseline reading in the motility recognition factors. However, there was a thirty-five percent increase in recognition and motility of the white blood cells in the blood samples of the patients receiving the homeopathic treatment.

The conclusions of this study are drawn through a dynamic, quantum, photon system of understanding of biology, which then helps us to understand some possible mechanisms of homeopathy. In the conclusions of the study we further show that homeopathy not only is a safe but also an effective and natural process of not defeating the organism directly, but stimulating the immune system to do its job better in defeating the microorganism intruder. Thus homeopathy offers a more natural way to stimulate the immune system of the host rather than a way to defeat the intruder directly, as in antibiotic treatment.
NEW TECHNIQUES OF HOMEOPATHIC TREATMENT OF FUNGAL INFECTIONS


Developed By: The staff of Maitreya; Limerick, Ireland William Nelson, L.P.C.C.; Denver, Colorado, USA

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10-13, 1994.

ABSTRACT

In this study there are two major investigative reports that we explain. One is a forty-five-patient study of female yeast problems, in which a complex homeopathic treatment was proven to be effective. We first present a twenty-patient study of various effects on overall fungus population. The overall fungus was measured through culture analysis of patients' hair, urine, sputum, and other physiological samples.

Three treatment groups were organized: that of a candida-only diet, that of a homeopathic singular of Candida albicans only, and that of a complex homeopathic for full-range treatment of fungal disorders. In the study we show the dramatic superiority of the complex homeopathic, how it worked on a wide variety of fungal disorders, and how the Candida albicans homeopathic only worked on Candida albicans. The diet proved to have little or no effect.

The study reviews the process of the immune system's defense against fungal intrusion and fungal overgrowth. Also, there is the proposed mechanism for the homeopathic action, in that it appears to be stimulatory of the immune system.
ACQUIRED IMMUNE DEFICIENCY SYNDROME

Abstract:
This study demonstrated the safety and efficacy of the SOD devices used in a large scale study. A large scale study of over 15750 patients with over 15,000 patient visits reported their disease. Many of them reported this disease. The results of their therapy are reported in this study.

Introduction:
This large scale research was designed to produce a extensive study of people with a wide variety of diseases to see who gets or feels better while using the SOD for stress reduction and patient monitoring. The SOD is a evolved potential Universal Electro-Physiological Medical apparatus that governs a individual needs to miscellaneous homoeopathic substances. The device is registered in Europe, America, Canada, Africa, Australia, Asia, Africa and elsewhere. The traditional software is fully replaced with some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the ICD). An European ethical committee was officially registered and governmental permission attained to do the significant risk study. Qualified registered and licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including in America, Europe, Africa, Australia, Asia, and Asia. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists existed in the study. There were 26,766 patients. 69% had more than one visit. 43% had over two visits. There were a total of 275,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SOD therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside the realm of their scope of practice. Thus the therapist is to inspect any reported changes during the meeting and on follow-up any measured variations. It must be pointed out that the therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to the device but to the total effect of seeing a SOD therapist.
SPECIAL NOTE ON LECTINS, NATURAL ANTI-VIRALS, HOMEOPATHICS and NUTRIENTS VALUABLE IN THE TREATMENT OF AIDS

By: W. Nelson, LPCC, M.D.
This article will review a protocol for treating AIDS patients. This protocol has had clinical validation and superlative effects.

Lectins are naturally occurring substances that mostly are found in the plant kingdom. Lectins are proteins or glycoproteins that are not made by the immune system of a human but can influence the immune system of a human. Lectins influence agglutination and precipitate complex carbohydrates. The agglutinations activity of these highly specific carbohydrate binding molecules is usually inhibited by a simple monosaccharide. For some lectins Di, Tri, or Poly saccharides are required. The plant source often carries the needed molecules for action.

Many Lectins produce stimulation effects on the manufacture of lymphocytes. In fact several of these compounds have mitogenic stimulation of T-cell Lymphocytes. In the last study on the treatment of children with AIDS the use of the miso soups reflect the use of some lectins.

But if we review the Lectin research we can see a more refined type of soup prescription. "The effects of T-cell stimulation can be of the utmost importance to the AIDS patient."

Biological research has shown several substances to produce this Mitogenic effect. Many of these herbal compounds are in the New Vista Product known as Hemo-A. This product has been tested in cell culture and clinically and proven its ability. But there are many compounds that can provide some dietary effect. We recommend combining the diet of these foods with the Hemo-A. Many of the best naturally occurring sources of Lectins are herbal controlled substances that are put into the Hemo A. So combining this with the diet has maximum effects.

DATE: SEPTEMBER 20, 1994

RE: ANALYSIS OF XRROID REACTIVITY READINGS OF AIDS PATIENTS IN BUDAPEST

ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for xrroid electrical reactivity readings. The electrical reactivity patterns and reactive substances that were in the highest faction of reactivity. In other words, those reactants that were statistically significant are compared in the groups of the AIDS patients taking the AZT as well as the AIDS patients that were treated with homeopathic and nutritional items. The purpose of the study was to analysis similarities and consistencies in their electrical reactivity patterns over the course of four measurements. This took place during the 4th, 5th, 6th and 7th month of 1994. During these months there was also a homeopathic and nutritional intervention done on several of these patients to see the effect on blood chemistry profiles denoting aids risks and the homeopathic and nutritional intervention are described in the article known as the comparative results.
TITLE
THE TRIVECTOR ANALYSIS OF
THE ELECTRONIC SIGNATURE OF HOMEOPATHY
SUBTITLE
OF
QUANTUM QUALITY CONTROL = QQ
TWO DECADES OF SERVICE
BY
PROF. WILLIAM C. NELSON MD IMUNE

ABSTRACT: The first proposition of the electrical signature of a homeopathic
was put forward by Reinhold VOLL. He called it medication testing. In 1988
Nelson had theorized the proposition in more engineering terms. In 1974 at
Youngstown State University Nelson had successfully proven the trivector
reactive field of a human thru subspace. Then the science was outlined in the
PROMORPHEUS. Here a basic treatise of Quantum Electro Dynamics was used.

By 1985 there was a working model of a trivector analysis and it was
reliably tested as part of the EPFX system in 1989. Now over 25,000 devices,
hundreds of clinical articles, and hundreds of millions of patient visits there is an
undeniable truth to the safety and efficacy of the trivector analysis system. This is
a review.

There is evidence for resonant and anti resonant frequencies of different
biological substances. There is also some research there is the same in
homeopathic medicines. These homeopathics also have capacitance and
inductance fields that can be measured. When challenged, trace substances
reveal volt and amperage profiles from oxidation and reduction reactions.
Voltammetry is traditionally used in analytic chemistry. The basic capacities of
electronics are voltage, amperage, and resistance. They are mathematically
related in Ohms law. There are other mathematical relations that relate
capacitance and inductance as variables. The resonant frequency is a
mathematical relation of capacitance and inductance.

This article briefly reviews all of these factors together. That a
biological substance or a homeopathic can posses an electronic trivector
signature. This signature will be a trivector signal paralleling the right hand rule
of electronics. This rule states that as an electron moves, it generates a magnetic
field at 90 degrees and then a static field at another ninety degrees. Thus the
conductance, inductance, and capacitance field of a homeopathic makes up its'
trivector electronic signature. This is the basis of a standard accepted art in
chemistry known as Electro-chemistry. There are thousands of articles about
electro-chemistry.
XIII. HOMEOPATHIC TREATMENT OF INSOMNIA

(A Review of Clinical Protocol)

Abstract:

This short article reviews a natural protocol for treating insomnia. Treatments include behavioral medicine, psychology, nutrition and homeopathy.

Introduction:

Insomnia can result from a variety of conditions. Many patients have things on their minds at night that keep them awake. Often the sleep center is disoriented in the brain and can produce problems. Also, over-use of stimulants may be a cause. Too much caffeine, nicotine or other stimulants may be ingested which can also produce insomnia. Too much alcohol is a cause because although it is a sedative, its secondary effect is that of stimulation. So if we have one or two drinks before bed, they might help us to go to sleep, but we might wake up at two or three in the morning because of the stimulation-rebound effect of alcohol.

Insomnia is defined as difficulty in sleeping or disturbed sleep. For the elderly, sleep time tends to shorten. Sometimes stage four of sleep can disappear with age. Sleep becomes more disturbed. This is a pathogenic, unnatural condition. Most often this is iatrogenic, caused by medications. Emotional states, which are the most frequent cause of insomnia, can be aggravated by medications. Low-grade depression can affect sleep [Studies: 2]. Sleep medications often produce inverted sleep rhythms which can result in tiredness and lethargy during the day and interrupted sleep at night.

Insomnia is identified as either primary (chronic, somatic or psychic causes), or secondary (from pain, depression or anxiety) [Books: 13].

The most important factors to explore in the medical interview are:

1. Medications (stimulants or depressants)
2. Depression, lethargy, feelings of hopelessness
3. Anxiety, fears or phobias
4. Nutritional imbalance
5. Geopathological stress
6. Exercise deficiency or excess
7. Musculoskeletal pain or stress
8. Brain disturbances
Title:  
A SHORT STUDY ON A NATURAL RELAXANT  
(A Natural Valium Effect on Normal Patient Population)

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Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary

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Developed By:  
The staff of Maitreya's; Limerick, Ireland

This study was performed in 1994 in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors in Budapest, Hungary, and by the doctors listed above.

Abstract:  
A group of volunteers were asked to take the Relax combination homeopathic so that safety and efficacy issues could be determined. The Relax is designed as a muscle relaxant, and should help to prompt the relaxation of muscles as well as ease patients to sleep. This compound contains valarian and other homeopathic relaxants. This compound was developed as a safe, natural muscle relaxant and stress reducer. The patient population had no measurable disorders, but was asked to rate the effects of the Relax and how well it worked. The study shows that the Relax worked well in relaxing the patients' muscles, and prompted them to go to sleep.
HOMEOPATHIC TREATMENT OF CEREBRAL ISCHEMIA RISK PATIENTS

(The Evaluation of a Homeopathic Chelation Program)

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Developed By:
The staff of Maltrey, Limeric, Ireland

Abstract:
In this paper a population of sixty-five patients were evaluated who were found to be at risk of cerebral ischemia. This was measured through the George’s Circulatory Risk Test, and was further confirmed with many patients by Doppler tests, as well. The study outlines the procedure for evaluation and therapy. The homeopathic program was then utilized, and patient results were achieved at a significant level, showing that the homeopathic chelation program could help to break up congestion of the artery in a safe, natural process without surgery or synthetic drugs.
Insomnia (study)

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University of Venice + Padova, Italy

This study was performed in the field by
practicing Biofeedback technicians. Data
was collected and the study supervised by
the Ethics International Institutional Review
Board of Romania. The Data analysis and
study presentation is done By the The Centro
Ricerche, University of Venice + Padova, Italy


Abstract
This study demonstrates the safety and
effective qualities of the SCIO device used in
a large scale study. A large scale study of over
97,000 patients with over 275,000 patient
visits reported their diseases. Many of them
reported this disease. The results of their
therapy is reported in this study.

Introduction
Overview
This Large scale research was designed to
produce a extensive study of people with
a wide variety of diseases to see who gets
or feels better while using the SCIO for
stress reduction and patient monitoring.
The SCIO is a evoked potential Universal
ElectroPhysiological Medical apparatus
that gauges how a individual reacts to
miscellaneous homeopathic substances.
The device is registered in Europe, America,
Canada, S Africa, Australia, S. America, Mexico
and elsewhere. The traditional software is
fully registered. Some additional functions
where determined by the manufacturer to
be worthy of evaluation. Thus a study was
necessary to determine safety and efficacy.
(As a result of these studies these additional
functions are now registered within the EC)

An European ethics committee was officially
registered and governmental permission
attained to do the insignificant risk study.
Qualified registered and or licensed
Biofeedback therapists where enlisted to
perform the study. Therapists were enrolled
from all over the world including N. America,
Europe, Africa, Australia, Asia, and S. America.
They were trained in the aspects of the study
and how to attain informed consent and
transmit the results to the ethics committee
or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There
Alcoholism (study)

Part of the Following:
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This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done by the The Centro Ricerche, University of Venice + Padova, Italy © Ethics International, 2007.

Abstract
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Overview
This large scale research was designed to produce a extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is a evolved potential Universal ElectroPhysiological Medical apparatus that gauges how a individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC).

An European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).
Full Spectrum Micronutrient Treatment of Bacteria
(Homeopathic Treatment of Bacterial Infections)

Chief Editor:
Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary

Edited and Validated By:
Istvan Bandics, M.D.; Budapest, Hungary
Gyilia Panszki, M.D.; Budapest, Hungary

Consultant:
Dr. Simon Gutl, M.D.; Hanover, Germany

Abstract
Two studies involving homeopathic or micronutrient treatment of bacteria are reported which indicate a natural, safe alternative to antibiotics. Both studies involve patients aged twenty-five to fifty. In the first study we take pin-prick blood samples from ten healthy patients, bring them on an inverted side, and then measure the speed and motility factors of the white blood cell. The patients are then given (in double-blind fashion) either water and alcohol or a homeopathic for bacterial stimulation. On evaluation under the microscope, the speed of the white blood cell is increased in the treatment group; the placebo group shows no change.

In the second study patients are evaluated for urinary bacteria from culture.

They are then prescribed the complex homeopathic, and reevaluated. The study shows that the complex homeopathic can indeed help the patients to deal with their bacterial infections.

The proposed mechanism is discussed, along with this short study.

Keywords
Bacteria, complex homeopathic, micronutrient, motility factor, phagocytosis

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.
Zapping the Human Papilloma Virus

By William Nelson LPCC

At the Semmelweis Hospital in Budapest 1994

Abstract

We know of no good evidence for Dr. Kruger’s zap therapy. The Zap technology of the QXCI/EPFX has some tested capabilities. In this study 25 women showed signs of papilloma virus spots. The papilloma virus HPV spots fluoresce in UV light if they are exposed to vinegar. A vinegar swab showed spots on all 25 with an average of 12 spots per person. The women were given three 30 min QXCI Zap therapies over the course of one week. In 2 of the subjects there was no change. All of the others had lessening of their spots in size and number. In five subjects there was complete removal of the spots. The rest had approximately 60% reduction in the number of spots. The overall average therapy was 60% effective in treating papilloma.

A SHORT STUDY OF COMPARISON FACTORS OF COPROLITH VERSUS QXCI DETECTION OF INTESTINAL PARASITES

- Chief Editor: William Nelson, N. M.D.; Independent Medical Editor; Budapest, Hungary
- Edited and Validated By: Istvan Bandics, M.D; Budapest, Hungary Gyilla Panszki, M.D; Budapest, Hungary Attila Kiss, M.D; Győr, Hungary
- Consultant: Dr. Simon Gutl, M.D; Hanover, Germany
- Developed By: The staff of Maitreya; Limerick, Ireland

This study was performed in 1984 at the King Health Center in Lowellville, Ohio, USA Revalidation and further clinical testing and has been repeated by medical doctors at the Homeopathy Clinic in Budapest, Hungary and by the doctors listed above.

Title  
The Long-term Pathological Findings of the Camelford Toxicity group 1990

Subtitle  
The Premature Ageing Effects of a Toxic Water Syndrome Case.

By  
Dr. William Nelson LPCC, Peter Smith LCH

ABSTRACT:  

In July 1988, a toxic water spill in the Camelford water district by South West Water, the public water utility, in Cornwall England resulted in some 20,000 people being exposed to a toxic cocktail of chemicals in their drinking water. This produced a host of different physiological diseases. It also resulted in a homeopathic practitioner, together with other colleagues, launching into long-term 7 year study of the effects of this toxicity on the population.

Besides extensive case notes on 200 people, hair and nail samples, different electrical measures, chemical measures, and psychological interventions have yielded a understanding of these patients' disease profile. Various lengthy papers have been prepared by the North Cornwall Homeopathic Project and the Lowermoor Support Group. A book is in preparation.

One of the key factors that have been observed in this population is that of premature aging. This is discussed within this article.
Stimulation of Sports Performance and relief of Sports Pains with a Natural Herbal Yeast Formula with Special consideration of the SCIO

Towards a Natural Oxygenation and Sports Stimulation Formula

Chief Editor: William Nelson, Prof Medicine IMUNE
Edited and Validated By:
Christian Sirbu Dr of Homeopathy, Budapest, Hungary
Istvan Bandics, M.D.; Budapest, Hungary
Gylila Panszki, M.D.; Budapest, Hungary

Developed By:
The staff of IMUNE 1997

Abstract
This study tests the effects of a natural oxygenation formula on sport fatigue pain, and sport performance. The SCIO treatment provides a basic repair stimulation signal for cellular rejuvenation. Diseased tissue has a different type of electrical signature than healthy tissue. When the SCIO detects an injured tissue signal it responds with a curative stimulation electrical pattern to promote and speed healing. There are also many additional effects from the device to enhance sport performance in general.

Key Words: Stimulation, Flower Pollen, Pangamic Acid, Oxygenation, Xrroid, SCIO

World's Largest Clinical Biofeedback Peer Reviewed Research Study on the SCIO
A World Leading Educational meeting

Paris, France
Palais des Congrès
Abstract

During the course of a one year period the 1834 patients in our clinic were all asked in their intake form to participate in a study. All patients were treated with the EPFX device. The types of disease trends these patients presented were evaluated by one of the medical doctors on staff. The EPR reactivity profile was checked by the EPFX device. A comparison of the EPR reactivity patterns yielded a Risk probability profile. The results of this profile are reported here.

At the Szent Janos hospital in 1995 Budapest a TVEP study was done on cataract patients. Both of these studies proved TVEP reactions patterns to be helpful and significant in detection of disease patterns. see XRROID reactivity patterns in Cataract patients, UMSH 1997 volume1/4 ISSN 1417 0876

The following reactants are statistically significant at alpha levels .05 for the cataract patient:

- sucrose sucrase
- glucuronidase
- glucose
- glucogen
- glucose dehydrogenase
- aspartase
- myleoperoxidase
- cataract nosode
- pancreatin
- pancrease sarcide
- glutathione
Desiré is the Professor Emeritus of IMUNE. IMUNE is an accredited and legally registered medical university in Europe.

Since 1995 IMUNE has been offering medical education in a variety of subjects to defend and perpetuate Natural Medicine. There are many small minded people being driven by the SINthetic chemical companies to destroy Natural Medicine as a viable choice in Medicine. IMUNE has offices in Switzerland, Mexico, Dubai, Budapest, England, and the British Virgin Islands. The small petty minded picayune minions of the chemical companies constantly attack with their anal retentive biased short sided views. We must fight for freedom of choice and especially freedom of choice on medicine.

Education...
...free from Borders  www.imune.net
Large scale SCIO Studies

Title: Large Scale Study of the Safety and Efficacy of the SCIO Device

Chief Editor:
Prof William Nelson M.D. IMUNE
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Developed By:
The Centro Ricerche of Prof. William Nelson University of Venice + Padova, Italy

This study was performed in the field by practicing Biofeedback technicians. Data was collected and the study supervised by the Ethics International Institutional Review Board of Romania. The Data analysis and study presentation is done By the The Centro Ricerche, University of Venice + Padova, Italy


Abstract:

A global and momentous research project was developed for the last three years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

The device and thus the study has insignificant risk. There was a staff of medical doctors who designed and supervised the study. This study started in 2004 as an attempt to show the world the validation of being a SCIO therapist.

Over 98,000 patients gave informed consent and participated in the study. The study would conclusively prove safety and efficacy of the SCIO Device. With over 60% of these patients having multiple visits. There were over 275,000 patient visits. With a total record of the SCIO patient information, therapy parameters and reactivity data. No names of patients were recorded for confidentiality.

Two of the 2,200 plus therapists were given blank devices that were completely visually the same but were none functional. These two blind therapists were then given 35 patients each. This was to evaluate the double blind component of the placebo effect as compared to the device. Thus the studied groups were a placebo group, a subspace group, and an attached harness group.

This is just the first study in a long task of analysis in truly break down the data totally. This study verifies the safety and efficacy of the SCIO device. There were small effects seen in the placebo group, larger effects in the subspace, and astounding effects in the real harness group.

Large Scale Study of the Safety and Efficacy of the SCIO Device
Abstract:

A global and momentous research project was developed for the last two years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

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ACNE VULGARIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 1833 of them reported acne. The SCIO treatments had little if any effect on acne.

Subspace Treatment 1,239 patients, 594 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 2,566 patient visits
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were:
1,233 cases reporting no improvement of Symptoms, 48 % of Subgroup
7 cases reporting no improvement in feeling better, .003% of Subgroup
8 cases reporting no improvement in stress reduction .003% of Subgroup
3%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
4%---.Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
17%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,521 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
762 cases reporting no improvement of Symptoms, 50 % of Subgroup
53 cases reporting no improvement in feeling better, .003% of Subgroup
2 cases reporting no improvement in stress reduction .000% of Subgroup
4%--- Percentage of Improvement in Symptoms
57%---- Percentage of Improvement in Feeling Better
5%---.Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
ACROPARESTHESIA Treated by SCIO Practitioners

Numbness of extremities

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 458 of them reported the medical diagnosis of acroparesthesia or numbness in the arms or legs. This a disease marked by attacks of tingling, numbness, and stiffness chiefly in the fingers, hands, and forearms, sometimes with pain, skin pallor, or slight cyanosis. 65% of the SCIO harness treated patients had substantial improvement. Thus showing the effects of the VARHOP stabilization on circulatory and nerve function.

Subspace Treatment 221 patients, 237 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
47%--- Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 458 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
21 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%---- Percentage of Improvement in Feeling Better
44%---- Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%---- Percentage of Improvement in SOC Behavior
ACQUIRED IMMUNE DEFICIENCY SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Participants have a complete history and physical examination and additional blood tests, including genetic studies, upon entering the study. They start taking SCIO treatments and following the Nahinga protocol. At the end, patients have a medical history, physical examination and blood and urine tests, including CD4+T cell count and HIV plasma viral load measurement. 5026 subjects were in the study. There were little results with the subspace group, but there were many success stories and 57% had measureable improvements in the SCIO test harness group.

Subspace Treatment 3,290 patients, 1736 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 8,733 patient visits
None of these cases reported any major difficulty.
There were
23 cases reporting no improvement of Symptoms, .001% of Subgroup
24 cases reporting no improvement in feeling better, .001% of Subgroup
11 cases reporting no improvement in stress reduction .0001% of Subgroup
21%--- Percentage of Improvement in Symptoms
22%--- Percentage of Improvement in Feeling Better
22%--- Percentage of Improvement Measured
12%--- Percentage of Improvement in Stress Reduction
12%--- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,212 patient visits
None of these cases reported any major difficulty.
There were
19 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
13 cases reporting no improvement in stress reduction .001% of Subgroup
56%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
57%--- Percentage of Improvement Measured
66%--- Percentage of Improvement in Stress Reduction
31%--- Percentage of Improvement in SOC Behavior
Measured events included antibody response, T4 count, and quality of life. There is improvement in these categories in subspace and distinctly more improvement in the Harness group.

**ALCOHOLISM Treated by SCIO Practitioners**

**Abstract:**

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. There are serious consequences of excess alcohol consumption. 411 patients with diagnosed alcoholism were tested. The subspace group had moderate improvements over placebo but the SCIO treatment group had very good success after the MCES (Micro-current Cranial Electro-Stimulation) treatment helped to lower desire and craving to drink. 37% reduced drinking after CES therapy.

**Subspace Treatment 202 patients, 209 SCIO Harness Patients**

**OVERALL ASSESSMENT**

**A. Subspace Treatment 588 patient visits**

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

- 11 cases reporting no improvement of Symptoms, .018% of Subgroup
- 10 cases reporting no improvement in feeling better, .018% of Subgroup
- 5 cases reporting no improvement in stress reduction .009% of Subgroup

32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
21%--- Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
12%---- Percentage of Improvement in SOC Behavior

**B. SCIO Harness Treatment 633 patient visits**

There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

- 5 cases reporting no improvement of Symptoms, .009% of Subgroup
- 8 cases reporting no improvement in feeling better, .012% of Subgroup
- 0 cases reporting no improvement in stress reduction 0% of Subgroup

50%--- Percentage of Improvement in Symptoms
76%--- Percentage of Improvement in Feeling Better
37%---- Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
34%---- Percentage of Improvement in SOC Behavior
SCIO ALLERSODE THERAPY

Abstract: This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Studies confirm previous research that has shown allergies in the United States are on the rise and provide more evidence to suggest global climate change may partly explain the hike, the researchers say. Both ragweed and mold are environmental allergens that may be influenced by changing global temperatures. An allergy is a reaction of your immune system to what are usually harmless, common substances, such as pollen, cat hair or dust. An antibody known as IgE binds to the offending substance, called an allergen. This binding triggers a chain reaction that ultimately results in allergy symptoms, including sneezing, wheezing and coughing. This study compares the treatments of Subspace therapy versus the SCIO harness system. Over 10,000 patients had medical diagnosis of allergy. 31% in the subspace group got improvements versus double that of 62% in the SCIO harness group whose allergy symptoms improved.

Subspace Treatment 7,941 patients, 2,403 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 22,504 patient visits
There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%---- Percentage of Improvement in Symptoms
21%---- Percentage of Improvement in Feeling Better
31%---- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%---- Percentage of Improvement in Symptoms
51%---- Percentage of Improvement in Feeling Better
Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. This study compares the treatments of Subspace therapy versus the SCIO harness system. Over 200 patients had medical diagnosis of Alzheimer’s disease. 12% in the subspace control group got improvements versus 69% in the SCIO harness group whose mental functioning symptoms improved. The MCES treatment had definite improvements on the symptoms.

Subspace Treatment 58 patients, 161 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 78 patient visits

There were 2 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, .025% of Subgroup
3 cases reporting no improvement in feeling better, .032% of Subgroup
5 cases reporting no improvement in stress reduction .047% of Subgroup

10%---- Percentage of Improvement in Symptoms
4 %---- Percentage of Improvement in Feeling Better
12%----Percentage of Improvement Measured
21%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 310 patient visits

There were 1 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

3 cases reporting no improvement of Symptoms, .014 % of Subgroup
1 cases reporting no improvement in feeling better, .006% of Subgroup
3 cases reporting no improvement in stress reduction .013 % of Subgroup

44%---- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
69%----Percentage of Improvement Measured
58%-- Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior
ANEMIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 450 patients had medical diagnosis of anemia. 47% in the subspace group got improvements versus 44% in the SCIO harness group whose anemia improved. New studies are raising questions about whether anemia treatment drugs that have been used by millions of cancer patients might actually be harming them. This study suggests that the SCIO can be helpful in helping these patients without the drug use concerns.

Subspace Treatment 222 patients, 236 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 533 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
47%--- Percentage of Improvement Measured
33%--- Percentage of Improvement in Stress Reduction
11%--- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 477 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
1 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup

43%--- Percentage of Improvement in Symptoms
61%--- Percentage of Improvement in Feeling Better
44%--- Percentage of Improvement Measured
65%--- Percentage of Improvement in Stress Reduction
24%--- Percentage of Improvement in SOC Behavior
ANXIETY UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 3,000 patients had medical diagnosis of anxiety. 23% in the subspace group got improvements versus 58% in the SCIO harness group whose anxiety symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine.

Subspace Treatment 1,035 patients, 2982 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,458 patient visits

There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

3 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
40%——Percentage of Improvement in Symptoms
38%——Percentage of Improvement in Feeling Better
23%——Percentage of Improvement Measured
43%——Percentage of Improvement in Stress Reduction
21%——Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 4,032 patient visits

There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

1 cases reporting no improvement of Symptoms, .001% of Subgroup
1 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
45%——Percentage of Improvement in Symptoms
55%——Percentage of Improvement in Feeling Better
58%——Percentage of Improvement Measured
74%——Percentage of Improvement in Stress Reduction
9%——Percentage of Improvement in SOC Behavior
ASTHMA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 600 patients had medical diagnosis of asthma. 21% in the subspace group got improvements versus 58% in the SCIO harness group whose asthma symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine used for emotional stability. This also has been shown to help allergy and inflammation concerns such as asthma in this study.

Subspace Treatment 122 patients, 509 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 323 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

<table>
<thead>
<tr>
<th>Percentage of Improvement</th>
<th>Subgroup</th>
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<tbody>
<tr>
<td>33%</td>
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<tr>
<td>32%</td>
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<td>21%</td>
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<tr>
<td>45%</td>
<td>0.001%</td>
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<tr>
<td>10%</td>
<td>0.001%</td>
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</table>

B. SCIO Harness Treatment 1308 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

<table>
<thead>
<tr>
<th>Percentage of Improvement</th>
<th>Subgroup</th>
</tr>
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<tbody>
<tr>
<td>43%</td>
<td>0.001%</td>
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<td>11%</td>
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BACTERIA INFECTION  Treated by SCIO Practitioners

BACTEREMIA

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of some type of bacterial infection. 13% in the subspace group got improvements versus over 50% in the SCIO harness group whose infection improved. The SCIO can autofocus an electrocution signal to lower bacteria counts as well as stimulate the natural recticuloendothelial system.

Subspace Treatment 3,922 patients, 6,281 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 4,659 patient visits
There were 9 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

- 34 cases reporting no improvement of Symptoms, .007% of Subgroup
- 53 cases reporting no improvement in feeling better, .012% of Subgroup
- 3 cases reporting no improvement in stress reduction .001% of Subgroup

23%—— Percentage of Improvement in Symptoms
26%—— Percentage of Improvement in Feeling Better
13%—— Percentage of Improvement Measured
43%—— Percentage of Improvement in Stress Reduction
3 %—— Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 14,553 patient visits
There were 5 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

- 21 cases reporting no improvement of Symptoms, .001% of Subgroup
- 15 cases reporting no improvement in feeling better, .001% of Subgroup
- 21 cases reporting no improvement in stress reduction .001% of Subgroup

45%—— Percentage of Improvement in Symptoms
68%—— Percentage of Improvement in Feeling Better
56%—— Percentage of Improvement Measured
78%—— Percentage of Improvement in Stress Reduction
21%—— Percentage of Improvement in SOC Behavior

Dramatic and significant improvements in symptoms and in measured reduction in the infections.

This points to the value of the Neuro-Immuno link that biofeedback works with, and also validation of the electrocution Zap principle used by the SCIO.
BICARB DEFICIENCY, Treated by SCIO Practitioners

Potassium and Magnesium Metabolism, Pancreatic Bicarb Deficiency

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 120 patients had medical diagnosis of Pancreas Bicarb deficiency. 42% in the subspace group got improvements versus 48% in the SCIO harness group whose Bicarb deficiency symptoms improved.

Subspace Treatment 21 patients, 107 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 43 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, .001% of Subgroup
0 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup

12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
42%----Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 258 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, % of Subgroup
1 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup

45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
48%----Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior
BRAIN FATIGUE UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 44,000 patients had symptoms of brain fatigue. 21% in the subspace group got improvements versus 52% in the SCIO harness group whose brain fatigue symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine and it helps brain fatigue quite well.

Subspace Treatment 14,516 patients, 18,508 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 14,516 patients...30,289 patient visits
There were 238 cases were patients reported a negative Improvement. None of these cases reported any major difficulty.

There were
439 cases reporting no improvement of Symptoms, .0173% of Subgroup
69 cases reporting no improvement in feeling better, .0001% of Subgroup
32 cases reporting no improvement in stress reduction .0001% of Subgroup
22%—Percentage of Improvement in Symptoms
41%—Percentage of Improvement in Feeling Better
21%—Percentage of Improvement Measured
34%—Percentage of Improvement in Stress Reduction
15%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 18,508 patients...53,542 patient visits
There were 50 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
531 cases reporting no improvement of Symptoms, .0028% of Subgroup
12 cases reporting no improvement in feeling better, .0001% of Subgroup
13 cases reporting no improvement in stress reduction .0001% of Subgroup
53%—Percentage of Improvement in Symptoms
53%—Percentage of Improvement in Feeling Better
52%—Percentage of Improvement Measured
78%—Percentage of Improvement in Stress Reduction
23%—Percentage of Improvement in SOC Behavior
Brain wave detection and correction with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1800 patients had medical diagnosis of brain wave disorders. 8% in the subspace group got improvements versus 85% in the SCIO harness group whose brain waves improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine. This MCES can be used to balance brain wave disorders.

Subspace Treatment 641- patients, 1265 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 783 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
<th>Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>No improvement in Symptoms</td>
<td>0.001%</td>
<td>Subgroup</td>
</tr>
<tr>
<td>No improvement in feeling better</td>
<td>0.001%</td>
<td>Subgroup</td>
</tr>
<tr>
<td>No improvement in stress reduction</td>
<td>0.001%</td>
<td>Subgroup</td>
</tr>
</tbody>
</table>

21%--- Percentage of Improvement in Symptoms
12%--- Percentage of Improvement in Feeling Better
8 %---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,983 patient visits

There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
<th>Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>No improvement in Symptoms</td>
<td>0.001%</td>
<td>Subgroup</td>
</tr>
<tr>
<td>No improvement in feeling better</td>
<td>0.001%</td>
<td>Subgroup</td>
</tr>
<tr>
<td>No improvement in stress reduction</td>
<td>0.001%</td>
<td>Subgroup</td>
</tr>
</tbody>
</table>

45%--- Percentage of Improvement in Symptoms
67%---- Percentage of Improvement in Feeling Better
85%----.Percentage of Improvement Measured
52%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior

The brainwave was measured and there was a significant improvement with the Harness group of 85%.
CANCER Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 7,500 patients had medical diagnosis of cancer. 28% in the subspace group got improvements versus 63% in the SCIO harness group whose cancer profile improved.

The SCIO device uses the principles of Quantum Electro Dynamics (QED) as the base of an energetic medicine technique for healing. Bioresonance, Volt-Ammetry, Trivector, Provocative Allergy Tests, Infection Reaction Testing and Immune Stimulation, Electro-Acupuncture, Neurological-Stimulation, Biofeedback-Psychological Interaction, Muscle-Neurological Re-education, Homotoxicity and Homeopathy, Electrophysiological Diagnosis, Behavioral Management Therapy and more are avant garde therapies registered for the SCIO device to perform on patients.

Cancer is a dys-regulation of the metabolic/reproductive epigenic rhythm. This dysfunction shifts the energy from metabolism to reproduction. Thus the cancer cells grow. This is explained in the PROMORPHEUS and in the IMUNE cancer video. The SCIO device can interrupt the epigenic dysfunction and thus destroy the cancer cells.

In this study the disease group total number of patients was 7,672, with Subspace Treatment 2,109 patients, and 5,563 SCIO Harness Patients. There was

Subspace Treatment 5,601 patient visits, SCIO Harness Treatment 16,720 patient visits.

The results show dramatic promise for the premise that the QED functions of the SCIO can have healing effects on a cancer patient. There was over 2,000 cases of cures reported in this study. More than fifty percent of the patients reported positive results. There was insignificant negative risk effects reported.

Subspace Treatment 2,109 patients, 5,563 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 5,601 patient visits

There were 4 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

11 cases reporting no improvement of Symptoms, .002% of Subgroup
15 cases reporting no improvement in feeling better, .002% of Subgroup
11 cases reporting no improvement in stress reduction .002% of Subgroup

27%---- Percentage of Improvement in Symptoms

27%---- Percentage of Improvement in Feeling Better

28%---- Percentage of Improvement Measured

35%-- Percentage of Improvement in Stress Reduction

6 %----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 16,720 patient visits
There were 5 cases of patients who reported a negative improvement.
None of these cases reported any major difficulty.
There were
14 cases reporting no improvement of Symptoms, .001 % of Subgroup
15 cases reporting no improvement in feeling better, .001% of Subgroup
15 cases reporting no improvement in stress reduction .001% of Subgroup
56%--- Percentage of Improvement in Symptoms
57%--- Percentage of Improvement in Feeling Better
63%---- Percentage of Improvement Measured
75%-- Percentage of Improvement in Stress Reduction
20%-----Percentage of Improvement in SOC Behavior
Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1500 patients had medical diagnosis of arrhythmia. 12% in the subspace group got improvements versus 55% in the SCIO harness group whose arrhythmia improved.

Subspace Treatment 321 patients, 1188 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 375 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

1 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup

24% --- Percentage of Improvement in Symptoms
26% --- Percentage of Improvement in Feeling Better
12% --- Percentage of Improvement Measured
43% --- Percentage of Improvement in Stress Reduction
7% --- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2047 patient visits

There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

5 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
2 cases reporting no improvement in stress reduction % of Subgroup

38% --- Percentage of Improvement in Symptoms
47% --- Percentage of Improvement in Feeling Better
55% --- Percentage of Improvement Measured
66% --- Percentage of Improvement in Stress Reduction
21% --- Percentage of Improvement in SOC Behavior
CIRCULATION DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 8,000 patients had medical diagnosis of circulatory problems. 33% in the subspace group got improvements versus 65% in the SCIO harness group whose circulatory symptoms improved.

Subspace Treatment 1,241 patients, 7,333 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,537 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
13 cases reporting no improvement of Symptoms, .001 % of Subgroup
13 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

22%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
33%---Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
6 cases reporting no improvement of Symptoms, .001 % of Subgroup
12 cases reporting no improvement in feeling better, .001 % of Subgroup
10 cases reporting no improvement in stress reduction .001% of Subgroup

47%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
66%----Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
42%----Percentage of Improvement in SOC Behavior
Clinical Review of Biofeedback Stress Therapy with the QXCI / SCIO biofeedback device

Abstract:

This article reviews the clinical results and experiences of users of the QXCI biofeedback device. The practice of biofeedback dates back several decades. The technique of using biofeedback devices to diagnose stress and treat stress is receiving more attention in our ever increasingly stressful world. In this article we review the positive results achieved from clinical experience treating patients on a day to day basis. In over two thousand patient visits the QXCI was over 80% successful in reducing stress.
COMMON COLD Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 15,000 patients had medical diagnosis of the common cold. 28% in the subspace group got improvements versus 65% in the SCIO harness group whose cold symptoms improved.

Subspace Treatment 12,720 patients, 4,878 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 17,901 patient visits

There were 7 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

9 cases reporting no improvement of Symptoms, .001% of Subgroup
11 cases reporting no improvement in feeling better, .001% of Subgroup
6 cases reporting no improvement in stress reduction .001% of Subgroup

24%---- Percentage of Improvement in Symptoms
25%---- Percentage of Improvement in Feeling Better
28%----Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits

There were 11 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

8 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup

45%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
65%----.Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
15%-----Percentage of Improvement in SOC Behavior
DEPRESSION + SEASONAL AFFECTIVE DISORDER Treated by SCIO Practitioners

Abstract:
This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 40,000 patients had medical diagnosis of S.A.D. -37% in the subspace group got improvements versus 56% in the SCIO harness group whose depression symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine. This MCES can be used to balance emotional disorders.

Subspace Treatment 13,878 patients, 18,152 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 21,092 patient visits
There were 34 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
43 cases reporting no improvement of Symptoms, .0021% of Subgroup
57 cases reporting no improvement in feeling better, .0027% of Subgroup
34 cases reporting no improvement in stress reduction .0016% of Subgroup
34%---- Percentage of Improvement in Symptoms
36%---- Percentage of Improvement in Feeling Better
37%---- Percentage of Improvement Measured
46%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 39,983 patient visits
There were 25 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
32 cases reporting no improvement of Symptoms, .001% of Subgroup
32 cases reporting no improvement in feeling better, .001% of Subgroup
32 cases reporting no improvement in stress reduction .001% of Subgroup
55%---- Percentage of Improvement in Symptoms
61%---- Percentage of Improvement in Feeling Better
56%---- Percentage of Improvement Measured
70%-- Percentage of Improvement in Stress Reduction
12%---- Percentage of Improvement in SOC Behavior
CORRELATIVE INFECTION COMPARISONS TO SCIO


Abstract:

The first assay of these factors was done in 1989, then again 1994 and now in 2007. One of those papers was presented at the Hungarian Diagnostic and Laboratory World Seminar in September, 1994, in Pecs, Hungary (a major world-wide congress on laboratory and diagnostic techniques). The 1989 paper was the basis of USA registration of the EPFX. Eighteen years latter there was a need for a more complete reevaluation.

This review report scrutinizes a comparison between cultured blood, skin, urine, lymph and stool results, and SCIO Electro-Physiological-Feedback EPR reactivity. Events display that the Xrroid has a very high interdependence to culture results, and thus the Xrroid is very helpful in determining the electrical reactivity of the patient, and in determining the type of infection the patient might have. The over-all correlation was approximately 91%. The existence of many so called false positives or infections that are subclinical makes reading difficult. This makes the SCIO profile a good pre-diagnostic tool.
DIGESTIVE DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 16,000 patients had medical diagnosis of digestive dysfunction. 32% in the subspace group got improvements versus 62% in the SCIO harness group whose digestive distress symptoms improved.

Subspace Treatment 7,954 patients, 8,410 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 12,504 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
25 cases reporting no improvement in feeling better, .001% of Subgroup
28 cases reporting no improvement in stress reduction .001% of Subgroup
27%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
32%----Percentage of Improvement Measured
34-- Percentage of Improvement in Stress Reduction
15%-----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 17,990 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
9 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
60%--- Percentage of Improvement in Feeling Better
62%----Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%-----Percentage of Improvement in SOC Behavior
Electro-Acupuncture with the SCIO as a safe and effective therapy

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 56,641 of them were treated with Electro-acupuncture, over 100,000 visits. And the results of their therapy are reported in this study.

Imagine a medical device that could check all of the acupuncture points in your body, then treat them, give you a list of unrepaired points, draw you a picture of the problem points, and give you another chance to repair the point.

Acupuncturists now do not have time to check and treat all of the possible points. So an acupuncturist has to interview symptoms and then determine the short list of points to deal with. But what if a device could be developed to automatically test and treat all points.

Such a device is available today and has been tested, registered, and validated for legal use. The QXCI device is this and more. This article reviews a new process of electro-acupuncture diagnosis and therapy. The computer can be used to accomplish this in minutes allowing for total electro-acupuncture therapy of a patient in a matter of minutes. This revelation in medicine involves a new computerized technology.

Subspace Treatment 20,233 patients, 36,408- SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 50,656 patient visits
There were 33 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
311 cases reporting no improvement of Symptoms, 0.001% of Subgroup
321 cases reporting no improvement in feeling better, 0.001% of Subgroup
111 cases reporting no improvement in stress reduction 0.001% of Subgroup
37%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
45%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 100,301 patient visits
There were 6 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
432 cases reporting no improvement of Symptoms, 0.001% of Subgroup
344 cases reporting no improvement in feeling better, 0.001% of Subgroup
76 cases reporting no improvement in stress reduction
0.001% of Subgroup
54%--- Percentage of Improvement in Symptoms
48%--- Percentage of Improvement in Feeling Better
43%--- Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
25%----Percentage of Improvement in SOC Behavior
ENDOMETRIOSIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of endometriosis. Endometriosis is a gynecologic disorder that is frequently encountered in the emergency department (ED) as well as in the outpatient setting. Because it is enigmatic, endometriosis can present as a diagnostic and therapeutic challenge for emergency physicians in their approach to the female patient with pelvic pain. 21% in the subspace group got improvements versus 46% in the SCIO harness group whose endometriosis symptoms improved.

Subspace Treatment 320 patients, 269 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 489 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .002 % of Subgroup
1 cases reporting no improvement in feeling better, .002% of Subgroup
2 cases reporting no improvement in stress reduction .004% of Subgroup
32%-- Percentage of Improvement in Symptoms
34%-- Percentage of Improvement in Feeling Better
21%--.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
2%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 430 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficult.
There were
0 cases reporting no improvement of Symptoms, .001 % of Subgroup
0 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
44%-- Percentage of Improvement in Symptoms
51%-- Percentage of Improvement in Feeling Better
46%--Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
Ulcerative COLITIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Ulcerative colitis is an inflammatory bowel disease that results in chronic inflammation in digestive tract, usually in the large intestine (colon) and the rectum. Symptoms of ulcerative colitis may include:

- Abdominal pain, Bloody diarrhea, Rectal bleeding, Feeling of urgency, Inability to have a bowel movement despite the urge to do so, Abdominal cramping and pain, Weight loss

Symptoms may also occur outside the gut and include joint pain, eye inflammation, skin rashes and lesions, and mouth ulcers. Over 2,400 patients had medical diagnosis of colitis. 33% in the subspace group got improvements versus 43% in the SCIO harness group whose colitis symptoms improved.

Subspace Treatment 1,387 patients, 1,102 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,450 patient visits
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
41 cases reporting no improvement of Symptoms, 0.001% of Subgroup
51 cases reporting no improvement in feeling better, 0.001% of Subgroup
5 cases reporting no improvement in stress reduction, 0.001% of Subgroup
32% --- Percentage of Improvement in Symptoms
33% --- Percentage of Improvement in Feeling Better
33% --- Percentage of Improvement Measured
39% --- Percentage of Improvement in Stress Reduction
0% --- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,999 patient visits
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
23 cases reporting no improvement of Symptoms, 0.001% of Subgroup
20 cases reporting no improvement in feeling better, 0.001% of Subgroup
2 cases reporting no improvement in stress reduction, 0.001% of Subgroup
24% --- Percentage of Improvement in Symptoms
43% --- Percentage of Improvement in Feeling Better
54% --- Percentage of Improvement Measured
57% --- Percentage of Improvement in Stress Reduction
10% --- Percentage of Improvement in SOC Behavior
ESOPHAGITIS GASTRIC REFLUX Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 700 patients had medical diagnosis of gastric reflux. 29% in the subspace group got improvements versus 31% in the SCIO harness group whose reflux symptoms improved. The lifestyle instructions in both categories of treatment were more responsible for improvement than the SCIO.

Subspace Treatment 238 patients, 468 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits

There were 0 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, 0.005% of Subgroup
4 cases reporting no improvement in feeling better, 0.01% of Subgroup
5 cases reporting no improvement in stress reduction 0.01% of Subgroup

23%— Percentage of Improvement in Symptoms

23%— Percentage of Improvement in Feeling Better

29%—. Percentage of Improvement Measured

37%— Percentage of Improvement in Stress Reduction

2%— Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 656 patient visits

There were 1 cases of patients who reported a negative Improvement.

This patient reported some extreme skin redness from the harness.

There were

3 cases reporting no improvement of Symptoms, 0.004 % of Subgroup
2 cases reporting no improvement in feeling better, 0.004 % of Subgroup
2 cases reporting no improvement in stress reduction 0.004 % of Subgroup

32%— Percentage of Improvement in Symptoms

32%— Percentage of Improvement in Feeling Better

31%—. Percentage of Improvement Measured

38%— Percentage of Improvement in Stress Reduction

9%— Percentage of Improvement in SOC Behavior
FEMALE DISORDERS, PMS PMT, PREMENSTRUAL STRESS OR TENSION Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of PMS. 31% in the subspace group got improvements versus 60% in the SCIO harness group whose PMS symptoms improved.

Subspace Treatment 7,941 patients, 2,406 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 22,504 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
62%----Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
FLEXIBILITY, Restricted Range of Motion Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 9,000 patients had medical diagnosis of restricted motion. 33% in the subspace group got improvements versus 64% in the SCIO harness group whose restricted flexibility symptoms improved.

Subspace Treatment 2,941 patients, 6,404 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 8,504 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
33%--- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 11,897 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup

47%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
64%----Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
FRACTURES Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 100 patients had medical diagnosis of bone fracture. 2% in the subspace group got improvements versus 34% in the SCIO harness group whose bone fracture improved.

Subspace Treatment 32 patients, 93 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 87 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
2%--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
2%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 201 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
39%---- Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
7%---- Percentage of Improvement in SOC Behavior
GASTRIC - ESOPHAGEAL REFLUX HIATAL HERNIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study.

Subspace Treatment 121 patients, 428 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 331 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00% of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup
12%--- Percentage of Improvement in Symptoms
13%--- Percentage of Improvement in Feeling Better
44%---Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 982 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
41%--- Percentage of Improvement in Symptoms
72%--- Percentage of Improvement in Feeling Better
45%----Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
32%----Percentage of Improvement in SOC Behavior
HAY FEVER  ALLERGIC RHINITIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1700 patients had medical diagnosis of allergic rhinitis. 41% in the subspace group got improvements versus 51% in the SCIO harness group whose allergic rhinitis symptoms improved.

Subspace Treatment 899 patients, 867 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 2,334 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup
49%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
41%--- Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,225 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, 0% of Subgroup
1 cases reporting no improvement in feeling better, 0% of Subgroup
1 cases reporting no improvement in stress reduction, 0% of Subgroup
47%--- Percentage of Improvement in Symptoms
47%--- Percentage of Improvement in Feeling Better
51%----Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
7%-----Percentage of Improvement in SOC Behavior
HEADACHE Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 5,500 patients had medical diagnosis of headache. 21% in the subspace group got improvements versus 59% in the SCIO harness group whose headaches improved.

Subspace Treatment 2,565 patients, 3,326 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 4,670 patient visits
There were 21 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
32 cases reporting no improvement of Symptoms, .007 % of Subgroup
21 cases reporting no improvement in feeling better, .004% of Subgroup
21 cases reporting no improvement in stress reduction .004% of Subgroup
32%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
21%----Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 5,439 patient visits
There were 23 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
23 cases reporting no improvement of Symptoms, .004% of Subgroup
23 cases reporting no improvement in feeling better, .004% of Subgroup
24 cases reporting no improvement in stress reduction .004 % of Subgroup
43%---- Percentage of Improvement in Symptoms
32%---- Percentage of Improvement in Feeling Better
59%----Percentage of Improvement Measured
60%-- Percentage of Improvement in Stress Reduction
5 %----Percentage of Improvement in SOC Behavior
HERNIATED DISK LUMBAR | L1, L2, L3, L4, L5 | THORACIC CERVICAL Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of disk herniation. 34% in the subspace group got improvements versus 57% in the SCIO harness group whose disk symptoms improved.

Subspace Treatment 320 patients, 183 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 430 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

32%---- Percentage of Improvement in Symptoms
23%---- Percentage of Improvement in Feeling Better
34%---- Percentage of Improvement Measured
43%---- Percentage of Improvement in Stress Reduction
21%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 230 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

56%---- Percentage of Improvement in Symptoms
56%---- Percentage of Improvement in Feeling Better
57%---- Percentage of Improvement Measured
45%---- Percentage of Improvement in Stress Reduction
24%---- Percentage of Improvement in SOC Behavior
HYPERTONIA Treated by SCIO Practitioners

Hypertension, High Blood Pressure

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 250 patients had medical diagnosis of high blood pressure. 30% in the subspace group got improvements versus 45% in the SCIO harness group whose high blood pressure condition improved.

Subspace Treatment 29 patients, 230 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 53 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%—Percentage of Improvement in Symptoms
21%—Percentage of Improvement in Feeling Better
30%—Percentage of Improvement Measured
40%—Percentage of Improvement in Stress Reduction
12%—Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 433 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
8 cases reporting no improvement of Symptoms, % of Subgroup
3 cases reporting no improvement in feeling better, % of Subgroup
0 cases reporting no improvement in stress reduction % of Subgroup
45%—Percentage of Improvement in Symptoms
69%—Percentage of Improvement in Feeling Better
45%—Percentage of Improvement Measured
65%—Percentage of Improvement in Stress Reduction
23%—Percentage of Improvement in SOC Behavior
HYPOADRENIA, WEAK ADRENALS, STRESS SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 25,000 patients had medical diagnosis of hypo-adrenia. 30% in the subspace group got improvements versus 60% in the SCIO harness group whose hypo-adrenia symptoms improved.

Subspace Treatment 10,722 patients, 15,128 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 34,945 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0.0% of Subgroup
0 cases reporting no improvement in feeling better, 0.0% of Subgroup
0 cases reporting no improvement in stress reduction 0.0% of Subgroup
33%— Percentage of Improvement in Symptoms
33%— Percentage of Improvement in Feeling Better
30%— Percentage of Improvement Measured
40%— Percentage of Improvement in Stress Reduction
1 %— Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 47,930 patient visits
There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, .001% of Subgroup
8 cases reporting no improvement in feeling better, .001% of Subgroup
5 cases reporting no improvement in stress reduction .000% of Subgroup
47%— Percentage of Improvement in Symptoms
46%— Percentage of Improvement in Feeling Better
59%— Percentage of Improvement Measured
78%— Percentage of Improvement in Stress Reduction
24%— Percentage of Improvement in SOC Behavior
HYPOGLYCEMIA- Oscillating Blood Sugar Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of hypoglycemia. 30% in the subspace group got improvements versus 63% in the SCIO harness group whose hypoglycemic symptoms improved.

Subspace Treatment 7,741 patients, 2,403 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 21,534 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

22 cases reporting no improvement of Symptoms, .001 % of Subgroup
21 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

25%--- Percentage of Improvement in Symptoms
20%--- Percentage of Improvement in Feeling Better
30%--- Percentage of Improvement Measured
31%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 15,393 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup

42%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
63%----Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior
HYPOTHYROID Weak Thyroid Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of hypothyroid. 40% in the subspace group got improvements the same as 40% in the SCIO harness group whose low thyroid symptoms improved.

Subspace Treatment 25 patients, 34 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 46 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
0 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction, .001% of Subgroup

12%---- Percentage of Improvement in Symptoms
23%---- Percentage of Improvement in Feeling Better
40%---- Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 121 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
1 cases reporting no improvement in stress reduction, .001% of Subgroup

45%---- Percentage of Improvement in Symptoms
49%---- Percentage of Improvement in Feeling Better
40%---- Percentage of Improvement Measured
60%-- Percentage of Improvement in Stress Reduction
23%---- Percentage of Improvement in SOC Behavior
HYSTERIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of hysteria. 35% in the subspace group got improvements the same as 35% in the SCIO harness group whose hysteria improved.

Subspace Treatment 31 patients, 28 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 58 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0- cases reporting no improvement of Symptoms, .0% of Subgroup
0- cases reporting no improvement in feeling better, .0% of Subgroup
0- cases reporting no improvement in stress reduction . 0% of Subgroup

28%---- Percentage of Improvement in Symptoms
25%---- Percentage of Improvement in Feeling Better
35%----.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 61 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .02% of Subgroup
1 cases reporting no improvement in feeling better, .02 % of Subgroup
1 cases reporting no improvement in stress reduction .02% of Subgroup

35%---- Percentage of Improvement in Symptoms
35%---- Percentage of Improvement in Feeling Better
35%----.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior
IMPOTENCE Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 200 patients had medical diagnosis of impotence. 23% in the subspace group got improvements versus 45% in the SCIO harness group whose impotence symptoms improved.

Subspace Treatment 34 patients, 177 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 55 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .0% of Subgroup
0 cases reporting no improvement in feeling better, .0% of Subgroup
0 cases reporting no improvement in stress reduction, .0% of Subgroup

22%---- Percentage of Improvement in Symptoms
22%---- Percentage of Improvement in Feeling Better
23%---- Percentage of Improvement Measured
32%---- Percentage of Improvement in Stress Reduction
1%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment ---- patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

34%---- Percentage of Improvement in Symptoms
35%---- Percentage of Improvement in Feeling Better
45%---- Percentage of Improvement Measured
76%---- Percentage of Improvement in Stress Reduction
2 %---- Percentage of Improvement in SOC Behavior
INDIGESTION Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 4,000 patients had medical diagnosis of indigestion. 23% in the subspace group got improvements versus 28% in the SCIO harness group whose indigestion symptoms improved.

Subspace Treatment 1,032 patients, 2980 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 3,450 patient visits
There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
3 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
40 %--- Percentage of Improvement in Symptoms
38 %--- Percentage of Improvement in Feeling Better
23 %--- Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3991 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
1 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
35%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
28%----Percentage of Improvement Measured
54%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior
Infection Reaction Testing and Immune Stimulation with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 43,000 patients had medical diagnosis of infection. 21% in the subspace group got improvements versus 34% in the SCIO harness group whose infections improved.

There were 43,023 patients with reported infections. Infections ranging from virus to worms, bacteria to fungus, and ricketsia to pion. This study chronicles their SCIO treatment in general terms.

Subspace Treatment 24,516 patients, 18,507 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 25,516 patients

There were 238 cases were patients reported a negative Improvement. None of these cases reported any major difficulty.

There were

439 cases reporting no improvement of Symptoms, .0173% of Subgroup
69 cases reporting no improvement in feeling better, .0001% of Subgroup
32 cases reporting no improvement in stress reduction .0001% of Subgroup

23%---- Percentage of Improvement in Symptoms

40%---- Percentage of Improvement in Feeling Better

21%---- Percentage of Improvement Measured

34%-- Percentage of Improvement in Stress Redution

19%---- Percentage of Improvement in SOC Behavior

5,431 patients reported measured infections. There was a 32% measured improvement over a one month period.

B. SCIO Harness Treatment 18,507 patients

There were 50 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

531 cases reporting no improvement of Symptoms, .0028% of Subgroup
12 cases reporting no improvement in feeling better, .0001% of Subgroup
13 cases reporting no improvement in stress reduction .0001% of Subgroup

43%---- Percentage of Improvement in Symptoms

43%---- Percentage of Improvement in Feeling Better

32%---- Percentage of Improvement Measured

68%-- Percentage of Improvement in Stress Redution

23%---- Percentage of Improvement in SOC Behavior

7,800 patients reported measured infections. There was a 56% measured improvement over a one month period.
Injured or Diseased Tissue Detection and Repair with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 35,000 patients had medical diagnosis of injury. 16% in the subspace group got improvements versus 43% in the SCIO harness group whose injury symptoms improved.

In this report we review the detection and treatment of injured tissue. In our testing procedure we use measurements of multiple voltage potential, amperage potential, and resistance vectors. We can determine the potentials as normal or as diseased from the experiences of energetic medicine. Once detected the computer can then repair these injured tissue with proper autofocused TENS electrical stimulation. The SCIO device allows for detection and correction at biological speeds or in excess of one hundredths of a second.

Many athletes such as Lance Armstrong, Michael Shumaker, Valentino Rossi, AC Milan football team, the San Antonio Spurs use and have used the Injured tissue repair system. It helps to get an athlete back into the game after an injury.

This report relates how a large scale use of the system has proven the safety and efficacy.

Subspace Treatment 15,032 patients, 19,900 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 45,082 patient visits
There were 23 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
592 cases reporting no improvement of Symptoms, % of Subgroup
326 cases reporting no improvement in feeling better, % of Subgroup
44 cases reporting no improvement in stress reduction % of Subgroup

21% --- Percentage of Improvement in Symptoms
31% --- Percentage of Improvement in Feeling Better
16% --- Percentage of Improvement Measured

43% --- Percentage of Improvement in Stress Reduction
9% --- Percentage of Improvement in SOC Behavior

12,985 patients reported measured injuries. There was a 22% measured improvement over a one month period.

B. SCIO Harness Treatment 53,891 patient visits
There were 32 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were
23 cases reporting no improvement of Symptoms, % of Subgroup
56 cases reporting no improvement in feeling better, % of Subgroup
3 cases reporting no improvement in stress reduction % of Subgroup
69%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
45%--- Percentage of Improvement Measured
42%-- Percentage of Improvement in Stress Reduction
21%---- Percentage of Improvement in SOC Behavior

35,811 patients reported measured injuries. There was a 65% measured improvement over a one month period.

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Double Blind Study of Sport Performance with the SCIO device versus Placebo control

STUDY INFORMATION
SUPERVISING RESEARCHER: Dr. Danis Gjorgj, MD. Licensed Hungarian Medical Doctor
DATES: March 2011
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MONITOR
IMUNE (International Medical University of Natural Education)

Abstract
This study took 10 healthy athletic subjects and measured their performance before and after a SCIO therapy and compared to Placebo control group. This study showed an increase in performance in the treatment SCIO group versus the control group in most patients.

Introduction
There is much double blind evidence at the SCIO device can increase the VARIOPO electrical parameters of the body over a short 45 min session. (VARHOPE is an acronym for Voltage-Amperage-Resistance-Hydration-Oxidation-Ph-Eh), for more complete description of the studies and science see the VARHOPE medical textbook.
Stimulation of Sports Performance and relief of Sports Pains with a Natural Herbal Yeast Formula with Special consideration of the SCIO

Towards a Natural Oxygenation and Sports Stimulation Formula

Chief Editor: William Nelson, Prof Medicine IMUNE
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The staff of IMUNE 1997
INSOMNIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,200 patients had medical diagnosis of insomnia. 35% in the subspace group got improvements versus 61% in the SCIO harness group whose insomnia symptoms improved.

Subspace Treatment 392 patients, 1,806 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 433 patient visits
There was 1 case of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 case reporting no improvement of Symptoms, .002% of Subgroup
1 case reporting no improvement in feeling better, .002% of Subgroup
1 case reporting no improvement in stress reduction .002% of Subgroup
22%--- Percentage of Improvement in Symptoms
20%--- Percentage of Improvement in Feeling Better
35%--- Percentage of Improvement Measured
44%-- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2,145 patient visits
There were 3 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
3 cases reporting no improvement of Symptoms, .001 % of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001 % of Subgroup
43%--- Percentage of Improvement in Symptoms
44%--- Percentage of Improvement in Feeling Better
61%----Percentage of Improvement Measured
50%--- Percentage of Improvement in Stress Reduction
5 %----Percentage of Improvement in SOC Behavior
IRRITABLE BOWEL SYNDROME (IBS) Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1,100 patients had medical diagnosis of IBS. 7% in the subspace group got improvements versus 57% in the SCIO harness group whose IBS symptoms improved.

Subspace Treatment 322 patients, 878 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 499 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .0 % of Subgroup
0 cases reporting no improvement in feeling better, .0% of Subgroup
0 cases reporting no improvement in stress reduction .0% of Subgroup
30%---- Percentage of Improvement in Symptoms
19%--- Percentage of Improvement in Feeling Better
7 %----Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1003 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0 % of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
43%---- Percentage of Improvement in Symptoms
43%---- Percentage of Improvement in Feeling Better
50%----Percentage of Improvement Measured
57%-- Percentage of Improvement in Stress Reduction
4 %----Percentage of Improvement in SOC Behavior

ITCHING UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 600 patients had medical diagnosis of allergy. 21% in the subspace group got improvements versus 54% in the SCIO harness group whose itching symptoms improved.

Subspace Treatment 123 patients, 511 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 327 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, % of Subgroup
0 cases reporting no improvement in feeling better, %. of Subgroup
0 cases reporting no improvement in stress reduction %. of Subgroup

33% --- Percentage of Improvement in Symptoms
32% --- Percentage of Improvement in Feeling Better
21% --- Percentage of Improvement Measured

B. SCIO Harness Treatment 1,321 patient visits
There were 1 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup

43% --- Percentage of Improvement in Symptoms
33% --- Percentage of Improvement in Feeling Better
54% --- Percentage of Improvement Measured
32% --- Percentage of Improvement in Stress Reduction
11% --- Percentage of Improvement in SOC Behavior
KIDNEY DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,600 patients had medical diagnosis of kidney dysfunction. 22% in the subspace group got improvements versus 66% in the SCIO harness group whose kidney dysfunction improved.

Subspace Treatment 720 patients, 1,878 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 1,290 patient visits

There were 7 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

9 cases reporting no improvement of Symptoms, .001% of Subgroup
7 cases reporting no improvement in feeling better, .001% of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup

23%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
22%--- Percentage of Improvement Measured

B. SCIO Harness Treatment 7,820 patient visits

There were 11 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, .001 % of Subgroup
1 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup

44%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
66%--- Percentage of Improvement Measured
68%--- Percentage of Improvement in Stress Reduction
19%--- Percentage of Improvement in SOC Behavior
LEUKEMIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 200 patients had medical diagnosis of leukemia. 23% in the subspace group got improvements versus 67% in the SCIO harness group whose leukemia improved.

Subspace Treatment 121 patients, 166 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 211 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

32%--- Percentage of Improvement in Symptoms
12%--- Percentage of Improvement in Feeling Better
23%--- Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 299 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

45%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
67%----Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior
LIVER PROBLEMS UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,600 patients had medical diagnosis of liver dysfunction. 21% in the subspace group got improvements versus 54% in the SCIO harness group whose liver function improved.

Subspace Treatment 1,122 patients, 1,509 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 3,323 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, % of Subgroup
0 cases reporting no improvement in feeling better, % of Subgroup
0 cases reporting no improvement in stress reduction % of Subgroup
33%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
21%--- Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
10%-- Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 3,308 patient visits
There was 1 case of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
1 case reporting no improvement in stress reduction % of Subgroup
43%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
54%-- Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%---- Percentage of Improvement in SOC Behavior
LOW BACK PAIN Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 3000 patients had medical diagnosis of low back pain. 25% in the subspace group got improvements versus 65% in the SCIO harness group whose low back symptoms improved.

Subspace Treatment 1687 patients, 1,344 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 4,878 patient visits
There was 1 case of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
1 case reporting no improvement of Symptoms, .001% of Subgroup
1 case reporting no improvement in feeling better, .001% of Subgroup
1 case reporting no improvement in stress reduction .001% of Subgroup
21%---Percentage of Improvement in Symptoms
33%---Percentage of Improvement in Feeling Better
25%---Percentage of Improvement Measured
44%---Percentage of Improvement in Stress Reduction
12%---Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,912 patient visits
There were 2 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup
45%---Percentage of Improvement in Symptoms
55%---Percentage of Improvement in Feeling Better
65%---Percentage of Improvement Measured
66%---Percentage of Improvement in Stress Reduction
21%---Percentage of Improvement in SOC Behavior
LYMPH DISORDERS Treated by SCIO Practitioners

Lymphatic Congestion

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of lymphatic congestion. 31% in the subspace group got improvements versus 62% in the SCIO harness group whose lymphatic congestion improved.

Subspace Treatment 5,941 patients, 4,697 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 22,204 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%---- Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,790 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup

47%--- Percentage of Improvement in Symptoms
51%---- Percentage of Improvement in Feeling Better
62%---- Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----- Percentage of Improvement in SOC Behavior
MALABSORPTION SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1300 patients had medical diagnosis of allergy. 33% in the subspace group got improvements versus 44% in the SCIO harness group whose malabsorption improved.

Subspace Treatment 455 patients, 889 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 744 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

43%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
33%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 881 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction, 0% of Subgroup

56%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
44%----Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior
METACARPAL TUNNEL Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 400 patients had medical diagnosis of meta-carpal tunnel. 20% in the subspace group got improvements versus 75% in the SCIO harness group whose meta-carpal symptoms improved.

Subspace Treatment 132 patients, 245 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 437 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0 % of Subgroup
0 cases reporting no improvement in stress reduction, 0 % of Subgroup
21%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
20%---Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 768 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0 % of Subgroup
0 cases reporting no improvement in stress reduction, 0 % of Subgroup
45%--- Percentage of Improvement in Symptoms
59%--- Percentage of Improvement in Feeling Better
75%---Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior
OSTEOPOROSIS Treated by SCIO Practitioners

Weak Bones

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of osteoporosis. 10% in the subspace group got improvements versus 45 % in the SCIO harness group whose osteoporosis symptoms improved.

Subspace Treatment 210 patients, 389 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 334 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00% of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup
12%---- Percentage of Improvement in Symptoms
23%---- Percentage of Improvement in Feeling Better
10%----.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 598 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00 % of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup
45%---- Percentage of Improvement in Symptoms
69%---- Percentage of Improvement in Feeling Better
45%----.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
43%----Percentage of Improvement in SOC Behavior
OTITIS MEDIA Treated by SCIO Practitioners

Glue Ear

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 15,000 patients had medical diagnosis of otitis media. 29% in the subspace group got improvements versus 68% in the SCIO harness group whose otitis media symptoms improved.

Subspace Treatment 12,700 patients, 4,801 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 17,453 patient visits
There were 7 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
9 cases reporting no improvement of Symptoms, .001% of Subgroup
11 cases reporting no improvement in feeling better, .001% of Subgroup
8 cases reporting no improvement in stress reduction .001% of Subgroup

24%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
29%---Percentage of Improvement Measured
40%--- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,860 patient visits
There were 11 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, .001% of Subgroup
9 cases reporting no improvement in feeling better, .001% of Subgroup
5 cases reporting no improvement in stress reduction .001% of Subgroup

44%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
68%---Percentage of Improvement Measured
68%----Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior
PAIN UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients reported pain. 33% in the subspace group got improvements versus 66% in the SCIO harness group whose pain symptoms improved.

Subspace Treatment 4,022 patients, 6,481 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 4,788 patient visits
There were 9 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
34 cases reporting no improvement of Symptoms, .007% of Subgroup
53 cases reporting no improvement in feeling better, .012% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

24%---- Percentage of Improvement in Symptoms
27%---- Percentage of Improvement in Feeling Better
33%----Percentage of Improvement Measured
53%---- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 14,555 patient visits
There were 5 cases of patients who reported a negative Improvement. None of these cases reported any major difficultly.
There were
21 cases reporting no improvement of Symptoms, .001% of Subgroup
15 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup

65%---- Percentage of Improvement in Symptoms
67%---- Percentage of Improvement in Feeling Better
66%----Percentage of Improvement Measured
78%---- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
POLYCYSTIC OVARIES Treated by SCIO Practitioners

Multiple ovarian cysts.

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1000 patients had medical diagnosis of ovarian cysts. 21% in the subspace group got improvements versus 59% in the SCIO harness group whose ovarian cysts reduced.

Subspace Treatment 430 patients, 609 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 901 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured
55%--- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 876 patient visits

There was 1 case of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were

2 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
2 cases reporting no improvement in stress reduction .001% of Subgroup
75%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
59%---Percentage of Improvement Measured
65%--- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
PROSTATITIS Treated by SCIO Practitioners

Benign PROSTATIC HYPERTROPHY (BPH)

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 300 patients had medical diagnosis of Benign Prostatic Hypertrophy. 13% in the subspace group got improvements versus 69% in the SCIO harness group whose BPH symptoms improved.

Subspace Treatment 143 patients, 201 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 266 patient visits

There were ---- cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

21%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
13%--- Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
19%---- Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 455 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, .004 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

77%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
69%--- Percentage of Improvement Measured
77%-- Percentage of Improvement in Stress Reduction
10%---- Percentage of Improvement in SOC Behavior
TENDON CALCIFICATION, Bone Spurs, Calcaneus Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of bone spurs. 40% in the subspace group got improvements versus 40% in the SCIO harness group whose bone spur symptoms improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 21 patients, 38 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 33 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%---- Percentage of Improvement in Symptoms
23%---- Percentage of Improvement in Feeling Better
40%----.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 98 patient visits
There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty. There were
1 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
45%---- Percentage of Improvement in Symptoms
69%---- Percentage of Improvement in Feeling Better
40%----.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
29%----Percentage of Improvement in SOC Behavior
THYMUS DISORDERS and Myasthenia Gravis Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of thymus disorders. 40% in the subspace group got improvements versus 41% in the SCIO harness group whose thymus disorder improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 21 patients, 31 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 34 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup

12% --- Percentage of Improvement in Symptoms
21% --- Percentage of Improvement in Feeling Better

B. SCIO Harness Treatment 100 patient visits

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, .001 % of Subgroup
4 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup

49% --- Percentage of Improvement in Symptoms
69% --- Percentage of Improvement in Feeling Better
41% --- Percentage of Improvement Measured
62% -- Percentage of Improvement in Stress Reduction
39% ---- Percentage of Improvement in SOC Behavior
TRANSIENT ISCHEMIC ATTACK (TIA) Stroke Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 150 patients had medical diagnosis of allergy. 43% in the subspace group got improvements versus 42% in the SCIO harness group whose ischemia symptoms improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 43 patients, 114 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 101 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
43%---- Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 234 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.

There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

44%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
42%---- Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior
Weight Loss Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 39,000 patients had medical diagnosis of being overweight. 16% in the subspace group got improvements versus 50% in the SCIO harness group whose healthy weight improved.

The SCIO device uses the principles of Quantum Electro Dynamics (QED) as the base of an energetic medicine technique for healing. Bioresonance, Volt-Ammetry, Trivector, Provocative Allergy Tests, Infection Reaction Testing and Immune Stimulation, Electro-Acupuncture, Neurological-Stimulation, Biofeedback-Psychological Interaction, Muscle-Neurological Re-education, Homotoxicity and Homeopathy, Electrophysiological Diagnosis, Behavioral Management Therapy and more are avant garde therapies registered for the SCIO device to perform on patients.

More than fifty percent of the patients reported positive results. There was insignificant negative effects reported.

This disease group total number of patients was 39,300. There were Subspace Treatment 22,475 patients, 16,825 SCIO Harness Patients. There was overall more than 40% results.

Subspace Treatment 22,475 patients, 16,825 SCIO Harness Patients

OVERALL ASSESSMENT
A. Subspace Treatment 73,324 patient visits
There were 538 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
657 cases reporting no improvement of Symptoms, .009% of Subgroup
580 cases reporting no improvement in feeling better, .007% of Subgroup
753 cases reporting no improvement in stress reduction .008% of Subgroup

34%---- Percentage of Improvement in Symptoms
33%---- Percentage of Improvement in Feeling Better
16%---- Percentage of Improvement Measured
13%-- Percentage of Improvement in Stress Reduction
12%---- Percentage of Improvement in SOC Behavior

37,203 patients reported their weight loss, their average weight loss was .8 kilos per month

B. SCIO Harness Treatment 45,980 patient visits
There were 371 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.
There were
386 cases reporting no improvement of Symptoms,.008% of Subgroup
411 cases reporting no improvement in feeling better,.009% of Subgroup
151 cases reporting no improvement in stress reduction,.002% of Subgroup

76%—Percentage of Improvement in Symptoms
65%—Percentage of Improvement in Feeling Better
53%—Percentage of Improvement Measured
68%—Percentage of Improvement in Stress Reduction
23%—Percentage of Improvement in SOC Behavior

23,143 patients reported their weight loss; their average weight loss was 1.9 kilos per month
172

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“Desire has saved countless lives she will never know and she has touched innumerable hearts and changed people’s lives”

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Basic Complex Homeopathy

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Allopathy vs Homeopathy

Natural + Energetic Medicine
To the Interested Reader

The fields of natural medicine, homeopathy, and energetic medicine have received much attention in the last few years. The fear of synthetic chemicals, the ecological damage caused by the chemical industry, failure of antibiotics, realization of the chemical special interest groups ability to manipulate medicine, and an overall developing appreciation of nature, all have brought these forms of medicine into our awareness. Patent synthetic medicine dramatically profits from its synthetic patents, and then tries to get us to believe that the synthetic substance is the same as the natural. More and more people are doubting this.

The vast body of research included in this reference on quantum medicine is dedicated to offering evidence that synthetics are not the same. There are writings on physics, quantum biology, historical accounts and lots of clinical research.

The basic clinical hypothesis is:

Can a medical practitioner use natural products in his practice to substitute for the synthetic medications?

Can a doctor substitute behavioral and homeopathic medicines for synthetic drugs such as synthetic thyroid, NSAID, blood pressure medication, pain killers, antibiotics, antifungals, calmatives, and thousands of synthetic medications on the market today.

This is the basic inquiry we pose. The studies are centered around this hypothesis. The results will definitely point to the conclusion that much of modern medicine indeed can be accomplished with the homeopathics described in these research articles.

Each of these studies is constantly being challenged and retested by our revalidating staff. Each of these articles on its own is not enough for a drug trial yet, but at present there is enough data to conclude that our original hypothesis is correct. We use these techniques in our clinics on a daily basis with greater success than the old style synthetic medications. These studies represent only a smattering of the thousands of successful interventions we see with homeopathy and behavioral medicine.

The basic scientific premise is that nature has many subtle differences that synthetic chemicals do not. There is a measurable and dramatic difference in safety, with natural homeopathic medication having far less side effects.

With these ideas in mind we offer the medical and scientific community the volumes of evidence and research contained in this quantum medicine network.

Read, Enjoy, Learn, And Think.

Yours Truly

N Vilmos M. D.
Chief Medical Editor
Title:

A CLINICAL STUDY OF GLANDULAR EFFICACY

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A CLINICAL STUDY OF GLANDULAR EFFICACY

Test #1:

Stimulating Catecholamine Production With Homeopathic Glandulars

Abstract:

This is a short review of the theory behind glandular therapy and a short study on using various adrenal glandulars to stimulate adrenaline activity that has been measured by total urinary catecholamine production and the raglans blood pressure test of orthostatic pressure.

These two indicators of adrenaline function are correlated in a comparative way with different types of glandulars. The study shows the homeopathic glandular's superiority in action, and how well it works in treating hypoadrenia.

Key Words:

Hypoadrenia, catecholamine, adrenaline function, glandulars, homeopathic glandulars, sarcodes.

Introduction:

For centuries mn has thought that eating the glands of the body would reinforce their own glands. Animals of pray often first eat the liver of adrenals of their victims. Modern biochemistry has had a much less favorable opinion on the topic of glandulars since the primary focus of modern pharmacology is for immediate observable results from n agent. Pharmacology also prefers the patentable synthetic process that allows for product price control.

Finally, pharmacology knows that few of the hormones make it into the system through the digestive tract. These facts and other synthetically-biased decisions have led to the disbandment of raw glandular research in America. It must be pointed out that this decision was based on inadequate research and speculation. It is the purpose of this study to clinically measure the long-term effects of several glandulars on patients. Several observable phenomena are measured with classic biochemistry techniques to imitate further research into the discussion of glandular therapy.

Product process is compared by using products from several types of glandular extraction. Double blinds are used when possible to control for experimenter effect.

Hypothesis:

Dr. Crile (1983) and his co-workers succeeded in producing "synthetic" cells in a process we have since duplicated in our laboratory. For this process lipids were extracted from animal cells at temperatures below 50°C, and protein was extracted from animal cells at much larger temperatures. Crile found that the animal cell donors had to be quite healthy with low toxicity from insecticides or herbicides for his experiment to work. In 1931 the toxicity factors were low in comparison to the toxic country we have today. Our attempts to use American bovine glands resulted in failure or unhealthy cells; only freeze-dried New Zealand-type glands resulted in successful cell development.

Royal Lee (1947) developed the theory of protomorphology (being aware of the lipid and protein processes), but he chose to focus his attention on the protein half of the theory. Revici (1961) realized the two-part process of cell regeneration and chose to focus his work on the lipid dimension. Revici separated the lipids into polar or non-polar categories.
For in-depth explanation of the theories into lipids or protomorphogens, the reader can pursue the writings of Revici or Royal Lee. The purpose of this document is for clinical evaluation of glandular efficacy. As Crile found in his research, both lipid and protein components were needed for cell growth and regulation. Since low toxicity is necessary in a glandular for proper protein development, and since lipids are temperature sensitive, a low toxic freeze-dried glandular makes the most sense. But making sense is not proof enough if alternative therapies are to emerge and grow in our culture. Scientific comparisons must be made to put our money where our mouth is, so to speak. The next section outlines the experimental process.

**Methods and Materials:**

Hypoadrenia is a chronic problem in our high-stress society. Long-term stress weakens our adrenals as Selye points out in his book on stress management. The production of cortical catecholamines is reduced by long-term exposure to stress. Since the adrenal gland also has a part in blood pressure management, the raglans test can be used to assay partial adrenal function. To perform the raglans or a variation of same, take the patient's blood pressure while he is sitting comfortably, and again immediately upon standing. Drops in systolic readings of ten or more points indicate hypoadrenia.

In this study several nutritional glandulars were used as treatment for hypoadrenia. These include a New Zealand freeze-dried glandular, a salt extraction, a chemical extraction from neonates and a chemical extraction from adult bovines. As is already premised, only the freeze-dried formula will have untampered natural fatty acids, hormones, steroids, and DNA/RNA substances.

Sixty patients were given a formula. Six groups of ten were given a type of adrenal glandular. One group got no product and chose diet controls. Another group got a homeopathic formula of a New Zealand glandular at 3x, 6x, 12x, and 30x potencies. The patients were monitored monthly for raglans and total urinary catecholamine production. To measure the catecholamines, a twenty-four-hour preserved urine specimen was studied utilizing the physicochemical procedure of paper chromatography. The results are shown in Figs. 1 - 6.

The people in this program were not randomly sampled. The control group consisted of patients who refused to take any supplement and chose instead to use dietary means for self treatment. They were persuaded, however, to take part in the urine test and blood pressure test. Other patients were given product of their own choice or one chosen by the doctor.

**Results:**

The freeze-dried product is clearly superior in performance in both areas. Both glandulars (New Zealand type) in either homeopathic or raw, concentrated form showed differences in both criteria. Differences in cortical catecholamines were superficial with other products. Although all products improved raglans scores, only the New Vistas product did so to scientific significance. Larger studies are needed for more conclusive data.
Discussion:

Our study has shown that several types of glandular can be effective in treating hypoadrenia. The results were measured in catecholamine production and orthostatic blood pressure. It is important to show that the homeopathic sarcode activity at low x potencies was the best of the experimental groups in accomplishing this goal.

Thus we can conclude that protomorphology can indeed be accomplished by homeopathics, and in fact can be accomplished quite well. Homeopathics may be superior to intestinal absorption treatment. The pills we used in the other studies were all designed for intestinal absorption, whereas the homeopathics started their absorption process in the mouth. This could have produced a triggering of the thalamic nerve systems in the nasal track to the brain, which could have caused the brain to start dealing with hypoadrenia and attempting to correct the situation. This is one proposed action that we make in the Quantum Biology books.

Test #2:

Stimulation of Androgenic Hormone Production With Homeopathic Sarcode

Abstract:

This is a short study in which men were found who had low androgenic hormone as detected from twenty-four-hour urinary production. They were evaluated for six weeks at one-week intervals for urinary 17 ketosteroids. It was shown in the study that the homeopathic sarcode of orchic tissue (Orchic) helped the experimental group to increase its production from sub-normal to normal levels.

The control group was given a prostate glandular (Prostate); the effects were minimal, but slight.
Key Words:

Orchic, male sex hormone, testosterone, androgenic, sarcode.

Methods and Materials:

Androgenic hormones have methyl groups at positions 18 and 19, and CH or C = 0 groups at position 17. Those with the C = 0 at position 17 are the 17 ketosteroids. The most important testicular hormone is testosterone. Testosterone is not a ketosteroid, but a number of its metabolites are. These include dehydroepiandrosterone, androsterone, and etiocholanolone. So 17 ketosteroid concentration will in part represent androgenic action.

Thirty male participants were evaluated for 17 ketosteroid production. This was accomplished by measuring twenty-four-hour urine production of the metabolites. These were healthy patients with no major hormone disturbances. A random sampling divided the group in half with half getting sero prostate (two pills two times a day), and half getting the same dosage of a placebo. Neither participant or experimenter knew who got which. Participants were evaluated for urinary 17 ketosteroids weekly for six weeks. Results are in Fig. 2.

Later a complimentary group comprised of twelve participants was studied using homeopathically-diluted New Zealand glandular in full spectrum. Dilutions of 3x, 6x and 12x were combined, and the participants took ten drops three times a day for one month. Results show the homeopathic as successful in the raw glandular form.

Results:

In our study were showed that the group who received the homeopathic sarcode had significant increases in the production of their 17 ketosteroids, which allows us to conclude that their male sex hormone had increased. This group reported more symptomatic results as well, which included higher sexual interest, a greater ability to control weight problems, higher interest in life, and a more general sense of well-being.

These symptomatic results were reported to the researcher, but were not operationalized and could not be broken into statistical form for this study.

Discussion:

We can see that homeopathic sarcode activity was able to help weak androgenic production in a group of patients, and performed at a more significant level than a glandular counterpart. The glandular counterpart is designed for intestinal absorption, whereas the homeopathic, by stimulating sublingual nerves in the oral cavity, can cause stimulation from the brain to help in correcting the disturbance of the low testosterone production.
A CLINICAL STUDY OF GLANDULAR EFFICACY

BIBLIOGRAPHY
--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.
Title:

A COMPARISON STUDY OF ELECTRO PHYSIOLOGICAL REACTIVITY TO HAIR ANALYSIS

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This study was performed in 1990 at the Natural Center of Dysease Prevention in Denver, Colorado, U.S.A, and was unreleased until 1994. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodignostica Clinic in Budapest, Hungary, and by the doctors listed above.

A COMPARISON STUDY OF ELECTRO PHYSIOLOGICAL REACTIVITY TO HAIR ANALYSIS

Abstract:

This is a short study of a client population exposed to an accidental toxic water spill. Dramatic amounts of aluminum were spilled into the Camelford water in 1989. Hair analysis showed excess aluminum in the patients' hair to a high degree. Hair analysis for other minerals was done, as well (see pages 4 - 6).

These results are correlated to Xrroid readings done by a biodiagnostic device. The results show that there is a strong correlation between the hair analysis and the toxic chemicals, and a decent correlation between the hair analysis and the nutritional elements.

Introduction:

In the Cornwall district of England five years ago, a water company known as Southwest Water accidentally spilled a large truckload of aluminum sulphate into the water supply. This resulted in a dramatic amount of aluminum in water used by the population, which numbered over thirty thousand people.

The people experienced acute symptomatology, as well as other problems. This practitioner was asked to do a electro physiological Xrroid test of the participants' electrical reactivity. We then correlated the electrical reactivity of these patients to the quantity of minerals in their hair.

Results:

The correlation between the toxic minerals of the hair and the toxicity readings of reactivity with the Eclosion device was ninety-five percent, showing indeed a very good correlation. The correlation, however, to the nontoxic minerals such as calcium, potassium, magnesium, etc. was a collective seventy percent.

Calcium was the highest of these, with a rating of 75, whereas magnesium was the lowest, with a rating of 65.

Discussion:

We can see from this study that Eclosion unit can pick up electrical reactivity, as we have shown in many other studies. When we correlate this with our hair analysis, we see that the toxic minerals, which have been present for a long time, are indeed accumulated in the skin and will probably produce a reactivity that can be picked up by the Eclosion device.

However, the nontoxic items vary on a daily and weekly basis, and thus are not so easily reflected in the hair analysis. Hair analysis has shown to be a very good indicator of toxic chemicals, but is not as good an indicator for nutrition. The Eclosion device is a much better indicator for nutrition, as it can pick up electrical reactivity in the moment to tell the doctor about his patient's condition right now. Thus the doctor is better able to put together a nutritional program by looking at the Eclosion results than by using hair analysis. The detoxification factors of using homeopathics that detoxify can be utilized with both, although the Eclosion unit is simpler to use, and also much less costly to the patient.
A COMPARISON STUDY OF ELECTRO PHYSIOLOGICAL REACTIVITY TO HAIR ANALYSIS

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**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.
A PROTOCOL REVIEW OF THE HOMEOPATHIC TREATMENT OF HEMORRHOIDS AND VARICOSE VEINS

This study was performed in 1992 at the Natural Center of Disease Prevention in Denver, Colorado, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Hippocampus Clinic in Budapest, Hungary, and by the doctors listed above.


Protocol Review:

Varicose Veins

The “Merck Manual” [Books: 13] quotes varicose veins as elongated, dilated, tortuous, superficial veins whose valves are congenitally absent or scant; or the valves have been incompetent. This condition usually occurs in the legs. There are three types of valved leg veins: deep veins that drain venous sinusoids within the muscles (especially in the calf), perforator veins whose valves permit flow only from superficial to deep veins, and superficial veins forming a subcutaneous network that drains into the deep veins through perforators.

Venous flow is most efficient during muscular activity, when contracting muscles compress the sinusoids, helping to pump blood to the heart. In conditions where there is not enough movement or exercise, or too much standing, it can produce disturbances and weaknesses that can later contribute to varicose veins.

A varicose vein is a superficial vein in which the valves are inadequate, which thereby permits reverse flow into the dependent position. Thus valve failure can be a cause of this problem. Another possible factor is that of the perforator veins in the lower leg, resulting in high pressure flow and increased volume from deep to superficial veins during muscular contraction. This can have an inverse effect on the valves of the legs and produce a swelling problem that results in varicosity.

Other causative factors include congenital factors, arteriovenous fistulas, increased hydrostatic pressure, primary idiopathic dilation of the vein wall, hormonal changes during early pregnancy, menopause and premenstrual tension. Pressure on the pelvic veins later in pregnancy and abdominal tumor, or ascites, can also be a problem, as are the occupational hazards of prolonged standing, which places more burden on the vein valves. When symptoms intensify during the menstrual period, this helps to confirm our diagnosis of a hormonal involvement.

A variation of the Trendelenburg Test can also help us to determine the competency of the valves. This test is best performed by palpating the site of the long saphenous vein in the groin with the patient standing. This is found about one finger's breadth medial to the femoral pulse. If this is difficult to feel, this indicates that it is not involved. It may be found more easily if one hand is palpating the groin while the patient is standing, and the fingertips of the other hand should firmly tap for lower varicosities. The palpable fluid thrill at the groin identifies the long saphenous vein. The patient is now asked to lie supine while the examiner applies minimal pressure with one or two fingers over the distal end of the long saphenous vein. With the free hand the examiner raises the patient's leg to about forty-five degrees to allow the veins to empty. Firm pressure is now applied at the groin to occlude the saphenous vein while maintaining the pressure. The patient is then asked to stand. If reflux from the groin into the lower veins is not significant, the lower varicosity should be visible for at least thirty seconds, at which time they would naturally fill from below. However, if pressure on the vein is removed and rapid filling of the varicosities is seen, then retrograde filling at the sapheno-femoral junction is occurring.

The short saphenous veins' incompetence can be readily determined by palpating a tense, short saphenous vein at or below the popliteal fossa when the patient is standing. Red blood cell diapedesis contributes to edema, eczema, subcutaneous induration and ulcerations. This is usually found in a post-phlebitic leg, is an example of stasis syndrome and will usually be accompanied by pain at the site of the varicosity.

Hemorrhoids

Hemorrhoids are cushions of tissue that line the lower rectum to produce complete closure of the anal canal. When there is swelling in this tissue, sometimes due to the inadequacy of the venous drainage in this area, it can contribute to a painful bleeding condition known as piles.
Hemorrhoidal bleeding particularly occurs during defecation and is often noted on the toilet tissue. It rarely leads to anemia or acute hemorrhage. There can often be mucous discharge, a sensation of incomplete evacuation, difficulty cleansing the anal region, and severe pain.

Hemorrhoids are becoming more of a problem in our society, and will present many times in a practitioner’s medical or homeopathic practice. Complex homeopathy offers some simple treatments for this condition.

Hemorrhoids can result from several types of conditions. One is that it can be precipitated by an infectious agent. If the large intestine is leaky, bacteroides can get into the venous structure, causing hemorrhoids or varicose veins. So often the problem might have started with a leaky intestinal tract, diverticulitis or other intestinal disorders.

Another cause of varicose veins and hemorrhoids is that of a clogged liver. A clogged liver can increase venous pressure, causing distention that results in hemorrhoids or varicose veins. Liver Liquescence is an excellent treatment for the liver and associated factors. Circulation homeopathic fortifies veins and helps to clean them up. If there is a problem in the intestinal area, then we should use the H-Clenz (intestinal cleansing formula) or behavioral techniques (increasing fiber, etc.). The Small and Large Intestine formula of New Vistas also helps the tissues to repair and detoxify, and can help with leaky intestine problems.

New Vistas Hemorrhoids homeopathic is a quantum quality controlled formula that has been very successful in our patient populations for hemorrhoids. By taking the formula at ten drops, twice a day, hemorrhoids can be dispelled within a month. If there are recurrences, then patients are told to take the Hemorrhoids formula at two to three drops, every fifteen or twenty minutes. This can be used as needed for flare-ups based on the patient’s own judgment. Circulation formula also helps the veins and arteries to heal, and can be a powerful part of this program.

Fresh fruits and vegetables also enhance good health and promote good stool formation. The best foods for fighting hemorrhoids are radishes and celery, as these clean the liver. They also provide bulk and promote proper stool formation. Patients should not put too much effort into defecation, as this intestinal concentration can make the hemorrhoidal veins protrude. Hemorrhoids can also be caused by too much muscular tension upon expulsion. The Herbal Laxative should be used because it supplies potassium to the system, and contains various herbs that help to prompt stool formation.

Painful hemorrhoids can also be treated with warm sit baths with a mild tea and other types of herbal preparations. A witch hazel compress is extremely effective, as well as topical ointments which are popular in over-the-counter sales. Physium seed and other types of fiber are also highly effective.

All of the above suggested formulas help with varicose vein conditions, as well. Circulation formula is extremely helpful for varicose veins, and can be rubbed into the veins with light massage on a daily basis. This also helps the veins to rebuild, and helps to stop the formation of the varicosity. Liver Liquescence is extremely important in dealing with varicose veins, as well.

**Results and Discussion:**

Thus complex homeopathy offers a safe and effective way to deal with hemorrhoids and varicose veins in a private practice.
A PROTOCOL REVIEW OF THE HOMEOPATHIC TREATMENT
OF HEMORRHOIDS AND VARICOSE VEINS

--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.
Title:

A PROTOCOL REVIEW OF THE HOMEOPATHIC TREATMENT OF HERPES AND SIMILAR CONDITIONS

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This study was performed in 1992 at the Natural Center of Disease Prevention in Denver, Colorado, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodiagnostica Clinic in Budapest, Hungary, and by the doctors listed above.

A PROTOCOL REVIEW OF THE HOMEOPATHIC
TREATMENT OF HERPES AND SIMILAR CONDITIONS

Key Words:

Herpes, herpes simplex, herpes zoster, HRPZ, Crystallized Cell Salts, Fatty Acid Liquescence, Anti-Stress

Protocol:

Herpes simplex is known as a recurrent viral infection characterized by the periodic appearance (on the skin or mucous membranes) of small vesicles filled with clear fluid on slightly raised inflammatory bases. There are many strains of herpes simplex virus (HSV). Common causes of herpes are labialis and keratitis. HSV2 is usually genital and is transmitted by direct contact. At the time of the initial infection it is usually obscure except for a primary systemic infection that occurs in the first couple of days. The virus can remain dormant inside nerve ganglia indefinitely. Eruption can be precipitated by exposure to sunlight, fever, stress, emotions, certain foods and drugs, and upsets in biochemistry.

Herpes simplex can sometimes be confused with herpes zoster. Herpes zoster rarely recurs, and usually causes more severe pain and larger groups of lesions. It is often distributed along the course of a sensory nerve. To help with our diagnosis we examine the varicella, genital ulcers or gingivostomatitis. A culture can often help us in our herpes simplex diagnosis.

Herpes sores develop for many reasons. The herpes virus gets into cells and can produce these sores. There are several types of herpes including simplex, progentalis and zoster. These viruses often hide in connective tissue, especially around the spine, and then come out when there are periods of stress or metabolic imbalances that produce the right environment for them to leave. Once they leave the spine and go into an area such as the mouth, nose, vagina, penis, or other area, the herpes virus vulnerable to attack by the immune system.

The herpes virus does not like cold. Often we see heat produced in the area prior to and following the eruption. When we place a cold source onto the actual lesion, we can observe that it might take several ice cubes to suck out the heat. We can also use ice cubes to massage the areas of the vertebrae column where the herpes might have been; if the herpes were hiding in the cervical column, it might have left because of a disturbance of stress or metabolic activity. By finding the sore areas around the column and massaging them deeply with ice, we might prevent the herpes virus from moving back into the vertebrae column where it was originally stored. By palpating these areas, we find the ones that are sore on touch (not on movement). By massaging this area with ice cubes three times a day, we prevent the herpes virus from returning. The virus can then be disabled in the bloodstream.

The formula for herpes, HRPZ, is a homeopathic blend of high x potencies of the various viruses, so that there are no viruses, but only their involved energy. This helps to stimulate the immune system to surround the herpes virus with antibodies and disable it. The HRPZ formula also has homeopathics in it that help with the basic intrusion of the virus when it starts. This initial inception of the virus, when it escapes from various cells, can be dealt with by using the HRPZ formula. On this first day, the patient should take three drops every twenty to thirty minutes. This helps to deal with the symptomatology and stimulate the immune system against the virus.

The herpes virus then works by penetrating the cell membrane, and by using the DNA of the cell to replicate and spread. If the patient is in a state of fatty acid deficiency, it is easier for the virus to penetrate the cell walls because they contain fatty acids. Using the Fatty Acid Liquescence at ten drops, once a day helps to prevent intrusion of the herpes virus. By using ten drops twice a day on initial inception, we can help to bring fatty acids into the cell walls to prevent viral spread.

Calcium is a key ion that sits on the membrane. In a state of calcium deficiency viruses spread more quickly. By taking two or three Calcium Lactate pills with meals during a month, calcium
deficiencies can be avoided. At the first sign of viral intrusion, we can take a little extra calcium to prevent the spread of the herpes lesion. By taking 1,000 mg of Crystallized Cell Salts, we can help to prevent the intrusion of the herpes virus, as well. The virus lesion is made up of arginine, which has a key protein that should be avoided. Popcorn is very rich in arginine, and should be avoided by people who are herpes-prone, especially during the presence of a lesion. The key amino acid that helps to displace arginine is lysine. Taking lysine at 500 mg, once a day can help to stop the formation of the herpes lesion. Taking an extra 500 micrograms of B12 is also helpful at the first sign of a herpes lesion.

Herpes lesions and canker sores can appear if there is an acid or alkaline imbalance. Keeping the pH balanced is important. For this we use the Vitamin C alkaline or acid powder. If the patient switches to acid, we need to prescribe the alkaline powder, and vice versa. This supplies extra vitamin C for use by the immune system, and also helps to balance the body so that the lesion can be dealt with properly. To determine whether the patient is high in acid or alkaline, we might see if a lesion is worsened by vinegar or by sodium bicarbonate. The acid-vinegar irritation would indicate an over-acidity, whereas bicarbonate irritation would imply over-alkalinity. Eighty percent of lesions are acid-irritating, because the body has gone to a high-acid state.

In dealing with herpes lesions we have found that these techniques are very helpful to the patient. Also the patient will realize that he has some control, and that the virus is not the only factor; other metabolic factors in his life cause problems also. Using Anti-Stress homeopathic can deal with a stressful situation and help in the prevention of lesions.

The reason why herpes viruses occur at the end of colds, flus, or intestinal upsets is because at these times the body is undergoing metabolic changes and dealing with cellular membranes and their fatty acid states. Taking a little more Fatty Acid Liquescence is preventive as well as therapeutic at the earliest signs.

Many of our patients have found that they can almost completely control their herpes viruses with these formulas. This keeps the virus inert and disabled in the body. We think that it is possible for us to totally disable the virus at certain times by using the ice cube therapy.

In a case review of twenty-four patients who took this type of program, we have recently discovered through follow-up calls that over half of them were able to totally control their viruses with these and other techniques. The other half saw a reduction in their symptomatology.
A PROTOCOL REVIEW OF THE HOMEOPATHIC TREATMENT OF HERPES AND SIMILAR CONDITIONS

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**BOOKS**


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.
A SHORT REVIEW OF FATTY ACIDS IN TREATMENT OF pH DISTURBANCE

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A SHORT REVIEW OF FATTY ACIDS IN TREATMENT OF pH DISTURBANCE

Abstract:

Drs. Royal Lee, Revici and Crile made the point that life requires fatty acids. In fact, every cell membrane is made up of fatty acids. This article briefly reviews some of the basic history of this, and sets up a one hundred-patient study of intervention showing fatty acids to be helpful in treating patients with pH disturbances.

Fatty acid deficiency is the number-one nutritional disease today, and Fatty Acid Liquescence is a powerful treatment factor.

Key Words:

Revici, Royal Lee, Crile, fatty acid, pH disturbance, Fatty Acid Liquescence

Introduction:

Dr. Revici in his work on morphology found that blood pH was extremely important in disease. It was reflected in the pH of the urine; blood pH was difficult to measure.

Dr. Revici found that fatty acids were indeed important in metabolism. These fatty acids could be destroyed in cooking. In fact, temperatures at approximately 106° F could destroy the bonds in fatty acids and set up rancidity factors. Not all fatty acids are so heat-labile; only a handful. Some of these are indeed needed for health.

We have shown that these fatty acids have factors that are problematic with heat. Over-cooking has created some problems for fatty acids. Revici also remarks that cell membranes give up their fatty acids in response to stress; stress that sets fatty acids free and allows them to bind with chlorine in an irreversible bond. Thus stress and over-cooking have set up a situation in which fatty acid deficiency is the number-one nutritional disturbance of the body.

Fatty acids are the precursors of our sex hormones, make up the cell membranes, and have numerous other functions inside the body. So compensating for fatty acid loss is a very important part of any nutritional program.

Since these compounds are destroyed at temperatures that even light cooking can reach, we must use formulas from cold-processed oils and compounds. When we attempted to make these into pills, we learned that the gelatin corporation and other companies that had the encapsulating materials exposed the insides to temperatures of around 115° F. This could set up rancidity factors, and was inappropriate for a true fatty acid compound. Thus to make fatty acid compounds including fatty vitamins, essential fatty acids, Evening Primrose oil, fish oils, borage oil, and many others is very complicated. Also, they would have to be in liquid form. We created this as the Fatty Acid Liquescence.

Revici remarks that these fatty acids can be utilized to stabilize the body if there is a pH imbalance. This pH imbalance is the major predisposing condition for cancer.

In our study one hundred patients were chosen who had a urinary pH of 5 or below and a specific gravity of 1.030 or above.

Methods:

The first morning urine of the patients was measured. A simple urinary nitris stick was capable of measuring pH, and the specific gravity was taken by a gravinometer. The patients were then treated with
Fatty Acid Liquescence and told to take ten drops twice a day. They were also encouraged to examine their diets, and try to eat more raw fruits and vegetables.

The urine samples were measured on a monthly basis, and the changes were shown in the figure. We can see that the Fatty Acid Liquescence along with the dietary changes were responsible for changing the urinary pH of these patients. According to Revici's theory, this would not only be good for the urinary condition, but also helpful for the entire body.

Results:

From our graph, we were able to show that the therapy was indeed conducive to helping patients to shift their urinary pH and specific gravity. As reported by Revici and other doctors, this is an indication of cellular metabolism, and shows that patients are decreasing their risk of disease.

Discussion:

Urinary pH and fatty acid metabolism have received much attention since the movie, "Lorenzo's Oil". It must be pointed out that these are very important factors in nutrition, and that getting all the fatty acids is difficult in cases where there is over-cooking, stress, and a variety of toxins. All of these have negative effects on fatty acid metabolism.

In our program we were able to show that nutritional support of a full-range fatty acid compound obtained from cold process oils gives productive results. Any nutritional therapy should have the Fatty Acid Liquescence as a hallmark of patients' repertoire; something they can use in a variety of cases. Most people are in some state of fatty acid deficiency.
--- BIBLIOGRAPHY ---

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A SHORT STUDY OF COMPARISON FACTORS OF HOMEOPATHIC TREATMENT VERSUS ENZYMATIC TREATMENT OF INTESTINAL PARASITES

This study was performed in 1984 at the King Health Center in Lowellville, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodignostica Clinic in Budapest, Hungary, and by the doctors listed above.
Abstract:

In this study a group of patients from ages twenty-five to fifty were chosen who displayed signs of worm eggs on coprolith (stool) analysis. The patients were divided into two groups of ten patients each. One group received treatment with a combination homeopathic product known as Vermex, which contains various homeopathics that stimulate the defenses of the system against parasitic intrusion, and also homeopathics that help to flush out the intestinal tract. The other group was given Standard Process enzyme therapy in a pill called Zymex, whose ability to rid the system of parasites through its enzymatic effects was claimed by various doctors.

The patients in each group were then remeasured. It was found that the Vermex product was successful in treatment, whereas the Standard Process product seemed to show no positive effect.

Key Words:

Intestinal parasites, Vermex, nematode.

Hypothesis:

It is our hypothesis that a homeopathic product can be utilized to stimulate the immune defenses of a human organism against intestinal parasites.

Methods and Materials:
Twenty patients were taken from a medical practice in which two lines of products were used: one was a homeopathic, and the other an enzymatic therapy. The patients were random-sampled into two groups of ten patients each. One group was given instructions to take Vermex at ten drops, three times a day for three weeks. The other group was given Zymex enzymatic therapy, and told to take two pills after each meal for three weeks. The three-week period was chosen because most nematode eggs go through a twenty-one-day cycle. By using therapy for three weeks, we would expect the best results.

The nematode analysis was done by standard coprolith analysis, which was accomplished by taking a stool sample from each patient and extracting from it a section of the sample about the size of a large marble. This was then put into a sugar solution. The eggs would float to the top, and could be separated from the tube with a cover slip.

The eggs and egg parts were then counted to determine the approximate number of nematode eggs in each sample. In the table (see Appendix) the circles show us the number of nematode eggs discovered in each sample. In group 1, we can see that three cases had approximately twenty nematode eggs, four had eighteen, seventeen and nineteen, and three cases had ten eggs. In group 2, there are a similar number of nematode eggs.

During the three-week test period, the patients were asked to eat normally, and were given no other instructions. They returned after three weeks with stool samples. The test was repeated, and the x's in the figure show the number of remaining nematode eggs.

**Results:**

Neither the practitioner nor the coprolith analysis specialist was aware of which sample he was studying, or from which group they came. The results are shown in both figures. We can see that the Vermex was successful during the three-week period at lowering the number of nematode eggs appearing.

In the enzyme therapy group we see that there was no effect by the enzyme therapy on the nematode eggs. We conclude from this that the enzyme therapy does nothing to control nematode infestation, whereas the homeopathic helps the system deal successfully with these intestinal parasites.

**Discussion:**

As we have already outlined, the homeopathic product seems to be able to not only clean out the intestines, but also appears to stimulate the immune system to deal with the nematodes directly.
A SHORT STUDY OF COMPARISON FACTORS OF HOMEOPATHIC TREATMENT VERSUS ENZYMATIC TREATMENT OF INTESTINAL PARASITES
--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES
A SHORT STUDY ON A NATURAL RELAXANT

(A Natural Valium Effect on Normal Patient Population)

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This study was performed in 1994 at the Homeodignostica Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodignostica Clinic in Budapest, Hungary, and by the doctors listed above.
A SHORT STUDY ON A NATURAL RELAXANT

(A Natural Valium Effect on Normal Patient Population)

Abstract:

A group of volunteers were asked to take the Relax combination homeopathic so that safety and efficacy issues could be determined. The Relax is designed as a muscle relaxant, and should help to prompt the relaxation of muscles as well as ease patients to sleep. This compound contains valarian and other homeopathic relaxants. This compound was developed as a safe, natural muscle relaxant and stress reducer. The patient population had no measurable disorders, but was asked to rate the effects of the Relax and how well it worked. The study shows that the Relax worked well in relaxing the patients’ muscles, and prompted them to go to sleep.

Key Words:

Valium, Valarian, Relax, Anti-Stress

Introduction:

Valium was originally extracted from Valarian, and hence received its name. It was found that a key ingredient of Valarian tea was Valium. However, often this reductionistic key-ingredient philosophy can be misleading [Books: 13].
Valarian tea is used by millions of people throughout the world, and has been used by countless millions throughout the ages. It is known to promote relaxation. At the end of a stressful day a cup of Valarian tea helps to ease stress and promote relaxation.

Reductionistic science sought to understand what a key ingredient was. Reductionistic science then found that the key ingredient was a compound they labelled “Valium”. Valium was later synthetically derived, and has risen to extreme prominence. Today the Valium business brings in well over one billion dollars annually.

But now there are different problems that have developed over the last several years. We have seen Valium toxicity raise its ugly head. This iatrogenic (doctor-caused) disease is a result of over-prescribing on Valium.

There are over thirty-eight Betty Ford clinics in America designed to deal with addictions such as Valium toxicity. There are over thirty million cases of Valium toxicity documented in medical literature. But as yet, there are no cases of Valarian toxicity, even though there are equal numbers of people around the world using Valarian tea as a relaxant. There seem to be factors in the natural compound that safely balance its activity. The reductionistic science of synthetic chemistry often overlooks the safety factors that the complexity or fractal nature of the natural world offers us.

In our study we used an herbal blend of Valium with other compounds such as Camomile to help generate a safe and effective muscle relaxant which would help people to relax (Relax homeopathic). It must be noted that this compound not only promotes relaxation but might also produce lethargy, and relax the mind to the point where a person should not drive or operate heavy machinery. The Relax compound is a blend of herbal relaxants, and thus must be used with caution. It is worth noting that another combination homeopathic, Anti-Stress, is a valuable alternative for dealing with stress without compromising sensory acuity.

Methods:

Ten healthy patients were asked to take the Relax compound and to report the results. The results consist of a simple report interview regarding how well the product worked in relaxing the muscles and the mind.

The patients were asked to rate two factors: safety (whether they thought the drug could possibly interfere with their health by its results) and effectiveness. A 10 rating represents extreme relaxation, and 0 represents no change. On the safety issue they rated on a scale of 10 (extreme threat) to 0 (completely safe). The results are shown in the figure below.
<table>
<thead>
<tr>
<th>Patient</th>
<th>Safe</th>
<th>Effective</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>7</td>
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<tr>
<td>3</td>
<td>1</td>
<td>5</td>
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<tr>
<td>4</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
<td>1</td>
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<tr>
<td>6</td>
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<td>9</td>
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<td>10</td>
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<td><strong>-8</strong></td>
<td><strong>61</strong></td>
</tr>
<tr>
<td><strong>Average:</strong></td>
<td><strong>.8</strong></td>
<td><strong>6.1</strong></td>
</tr>
</tbody>
</table>

Results:

We can see that the average safety rating was .8; the volunteers in the group felt that this formula was safe. They noted no disturbing side effects. It also must be noted that no possible side effects can be intuited, as we have no documentation of anyone being hurt by any similar compound, nor does there appear to be any mechanism of action that could have any threatening side effects in this compound.

Patients rated effectiveness at an average of 6.1; they felt that this product was moderately helpful in promoting relaxation. Some patients rated the Relax higher than others, but everyone seemed to feel that there was some relaxation promoted by the compound.

In the study the patients had taken normal doses of ten drops, three times a day for a week to determine safety and effectiveness. Those involved noted that the effect seemed to peak within half an hour after utilization of the product, and that the effect would diminish after an hour to an hour and a half of utilization. This might indicate that there is a need for more chronic patients to take the formula more often, and a need for administering doses to the patient through titration and through noting the patient's metabolism, size, weight, and degree of difficulty in relaxing.
PRODUCT NOTES

Anti-Stress
Suggested Use: Stimulates rejuvenating and relaxing mechanisms.

Ingredients: Apis regina 2x, 6x. Royal Jelly 3x. Citrullus, Rescue Remedy 6x. Adrenalimum 6x, 12x. Neurotensin 16x, 30x.

Relax
Suggested Use: Relief of stress and nerval over-stimulation.

Ingredients: Panax quinquefolium, Zincum Valarianicum, Lecithin 3x, 12x, 30x. Serotonin 5x. Anemone pulsatilla, Absinthium, Magnesium Phosphate, Passiflora incarnate, Valariana, Caffeine, Lithium Carbonicum, GABA 6x, 12x. Aconitum, Selenium 8x. Rescue Remedy, Arsenicum Iodatum, Endorphins, Neurotoxin 12x.

Valeriana Officinalis

DESCRIPTION:

A deciduous, perennial herb, with a tuberous, short, upright root-stock, having numerous, slender, fleshy, tapering, pale brown rootlets, 7-10 cm long, and sending out runners, at the end of which young plants are formed. The solitary, erect stem, 6-15 dm. high, is hollow, furrowed, branched only at the top and hirsute of the base. The few leaves are opposite, pinnately divided into 11-21 lanceolate, dentate segments, clasping; the radical on long petioles, the Ceylon much smaller and passing into bracts above. The numerous, small, white or flesh-colored flowers appear in June and July in crowded sessile bunches of three at the extremities of the final divisions of the trichotomous, compound, spreading cymes, terminating the stem and branches, the whole forming a large, more or less flat-topped cyme. The roots have a camphoraceous, bitter, unpleasant taste, and a strong, turpentine-like odor, acquired in drying. The best specimen grows in dry situations.
A SHORT STUDY ON A NATURAL RELAXANT

(A Natural Valium Effect on Normal Patient Population)

--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

A STUDY ON THE HOMEOPATHIC TREATMENT OF PROTEINURIA

A STUDY OF THE HOMEOPATHIC TREATMENT OF PROTEINURIA
Introduction:

Glomerular, kidney, or enzymatic difficulty can result in excess protein in the urine. Learning-disabled children seem to display excess protein and amino acids in the urine. We find that these learning-disabled children cannot reabsorb some of the free amino acids and proteins in their kidneys, and thus this appears as excess protein in their urine. In fact, one basic test for newborn children done in every hospital is a test in which the presence of phenylalanine is determined. The presence of phenylalanine as an amino acid indicates the possibility of retardation. This is known as the PKU test. If there is a disturbance, then the child must begin a special diet to treat the inability to absorb phenylalanine.

We believe that some of these criteria are not picked up because they are subclinical, and that there might be weaknesses in the kidney that do not display as total PKU positives, but there could be subtle problems with the absorption of these amino acids. This appears to be the case, in that the learning-disabled children that we test will have a much higher incidence of protein in their urine.

Enzymatic disturbance and improper renal absorption could lead to protein imbalance complicating learning and thinking. In our study twenty-one cases of children aged five to fifteen were monitored with simple urine test kits (Ames) for urinary protein. An amino acids scan was also done on each prior to therapy and after. The children had to fit the following criteria:

1. Age 5 to 15
2. Proteinuria
3. No kidney trauma (injury to low back)
4. No exercise or standing prior to test

Methods:

The twenty-one children were taken from a special class for learning-disabled children. The children were volunteered by their teachers and parents for participation in this study. The urine was taken, and assayed for amino acids and protein. Urine tests were performed every two weeks. Tests were performed again after one month.

The table shows dramatic effects in lowering protein output. Results in achievement scores were demonstrated. Therapy for one month consisted of a homeopathic formula, Proteinuria, designed to decrease proteinuria. Other minerals, vitamins, and glandulars were used by the children, but the homeopathic was commonly used by all.

Results:

The formula was proven effective in the trial group. Comparison with a control group not receiving the formula shows dramatic contrast. Indications are the need for testing the product with other proteinuric populations and further testing.

It was remarked upon by the teachers that students participating in this homeopathic study also seemed to show a marked increase in intellectual ability. One even jumped three grade points, going from D level to A level. Most jumped at least one grade level, as the teachers remarked that there was a better ability for attention and focused mental activity. Thus this therapy might be used for attention deficit disorders, which seem to be on the rise throughout America.
<table>
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<tr>
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<tr>
<td>4.</td>
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<td>10.</td>
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<tr>
<td>11.</td>
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<tr>
<td>12.</td>
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<td>13.</td>
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</tr>
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<td>14.</td>
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**CONTROL GROUP**

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<th>4 week</th>
<th>Pre</th>
<th>Post</th>
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<td>30</td>
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<td>30</td>
<td>A</td>
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<tr>
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</table>

_A STUDY ON THE HOMEOPATHIC TREATMENT OF PROTEINURIA_
--- BIBLIOGRAPHY ---

BOOKS

ARTICLES AND STUDIES

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.
ALLERSODE THERAPY, Allergy Sensitivity

1. Using an allergy producing compound to desensitize is a major part in the treatment of allergy desensitization.
2. Medical doctors have used allergy shots to desensitize for years.
3. In homeopathy we take the allergy causing compound such as milk and homeopathically dilute it. This has been shown to reduce an allergy attack.
4. Allergies to inhalants, foods and many other compounds have been clinically and experimentally shown effective. (allergy work).
5. *OP SIN I and *OP SIN II contain histamine and adrenalin along with low potency herbals to help with detoxification of food and inhalant allergens, as well as providing symptomatic relief by stimulating the organism to lower the antibody response to the allergen.
6. These products can be used for light to moderate food and inhalant allergy symptoms.
7. For tougher allergies, utilize *COURSE I, II, III, IV. These are polychords of singular remedies and are more demonstrative in their ability to lower the antibody cascade (ref. Allergy Study).

Rx Sinuses, intelligence stimulation, brain fatigue, reasoning power

For desensitization of any or all allergies, treat during exposure or while imagining exposure and visualizing the allergy going away.

ALERSODAL DESENSITIZATION OF ALLERGIC REACTIVITY
Via SLOW RELEASE OF RECEPTOR SITE AVAILABILITY AND DIMINISHED MAST CELL COL

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ALLERGY TREATMENT
This Document is a complete text on naturopathic management of allergies

Allergy as in most diseases is caused by a multitude of causes that might result in the Allergy. Allergy is an excess cascade of antibodies in the body as a reaction to some compound or compounds. When the immune antibodies start to cascade, there is histamine released. Sometimes there excess white blood cells full of histamine called Mast Cells in the body. The histamine is released during the allergy. The histamine causes a shift to alkalinity in the area, which in turn draws water. This causes the allergic swelling of the tissues. This can be asthma, sinus, eyes, hives, etc.

The start of an allergy is related to the mental state of the patient at time of exposure. Two identical twins age 5 are sitting on a park bench. Two identical twin bees sting each on the arm. One runs left and finds mommy. Mommy says it will be all right, she soothes the mind and offers comfort. The mind of this twin calms and starts to relax.

The other twin runs right and does not find mom. The mind feels the extreme pain and swelling, the mind thinks there is a threat to life, the hypothalamus causes the reticuloendothelial system (immune system) to make excess antibodies to all compounds present. These antibodies can be to the bee sting, the polen on the bee's feet, the chocolate cake in the digestive tract of the child.

You can not have an allergy to a substance on the first exposure, you can have a toxic or enzyme deficiency reaction but not an allergic response on the first exposure. The excess antibodies have to be developed previously.

Certain compounds are easier to develop allergies to. These compounds have harsh features or are somewhat toxic to start. This list includes, polens, dust, air pollution, animal dander, yeasts, wheat, corn, sugar, peanut, gluten, shellfish, milk, and others.

The mind in times of great stress can produce antibodies to try to prepare for the next exposure. This can be an attempt to not be hurt like this again. As such the mind might chose to make an allergy in times of emotional stress. Once the excess antibodies are made the body will have an organic reaction independent of the original emotion. There will be some slight unconscious memory. The allergy is always an attempt of the unconscious to protect the person. The patient has a hard time realizing this.

The NLP emotional desensitization techniques in the QXCI device will assist taking on the emotional component of the antibody cascade which is allergy. But this is not enough the QXCI develops other desensitizations.
To desensitize the antigen (antibody) production, we use oral antigens we call allersodes. The QXCI device uses an energetic allergen transfer. This therapy can lower the organic reaction to the allergy.

ADDITIONAL SUGGESTIONS
There are always some aggravating complications of allergy. These will need to be addressed as well.

Liver and Adrenal function are most important. Digestion is also important. Take some desicated liver 3 pills at bed time. Adrenal substance can be taken in the morning.

 Massage
Adrenal massage can also help. This is done by making two fists and gentle rotating the fists clockwise and counterclockwise or the adrenal which are just above the kidney. A small tap on the area can also help. Massage for 3 minutes.

 Lymph massage can help to stimulate drainage. Firm and strong massage of the skin will reduce histamine. Brisk skin massage will make the skin red. The red is due to the release of histamine. Sauna after massage and cold water after sauna can help to completely lower histamine for days making allergic reaction less possible. There are less allergies in countries that use such activities weekly.

VITAMINS
Deficiency of fatty acids is the most prevalent vitamin deficiency in the world today. These fatty acids are essential in nerve control, hormone manufacturing and immune balance. Over cooking our foods destroys fatty acids. We get our best fatty acids from fresh and raw foods. And flax seed oil will not supply the total range of fatty acids.

The next largest vitamin deficiency problem relating to allergies is for the Co A enzyme circuit, and most importantly pantothenic acid. Pantothenic acid is used by the Adrenal for natural antihistamines.

For allergies I usually prescribe the following:

- Vitamin C 1000 mg three times a day
- Pantothenic acid 500 mg per day
- B6 300 mg per day
- Magnesium 100 mg per day
- vitamin E 400 iu per day
HERBAL

Coffee can help if it does not aggravate the nerves or cause insomnia. Three cups can help asthma. Kava Kava can also help. Others include:

- Licorice
- Prunus
- Quercetin
- Ephedra (Brigham Tea)
- Melauca
- Wintergreen
- Mentha

THE QXCI

The NLP emotional desensitization techniques in the QXCI device will assist taking on the emotional component of the antibody cascade which is allergy. But this is not enough. The QXCI develops other desensitizations. To desensitize the antigen (antibody) production, we use oral antigens we call allersodes. The QXCI device uses an energetic allergen transfer. This therapy can lower the organic reaction to the allergy. The device activates allersodes, nosodes, and sarcodes to offer the finest in Allergy control. Use once a week for a month, but with the other methods included in this report.

HOME NLP therapy

Do this mental relaxation and visualization exercise, take several minutes for each step:

1. Relax Breathing, Muscles, Reduce Tension
2. Imagine The First time You Felt the Allergen
3. What Emotional Stress was Present Then?
4. Feel the Stress, Fear, Anxiety, Desire, Pain
5. Release Stress + Pain, Forgive The Stressor
6. Focus the Mind on the Area Of the Allergy, Imagine the breath coming in and out of the area where there is the most allergy.
7. Release the Past Stress From the Symptom Area
8. Mentally Remove all Fear, Guilt, Pain, Stress
9. Tell the body to not react to the substance, tell the body you no longer need the allergy.
10. relax breathing, feel the oxygen moving and feel the body reducing the allergy, return to step one.
RULES FOR THE STOMACH  important for allergies

The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ the small intestine.

Nature has provided us with a nerval system that regulates this process. This nervous system is designed to prefer muscle action over digestion. So if a threat or stress comes to us after a meal, such as a lion attack, our body will shift it’s energy from digestion to the muscles and we can survive by running away. In our present society we have few lions, but our nerves can still stop digestion just as easily.

When we allow the stomach to empty it’s contents prematurely the small intestine is over burdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.
RULES OF THE STOMACH

1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)

2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)

3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)

4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)

5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)

6. Small meal is better    Quality of nutrition not quantity

7. Slow meals    Savor, enjoy, rejoice, and celebrate the meal

8. Eat for nutrition not for stimulation,    Eat when hungry, not when bored

9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach function

10. Make and eat food with love and kindness, no violent or negative emotions

11. No ant-acids

12. Do not sleep for 3 hours after eating.

When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables can not be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don’t want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.
STRESS REDUCTION

Stress is the most incipient killer of people today. Stress is responsible for 70 to 80 percent of the disease in America. Stress reduction is a must in today's society for longevity, health and happiness. Below are some simple rules for fighting this unseen killer.

1. Stress awareness begins with recognition or awareness. Our stress inventory provides insight into the amount of stress in our lives. As we become aware of stress, we can begin to deal with it. The "ostrich" technique of stress reduction never works.

2. Humans resist change. Whether change occurs in the body, mind, social, spirit or environment, most humans will resist. To learn to relax, we must learn to break our old habits of stress reaction and substitute more productive reactions such as clear thinking, calm headed and relaxed understanding. To change requires perseverance, positivity, proper goals and beneficial rewards. Whether changing eating habits, exercise routines, stress reactions or social skills, change requires work, but the rewards of a healthy body and mind for you and your family are worth it.

3. Stop addictive behavior. Whether it is coffee, soda, sugar, heroin, cocaine, alcohol, etc. an addiction is an addiction. Addiction to stimulants will always rob health and always cause disease. If you care for your children, you would fight to stop them from using heroin. But so often we let them indulge in potato chips, candy bars, tobacco, etc. The seeds of addictive behavior stem from "stimulation dependency" in our youth. If we are to truly conquer drugs, then we must stop addiction to stimulation or depression early in life. To stop
addiction break its bond as early as possible. Just say no, if you really care.

4. Relax after meals. Allow at least 30 minutes after a meal to relax with comfortable music (not hard rock and roll), good spiritual books (not tax literature), good conversation (not argumentation), or some other relaxing diversion. Do not lie down. Sitting, standing or a light walk is recommended. Let your body focus on digestion for the best effect.

5. Allow one to two hours for worry or think time per day. Make this a quality think time to completely analyze your problems and concerns. Any more than 2 hours a day and your mind will distort the problem and not produce a solution. Excessive worry will produce more problems and more worry until this violent spiral results in disease. Use your quality think time to develop quality solutions you can act on to really help you solve your problems and concerns.

6. Take 30 minutes a day for relaxation and silent reflection. Concentrate on calmness, acceptance, relaxation, health, peace, stillness, etc. Save your active thinking for later. Let this still time be one for producing calmness. Wear comfortable clothing, find a quiet spot and let those around you know how important this time is to you.

7. During this quiet time, relax tense muscles. Breathe deeply and slowly. Calm and relax your mind as you detach yourself from the turmoil of the day. Let go of your troubles and fill your thoughts with positive thoughts. Use this daily experience to foster your mind and body develop your inner health.

8. Remember, laughter is the best medicine.

9. Learn the laws of good health.
ANEMIA

1. Anemia is a condition with many potential causes. Hemolytic anemia results from a deficiency of iron or the inability to activate iron in the blood. Pernicious Anemia comes from the inability of B-12 either from deficiency or activity to activate in the blood cells. Pyridoxal anemia results from a deficiency of B6. Iron toxicity anemia and alcoholic anemia occur from too much accumulation of iron in the body. Megablastic anemia results from a deficiency of folic acid and can occur during pregnancy.

2. Anemia can result from a nutritional deficiency and can develop from internal ulcers in the stomach, small intestine, or large intestine which robs blood. Anemia can also occur due to hormonal imbalance and in women during their menstrual cycle.

3. The signs of anemia are low energy states, fatigue, paleness of the skin, a whitening condition found underneath the eyeballs by pulling down the lower eyelid, pains in the kidney and back, a perpetual tiredness, and the inability to get up in the morning.

4. *BLOOD LIQUESCENCE has homeopathic, mineral and vitamin compounds to aid in a wide variety of anemic conditions. *BLOOD LIQUESCENCE puts back into the blood stream the various factors needed to correct anemia as well as to stabilize the energetic factors of anemia.

5. In treating low grade anemia, good nutrition, removing addiction dependencies, reduction of stress and exercise are beneficial.

6. When the body has good healthy white blood cells in adequate numbers, oxygen is transmitted easily from inside the lung into the red blood cells which is then carried to all parts of the body. The measure of health to an organ is how well it uses oxygen. Oxygen is indeed important in the establishment of health and wellness. *BLOOD LIQUESCENCE helps in the transfer of oxygen into the cells.

7. Another formula which helps in oxygenation is *HERBAL LIQUID BEE POLLEN which is a blend of herbs, minerals, vitamins, and other compounds that have been well researched for their assistance in oxygenation (ref. Anemia Study and Herbal Liquid Bee Pollen Study).

RED BLOOD CELLS          (NEED IRON, FOLIC ACID, B12, ENZYMES ETC)
Blood liquescence has all of the factors needed for correction of anemia

Hemoglobin carries oxygen to the cells of the body.
**Anthropometric upper arm measurements.**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>30.1</td>
<td>26.2</td>
<td>8.5</td>
<td>17.5</td>
<td>27.4</td>
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<tr>
<td>20-24</td>
<td>31.0</td>
<td>26.5</td>
<td>10.0</td>
<td>18.0</td>
<td>27.9</td>
</tr>
<tr>
<td>25–34</td>
<td>32.0</td>
<td>27.8</td>
<td>12.0</td>
<td>21.0</td>
<td>28.2</td>
</tr>
<tr>
<td>35-44</td>
<td>32.7</td>
<td>29.2</td>
<td>12.0</td>
<td>23.0</td>
<td>28.9</td>
</tr>
<tr>
<td>45-54</td>
<td>32.1</td>
<td>30.3</td>
<td>11.0</td>
<td>25.0</td>
<td>28.7</td>
</tr>
<tr>
<td>55-64</td>
<td>31.7</td>
<td>30.2</td>
<td>11.0</td>
<td>25.0</td>
<td>28.3</td>
</tr>
<tr>
<td>65-74 (Should be greater than)</td>
<td>26.3</td>
<td>25.5</td>
<td>8.5</td>
<td>14.9</td>
<td>22.8</td>
</tr>
</tbody>
</table>

**Body skeletal frame guide.**

Find the two bony protrusions on either side of the wrist and, just below those points (toward the hand), measure the circumference around the wrist with a cloth measuring tape. Use the smallest measurement possible. Compare your wrist to your height, as shown below, as a reasonable indication of the size of your body build.

<table>
<thead>
<tr>
<th>Height</th>
<th>Wrist Circumference</th>
<th>Skeletal Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 14 cm</td>
<td>Small</td>
<td>Medium</td>
</tr>
<tr>
<td>Under 62 inches</td>
<td>From 14 to 14.5 cm</td>
<td>Large</td>
</tr>
<tr>
<td>Greater than 14.5 cm</td>
<td>Small</td>
<td>Medium</td>
</tr>
<tr>
<td>From 62 to 65 inches</td>
<td>From 15 to 16 cm</td>
<td>Large</td>
</tr>
<tr>
<td>Less than 16 cm</td>
<td>Small</td>
<td>Medium</td>
</tr>
<tr>
<td>Over 65 inches</td>
<td>From 16 to 16.5 cm</td>
<td>Large</td>
</tr>
</tbody>
</table>
**BODY WEIGHT RATIO**

To figure out the body's muscle mass and protein reserve, as opposed to fat mass, we will need to measure the skin fold thickness in centimeters, multiply by pi, which is 3.14, and subtract the results from the mid-arm circumference in centimeters. In measuring fat we measure the skin fold with skin fold calibers, or with our fingers, estimating the amount of fat tissue. We measure in three different spaces: underneath the triceps, underneath the thigh, and at the midriff area. These will give us indications of the amount of fat tissue in the body. We measure 3 circumferences of arm, midriff and thigh. Then 3 fat thickness' are measured. We add the body circumferences and subtract the skin fold thickness in centimeters multiplied by 3.14, shown in the formula below.

---

**1993 Metropolitan Height an Weight Tables for Man and Woman According to Frame, Ages 25 - 69**

<table>
<thead>
<tr>
<th>Man</th>
<th>Weight in Pounds</th>
<th>Woman</th>
<th>Weight in Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (in shose)</td>
<td>(In indoor clothing)</td>
<td>Height (in shose)</td>
<td>(In indoor clothing)</td>
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<tr>
<td>Ft.</td>
<td>In.</td>
<td>Small</td>
<td>Medium</td>
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</tr>
<tr>
<td>5</td>
<td>2</td>
<td>128-134</td>
<td>131-141</td>
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<tr>
<td>5</td>
<td>3</td>
<td>130-136</td>
<td>133-148</td>
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<tr>
<td>5</td>
<td>4</td>
<td>132-138</td>
<td>136-140</td>
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<tr>
<td>5</td>
<td>5</td>
<td>134-140</td>
<td>137-148</td>
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<tr>
<td>5</td>
<td>6</td>
<td>136-142</td>
<td>139-151</td>
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<tr>
<td>5</td>
<td>7</td>
<td>138-146</td>
<td>142-154</td>
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<td>5</td>
<td>9</td>
<td>142-150</td>
<td>145-157</td>
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<tr>
<td>5</td>
<td>10</td>
<td>144-154</td>
<td>151-163</td>
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<tr>
<td>5</td>
<td>11</td>
<td>146-157</td>
<td>154-166</td>
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<tr>
<td>6</td>
<td>0</td>
<td>149-160</td>
<td>157-170</td>
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<tr>
<td>6</td>
<td>1</td>
<td>152-164</td>
<td>160-174</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>155-168</td>
<td>164-178</td>
</tr>
</tbody>
</table>
Antibiotic Disruption of Bowel Flora

Antibiotics as a co-factor in AIDS

Abstract:

The antibiotic revolution was touted as one of the best discoveries of modern medicine. There have been however, an awful lot of derogatory side effects of these antibiotics. On the environment as well as the patients. In this article we look at the disruption of the bowel flora by antibiotics. And theorize about how this disruption of the bowel flora, could be a contributing factor to the AIDS epidemic.

Introduction:

Reductionism in science contributed widely to the formation of different thermo-dynamic understandings. Reductionism allowed us to build thermo-dynamic engines, buildings, radios, televisions, and a host of other non-living things. These mechanical devices were then easily analyzed with reductionistic theory. Where complex situations could be reduced to simple variables. The extreme complexity of living systems however, has not done well with reductionistic analysis. In fact, reductionism has dramatically failed in Biology and Life Sciences, in its ability to help mankind. The body being a quantic event responds more to a non-leaner quantic type of analysis, rather then productionistic theory.

Productionistic theory flourished in the first part of this century. And was utilized in analyzing Biology where complex pharmacological entities such as, herbs and plants were broken down into their constituent parts and analyzed with reductionistic techniques.

The reductionistic techniques always look for the key ingredients, and ignore the other so-called inert ingredients. Not realizing that these inert ingredients help to make the whole of Biology and that no place in Biology was their just key ingredients. Without the existence of inert ingredients side by side. Thus, the problems
started to be generated. When synthetic chemical companies first found that they could so called reproduce these biological compounds. The synthetic biological compounds were impostures and created different problems in the body. Reductionistic theory has always tried to over-simplify things. One of the over-simplifications in medicine was that of a germ theory. Where the ability of the immune system to balance itself or the beneficial effects of the different micro-biological organisms were ignored. And different germs were looked for to understand the different causes of disease. In fact, even the person who started the germ theory "Louie Pasteure", on his death bed realized that its not just the but, the flora which allows for the existence of the germ to grow. This reductionistic type theory also, was unable to understand or analyze extremely complex events. Thus the existence of the bowel flora and the of the different types of micro-organisms in the bowel. Was not really analyzable by reductionistic theory and thus modern medicine largely ignored it. The bowel flora is extremely important part of the natural process. The bowel flora allows us to synthesize nutrients, detoxify the body properly, contribute to nutritional absorption, and development of different nutrients, and also helps to balance the bacteria, viruses, and funguses of the body. And the bowel flora is highly important in our immune system. But since there are literally hundreds of different types of bacteria, which the bowel. It resisted reductionistic types of analysis. With the propagation of the germ theory and the propagation of productionistic synthetic chemical companies. A type of compound was developed known as the antibiotic. There are many types of bacterial diseases that were affecting mankind across the planet. We have to realize that this was the last parts of the 19th century and the early parts of the 20th century. When mankind had not yet developed very good sewage systems. And thus the proliferation of bacteria abounded. The development of the antibiotics gave mankind a way of killing the bacterial compounds. And thus, helped with different types diseases. Actually sewage had profound effects. And much of the credit went to antibiotics. When perhaps modern sewage techniques were actually more responsible for the benefits. Than over concentration on antibiotics contributed a abuse of antibiotics. Thus leaving a disruption of the entire ecology of our entire planet. The chemical companies sought to sell more of their antibiotics. And their motivation was more towards profit, then of healing. Thus, larger and larger amounts of antibiotics were sold and distributed. The antibiotics started to not work appropriately as nature in response to the synthetic compounds started to develop resistance strands of these different bacteria. And also nature responded by propagating more fungal and viral types diseases in response to the lowering of different bacteria. The use of these unnatural synthetic antibiotic compounds has become so day to day.
That it is hard to tell exactly what the effects are on the human body. But, there are a wide variety of side effects. Which can be shown from the antibiotics. These antibiotics work in different types of ways at biochemical levels. Some of the major modes of antibiotic action are in:

1. Inhibition of cell wall formation.
2. Disruption of the DNA metabolism.
3. Inhibition of protein biosynthesis.

The antibiotics have negative effects on different proteins minerals such as manganese, zinc, selenium. Their disruptive effects on fatty acids and cellular formation and formation of the formation of the cell walls. And they have negative effects on DNA processing. One of the dramatic side effects of the antibiotics is that they also can have the same effects on other parts of the human body. As that they can interrupt on the DNA formation of the taker of the antibiotics mostly children and the elderly. They can also have negative effects on the cellular membrane functions. And also inhibit the different synthesis of proteins. One of the primary negative effects of the antibiotics are that the process of how they work against a bacteria also might have problems in how they work against the human body. Another negative effect of antibiotics is the allergic reaction that many patients can have to these different compounds which thus can set off the alert allergy attack. And then the third of problem with antibiotics is that they severely disturb the balance of the bowel flora. By destroying much of the positive bowel bacteria and upsetting the critical bowel flora balance.

Possible Side Effects of Antibiotics

1. Allergic reaction.
2. Interfering with biological process.
3. Disruption of bowel flora balance.
The development of homo-toxicological agents is outlined in the science of homo-toxicology. This is the process of how a synthetic compound given to the body is treated by the liver sometimes inappropriately. And an inappropriate conjunctive agent is developed by the liver. Which then can result in a homo-toxin or a combination of a synthetic substance with its conjunctive agent from the liver. Many of these synthetic conjunctive agents are improperly treated by the body. And thus, accumulate in different tissues and metabolic disease. The entire science of this is discussed in the books on homo-toxicology. (Reference)

Inside the bowel flora there is a needed balance of the fungus, viruses, and bacteria. This also sets the tone for balancing the entire likewise process of these micro-organisms throughout the body. This duplicates the type of process which is available in nature. As that the balancing of these agents is very important. As that if any one of these agents becomes over it can thus over take the other and upset the balance and produce disease. When we disrupt the bacteria, we get an increase in the fungus and virus disease.

John B. Scythes delivered a paper at the March 1995, Singapore convention of the IUVDT World STD/AIDS Congress. In his paper he prophesied about different types of cofactors that could impact AIDS progression. It is now realized that there must be some different cofactors involved with that of AIDS. As that not everybody exposed to the HIV virus develops into AIDS. In fact there are some people who seem to be able to shed off the disease. This is because of the basic factors of immunity. It is not just the germ or the . It is the flora that allows the germ to propagate.

So in the first Batman movie Batman was able to find how the Joker was killing people. Where all the reductionistic scientist were looking for just one agent. Batman was able to realize that it was a cofactor. It was not just the deodorant or just the hairspray. But when the deodorant was used with the hairspray then, the two factors produced the toxic event.

Thus, in AIDS we are now investigating into different cofactors. In John S study he investigated several different types of cofactor relationships. From a five year control study of HIV infected hemophiliac. It was demonstrated that the purity of their factor replacement affects their levels in the AIDS incidents. AZT had no impact. When HIV children died it was usually within the first year. This is the time when their bowel flora was most developing. It has been now seen that some children have the HIV virus can actually shed the virus. The
reason why most of these children die could possibly be the exposure of the antibiotics. And do the children that
don't get the antibiotics have a better chance of survival.

Homosexual men develop AIDS and die at about twice the rate of any other risk group. In John S paper he
that the cofactor is unresolved treponematosis or (syphilis). A history of treated syphilis has been shown in the
controlled studies to be the best predictor for HIV and activation. He further that there’s probably very little
evidence of a biological cure of syphilis. But the technique that is used most prevently throughout the world is the
antibiotic. Could it be that the antibiotic use in the homosexual men dramatically increases their mortality rate. The
gay men of the 60's and 70's wanted to be able to have sex as many times as they wanted with whoever they wanted.
Then find their solution in one pill. This pill was the antibiotic. Could it be that it was this pill that actually caused
the problem. The evidence seems to point in the direction that this is indeed a possible cofactor if not the cofactor.
In our exploration of the factors of AIDS we see that the immunity against different viruses seems to come from a
good solid bowel flora. As well as healthy adenoids, tonsils, and appendix function. Which are the propagators of
lymphatic B cell activity. We have made more of this at different parts in our research. And can point the reader
into different directions. (Reference)

The more that a person has immune compromised states the bacteria proliferates. And antibiotics are more
and more prescribed. It is basically the AIDS epidemic has taught modern medicine one dramatic, absolute,
conclusion. Antibiotics don’t work the patients die of bacteria, funguses, and cancer. The antibiotics are not capable
of replacing the immune system. If they were then the patients wouldn’t die. Would could keep these patients alive
with antibiotic therapy it is not true. Could possibly the antibiotic therapy in this case be the cause of the disease.
Can we so open minds as to actually address this as an issue? As a scientist we must bring up this hypothesis and
explore it. The preliminary evidence seems to indicate this way to anybody who would entertain seriously the
thought process.

Lets now look at the complexity of the bowel flora with some brief note.

Bowel Flora

The child is born with a sterile bowel. Without any type of micro-organisms. The first delivery of milk
from the mother contains colostrum. Which is rich in different bacterial products that enhance the growth of the
bowel flora. And the bowel flora rapidly develops within the first couple of days. If the child is breastfed the
dominant lacto-vasili will be bifidis lacto-vasili. If the child is bottlefed the dominant vasili will be asodophilis lacto-vasili. The major bacteria of the bowel however, is that of bacteroides. This bacteria is responsible for about 65-75% of the bacteria in the bowel. And constitutes 70% of the stool. It is this anaerobic bacteroides which ingest much of the different wastes products. That are then pushed out of the body in form of the stool. This bacteroid is bacteria. Should be found in the bowel and when there is problems with leaky gut syndrome. The bacteroides can slip through the intestinal wall and into the body. And because they like veins they can cause problems such as hemorrhoids, varicose veins, or a host of disturbances. As the bacteria is toxic outside of the bowel. Ten to fifteen percent of the bowel flora is then made up of the lacto-vasili. These are aerobic type of bacteria. Often thought of as the healthy or good bacteria. These consist of the bifidis, acedolphilis, bolgaris, caucauous, salvaris, and other different types of lacto-vasili. The remaining bowel flora is constituted by somewhere between 50 and a 100 different types of micro-organisms. Which include fungus and viruses. Candida Albican should constitute roughly .5 to 1% of the microflora population.

The bowel flora is responsible for a wide variety of our nutritional intake. Ecoli-bacteria allows for the synthesis and development of the B12 nutrient in the bowel. Much of our B vitamin absorption is crucial to the healthy bowel flora. Disruptions in the bowel flora can thus, create problems in the with B vitamin problems. Which include neurosis, sycosis, mental disturbances, nerval disturbances, and a host of other types of diseases.

The bowel flora is also key not only in synthesizing but also to assist absorption of different nutrients. Thus, the nutritional absorption qualities in the bowel flora are profound. Also, the bowel flora helps us to detoxify. As that these different bacteria actively helps in just, break up and detoxify a host of different toxic agents. The secretion that the end of the candida micopial-two secretes an acid which will destroy most any type of compound. It is theorized that candida is also present because of its detoxification factors. When candida albican escapes the intestine it also becomes toxic. As that it does not belong in the rest of the systems. Thus, the immune system must have an integral balance between the toxic environment of the bowel, and the protective environment of the rest of the body. Thus, the large intestine is not only highly important for our body. But, also the protective surrounding around it is also very important as we must contain these toxic micro-organicism within the natural part of the body. The intestine is surrounded by lymphatic chillifers. Where the immune system (recticulo endotheial system) must interact with the bowel bacteria. The bowel micro-organisms to maintain balance and boundary layers.
It has been shown that when a person is exposed to any type of even small toxic compound changes happen in the bowel flora ratio of these different micro-organisms. Micro-organisms who are better able to help us deal with this toxin. Will then be increased other organisms will be decreased and this happens often times within minutes of basic exposure. Thus the bowel flora is a living entity which changes dramatically during the day as a result of our exposure to different emotional, mental, physical, and environmental presentations.

Also, the bowel flora has been shown to be a link to different mental problems. As that changes in mental constructs also can affect the bowel flora. (Do not understand what you mean by switching these two sentences)

Much our problems with nutrition, lack of fiber in our diet and other problems create disturbances in the bowel flora. But, the number one disturber of bowel flora balance is the antibiotic. The antibiotics can disserverely disturb this, and thus create a host of other different types of diseases. Diseases which might include the exsentuation of fungal diseases such as, candiasis, other fungus, and viral diseases such as, HIV, herpes, etc.

**Discussion:**

Thus, as we have developed a working hypothesis of the cofactors of AIDS being the removal of the adenoids, tonsils, and appendix and the use of antibiotics. Could be that these factors contribute to the of the HIV virus and later into the development of the AIDS case. This is observational phenomena that has been observed by this researcher and the literature as well as in the clinical setting. But, a hypothesis which has not been tested a hypothesis basically steps on the toes of the largest chemical concern, and also on the toes of the medical system. To imply that possibly the medical system is butchering the immune system and thus weakening a person defense aids. When they so rapidly remove the tonsils, adenoids, or appendix without consideration of the natural intent of these organs. As well could it not be the case that the synthetic chemical companies has no drive towards profit are over using the antibiotics in our meat, food industry, as well as the medical industry. And could this overdose be contributing to the problem. Or could there be that we need to now develop an additional solution to these type of bacterial and fungal intrusions. Rather then the use of these antibiotics. It is now known that antibiotics have failed in many different ways. And that there is a definite need for development of a new type of concern. An immune stimulating concern. A research has been in development of the endo-toxin type of formulas which are capable of stimulating the immune system. (quote endo-toxins)
What is now severely needed is an independent laboratory outside of the different antibiotic companies to fully research the concepts of this antibiotic use. And to look beyond just the African type populations and into the American populations. And to see what factors the antibiotics contribute to the proliferation of the AIDS virus. The author can only hope that there can be enough open minded researchers that can resist the motive of the chemical companies. To invest in this phenomena and to help understand this concern in more scientific clinical ways.
ASTHMA, Asthmatic Bronchitis

1. Asthma is an inflammatory disease where inflammation of the bronchial tree restricts air flow out of the lungs. In most cases air will be sequestered in the lung, making it harder to get rid of air, than it is to bring air in. Most asthma is air retained in the lungs.

2. The primary cause of this inflammation in the bronchial tree is that of inflammation and swelling of tissues provoked by allergies.

3. Infections in the lungs can also cause swelling in the tissues. Susceptibility to both the inflammation and infection from allergies are contributed by nutritional problems such as calcium deficiency (200mg/day), pantothenic acid deficiency (use 300 to 500 mg /day), fatty acid deficiency, B-6(100mg/day), magnesium(50mg/day), niacin deficiencies(50mg/day), vitamin C(1000mg/day) and other nutritional disturbances.

4. *ASTHMA helps the tissues to diminish their inflammation. Combine *LUNG LIQUESCENCE to helps supply needed nutrients, minerals, and sarcodal support to help healthy lung tissue to develop (ref. Asthma Study).

5. Behavioral programs such as exercise, meditation and relaxation techniques are also suggested to help reduce asthma.

TRACHEA (Wind pipe)

BRONCHIAL TREE
(Inflammation restricts air flow)
LUNGS (Alveoli exchange blood gas)
The patient should imagine that there is a mouth at the base of the neck as in the following diagram. They should imagine that the air is flowing in and out thru this opening. This produces a relaxation in the bronchial tree inflation. Next the patient should put their arms around their chest and crush out as much air as possible while exhaling violently three times to each one inhale. This is to empty the bad air from the lungs. Do the empty lungs technique once every ten min. while using the imagining technique. Relax and take the above indicated nutrients, the spasm should relax in 30 min. if the allergy is removed.

**Points for asthma**

1. M-HN-22 (Waiyu)  
2. M-HN-24 (Panglian)  
3. M-HN-21 (Shanglian)  
4. M-HN-22 (Waijin)  
5. M-HN-23 (Hongjin)

*Visualize air coming in and out from this place*
Points for asthma

1. M-HN-22 (Waiyuye)
2. M-HN-24 (Panglianquan)
3. M-HN-21 (Shanglianquan)
4. M-HN-22 (WaJinJin)
5. M-HN-23 (Honglin)

Visualize air coming in and out from this place.
Title:

HOMEOPATHIC AND BEHAVIORAL TREATMENT
OF COUGH AND ASTHMATIC CONDITIONS

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HOMEOPATHIC AND BEHAVIORAL TREATMENT OF COUGH AND ASTHMATIC CONDITIONS

Abstract:

This article is a review of a homeopathic and behavioral therapy used to treat asthma. In this paper we discuss the case note reflections of medical practices in the United States, Ireland and Hungary, where asthmatic patients were treated with a simple combination homeopathic product, and behavioral medicine techniques used to relax the inflammation spasms of the bronchial tree.

The philosophy of this clinical practice is holistic in nature. Patients were treated with a variety of therapeutic modalities in natural, behavioral and homeopathic medicine. The clinical, experimental and philosophical ramifications of this are discussed in this article.

Key Words:

Asthma, bronchitis, Asthma homeopathic, Cough Syrup, emotional sensitivity, Lung Liquescence, Pantothenic Acid, calcium, Adrenal Liquescence, Opsin I, Opsin II

Introduction:

The Merck Manual defines bronchial asthma as a reversible, obstructive lung disorder characterized by an increased responsiveness of the airways (Books: 13]. We must realize that bronchial asthma is an inflammation in the bronchial tree that disturbs the flow of air. It mostly disturbs the flow of air outward rather than inward, as air becomes trapped in the lungs.

Bronchial asthma is a secondary reaction to sensitivities which can be emotional, allergic, toxic, infectious, diet-deficient, or congenital. Other causes can include metabolic imbalance and disturbances of the adrenergic and cholinergic balance within the body. Further complications can include viral infections, exercise, emotions, stress, changes in barometric pressure and changes in temperature; as well as inhalant irritants such as cigarette smoke,
noxious odors, fresh paint, and others. Allergic asthma is known as *extrinsic* asthma. Non-allergic asthma is known as *intrinsic* asthma.

The Merck Manual includes a severity rating for the staging of an acute asthma attack. Stage 1 is the mild stage, where there is mild dyspnea, diffuse wheezes, and adequate air exchange. In this stage the patient sometimes may not even be aware of the oncoming spasm of the bronchial tree. In Stage 2, the moderate stage, there is respiratory distress, even at rest, and hyperpnea. The patient must use various accessory muscles in order to take air in, and the intake of air starts to become a struggle. In stage 3, severe, there is marked respiratory distress, cyanosis, dramatic use of accessory muscles, marked wheezing, and an acceleration of cardiovascular activity resulting from the patient's increased struggle to exchange oxygen. In stage 4 there is severe respiratory distress, extreme lethargy in the patient, confusion, and prominent pulsus paradox (30 to 50 millimeters hg). All the symptoms of hypoxia are also present in stage 3 and accelerated in stage 4.

The usual patient presenting in a medical office will usually have experienced the third, tertiary level before the need of a medical visit is necessary. Patients who experience stage 4 are often in such a panic that steroids are too frequently utilized, and the patient thereby becomes steroid-dependent. Deficiency of steroids is not the cause of asthma, but the utilization of the allopathic philosophy creates a dependence on steroids which, being oil-soluble, are very difficult for the body to rid itself of.

The dramatic increase in environmental pollution has led to problems of asthma and bronchial sensitivity. In our medical practice we have been able to deal with asthma quite successfully with some of the techniques we are about to discuss. If a child or adult went through steroid therapy, then the therapy for asthma was very difficult; the steroids dramatically decreased reactivity of the body to natural items. In every case of asthma we have treated (and there have been over one hundred), all who hadn't taken steroids were cured. This happened within a month to three months.

There are many factors of asthma that must be dealt with. Asthma is mostly an inflammatory condition of the bronchial tree, which produces a disturbance in the flow of air from the lungs. It seems as if the patient can't get air *into* the lungs, but that's because he can't get air *out*. This inflammation condition can result from many factors including stress, toxicity and other things which limit the patient's ability to manufacture his own anti-inflammatories and antihistamines. Stress can interfere with the adrenal gland's performance. In children, emotional sensitivity can provoke asthma. Inflammation can also result from toxins in the air or from allergic sensitivities, which produce a histamine release in the cells, and thus a swelling of the cells that can thus produce the bronchial blockage.

Nutritionally there are several techniques that can help. One key deficiency in treating asthma is calcium. The small cilia of the lungs are powered by the smallest muscle in the body. If the body becomes calcium-deficient, the first place that tetany sets in is on the cilia muscle. Thus this miscellaneous debris that has built up on the bottom of the lungs cannot be properly swept out
by the cilia, and therefore the lung may begin to have difficulty and may produce inflammation.

Pantothenic acid, adrenal substance, and B₆ and magnesium deficiencies can all be associated as well, as they intrude on the development of proper adrenaline. Adrenal Liquescence is an excellent formula that helps to beef up the adrenals, and can be used for one month (it should not be used for a long time, because we want the patient's adrenal glands to perform on their own). Balancing adrenergic versus cholinergic activity in the body is a must in asthma control. The Adrenal Liquescence should be kept on hand, however, and used at the first sign of bronchitis, cold, flu, or asthma conditions for a little extra adrenaline in the body.

The Cough Syrup formula is a very good blend of both standard and traditional treatments for cough, as well as homeopathic, therapeutic agents. This Cough Syrup can be used for cough of course, but also may be used for a wide variety of asthma cases and bronchitis.

Allersode or antigenic therapy can also be very important in helping the patient to deal with allergy factors. Opsin I for food allergies and Opsin II for inhalant allergies are overall shotgun desensitizers. However, sometimes we must treat with more specific anti-allergy compounds. A review of our study on allergy treatment [Studies: 2] is suggested. Also, the Lung Liquescence can help to rebuild tissues that have been over-stressed.

Methods:

A simple exercise can be prescribed for the asthmatic case. In this mental exercise, we ask the patient to imagine that there is a mouth right at the base of the neck, at the notch under the Adam's apple, which is at the top of the bronchial tree. The patient imagines that the air is going in and out of this mouth, directly to and from the lungs. This simple meditation helps to relax bronchial tree spasms and bring patients out of asthma attacks. Next we teach the patient to wrap his arms around his chest and squeeze as hard as he can. He strongly exhales three times in a row without inhaling, which helps to push the excess air out of the lungs. Then he returns to meditation on relaxing the bronchial tree, reducing the spasm. Once every five minutes he pushes out the air with the three-exhale method. He should be free of his spasm within ten to fifteen minutes.

The Asthma remedy is prescribed at the first sign of an asthma attack. Patients should do the above exercises and take five drops of the remedy every five minutes. Within half an hour, even some of the worst asthma attacks can be brought under control.

It is also known that asthma occurs more frequently in emotionally sensitive children. We believe in behavioral medicine and cognitive psychology, and that behavior and emotional states are the reasons a sensitive child sometimes can develop asthma, which limits his interaction with his peers and environment. Asthma prevents a child from taking part physically in something
that he may not feel confident in doing. We also see that emotional sensitivity can produce a type of anxiety which has long been related to breathing. In fact, anxiety is relieved somewhat by control and regulation of breath.

With this in mind we must realize that many children with asthma must also get some intervention in the emotional sensitivity during an asthmatic spasm. This does not have to be immediate, but should be done within twenty-four hours after any type of spasm, as this can help relieve some deep, emotional causes. This intervention need not be extreme for most children, as simply talking about some of their deep, hidden feelings regarding stresses, trials and turmoil in their lives may be enough for them to handle their emotional sensitivity, which then can also improve the asthmatic condition.

In our medical office we often develop what is called a "poor man's spirometer". This is a piece of paper about eight inches in length and three inches wide that the patient holds at one end, with his arm fully extended straight out from his chest. Normal breathing should produce enough air to bend the paper over. When there is asthmatic spasm, and inappropriate air in and out of the lungs, the patient is unable to blow over the piece of paper. At other times we use a candle at arm's length to see if the flame can be extinguished or moved significantly by the patient's breath.

In the office this type of "spirometer" allows us to demonstrate to the patient just how effective the program can be. When a bronchial spasm occurs in the office, we give the patient ten drops of the Asthma formula, teach him the relaxation exercises and meditation on the bronchial tree, and show him how to do the exhaling exercises (three times vigorously). By doing the exhaling three times every five minutes, and having the patient relax and meditate, we always see a dramatic increase in the breath within fifteen minutes. The patient is often surprised to learn how much he can control his asthma.

We caution the patient that when he gets home, sometimes in the presence of an allergin (such as dust or dog hair) it might be more difficult to control asthma. Sometimes the home is also an emotionally-sensitive area that can induce more disturbances. In these cases it may take twenty minutes to produce the same relaxation. If this doesn't work the first time it is tried, the patient is encouraged to relax and give the exercise a chance to work over the following weeks. Eventually we find that this therapy is very successful. We do find, however, that patients who are taking inhalant steroids will very quickly build up large requirements for those drugs, and may have difficulty stopping those drugs. We find that drugs dealing with symptomatology alone can create extremely disturbing side effects and extreme dependencies in the patient.

Many of the world's best athletes had asthma as children. They used athletic training to dispel the asthma. Thus patience and exercise are also very good formulas to help these cases.

In asthma cases we also suggest proper environment. Surroundings should be free of dog hair, cat hair, house dust, etc., as these complicate the asthmatic condition through subclinical or clinical allergies. If these cannot be removed, then proper allerisode desensitization of inhalant allergies is extremely important. Proper air filtration can also be helpful.
Results and Discussion:

In using the above therapies we have easily treated over one hundred cases of asthma. Complex homeopathy and behavioral therapy make it very easy to develop safe, simple-to-learn and -use programs for the doctor to prescribe. The quantum quality control techniques used by New Vistas assure a good blend of product that can be utilized for significant results.

By teaching our patients the use of the "poor man's spirometer", and by teaching them behavioral interventions and simple, safe homeopathic interventions, we have been able to empower them with the knowledge of how they themselves can control the improvement of this disease. This is very powerful in behavioral therapy, as we are trying to increasingly empower our patients against their own diseases, and show them that they can control their own healing processes.

If you learn and recognize the reason behind the various discussions in this paper, you will see how powerful they can be in dealing with a wide variety of asthmatic conditions. Asthma is an increasingly prevalent disease in the world today.
HOMEOPATHIC AND BEHAVIORAL TREATMENT
OF COUGH AND ASTHMATIC CONDITIONS

BIBLIOGRAPHY
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**BOOKS**

ARTICLES AND STUDIES


2. Basic Investigation of Allergy Treatment of Homeopathy. Maitreya; Limerick, Ireland; 1987
<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
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<tr>
<td>1</td>
<td>The Promorpheus (the First Shape) An Advanced Treatise on Quantum Vibrational Medicine</td>
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<td>2</td>
<td>Essential Biofeedback and an Introduction to Unconscious Biofeedback</td>
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<td>3</td>
<td>Superlearning Insights to Stimulating the Intellectual Mind</td>
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<td>5</td>
<td>The Pathway of Pathology Unabridged</td>
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<td>6</td>
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<td>7</td>
<td>Nelson’s Essential Complex Homeopathy</td>
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<td>8</td>
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<td>9</td>
<td>Nelson’s Essential CPR and Emergency Medicine for the Natural Health Therapist</td>
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<tr>
<td>10</td>
<td>Degenerative Disease and Cancer (A new understanding of potential cure)</td>
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<td>11</td>
<td>Using the Auscultcardiogram / Fetaphone in Pregnant or non Pregnant Patients, Advances in Midwifery</td>
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<tr>
<td>12</td>
<td>Nelson’s Essential Energetic Medicine</td>
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<td>13</td>
<td>Nelson’s Hematology - The Blood and It’s Diseases, Microscopic Analysis</td>
</tr>
<tr>
<td>14</td>
<td>Nelson’s Essential Homotoxicology</td>
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<tr>
<td>15</td>
<td>Nelson’s Impairment Manual</td>
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<tr>
<td>16</td>
<td>Nelson’s Energetic Medicine and Injury</td>
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<tr>
<td>17</td>
<td>Nelson’s Organic Pathology</td>
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<td>18</td>
<td>Nelson’s Essential Neurology</td>
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<td>19</td>
<td>Symptom Operationalization For Homeopaths and SCIO BiofeedBack Therapists</td>
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<tr>
<td>20</td>
<td>Nelson’s Essential Physiology</td>
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<td>Nelson’s Essential Anatomy</td>
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<tr>
<td>22</td>
<td>Subspace and Quantum Indeterminacy Aspects of Biology</td>
</tr>
<tr>
<td>23</td>
<td>The Fallacy of Synthetic Drugs</td>
</tr>
<tr>
<td>24</td>
<td>Proceedings of the Natural Medicine Conference at the Royal Society of Medicine in London England</td>
</tr>
<tr>
<td>25</td>
<td>Care of The Small Intestine, The Magic Spot of Life</td>
</tr>
<tr>
<td>26</td>
<td>Venoms in Homeopathy</td>
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<tr>
<td>27</td>
<td>Care of the Woman and Her Diseases</td>
</tr>
<tr>
<td>28</td>
<td>What is the Xrroid</td>
</tr>
<tr>
<td>29</td>
<td>Nelson’s Essential Iridology</td>
</tr>
<tr>
<td>30</td>
<td>Nelson’s Human Perception</td>
</tr>
<tr>
<td>31</td>
<td>Leaky Gut, Detection and Repair</td>
</tr>
<tr>
<td>32</td>
<td>Sworn on the Alter, (the true story of how one man fought the FDA to register the acupuncture needle)</td>
</tr>
<tr>
<td>33</td>
<td>Daniel’s Story the story of my son Daniel born autistic who was cured by energetic medicine</td>
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<tr>
<td>34</td>
<td>Proof of the Effect of the Mind (How and why science has improperly rejected and illegally covered up the non-local universe premise proving the effects of the mind)</td>
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<td>35</td>
<td>Towards a New Medicine (How and why medicine has plotted to cover up the fact that synthetic drugs are not compatible with the human and how natural medicine is the true medicine)</td>
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<tr>
<td>36</td>
<td>Towards a New Sport Medicine</td>
</tr>
<tr>
<td>37</td>
<td>Subspace – the collective unconscious and mathematical connection of all</td>
</tr>
</tbody>
</table>
38. Results of the world wide large scale study of the SCIO
39. Bio-Quantum Matrix
40. Quantum Vibrational Medicine
41. Quantum Quality Control
42. Natural Repertory
43. The Experimental Evidence of Homeopathy
44. The Physical Diagnosis
45. The Natural Compendium
46. New Biology I
47. New Biology II
48. A Legal Outline of the Medical Practice of Electroacupuncture
49. The History of Law with emphasis on Education; A Treatise for Evolution in Law / the next step Equal Economic Education
50. Cross Gender, the case of Normalcy
51. Nelson's Essential Parasitology
52. The Nelson Method of Health Care
53. The Angel of God leads us to 1000 years of Peace and Harmony, I, Maitreya,
54. The History of the Blood Fever of Dracula
55. The Medical Case of AIDS
56. The History of Homeopathy
57. Nelson's Disease Dictionary
58. The Home Medical Advisor
59. Desiré, the Apollo Moon Project, and the reality of the UFO
60. Mathematica the History of Numbers and the Development of an Advanced Study of the Sacred Number Premise
61. Suggested Home Therapies for all Immuno-Compromised Disease
62. The War Crimes Trial of Harry S. Truman
63. Electro-Acupuncture the History and Scientific Basis
64. The Failure of the FDA
65. A Complete and Working Medical Education
66. The Angel Story in Pictures
The story of Bill to Desiré in a beautiful large coffee table pictorial philosophical biography
67. A Holistic, Naturopathic and Homeopathic Education in Cardiology
68. Introduction to Pharmaceutical Science
69. Woman’s Health
70. The Illusion of the Science of Human Perception
71. The Structure and Properties of Water
72. Basic Biofeedback Physiology For All International Medical University Staff and Therapists
73. Nelson on Pathology
74. Electroacupuncture with Energetic Cybernetic Therapy
75. THE BODY ELECTRIC SIMPLIFIED FOR THERAPIST
76. The Natural Repertory of Prof. Nelson - An In Depth Understanding of Nelsonian Homeopathy 1988
77. Symptom Operationalization (Repertory) For Homeopaths, Nurses and Scio Biofeedback Therapists
78. THE INTEGRAL DETAILS OF THE BODY ELECTRIC SIMPLIFIED FOR SCIO THERAPIST
William Nelson or Desiré D. Dubounet as most know her, is a legend in her own time. With over 60 books on medicine, over 200 medical articles published in peer reviewed medical ISSN journals, over 35 movies, three 24/7 TV channels, 2 radio stations, and a host of other publications, Desiré is one of the most important and influential persons of the new age. The courage to stand up and prove that all synthetic drugs are incompatible with the human body. The intrepid pluck resolution to let the big head choose her sex not the little head’s presence. Desiré is one of the most courageous people alive today. It is a constant battle against the small and petty minds to fight for freedom and awareness. A modern day warrior fighting for rationality in an ever increasingly stupid and judgmental world, Desiré fights on against all who live in false belief. False beliefs are the hardest to release.

With over 5 patents, 10 trademarks, thousands of copyrights, and a host of other leading edge changes to help natural medicine, Desiré is now a Professor Emeritus of Medicine at the International Medical University. IMUNE is Registered in the British Virgin Is. And the Isle of Mann, accredited internationally, recognized by the U.N. and the E.C. there are IMUNE offices in Switzerland, Mexico City, Beijing and Romania.

Desiré won the Beethoven prize for intellectualism in 1990. The Who’s Who man of the year in 1991, and women of the year in 2003, Doctorate degrees in Medicine, Counseling, Acupuncture, Homeopathy, Naturopathy, Corporate Wellness, International Law, and Quantum Physics and Biology constitute just some of her educational experience. .

Desiré was licensed to treat and diagnoses patients in Ohio, and is now licensed internationally as a medical doctor. She has directed produced, written and starred in over thirty movies.

Desiré established the proof of homeopathy in the USA. She personally made homeopathy legal in Hungary. She is known as the father of modern Homeopathy in Pakistan. She is known as the mother of current Superlearning. She personally registered the acupuncture needles as medical equipment in the USA. Made patents in homeopathy in the USA and Ireland. She has been nominated for the Nobel prize in medicine over ten times. Dr. Bill Nelson was proclaimed the greatest intellectual of the 20th century. But now Desiré is eclipsing and displaying greater genius.

Desiré has developed a new and exciting style of movie making that has Hollywood shaking in fear. Her Intellectual Angel Movies are a fantastic unprecedented and inventive style of movie aimed at the sophisticated intelligent audience. Desiré has the courage and fortitude to make over 35 movies that challenge the system and the powers of big money. She has defined and elucidated the evil of the Illuminati in her movies. As Einstein once said “great spirits get incredible resistance from mediocre minds”. Judging from the petty trivial critiques and biased twisted criticisms it can be said that Desiré must be one great spirit. Her courage, intrepid spirit and clarity of mind are legendary.

Desiré was awarded the first prize in a contest of Cardiologists in Florida in 1989. Medical Doctor of the year in 2003, and voted best Healer of the year in 2005. Often called the most eminent Doctor and Naturopath alive today. She has become the world’s most famous expert on Natural and Energetic medicine. The story goes on and on this is just a brief set of the ever growing legend and saga of Desiré D. Dubounet.

As Desiré says the past is not, real the resume is just an illusion. The power of the mind must stand on it’s own. The petty mind can come at you from any angle and the only defense is steadfast dedication to the truth. When you read or watch her scientific journals, clinical studies, advanced scientific papers, medical discussions, philosophical essays, social themes, and intellectual movies you can see a world class genius. Petty minds will say that it is too good to be true, well Desiré is so true to be good.
HOMEO PATHY for Acupuncturists, Chiropractors & Naturopaths

HOMEOPATHY
For Acupuncturists, Chiropractors & Naturopaths

Chapter 5

CHINESE HERBOLOGY AND HOMEOPATHY

There are several different pharmacological dynamics which allow for homeopathy to occur at low-dose ratios: those of 12x or below.

As we have pointed out, the Arndt-Schultz law indicates how poisons in certain compounds have a paradoxical shift in activity as they are made more and more dilute. The effect of a poison at raw dose shows a paradoxical shift in a more dilute dose.

As we have proved several times in the Quantum Biology, Bio-Quantum Matrix, and other publications, homeopathy is not all like treating like. There are many cases where homeopathy treats by using a pharmacological agent, and the homeopathic indications are very similar, if not identical, to the indications of the original herb.

With this in mind, just what is homeopathy, versus allopathy?

In looking at a new definition for homeopathy which encompasses the old definition, we can see that a homeopath is truly trying to stimulate the organism of the human body to respond and heal itself (also see Chapter 1). This is what homeopathy is doing versus allopathy. In allopathy, outside intervention with a drug is meant to sedate, stimulate, block, deceive, or do some type of unnatural process. Thus the organism becomes dependent on the outside stimulus. If an MAO inhibitor is used to stop depression, the person's own development of monoamine oxidase becomes deficient. If we use an anti-histamine to fight histamine release, then the person's own development of histamine can be deficient.

Thus allopathy seeks to build dependence. The key for the allopath is the hope that the allopathic medication will pick up some slack, and that the organism (the patient) will heal itself while the allopathic medication is operating. In other words, he hopes that the patient can find his own biological solution while the anti-histamines are working. But the anti-histamines and most synthetic medications do not cure; they only do outside stimulation, relying on the forces of nature to cure the body in the interim.

In homeopathy we are using many different principles, and trying to encourage the body to heal itself, rather than stimulating it to heal itself. This is the concept of the minimal dose on which Hahnemann reflected, in trying to find the smallest amount of a homeopathic or pharmacological agent that could gently help to nudge the patient back into the biological cybernetics of health. Using a "feather" to stimulate such a balance is the principle of homeopathy.

In using the Arndt-Schultz law for poisons such as Belladonna, Apis Mellifica, Hepar Sulph., etc; we can see that this principle dedicates the proposition that what a poison does in raw dose is opposite to a homeopathic form of the poison. Thus we can see in snake venoms and other biological poisons the abilities to mend and heal different enzyme pathways.

In some other herbs which are not poisons we can also see a homeopathic principle in which we are using a compound to accomplish a gentle nudge to the patient to return to health. In Chinese herbalism, if a patient's body had too much heat, such as a fever condition, then the herbalist would use a refrigerant. If a patient had a problem with constipation, then an herbal laxative would be used.

We see these different propositions as being akin to homeopathy in that we would try to use the least possible amount of refrigerant or other product to accomplish the job of bringing the patient back to stability, just as a homeopath might use Eyebright, or adrenal tissue to help in a weak adrenal case. This is also applied to the concept of Chinese herbalism.

So now our new definition of homeopathy is one of gently stimulating the body to heal itself, rather than to be dependent on outside pharmacological intervention. This broader definition of homeopathy will allow us to re-evaluate the different herbals and natural compounds that used to be in the Natural Compendium, and bring them back into medical repertory.
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So in using the different compounds of the herbal repertory, we can see that this is much akin to a homeopathic philosophy. The dilution process is merely to seek a minimal dose of these items, so that we can accomplish the positive effects and yet minimize the negative effects of the herbs. Thus homeopathy allows for many different factors.

1. Homeopathy can be nutritional supplementation. If we use a homeopathic compound, such as vitamin A or vitamin B to supplement the body's deficiency syndrome, then homeopathy can be used in a nutritional sense. If we were to take a concentrated source of B-12 and dilute it one part to six times to arrive at a 6x, we would see that this 6x is approximately equal to the RDA of B-12. Thus some of the minute doses of vitamins that people use can be reflected in the compounds of homeopathy. Such homeopathic compounds made for nutritional supplementation are in the liquescence line made by New Vistas.

These different liquescences were developed for nutritional supplementation in using the minimal dose philosophy, and also using the highest quality of vitamins known to man; that of vitamins made by nature, not the synthetic vitamins made by man's technology. This line was basically a variation of Royal Lee's ideas of protomorphology and nutrition, using natural compounds, such as snow pea for kidney development, wheat grass for B vitamins, natural wheat germ for vitamin E, and the whole series of natural vitamin C factors for vitamin C. These compounds have been blended into natural liquids for vitamin supplementation, and also to be a superior line to some of the standard process formulas. The standard process formulas use different unnatural pills, as nature does not provide pill trees and capsule bushes. Using these liquids we can increase the surface area over one million times. We can start the digestive process in the mouth with the help of the brain and all the innervations that go into the nasal pharynx, so that the nervous system can properly prepare for absorption and utilization. Thus we have been able to increase the effectiveness and the mode of delivery of the standard process formulas while capturing an increase in the potency.

2. Homeopathy can be used to help stimulate the body. So if we use caffeine or Belladonna at low dose, we can achieve some low-dose pharmacological action in the attempt to trigger the body to do its own healing. The vast difference here between homeopathy and allopathy is that we do not try to incur dependence with homeopathy, but rather we use the minimal dose, and gently shift the patient to being able to accomplish his own factors of health.

3. Homeopathy can be used in many classic ways to help reverse symptoms and stimulate the body to return to the balance of its cybernetic systems. However, this chapter is dedicated to the idea of using herbs in high concentrations and low potencies of 2x, 3x and 4x for pharmacological and homeopathic action.

Let us now return to our analysis of the Chinese herb philosophy.

Belladonna, as indicated, contains atropine, and the pharmacological effects of Belladonna are that it makes the patient "red as a beet, dry as a bone, and mad as a hatter". This is the anti-cholinergic effect of the pharmacology of the atropine in the Belladonna compound. Belladonna is a poison; if taken in large enough doses, it will cause death. If we make the Belladonna solution more and more dilute, we will see, if we chart the pharmacological effects of Belladonna, that at a certain point the Belladonna will cause a paradoxical shift, and it will reverse redness, dryness, and madness. Thus if a patient were to come to us who was red as a beet, dry as a bone, and mad as a hatter, we might suggest a 6x, 9x, or possibly higher potencies of Belladonna to reverse these processes.

The Arndt-Schultz law, as pointed out in the chapter on pharmacology, points out that a poison compound will always show a reversal. A compound that is not a poison will follow Wilder's law of initial values. This tells us that a nonpoisonous compound is made more dilute, we might see an increase in the pharmacological activity of what the raw dose of the formula does, and we might see an inverse, or no effect whatsoever. An example of this would include most of the sarcolidal tissues, including thyroid and adrenal. Here we see that the effect of these sarcolidal tissues is stimulation or a hormonal effect. If we use raw adrenaline, we will see that it has a stimulating effect on the body. If we use a more dilute form of the adrenaline; 6x, 12x, etc., we will often see a similar increase in the same type of stimulation capacity. We rarely see reversals in the sarcodal formulas.

Many herbs will also follow this potentiation cycle, such as Eyebright. Eyebright taken in raw dose makes the eyes bright; hence its name. It was named Eyebright because herbalists found that it helped conditions of the eye. As we make it more and more dilute in homeopathic terms, we will see that the homeopathic usage of Eyebright is almost exactly the same as raw Eyebright. Homeopathic Eyebright, even in dilute quantities of 16x, 30x, and above will also help to improve the eyes and vision. If it were all reversal, we would only use the Eyebright when a patient came in with too good vision. But this is not the case; homeopathic Eyebright is used to improve vision at the same type of level that original Eyebright is used. Many herbs have increased or equal health value in homeopathic form. It is wrong to merely value compounds by their dosages, as in synthetic pharmacology. Many Chinese herbs can have excellent effects in low-potency homeopathic form.
HOMEOPATHY for Acupuncturists, Chiropractors & Naturopaths

As stated in the law of initial values, some things will cause reversal if they tend toward poisons, and some things will be potentiating of their original effects. Also some items will have no effect at all as they are made more and more dilute.

In the study of Chinese herbalism we now see a very profound description of an excellent natural pharmacology. We now see that the Chinese have studied the medicinal effects of herbs for thousands of years, and that specific directions were developed in how to pick these herbs, preserve them, and then prepare certain remedies. Often these remedies were made in dilute quantities, sometimes as low as one part per trillion, which is equivalent to a 9x. So the Chinese understood how certain items could be made more dilute and still achieve pharmacological effectiveness. To assume that the only active ingredients are chemical in these Chinese herbs is to make the same mistake the synthetic chemical companies make. Nature provides many energetic factors beyond mere chemistry. Subtle energetic effects, mineral balance, electrical regulation abilities, and more are stable in dilution. Dilution also offers safety in compliance with the minimal dose concept of medicine.

The Chinese did not have a system of succussion, nor did they have a system of homeopathic dilution, but their pharmacology was much akin to some of these processes. Many herbs were diluted to find safer levels of activity. This titration allows for strong herbs to be used more safely.

One of the problems of the herbal industry in America is the lack of preciseness in how an herb should be picked and processed. In China an herb is picked at precise times of the year using precise methods, so that the pharmacological activity of the item is assured. In America, however, the herbal industry for the last fifty years has been much less precise. Without a precise pharmacopeia unknowing American distributors of these herbs might pick them at non-pharmacologically active periods of their cycle. Without care for quality control, many companies pass on irregular or impotent products without safety or efficacy. This has led to the demise of the herbal industry in America; whereas the fine quality control processes of the herbs in China has led to the high success of China’s sphere of medical influence. In 1962 the FDA abolished the Natural Compendium of herbs and natural remedies. We might look at several theories for its demise, but indeed this lack of quality control is indeed a factor.

In developing an herbal protocol to mix with homeopathics, wise manufacturers including New Vistas have had to develop severe, exacting quality control criteria for acceptance of the different herbals ordered from American or other herbal suppliers. These types of quality control techniques include product surveys, product assays, and product determination; in methods such as spectrophotometer, atomic absorption, chromatography, culture analysis, and other forms of chemical procedures to determine pharmacological activity. Thus New Vistas has been able to develop the finest quality control analysis protocol to assure the highest form of potency for the different herbs utilized.
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The Chinese literature is filled with herbal references and information about how these herbs can be used medicinally to help patients in a variety of ways. It is New Vistas's idea that many of these herbs can also be put into homeopathic dilution, and used in very similar processes. This is to insure safety first, while guaranteeing effectiveness. We do not see this as contradictory to the homeopathic process in any way. In fact, Wilder's law of initial values will tell us that many of these compounds, once understood, can be increased in energetic potency as we make them more and more dilute, while preserving activity. To this end New Vistas has developed pilot study and statistical protocols to be able to determine the absolute effectiveness and safety of the different compounds. Clinical trials are an important part of the New Vistas quality control protocol.

So New Vistas started off with the idea that Chinese herbology and homeopathy were compatible in their format, and could be blended. The first type of blending in this technology was through a system of oriental herb formulas directed toward different organ systems, which were called Oriental Herbs (Organs). See the above list of these different products.

These were taken from the book "Treating Cancer with Chinese Herbs", by Hong-Yen Hsu. This book was published by the Oriental Healing Arts Institute. In this book several cancer treatment modalities were indicated for a variety of organ system types of cancer. These treatment modalities were developed by doctors in Shang Hi, China. They used many different types of herbal therapies which New Vistas sought to blend into formulas for treatment of similar degenerative problems, prescribed by properly trained practitioners.

After two years of commerce with these products, the remarks of many doctors have confirmed that this is not only a safe system of treatment, but also a very effective system as well. The herbs in those different formulas were all put into a formula at low potencies of 2x, 3x, and sometimes 4x, equivalent to the dilution methods used by the doctors in China, making these formulas equivalent types of modalities to those used in China.

The extreme success of these formulas has led New Vistas to develop other formulas following the Chinese herbal system. These are developed with the Chinese herbal acupuncture modality of treatment. In developing these herbal formulas, New Vistas tries to use herbal remedies from all over the world, including those from the Amazon rain forest, where certain herbs have been studied and used by Amazon tribes for years for their specific pharmacological and energetic activity. In making up these formulas, New Vistas has used herbal formulas from the Amazon, China, Korea, America, South America, Europe, Russia, and many other places.

| ANTHELMINTICS-- | Cortex Meliae, Fructus Quisqualis, Semen Cucurbitae, Semen Torreyae, Omphalia, Fructus Carpessi |
| Treatment: | Purgative for worms and intestinal parasites. |
| HEPATIC-- | Cortex Manoliae, Rhizoma Curcumae, Lignum Aquilariae Resin, Fructus Galange, Vervain, Radix Bupleuri, Rhizoma Corydalis |
| Treatment: | Removes stagnant energy from liver. |
| Treatment: | Protects extreme body from wind, cold and dampness. |
| CARMINATIVE-- | Radix Aucklandiae, Pericardium, Citri Reticulatae Viride, Cortex Magnoliae, Radix Linderae, Rhei, Semen Pharbitidis |
| Treatment: | Relieves gas and stagnation of food, dispels congestion of toxic energy from stomach and bowels. |
LIQUESCENCES --

**HOMEOGRAPHY** for Acupuncturists, Chiropractors & Naturopaths

Ginseng, Radix Codonopsis Pilosular, Astraglus, Radix Hedysari, Licorice, Malt, Atractylodis, Rhizoma Polygonati

*Treatment:* Invigorate stomach, spleen, lung and heart. Used to reinforce middle burner.

MENTAL LIQ.--

Cornu Cervi, Pantotrichum Hippocampus, Erba Epimedi, Radix Ginseng, Cynomorii, Angelicae

*Treatment:* Invigorates kidney meridian, treats impotence, senility and old age.

BLOOD LIQ.--

Ginseng, Rehmanniae, Angelicae, Atractylodis, Cinnamoni, Paeonia, Burdock, Red Clover, Spinach

*Treatment:* Replenishes blood, restores vitality.

WOMEN'S LIQ.--

Cudonopsis, Atractylodis, Angelicae, Rehmanniae, Poria, Cyperi, Jujubae, Liguistici, Glycyrrhizae

*Treatment:* Regulates menstrual disturbances by restoring vitality and energy to blood.

ANTI-ASTHMATIC--

Fructus Perillae, Astragali, Ephedra, Cinnamon, Semen Urmencae Amarum, Radix Glycyrrhizur, Paeoniar, Jujubae

*Treatment:* Treats wind and cold effects, chills and fever. Treats exterior symptom complex and regulates energy for lungs.

EXPECTORANT (COUGH FORMULA)--

Rhizoma Anemarrhena, Cortex Mori Radicis, Semen Trichosanthis, Fructus Gardenia, Poria, Pericarpium Citri Rheticulae

*Treatment:* Clears lungs of mucous, dispels heat in lungs.

ANTI-PYRETICS--

Fructus Forsythiae, Mentha, Radix Platycodi, Lonicerae, Schizonepetae, Arcti

*Treatment:* Treats fever, febrifugal. Expels toxic heat, wind and chills from exterior.

ANTI-RHEUMATICS--

Aconiti, Angelicae Sinensis, Olibanum, Myrrh, Lumbricus, Clematidis, Sanquis Draconi

*Treatment:* Dispells wind, cold and dampness to improve rheumatic pain. Activates blood flow in collateral channels.

SEDATIVE--

Calcarius Bovis, Coptidis Moschus, Cinnabarris, Valarian, Jujubae, Radix Glycyrrhizae, Semen Ziziphi Spin Osae, Fructus Tritici Levis

*Treatment:* Nourishes blood of liver. Expels heat from heart, to relieve fatigue and insomnia.
HOMEPATHY for Acupuncturists, Chiropractors & Naturopaths

HYPERTENSIVE--
Haematitum, Rhizoma Pinelliae, Radix Achyranthis Bidentatae, Rauwolfia Serpentina, Concha Margaritifera Usta

Treatment: Alleviates heat in liver. Corrects deficiency in yin of liver and balances excess yang.

LAXATIVE--
Semen Cannabis, Rhei, Semen Armeniacae Amarum, Cortex Magnoliae Offic, Cassara, Paprika, Rhubarb

Treatment: Relieves constipation due to deficiency of spleen fluid. Dispels toxic energy from large intestine and boosts liver chi.

America has often come under the gun because of an inability to supply good quality herbs. This is largely due to the fact that American herbs can be picked at any time, in any place. In following the Chinese protocol, herbs are picked at precise times and in precise ways, so that the pharmacological activity of the herb is preserved. To this end New Vistas buys many of its herbs from the Chinese, Japanese and Korean markets. Still that is not enough; each of these herbs must be challenged using quality control methods, to make sure that the pharmacological activity of the herb is above the satisfactory level and at the highest level of potency in developing the natural pharmaceuticals.

Next in developing quality control techniques beyond the chemistry and beyond the range of 12x, New Vistas developed Kirlian photography methods of analysis, freezing studies of the crystalline structure of the liquid crystal effect of water, trivector analysis to analyze the magnetic, dielectric, static and conductance fields of the different homeopathics to understand the energetic nature of these compounds; and patient reactivity modes, challenging them on skin resistance, voltage, and other directed activity. As well, New Vistas has researched a photo-multiplier that can measure the photons coming off of these fields; and also found out how these different compounds affect living tissue with their electromagnetic radiation through the mitogenic process. These and other studies are discussed in The Natural Repertory of Dr. Nelson, as well as Quantum Biology and Bio-Quantum Matrix.

Thus the development of a quality control process was paramount in developing a way to create the most precise, safe and effective remedies for doctors to use with their patients.

New Vistas also saw that this needed to have a global expression, and has developed manufacturing entities in Ireland, Canada, Australia, Japan, Germany and the former Soviet Union. New Vistas has developed a global entity to easily supply doctors and practitioners throughout the world with product, guaranteeing safety and effectiveness, reverence for nature, and education. Current seminar development is happening in all of these countries; education for doctors in how to develop diagnostic protocol and healing therapeutic regimes for their patients. If people in the common market order products, they can be shipped directly without involving import/export duties, large shipping costs, or distribution hassles.

For the doctor who wants natural, homeopathic pharmaceuticals anywhere in the world, New Vistas is ready to serve, with the highest level of quality and service, all directed through the company pledge for safety, effectiveness, quality control, natural healing, reverence of nature, and education of both patient and doctor.

To this end New Vistas welcomes you, the developer of products, to a new standard and level of quality control and service.
CIRCULATION DISORDERS

1. The body must circulate blood from the arterioles which are rich in oxygen and nutrients to all the parts of the body. The blood then passes through capillaries and recovers toxins and carbon dioxide in the venous function, and brings these back to the pulmonary parts of the heart and lungs to be restored with nutrients and oxygen. In the lung, carbon dioxide is released which can then be expelled.

2. This entire process happens in a cycle of the blood going through the body several times a minute. This overall flow is known as the circulation.

3. Disorders of circulation result in cold extremities, lack of hair growth on the feet and knuckles, poor quality skin and hair, and even a lack of the moon growth on the fingernails of the fingers toward the small fingers. The numbers on form death in the world today is due to some type of circulation disorder. This can result in cardiovascular disease or a host of other types of circulatory disturbances. Problems of circulation to the brain or blockage can result in a stroke or infarction which is also a major killer.

4. The overall flow of blood is usually blocked by stenosis, calcium, build up of plaque or cholesterol, uric acid and oxalic acid, pathogenic compounds, muscular skeletal stress, muscle spasms around muscles of the circulatory arteries and veins, accumulation of thrombosis and platelets, and congealed blood in the circulatory system.

5. *CIRCULATION is a blend of vitamins, minerals, sarcodes, and venoms designed to help break up circulatory blockages very slowly. *CONVALERIA is another product which helps to restore circulation to the brain (ref. Cerebral Ischemia Study).

6. *CIRCULATION should be taken as follows: 10 drops/2 times per day, for a period of 4 to 6 months to help break up the circulatory blockage. If the circulatory blockage is broken up too quickly, this can result in a more severe disturbance. Thus, *CIRCULATION works on a slow bases to help the circulation to recover slowly (ref. Microvascularity Study).

7. When using *CIRCULATION we must realize that often times we are going to restore circulation to parts of the body which have not had proper circulation for some time. The body sometimes sequesters toxins or reduces blood flow to an area for its own particular reason. Often times when blood is restored to an area that has not had proper blood flow for some time, this may produce pain or discomfort. Much like blood returns to your arm after having slept on it. At first there is numbness, then after the blood returns it develops some pain. This is usually short-lived, but should be brought to attention.

8. Light exercise is encouraged at first and later building into moderate exercise. Good nutrition along with stress reduction and management is also recommended.

BLOCKAGE FROM CALCIUM BUILD-UP, THROMBOSIS (excess blood clotting after a trauma), PLAQUE, CHOLESTEROL, OR FROM OTHER ARTERIAL BUILD-UP.

This emergency point rests on the upper jaw not the lip. Pressure here can help to revive a person who has fainted. If the person does not regain suspect poisoning.
CORRELATIVE INFECTION COMPARISONS TO XRROID REACTIVITY

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This paper was presented at the Hungarian Diagnostic and Laboratory World Seminar in September, 1994, in Pcs, Hungary (a major world-wide congress on laboratory and diagnostic techniques).
CORRELATIVE INFECTION COMPARISONS TO XRROID REACTIVITY

Abstract:
This short report examines a comparison between cultured blood, skin, urine, lymph and stool results, and Xrroid reactivity. Results show that the Xrroid has a very high correlation to culture results, and thus the Xrroid could be helpful in determining the electrical reactivity of the patient, and in determining the type of infection the patient might have.

Key Words:
Xrroid, electrical reactivity, capacitance, inductance, culture, bacteria, fungi

Hypothesis:
It is our hypothesis that when an infection occurs in the body, the white blood cells and the body try to deal with the infection. If the infection is dealt with in a positive, natural manner, then the body will be able to disperse the infection and bring it under control.

It must be pointed out that bacteria and fungi abound in the body, but it has been determined that they are infectious when their levels become pathogenic, and cause risk to the organism. Minute levels of these organisms are not of concern, and are managed easily by the body. It is only when these levels exceed high proportions that the body is unable to control them.

In our description of Selye medicine, we see that when the first stressor attacks the body (such as the exposure to the microorganism), this initiates an alarm stage. During the alarm stage the body reacts in a hypersensitive way; a sore throat, a skin irritation, or some disturbance in the bowel or other area can provoke this type of initial reaction. The alarm stage is filled with symptoms and highlighted by many different concerns which the patient will present in the doctor’s office.

Next we have the adaptation stage. During this stage the body tries to deal with the initial stressor in a positive way. If the body deals with this stressor positively, then the adaptation stage is said to be successful, and gradually the body brings this stressor under control. If the adaptation stage is not successful, then the body must attempt to adapt to this pathogen in its ever-accelerating quantities.

If the pathogen continues to grow or to do harm to the body, then eventually an exhaustion stage will kick in, where the organism or the organs of the system may go into failure.

During the adaptation stage, if the organism is unsuccessful at adapting correctly to the system, then we believe that the parts of the immune system, or reticuloendothelial system of the body, will be in a state of continued exhaustion, and will be unable to adapt correctly to the microorganism intruder. This means that the organism must be in a state of attack, and must try to drive its reticuloendothelial components, such as the white blood cell, towards the infection.

To do this, an electrical phenomenon must occur. This electrical phenomenon would be reflected in the electrical reactivity of the system, because if the patient has a candida infection that is not being dealt with properly in the adaptation stage, then the patient will electrically react to an exposure to candida at a higher rate. This is the hypersensitivity of the medication testing phenomenon according to Vol, and an explanation through the Selye adaptation phase, which allows us to understand why the electrical reactivity is greater.

In our research we have discussed the medication testing phase of Vol, and how this testing can allow us to see a patient’s electrical reactions to the field of a microorganism or homeopathic. Thus a homeopathic, vitamin or mineral that might help the patient also might produce a change in the field. This would produce a change more towards normalization of the field, as the patient’s body would want to show that this is a correct remedy to use.

Our purpose is to understand this phenomenon through the development of the electrical reactivity work we have done. The Xrroid takes in scores of capacitance, inductance, resistance, voltage, amperage, etc., and converts them into an electrical reactivity score on thousands of items.
In this study the patients were determined from culture testing to have pathogenic microorganism infections. These infections were of the type of urinary bacterial cases, pseudomonas, E.coli, staphylococcus or streptococcus, etc. They were discovered from systemic infections, throat cultures, vaginal cultures, blood cultures for fungus (including the entire candida family), cryptococcus and blastomycoses. Blastomycoses was indicated from stool analysis, as well.

Forty patients were selected who had presented with symptomatic problems showing a good indication of the infection. The culture was then performed, which then proved undeniably that the infection existed in these thirty-five patients. These patients were then tested by the Xrroid to determine their electrical reactivity to the infectious agents.

Results:

Correlation between the infection and the Xrroid results came out at ninety-three percent correlation, showing that the Xrroid is indeed accurate in predicting the existence of a pathogenic organism that could be cultured in the human body.

These results will help us to further understand the idea of electrical reactivity and medication testing, and the phenomenon of the Xrroid electrical reactivity test.

Discussion:

As we have seen, the Xrroid was able to pick the electrical reactivity of patients who had pathological levels of an organism.

Thus the Xrroid, which is a simple test of electrical reactivity that can be performed in any doctor's office, might be a good preliminary test to help the doctor develop hypotheses of the patient's problems.

As we have pointed out in other research, the Xrroid also has a strong correlation in mineral analysis, chromosomes, infections (in this study), vitamins, minerals, and other measures of electrical reactivity. Thus the Xrroid becomes a very good system to allow us to assay the patient's initial physical health. We can then find various ways to help him, using simple interventions in a prevention mode, such as homeopathics, nutrition, and lifestyle and behavioral changes.

In developing a system of prevention medicine, we need some simple, inexpensive ways to determine whether the patient is at risk of a disease or infection. The Xrroid is very helpful in developing such a system, as it can pick up the initial electrical reactivity sometimes even far before the pathological level of the microorganism is reached. Then the system can properly deal with these items in a more positive fashion, if intervention is early enough.

The system of antibiotics that modern medicine has used for years is a system of crisis-oriented medicine, in which the organism is not treated until pathogen levels are high. This is indeed the phenomenon of antibiotic or allopathic medicine. Because of the harshness of synthetic chemicals, which have dramatic side effects, the doctor must be absolutely sure that the level of the microorganism is definitely threatening the patient before he prescribes these chemicals.

As an earlier but simpler intervention system, the Xrroid can help provide indication which can gear the doctor towards using a simple homeopathic, vitamin, mineral, or simple behavioral techniques to prevent the pathogen from increasing its numbers. Thus in developing such a system of medicine, we definitely need an early warning device, for which the Xrroid has been designed.

Certain patients have high levels of a microorganism that they might have ignored for months or years. In this type of case, if it is extreme and the reticuloendothelial system cannot be pushed, perhaps the use of these harsh antibiotics should be resorted to. But as we've seen in many tests, antibiotics are currently overused in the medical profession.

Simple homeopathics, as we have shown in our other studies, can be used to help turn these infections around in a quick and easy way. A new type of medicine can be developed based on early warning signs and simple behavioral, nutritional and natural treatment.
CORRELATIVE INFECTION COMPARISONS TO XRROID REACTIVITY

BIBLIOGRAPHY
--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

Addictions

Many of the health problems in the world today are associated with addictive profiles, as people become addicted to a wide variety of substances and behaviors. Many people are addicted to coffee, sugar or cigarettes, or in some cases the harder substances such as cocaine, heroine, barbiturates and amphetamines. There also are addictive behaviors to sex, anger, fear, and other types of life patterns. Alcoholism is yet another extremely addictive behavior pattern that can cause tremendous problems.

In dealing with alcoholism and other addictions, one of the finest programs in the world today is the twelvestep program authored by Alcoholic’s Anonymous. This twelve-step profile can be used for a wide variety of addictive patterns. For further information and help, we heartily recommend that you seek out Alcoholic’s Anonymous, Gambler’s Anonymous, or whatever agency is applicable for the type of addictive problem your client has. Group therapy can be extremely helpful for clients to overcome addiction and the negative aspects that addiction produces.

Step 1. Self-realization. The client needs to realize that he has a sickness and an addiction. Your client must first accept the fact that there is a problem before he can seek help to overcome his problem. If the person does not accept that there is a problem, it will be hard for him to get help. The first step is for him to realize that he actually has a problem. Often relatives come to this realization, but the person involved does not. It is our job as consultants to help this person to make this realization, and after this realization is
achieved, to direct him to proper groups and professionals who can then help him to break his addictive pattern.

**Step 2.** The client realizes that there is a power greater than himself. Recognizing this higher power in whatever terms one wishes allows the client to tap into the grand powers of the universe, to heal and direct him away from negative behaviors and into more positive aspects of living. Sometimes it is wrong to spoon-feed an entire cosmology or philosophical belief to a client who does not share such a background. Sometimes it can be productive. Often it is up to the professional to make this type of judgment. He should recognize that there are limitations to the human conditions that led to the addictive behavior. Investing all his energy in himself only to rid himself of this problem is, most of the time, futile. He must direct his energy and tap into the energy of God, nature and the universe.

**Step 3.** The client makes the decision to turn his health and addiction situation over to his higher power, tap into that power, and let it participate in and control the healing process. This can best be done in groups with competent professionals who share a similar type of higher-power idea.

**Step 4.** The client is asked to direct himself in probing inquiry and soul-searching criticism of his life to find the sources of negativity, analyzing behaviors that have led to problems, and defining emotional insecurity. These often take place in bad relationship patterns, fear, anxiety, jealousy, anger, rage, mistrust, misunderstanding, delusions, excess worry, sadness, negativity, and a host of other environments. The client is asked to pursue these questions
in an in-depth process to uncover the little flaws in his character. This process brings issues into awareness so that they might be dispelled.

**Step 5.** The client is now asked to share these problems and the nature of his wrong-doings with himself, other people, and his higher power in a directive that is verbalized to allow other people in a family or professional health group to help him to overcome these disabling patterns.

**Step 6.** This step necessitates the action of initiating the process of this healing higher-power direction. Realizing that perfection cannot be attained and that this is an ongoing process throughout the rest of his life, he is able to deal with the negativities as they arise in his life. This is not thought of as a goal, but as a process that will continue forever and ever. By recognizing the lack of perfection through humility, he now seeks to notice the negative aspects of his behavior and life, and to deal with them on a daily basis.

**Step 7.** The client asks God’s his higher power’s) help to remove his shortcomings and to help him fight against negativity. In a day-to-day process he must realize, in a humble way, the limitations of the human spirit and the superiority of the higher power. He must ask for the strength to help him each day of his life.

**Step 8.** The client makes a list of all the people he has harmed. He must be willing to make amends for the harm. We also recommend that the client make a list of all the people who have harmed him, and be willing to make
forgiveness a key factor in his life - to forgive the people who have harmed him. Here he asks to make amends for his transgressions and to forgive those who have transgressed against him.

**Step 9.** The client tries to reach out to the people he has hurt to try to make amends, talk to them, ask their forgiveness, and do whatever is necessary as long as he is not hurting, injuring or bothering these people. He now forgives the people who have hurt him. He reaches out and finds ways to heal the hurts and negativities that have occurred in his life. For some of the people who are hard to forgive (parents, teachers, or self), we ask to employ the forgiveness technique that was directed by Jesus, who said, “Do not forgive others seven times, not seventy times, but seven times seventy.” Ask the client to write, “I forgive “seventy times for seven days on a piece of paper. This will have a healing and cleansing aspect on the soul. After four hundred ninety times, he really can forgive.

**Step 10.** This is the client’s commitment to look at the negative aspects of his life; not just once, but for the rest of his life, as an ongoing process. When he is wrong, he should promptly admit it and make amends when he can with his fellow human beings. As this expands, he can start to examine the key factors of his motives and increase his understanding of himself and others. This is process of joy and compassion in processing the factors of his life.

**Step 11.** This step involves the client’s commitment to learn to pray, meditate, and communicate with his higher power, making this a daily part of his life and realizing the superiority
of that Force or Power. He should learn how to “make a joyful noise unto the Lord”, and deal with negativity in a joyful way.

**Step 12.** Finally having had some spiritual awakening through this process, the client seeks to help others as well as himself on a daily basis. He must realize that the fruits of his actions are produced in the seeds of his thoughts. He must seek to work with his thoughts as well as his actions, and try to make his actions and thoughts more positive for himself and others. He must come to the realization that his mind, body, spirit, society and environment are one, and that he does at times have negativity in his life which he must deal with in a positive way. He must not succumb to this force of negativity. There is a force more powerful than he is that can help him to find the positivity, joy, compassion, and happiness to make his life on this planet a joyous and prosperous one.

In going through these twelve steps, often professional counseling is needed. We must emphasize that most people cannot complete this process alone. They will need group support, clergy support, counseling support, psychologists and the like. Often in groups such as Alcoholic’s Anonymous, addictions are transposed with coffee, sugar, and other substitutes. This can also be an addiction process: One addiction process done not mend another. Substituting a weaker addiction might be part of the pathway to healing, but sometimes it can be detrimental. We hope that the people who have addictions (we believe this represents ninety-seven percent of the population) can deal with them in very positive ways. We also heartily recommend professional intervention at every level.
I prefer to use the house-tree-person test, where the patient draws a house, a tree and a person, all on separate pages. By analyzing this, I can get a good perspective on some of the patient’s unconscious ideas, and how he is involved physically as well as mentally. We also must try to avoid becoming too analytical or understanding too much. Life should be lived more than understood. It is helpful for us to analyze certain things, restructure ideas and so on, but we should resist the danger of over-analysis. The more we think about our digestion the more we hurt our digestion. We should let nature take its course in balancing digestion subtly, and forget about something we’ve eaten once we’ve eaten it. This is very important.
Title

Diagnosing and Treating Injured Tissue with the Energetic Medicine of the QXCI

subtitle

The measurement of action potentials with electrodes placed on the surface of patients with injured or irritated tissue.

excerpt from the Promorpheus by the QXCI staff

ABSTRACT: In this report we review the detection and treatment of injured tissue. In our testing procedure we use measurements of multiple voltage potential, amperage potential, and resistance vectors. We can determine the potentials as normal or as diseased from the experiences of energetic medicine. Once detected the computer can then repair these injured tissue with proper TENS electrical stimulation. The QXCI device allows for detection and correction at biological speeds or in excess of one hundredths of a second.

ELECTRICAL PROFILE OF INJURED TISSUE

Multiple dissimilar metal electrodes are placed on the body. The potential difference seen by the potential indicator is zero. When the tissue has been excited electrically to the left of electrode A; when the wave of excitation reaches the region under electrode A, it becomes negative with respect to electrode B and the indicator rises. As the wave of excitation passes onward toward electrode B and occupies the region between the two electrodes, the region under A is recovered and that under B has not yet become excited. There is no voltage potential under these conditions. The first (upward) phase of the monophasic action potential is thus complete. While the wave of excitation occupies the region under electrode B, the excitation wave becomes negative with respect to A, and hence the potential indicator will fall. Recovery occurs as the wave of excitation passes B, the membrane potential is re-established. The potential indicator reads zero. The downward phase of the action potential is thus complete. The time between onset of the action potentials is set by the velocity of propagation in the tissue and the spacing interval of the electrodes. As we reduce the inter-electrode distance, the two monophasic action potentials will be closer to each other. The time factors are such that excitation occurs under electrode B before recovery is complete under A, so a smaller action potential results.
Electrodes detecting voltage potential

\[ \text{A} \quad \text{B} \quad \text{< < Excitation} \]

Skin surface wave propagation to left

Fig 1

This applies also to an isolated single strip or bundle of irritable tissues having the same propagation velocity. If the tissue consists of a bundle of fibers having different velocities of propagation, then the waves of excitation will arrive under each electrode at varying times. So the wave form displayed by the recording instrument will be very complex. It must also be recognized that the activity of the tissues closest to the recording electrodes will contribute the most to the recorded potential. If we filter out interference, it becomes easy to diagnose traumatized or injured tissue.

The QXCI medical device generates a wave form based on the age of the patient and measures the received wave form potential at the extremities. The existence of injured tissue anywhere in the system (on or under the skin will effect the received potential.

Experimentally it was possible to provide verification for the preceding explanation for the wave form of potential variance, which is recorded by two electrodes on the surface of an isolated strip of injured tissue. We used the frog sartorius muscle consists of a bundle of very similar muscle fibers running parallel for the whole length of the muscle. The application of a stimulus to one end of the muscle (curarized) will cause a wave of excitation to travel along each fiber at the same rate. The waves reached the end of the muscle at the same time. By recording the response with two widely separated electrodes, the diphasic action potential can be obtained; a typical result appears. If the electrode spacing is reduced so that the monophasic action potentials overlap (i.e., excitation of the distal electrode occurs before recovery at the proximal electrode), the action potential is that predicted by the preceding analysis.

The computer acts as a wave form or frequency generator, and almost simultaneously as a frequency counter and wave form analyzer. This allows intimate and speedy detection and rectification or correction of wave abnormalities. Thus healing of detected injured tissue can be maximized at natural signal strength. The
body electrolyte strength will generate a potential between electrodes of dissimilar metal construction. The range of signal in the QXCI electrodes is 0.693 to 1.751 volts.

The QXCI medical device generates a compatible signal strength. Thus the intervention is rarely felt. Just as immersing in water at body temperature is not felt. Even though you obviously get wet. The natural level of intervention of the QXCI will allow for gentle interface and minimize alarm response. Dr. Voll found that signals beyond 1.5 volts were destructive, so systems like the Listen or Vega could do damage more than repair.

Multiple wave detection allows for global or wholistic system evaluation. Our recorded diphasic action potential permits determination of the direction of the spread of excitation. When the electrodes are closely spaced, the direction of the initial deflection of the potential indicator still provides this information if its deflection is known in terms of the polarity applied to its terminals. The polarity convention chosen was such that when electrode A was negative to electrode B, the indicator of the potential-measuring instrument rose. So when excitation traveled from A to B, the first phase of the action potential would be upward. If the tissue were excited at its opposite end (i.e., beyond B), electrode B would become negative first and the initial deflection of the potential indicator would be downward. Electrically we can find foci of brain disturbance or heart dysfunction from multi-probed EEG or ECG channels.

We see that the meaning of the polarity of the potential difference between the electrodes has been devoted to the case of the spread of excitation being in the same direction into the extremity electrodes. The orientation of the electrodes with respect to the direction of excitation and recovery was important. It can be shown by placing the electrodes opposite each other on the tissue and causing a wave of excitation to be propagated. If everything is symmetrical, dipolarization and repolarization will occur simultaneously under each electrode. The potential indicator will not be deflected as excitation and recovery pass. Acupuncture meridian cascade can also be demonstrated by multi-channel measurement of acupuncture points on a meridian. The choice of wrist and ankle location was based initially on the Rodakru system of Korea but later development found that this was an ideal location for equilibrating the signal.

Some tissue (especially cardiac muscle) will have excitation in all the tissue before recovery occurs under either electrode. Sometimes recovery does not travel in the same direction as excitation. Therefore, the action potentials recorded from a pair of electrodes on the surface of such tissue are expected to be different from those previously discussed (see "Cardiology", by Dr. Nelson).

In the Promorpheus we diagrams strips of isolated irritable tissue in which excitation occupies all the tissue before recovery occurs under either electrode. Assume that the tissue has been stimulated to the left of electrode A and that
Excitation advances and occupies the region under electrode A, making this electrode negative with respect to electrode B; with the polarity convention adopted, the potential voltage indicator rises. Excitation advances will occupy the region under electrode B. Recovery will not have occurred under electrode A and because both electrodes are now over active tissue, the indicator shows no potential difference, and the first upward phase of the action potential will result. If the strip of irritable tissue is uniform, recovery will follow in the same direction as excitation, occurring first under electrode A.

Excitation and recovery propagated at right angles to the axis of a pair of electrodes on an isolated strip of irritable tissue. Under this condition, electrode B is negative with respect to A and the potential indicator falls. As recovery occurs under electrode B, the potential indicator reads zero and the second (downward) phase of the action potential is completed as shown in the Promorphoeus.

As we see, the two monophasic action potentials have special meanings. The peak of the first upward monophasic action potential indicates excitation under electrode A; the end of this action potential indicates that the whole tissue is active. A downward wave indicates recovery starting under electrode A and recovery under

\[ \text{Electrodes detecting voltage potential} \]
\[ \text{A} \quad \text{B} \quad \text{Recovery} \]

\[ \text{Skin surface wave propagation to Rt} \]

this electrode becomes complete when the peak of the downward action potential is reached. Completion of the downward action potential shows full recovery of the tissue.

As the tissue covers under electrode A, the second (upward) phase of the action potential results.

If there exists a metabolic gradient in irritable tissue, the sequence of events will be different. If, when all of the tissue is active, recovery proceeds in the direction opposite that of excitation, the second phase of the action potential will be different. Recovery appears first under electrode B, resulting in electrode A being negative with respect to B (Fig. 2). Thus the potential indicator will rise and the second phase of the action potential will be upward (i.e., in the same direction as the first).
As presented, the peak of the first upward phase described excitation under electrode A. At the end of the first monophasic action potential, when the indicator read zero, the whole tissue was active. The beginning of the second upward phase indicated the start of recovery under electrode B; total recovery occurred when the second upward monophasic action potential was completed. To summarize, in tissue that is totally occupied by excitation before recovery occurs anywhere, if the two phases of the action potential are in the opposite direction, excitation and recovery travel in the same direction. This implies general skin voltage readings, not acupuncture points. If the two phases are in the same direction, excitation and recovery travel in opposite directions. This can often be found in the heart of a cold-blooded animal and in homogenous tissue; the latter is characteristic of the mammalian ventricles. Acupuncture meridians show the characteristic voltage changes, but follow uncharacteristic impedance variance from other skin tissue. This phenomenon accounts for electroacupuncture.

**Injured Tissue Effects On Action Potential**

A surprising observation associated with the measurement of action potentials with extracellular electrodes, applied directly to injured tissue, is the appearance of wave forms that resemble, to a remarkable degree, those obtained with transmembrane electrodes. Many papers presenting such records usually state that one electrode was placed on uninjured tissue and the other was over injured tissue. This allows for the electrical location of trauma cases and a quantifiable means of rating the injury. Such a sophisticated instrument is manufactured by QXCI. This instrument can be passed down the spine to measure voltage, amperage, resistance, and temperature of the skin next to the vertebrae. From this we can measure spinal injuries quite accurately.

As we have demonstrated, if two electrodes are placed on the surface of a uniform strip of irritable tissue, a diphasic action potential is recorded when the tissue responds to a stimulus. Excitation and recovery under the first electrode are found in the first phase; the second indicates the same event under the second electrode. If the two electrodes are close together, the phases will be temporally closer. If one of the surface electrodes is advanced through the membrane into the cell, the membrane potential appears. If the cell is excited, the monophasic action potential will be recorded rising from, and returning to, the resting membrane potential. This shows two boundary conditions (i.e., both electrodes are extracellular), which give rise to the idealized diphasic action potential; when one electrode is extracellular and the other is intracellular, the idealized monophasic action potential results. Imagine a strip of irritable tissue, injured at one end (i.e., depolarized) by crushing at B as in Fig. G. The membrane potential is not fully maintained all the way to the site of injury.
Graham and Gerard (1946) used frog sartorius muscle and explored the potential along the membrane with transmembrane electrodes up to and within the site of injury. It was found that the potential between the exploring electrode was within 5 mm of the site of injury. As electrode B was moved toward the cut end, the potential decreased; at 2 mm from the site of injury, the potential was twenty-five percent of the membrane potential. Graham and Gerard placed one electrode on the intact surface of a muscle cell and another in the region of injury, comparing the potential difference so measured with the resting membrane potential. The injury potential was thirty to thirty-nine percent of the membrane potential. This accounts for electrical measurement of tissue.

At the site of injury the spatial distribution of membrane potential, whatever it may be, causes current to flow through the fluid environment. Thus in the fluid there will be established more electrical current, or amps. Injured tissue will have less resistance and thus draw electrical energy to it.

This is necessary to provide greater electrical flow for rebuilding and reconstruction.

Consequently, the potential measured between an electrode inside the cell and one at the site of injury will depend on the local conditions at the site of injury and the position of the electrode in the fluid environment. If this potential (the injury potential) is measured under optimum conditions, it may amount to slightly more than one-third of the membrane potential. The same type of information developed by Woodbury and others (1951) demonstrated that if the diameter of an intracellular electrode is large with respect to the size of a cell, the potential measured is considerably less than the membrane potential and approximated thirty percent of the true membrane potential. It is apparent that a typical injury potential may be about one-third of the membrane potential. This will allow us to measure the probability of injury in the body.

**Electrodes detecting voltage potential**

A         B         >>> Recovery

**Deep injured tissue will draw current**

Fig3
This situation has an important implication when an action potential is measured with one electrode on the surface of an irritable tissue and the other in an area of injury. Suppose that before excitation, the resting membrane potential is -70 mV, that electrode A is on the intact surface of the irritable tissue, and that electrode B is in the site of injury. Under this condition the potential difference between the electrodes may be thirty-five percent of the membrane potential and amount to about -25 mV. Now if the tissue is stimulated to the left of electrode A, when excitation reaches this electrode the potential difference measured between the electrodes will be the algebraic sum of the potentials at the two electrodes. For example, assume that the membrane depolarizes and reverse polarizes to +20 mV; the potential difference was -25 mV just before depolarization and +65 mV at the peak of reverse polarization. It will then return to -25 mV when the wave of excitation passes the surface electrode. This sequence illustrates that a fair representation of the wave form of the transmembrane action potential can be obtained by injuring the tissue under one electrode. Important to note that, although the magnitude of the reverse polarization of the membrane amounted to only 20 mV, in the record it showed up as a much larger potential of +65 mV. This situation probably serves to explain the considerable reverse potential observed by Bernstein (1871) when he measured the nerve action potential with the resistance meter (see Hoff and Geddes, 1957).

There is another point to consider when the action potential is measured with one electrode on an intact membrane and the other in a region of injury. Before excitation there will be a standing potential difference (the injury potential), whose magnitude will depend primarily on the location of the electrode at the site of injury. If electrode B is over the injured area, an appreciable percentage of the membrane potential may be detected; if it is moved a short distance from the site of injury and is over-excitable tissue, the steady (injury) potential difference between the electrodes will be less. Now if the tissue is excited and excitation and recovery passes under the surface electrode, the usual monophasic action potential will occur, superimposed on a baseline of the injury potential. If the strip of irritable tissue is long with respect to the time of propagation of the impulse and the amount of tissue occupied by excitation is small with respect to the inter-electrode distance, excitation and recovery will take place under the first electrode before it enters the region of electrode B, which is near the area of injury. Electrode B may also be close to uninjured tissue, and therefore detect not only the injury potential but also an attenuated action potential as it advances toward the area of injury. Thus the resulting action potential measured between the two electrodes will be diphasic, consisting of a large monophasic action potential superimposed on the injury potential, followed by a smaller monophasic action potential in the opposite direction reflecting what electrode B detects from the depolarization and repolarization of normal tissue near the site of injury. This is a factor used by QXCI machinery to find improper reactivity or to correlate proper reactivity.
If we move the electrodes together, or if the area of the tissue occupied by excitation is great compared to the inter-electrode distance, the smaller downward phase of the action potential will be moved towards the upward phase. A type of this waveform is often recorded when a needle electrode inserted into active tissue is compared to another electrode on uninjured tissue (see Quantum Biology).

Multiple Measurement of Irritable Tissues. Previously we analyzed the situation involving the potential expected from electrodes on the surface of a strip of isolated injured tissue. We can predict the anticipated potential from electrodes on a bundle of isolated irritable tissues. In particular, this line of reasoning has value in explaining the action potentials recorded from the surface of a nerve trunk and the effect of injury determining the action potentials recorded from myocardial tissue. Sometimes the analysis is better performed by use of the dipole concept.

The injury and monophasic action potential.

Imagine a bundle of irritable fibers with similar propagation velocity. Place on the surface of the bundle one electrode, and place the other electrode at the cut (injured) end. Without excitation there will be a standing potential difference (the injury potential) between the electrodes. If we stimulate the fibers at the end opposite the cut, all the propagated excitations will pass by the surface electrode at the same time. The surface electrode will preferentially detect the action potentials in fiber 1, which is immediately under it. The action potentials in the more distant underlying fibers will also be detected, but the more distant fibers will contribute less to the voltage detected by the surface electrode. In accordance with Fig. 3, the resulting action potential will be a combination of all the action potentials of the local and distant fibers. Because all fibers were chosen to be identical, the action potential will be a smooth monophasic wave; no action potentials will be detected at the site of injury.

If we do not stimulate the individual fibers simultaneously, as for example in skeletal muscle by nerve stimulation, the action potentials of the individual fibers will not pass under the surface electrode synchronously. The potential between the electrodes reflects this situation and the action potential recorded. The potential will still be unidirectional and polyphasic. The form of the potential will reflect the temporal pattern of excitation and the spatial distribution and velocities of propagation of the various fibers.

This is by no means uncommon in the routine measurement of bioelectric events with local extracellular electrodes. In nerve trunks, a spatial distribution of fibers has various diameters. Velocities of propagation are related to fiber diameters. Larger fibers propagate excitation much more rapidly than the smaller ones. When we stimulate all the fibers simultaneously, we induce a larger time separation between the action potentials of the rapidly and slowly propagating
fibers. Sequential action potentials can then be detected by a surface electrode. This is how the variances in nerve conduction velocity were found by Erlanger and Gasser (1937). Their Nobel Prize-winning study and experiments with some sample oscillograms are classic. The investigators employed injured tissue to obtain unit activity. They proved that the propagation velocity in nerve is related to fiber diameter. Erlanger and Gasser demonstrated that the wave form of the action potential recorded by a surface electrode placed on a mixed nerve trunk, in which all of the axons are stimulated simultaneously, will depend on the propagation velocities and the distance from the point of stimulation to the active (surface) electrode. The electrode can detect the action potentials of the fibers below it. Electrodes in the more distant fibers will contribute less to the recorded action potential.

Fig5

Transmembrane potential and current changes in the giant barnacle muscle in response to square-wave stimuli. The graded response to an increase in stimulus intensity is shown at C; local spike formations produced by first decreasing the intracellular concentration of calcium and then varying the extracellular calcium concentration (20, 84, 338 mM)

The action potentials of a nerve trunk containing a population of fibers having different diameters and therefore different propagation velocities: (a) recording method; (b) action potentials from the fastest propagating fibers (A, , ), (c) action potentials B and C from the fibers with slower propagation velocity.

Action potentials of a mixed nerve recorded with a pair of surface electrodes during physiological activation of its neurones (or receptors) will reflect the asynchrony of activation of the axons. Also reflected are differences in their propagation velocities, and the electrode separation. Action potentials have a similar asynchrony as the activity of skeletal muscle is recorded. Here we demonstrate skeletal muscle where there is a spatial distribution of motor end plates. If all the axons were excited simultaneously by a single stimulus, all the muscle fibers would not be excited simultaneously. An electrode close to the end of the muscle will detect the action potentials of the individual fibers as they arrive at various times because of the distances from the end plates. Action potential recorded will be polyphasic. If motor neurones are activated physiologically,
simultaneous excitation does not occur. There will be an added asynchrony to the arrival of the action potentials under the muscle electrode, and the electrical activity will consist of a train of action potentials.

Local potential changes under the cathode and anode with increasing stimulus intensity. Note that under the cathode, when the stimulus intensity reduced the local potential to about 0.38 of the amplitude of an action potential, excitation occurred; excitation did not occur under the anode with increasing stimulus intensity.

**Electrophysical Interference**

Previously we have dealt with the case of electrodes placed on the surface of isolated active tissue and in regions of injury. When both electrodes are placed on the surface of a bundle of fibers or group of cells, the electrical potential measured will show the time change factors of arrival of excitation to each electrode. The distances of the individual fibers from each electrode are also revealed. Algebraic summation over time is often called the interference theory, originating with Burdon Sanderson (1879). They explained the genesis of the QRS and T waves of the ECG from the monophasic action potentials recorded by each electrode. If a pair of electrodes is placed on a bundle of similar uninjured fibers that are excited asynchronously, or on a bundle of dissimilar fibers excited synchronously, then interference theory says that the action potential appearing between the electrodes will be polyphasic and complex.

The interference theory has value in explaining some electrocardiographic wave forms. This theory is particularly handy in explaining the contribution of injury to the ECG. The true form of ECG action potential was first recorded with transmembrane electrodes much later by Coraboeuf and Weidmann (1949). Sanderson showed that the addition of two temporally displaced monophasic action potentials recorded from the ventricle of a frog gave rise to the R and T waves. The interference theory in ECG is also posited by Lewis (1925) and Hoff et al. (1941). The dipole concept is a better way of viewing the genesis of some of the electrocardiographic wave forms, particularly when recorded with a “monopolar” electrode, but the interference theory is still helpful and may be applied to the situation in which a pair of electrodes are placed on the surface of cardiac muscle. Modification of this with modern fractal theory (QXCI) can peak electrical reactivity for medical use.

Assume that a pair of electrodes is placed on the surface of intact cardiac muscle and that excitation and recovery of each of the cardiac muscle fibers will contribute a potential to each electrode. The effect diminishes with distance. Experience shows the amount of potential contributed by fibers at different depths to electrodes A and B. We know that active tissue is electronegative to inactive tissue plus active tissue under electrode A moves the potential indicator in one direction.
and active tissue under electrode B will cause the potential indicator to move in the opposite direction. Thus the contributions of potential to the active fibers under electrode B are drawn inverted. Injury to tissue will generate irregularities in the heart beat. Thus the entire field of electro-cardiology is indeed an established energetic medicine.

The interference theory states that the potential difference recorded between terminals A and B is the algebraic sum of the temporal development of voltages provided by the active fibers under each electrode. A typical summation of these potentials appears, which diagrams genesis of the R and T waves of the electrogram of simple ventricular myocardium. If recovery occurs earlier under electrode B than A, the duration of the monophasic action potential under B will be less and the T wave will be upward.

The potentials from electrodes placed on the surface of cardiac muscle.
If some of the myocardial fibers under electrode B are now injured, such as by ischemia, the electrical activity detected by electrode B will be altered. Figs. 6.A and 6.B show tissue injury under electrode B at the level of the fibers corresponding to depth 2. There will be no excursion in membrane potential in the region, and there will be a standing injury potential. The growing excitation over the myocardial fibers under electrode A will thus produce normal monophasic action potentials. Excitation passing under electrode B will produce monophasic action potentials in the uninjured fibers and nothing but a standing injury potential from the area of injury. The temporal summation of action potentials under electrode B will be less (Sum B), and the potential indicator will Fig 6 reflect the sum of the action potentials detected by electrode A (Sum A), the sum detected by electrode B (Sum B), and the standing injury potential.
Action potentials of injured cardiac muscle idealized by use of the interference theory.

The fractal calculus sum of these three components over time reveals that the R wave starts at the level of the injury potential and rises and falls, reaching a plateau of zero potential when all the tissue is depolarized; this is the S-T segment. When the injured tissue recovers, the T wave will end at the level of the injury potential. The elevation in the S-T segment (actually a depression of the diastolic baseline) is the principle sign of injury to the ventricular myocardium. Whether it appears as an S-T segment elevation or depression depends, of course, on the proximity of the injury to one electrode or the other. (See "Cardiology" by Dr. Nelson).

We have demonstrated that when electrodes are placed on irritable tissue, the potential measured reflects the excitatory and recovery process in the individual tissues as the active tissues are excited and the electrodes are strategically located with respect to the electrodes. We will know the presence or absence of an injury potential in the tissues. Whether the action potential will have upward and downward components will depend on whether one electrode is located in an area of injury or not and the sequence of recovery. Multi-channel equipment, such as the QXCI technologies, is needed to analyze such disturbances. How could anyone do energetic medicine with just one channel of resistance?

**Dipole Effect.**

In the practical measurement of a bioelectric event it is often impossible to place both extracellular electrodes directly on the irritable tissue; one may be nearby and the other at a considerable distance, constituting a reference or "indifferent" electrode. The principal difference between this method of measurement and that featuring electrodes directly in contact with the irritable tissue is that the potentials measured reflect the flow of current in the conducting environment surrounding the active region of the irritable tissue. Bernstein's pupil Hermann (1879) first presented this; it was later extended by Craib (1927), Wilson et al. (1933), and Macleod (1938) to include cardiac muscle. Verification of its applicability to human electrocardiography has been presented by Hecht and Woodbury (1950).

Whenever a source of potential (a volume conductor) current flows, a potential field is generated. This illustrates the manner in which the potential field is distributed. The iso-potential lines (of which there is an infinite number) describe the potential measured by a "monopolar" electrode located anywhere in the environment of the dipole when referred to another electrode in a region of zero potential (i.e., at an infinite distance or on the zero iso-potential line passing midway between the poles of the dipole). Imagine now that a monopolar electrode starts from a remote point and is moved along a line (d = 1) parallel to the dipole axis (the line joining its positive and negative poles); the iso-potential lines are encountered in an orderly sequence and the potential will first increase, then fall to zero (when the
electrode is over the midpoint of the dipole), then reverse polarity and increase magnitude, and then decrease as the electrode is moved further away. It should be noted that the same sequence will be measured if the electrode is fixed and the dipole moves. If the procedure were repeated by moving the monopolar electrode along another line parallel to the dipole axis but more distant (d = 2), the same sequence of events would occur, but the magnitude of the excursion in voltage would be less (d = 2). Quantic derivatives are not much different. They involve indeterminacy, probability and hermitian matrices. See Quantum Biology for more details.

The dipole and its field of potential: (a) potential distribution; (b) potential encountered by exploring electrode moving along lines (d = 1, d = 2) parallel to the dipole axis. Fig 7
a nearby electrode and a distant reference electrode is clearly diphasic (positive followed by negative) as the wave of excitation passes the nearby electrode. Even if the polarity chosen for the indicator goes up or down, which is controlled by the convention adopted.

Similar reasoning can be used to even the recovery. Since the active area is negative to inactive tissue, recovery can be similar to a dipole with its negative pole facing the direction of progressing recovery. Therefore, passage of recovery by the nearby measuring electrode will produce a negative-positive variation in potential. Of greater concern is the phenomenon of electrical reactance. Reactance is defined as a change in capacitance to an inductance field. This produces changes in resistance over time. Thus we can easily interrupt the phenomenon of medication testing. Since there is a proven virtual biophoton field around all items, this field can produce a change in the bioelectrical pattern of the body. This reactance peaks on the acupuncture meridians; mostly near the wrist, ankles, fingers and toes. These acupuncture points are near the peripheral points of the body. Voltage drops with volume of material. So the points near the periphery have peak voltage. The interaction of medication reactivity and electro physiology offers the world of medicine dramatic potentials.

From the foregoing it can be seen that when excitation goes by a nearby monopolar electrode a diphasic (positive-negative) potential change is recorded. If recovery passes in the same direction as excitation, a negative-positive diphasic potential change is measured. If the active region is small, the time between excitation and recovery will be brief. The two diphasic waves will be proximal and may indeed overlap, resulting in a complex positive-negative-positive wave form to signal passage of excitation and recovery. Experience clarifies this point by showing the effect of decreasing the width S of the active region.

The field pattern surrounding an active region of nerve on a conducting plane and its relation to the dipole concept and the action potentials recorded from different points on the conducting plane. (Redrawn after Lorente de Nú, A Study of Nerve Physiology. New York: Rockefeller Institute, 1947, Part 2. Chapter 16.

Lorente de Nú found that the dipole concept could be measured in vivo by femoral exposure of a branch of the sciatic nerve of a frog measured by antidromical stimulation, and then recording action potentials with a metal microelectrode placed at sites on the adjacent muscle. His work which shows the recording he obtained, demonstrates the two theorem results of this theory: 1) that passage of the wave of excitation and recovery gives a triphasic action potential, and 2) that the recorded amplitude diminishes with increasing distance from the irritable tissue (nerve).

The applicability of the dipole concept to human electrocardiography was presented by Hecht and Woodbury (1950). They utilized a monopolar esophageal electrode to record the action potential in excitation of the atria. The researchers compared this potential with those obtained by moving a dipole past a local
monopolar electrode in a volume conductor. The signal was deflected positively by an upward deflection of the potential indicator. Hecht and Woodbury pointed out that the equivalent dipole of excitation is actually a band of dipoles in which there is a spacing between the poles that represents the transition boundary layer between active (−) and resting (+) tissue. Similar electrical dipole reactivity patterns can be demonstrated along acupuncture meridians. These patterns show a neurological similarity to an acupuncture meridian where no nerves exist. Acupuncture yields a transfer of electrical patterns that moderate organ systems and make health possible. Electroacupuncture, with its tens of hundreds of thousands of practitioners, is indeed here to stay.

Extracellular action potentials recorded in situ from the stimulated (s) bullfrog sciatic nerve (n) on the right side of the animal. The numbers on the recordings in the vicinity of the nerve identify the locations of the monopolar metal microelectrode (tip radius 20 μ); the "indifferent (ground) electrode was placed on the left leg.

Dipole theory outlines that excitation and recovery are viewed as traveling dipoles. Recordings are made with a considerable spatial distribution of dipoles. Depolarization is rapid and the transition between active and inactive tissue occupies only a short distance. The wave form representing excitation usually adjusts to that predicted by a traveling dipole. Recovery time is much less, however, and it is unevenly distributed over a greater amount of tissue. The wave form representing recovery is usually less in amplitude and greater in duration. Macleod (1938) demonstrated this difference in studies using the dipole theory explaining the recovery (T) wave of an ECG that was recorded with an electrode pair. The pair consists of one active and one “indifferent” (reference) electrode. Macleod described an application of the dipole concept to cardiac muscle. This also explains why irritable tissue is to be considered in the practical application of the dipole concept. Macleod wrote (1938):

Muscle does not become active instantaneously. The active process spreads with a given velocity so that one length of muscle will be coming active, another will be fully active, and a third will be regressing from the active state. The lengths that are in transition are the distances over which the potential difference which exists between resting and active muscle must be distributed. It is possible to represent the potential difference either by a chain of doublets [dipoles] distributed along the transitional region or by a single positive and a single negative pole located at its beginning and end, respectively. Conversely the length of the doublet chain or the distance apart of the positive and negative poles measures the length of the transitional region.

**Computerized Mathematics**
The distances between the poles of the dipoles of excitation and recovery are expected to be different. By using a specific global area such as the wrists and ankles the relative distance of each patient is the same.

The dipole concept predicting the potential recorded with a monopolar electrode is obviously very greatly simplified. We must use caution in extrapolating it to all in vivo situations. It is extremely complex. Consider what might happen if both electrodes are in the environment of the active tissue (i.e., one electrode not in a region of zero potential). Realize that the in vivo environmental conducting medium does not extend to infinity in all directions and is constituted by inhomogeneous tissue. Thus a relatively complex wave form, reflecting excitation and recovery, can be detected by extracellular electrodes. Accurate prediction of the wave form is impossible in many practical circumstances. But our theories generate an approximate "map" to guide us in our intervention.

Extracellular Potentials Across the Membrane. There is no easy way to relate the action potential detected by an external monopolar electrode (i.e., one paired with an indifferent electrode) to the transmembrane potential. No simple and constant relationship can be attained since there are environmental inhomogeneities of various kinds.

If an irritable tissue in a volume conductor becomes active, there is a current flow in the environment and a potential field results. A monopolar electrode detects the potential due to the flow of current through the resistance of the environmental material. The current surge starts the active region of the membrane, which experiences an excursion in potential. In the field theory (Lorente de Nó, 1947; Clark and Plonsey, 1968; Plonsey, 1969) and with the cable analog (Huxley and St_mpfil, 1949; Tasaki, 1959; Clark and Plonsey, 1966) we show that the membrane current does not have the same wave form as the excursion in transmembrane potential. The mathematical analysis puts forward the case of a cylindrical irritable tissue located in a uniform volume conductor, showed that the membrane current is proportional to the second derivative of the transmembrane potential.

\[ \text{Membrane Current} = \frac{d^2}{dT^2} (\text{Transmembrane Volt.}) \]

The cable analog for a long, cylindrical, irritable cell can be used to show that the external action potential detected by a nearby monopolar electrode in the environmental volume conductor is proportional to the second derivative of the transmembrane action potential. Allow the environment as a resistance having a value \( r_1 \) /unit length; similarly, the resistance per unit length of the cytoplasm is designated \( r_2 \).

During activity there is a current flow in the environment \( i_l \), in the cytoplasm \( i_2 \), and through the membrane \( i_m \). If the currents are identified, along with the coordinate system in which \( x \) increase to the right. There is a decrement in current within and without the cell, and this decrement reflects the current \( i_m \) flowing through the membrane. Because of the current flow, at any point there are potentials.
developed; at a point outside the cell, a potential V1 will exist and within the cell a potential V2 will exist.

Since the membrane current $i_m$ is the decrement in the cytoplasmic and environmental current,

$$i_m = \frac{\partial i_2}{\partial x} \quad \text{and} \quad i_m = -\frac{\partial i_1}{\partial x}$$

Cytoplasmic and environmental potential gradients exist because there is current flow, therefore

$$\frac{\partial V_2}{\partial x} = i_2 r_2 \quad \text{and} \quad \frac{\partial V_1}{\partial x} = -i_1 r_1$$

from which

$$\frac{\partial^2 V_2}{\partial x^2} = \frac{r_2 \partial i_2}{\partial x} \quad \text{and} \quad \frac{\partial^2 V_1}{\partial x^2} = -\frac{r_1 \partial i_1}{\partial x}$$

Now

$$r_2 i_m = \frac{\partial^2 V_2}{\partial x^2} \quad \text{and} \quad r_1 i_m = -\frac{\partial^2 V_1}{\partial x^2}$$

Therefore

$$r_2 i_m = \frac{\partial^2 V_2}{\partial x^2} \quad \text{and} \quad r_1 i_m = \frac{\partial^2 V_1}{\partial x^2}$$

In Quantum Biophysics we can quantify these readings and show that at the cellular level these functions are quantic.

Because the transmembrane potential $V_m$ is the difference between the potential outside $V_2$ and inside $V_1$ the cell,

$$V_m = V_2 - V_1$$

Therefore

$$\frac{\partial^2 V_m}{\partial x^2} = \frac{\partial^2 V_2}{\partial x^2} - \frac{\partial^2 V_1}{\partial x^2} = r_2 i_m + r_1 i_m = i_m (r_1 + r_2)$$

Now because the excursion in membrane potential is a wave that is propagated with a constant velocity $u$ and without decrement, it can be represented by

$$V_m = \left( t - \frac{x}{u} \right)$$

This expression satisfies the wave equation

$$\frac{\partial^2 V_m}{\partial x^2} = \frac{1}{u^2} \frac{\partial^2 V_m}{\partial t^2}$$

Transmembrane Potential

The membrane potential can be transformed from the distance $(x)$ coordinate to the time domain $t$; which yields

$$i_m = \frac{1}{u^2 (r_1 + r_2)} \frac{\partial^2 V_m}{\partial t^2}$$

We thus have shown that the membrane current is proportional to the second derivative of the transmembrane potential with respect to time. Tasaki (1959)
recorded simultaneously the membrane current and the transmembrane action potential of the squid giant axon. "The membrane current im was detected by forcing it to flow through a low value of resistance r, connected to a small central pool of seawater 2 mm wide; on either side of this pool, and insulated from it, were two other pools containing electrodes joined together and connected to the other side of the resistor. The potential difference appearing across r was found to be proportional to the membrane current flowing during activity on the application of a stimulus (square wave) to one end of the nerve. The transmembrane potential of the central segment of the nerve was measured by inserting a micropipet into the axon."

The voltage appearing across r and that detected by the micropipet were applied to two amplifiers Ai and Av,. The transmembrane potential is a monophasic wave, but the membrane current has an entirely different wave form, and is, in fact, decidedly triphasic.

Our cable theory predicts that the membrane current varies as the second derivative of the transmembrane potential; the study carried out by Tasaki allows analysis. Our quantum matrix will allow us to properly chart out the electrical patterns of health and disease, and furnish a true energetic medicine.

Our comparison of the second derivative of the transmembrane potential b with the membrane current c reveals that they have the same general contour. The difference is probably due to experimental limitations. In the theoretical derivation electrode size and cell dimensions were not considered; potentials and currents were said to exist at various points. Experimentally, neither the axon nor the electrode pair was infinitely small; nor did the volume conductor environment extend to infinity in all directions. Still, with these limitations, there is a reasonable similarity between the wave form of the membrane current and the second derivative of transmembrane potential.

Since the wave form of the membrane current is proportional to the second derivative of the transmembrane potential, the potential detected by a local monopolar electrode should also be proportional to the second derivative of the transmembrane potential. An experiment was designed so that a specimen (2 x 1 mm) of dog Purkinje fiber was placed in a 3-ml beaker of oxygenated Krebs-Ringer solution and connected to a tiny bipolar simulating electrode that was connected to a stimulator having an isolated output circuit. An electrode was placed in the solution about 15 mm distant, and the potential developed in the solution (when the specimen was stimulated) was measured with a 1-µ micropipet filled with 3M potassium chloride.

A single stimuli was administered as the tip of the micropipet was brought toward the specimen from a distance of about 3 mm and continuing until the tip of the micropipet penetrated the membrane of a Purkinje fiber. A gentle increase in amplitude was obtained with almost no change in the measured wave form until a
cell membrane was penetrated. Then the transmembrane potential excursion could be measured, demonstrating a quite different wave form with a much larger excursion in potential. The second derivative of the transmembrane potential is very much like the extracellularly recorded action potentials.

The membrane current is proportional to the second derivative of the transmembrane potential. Because the membrane current flows through the environment, the potential detected by a local monopolar electrode is believed to be proportional to the second derivative of the membrane potential. As the monopolar electrode is moved more distant, the wave form is the same, and the amplitude becomes diminished. However, reactance is released.

**Medication Testing**

Reactivity, or reactance, is the key to medication testing. To maximize this phenomenon we must maximize the force of life in our patients. We must also analyze the variability and the indeterminacy of this process. There are statistical limitations to this phenomenon. To maximize medication testing, we must also:

1. **Test substances singularly without energetic complications.** Use QXCI technology.

2. **Measure multiple channels.**

3. **Measure multiple electrical parameters beyond only resistance;** i.e., voltage, amperage, capacitance, inductance.

4. **Involve proper medical history and scientific reasoning.**

5. **Understand the flow matrix of quantic theory to chart out the electrical functions of the body.**

6. **To test the unconscious we must use a double blind system where neither the patient nor the therapist is aware of the test.**

As we have shown in other parts of our book, some of the factors of electromotive reactivity in the body have hormonal correlates. Catecholamines have a correlate with voltage, in that the different adrenaline-like compounds act as voltage stimulators, and thus, amperage regulators. The indolamines will act as amperage stimulators and voltage regulators. Thus the entire precept of the body in analyzing its hormonal and electrical components can be done through our quantic philosophy, as we understand how the cells unite to make multicellular organisms such as the human body.
When there are conditions of hypoadrenia, or deficiencies in the catecholamines, this will result in a parasympathetic dominance, a release of histamines, and a susceptibility to various swellings of the tissue that the histamines predominate. These histamines will cause alkaline shifts in the tissue, which is another electrical component; and thus accumulate water. So irritations of sinusitis, asthma, irritable bowel, hives, and other allergic symptoms can result. This involves voltage deficiency. Thus by adding volts to the body we do not correct the basic deficiency of the catecholamine weakness.

Depression is often a case of a deficiency of the indolamine compounds, which means that there could be a deficiency in the amperage quality of the body, and also voltage regulation. Thus by supplying amperage to the body we do not correct some of the deficiencies of the indolamine compounds. The inverse can happen in psychotic reactions, where there are too many brain hormones.

So here we can see some of the very basic diseases which can be detected by the overall measures of the human body, which also can detect and help to chart therapy courses for correction. The purpose of this book is to outline some of the basic science behind these technologies. Our further publications go into the correction factors of how these things must be dealt with in a medical setting. Let us recount that this book is to direct a new thought pattern away from the pure chemical forces and into a chemical-electromagnetic, physiological, psychological, true, holistic medicine which can be analyzed from quantum physics.

The human beings have distinct electrical patterns. Each person has a trivector signature of voltage amperage and resistance profile. This sets up a band of capacitance and inductance bands for each person. The body has electron and subspace transport systems for communicating energy and information. The nerves are distinct control areas for the flow. Within the band of electrical dynamics of the nervous system the individual nerves act with more distinct electrical signatures. Thus if the parasympathetic system has a reactance band of 150 to 175 siemens, the vagus nerve might have a reactance band of 150 to 157. The resonant frequency of the nerve will also thus be more specific for each nerve versus the more general pattern of the nervous system it belongs to.

To measure these patterns we need to first measure the overall electrical pattern of the patient. This includes the resistance, impedance, voltage, amperage, capacitance, inductance, resonant and harmonic frequencies, pH, eh, reactance, polarity, evoked potential, etc. Evoked potential is the reactance pattern of a subject to an applied stimulus. Then we measure the individual nerval reactions of these patients in the context of the individual patterns. Then the specific nerval reactions can be measured in the same fashion. Attempts to measure just one parameter such as resistance or resonant frequency will be grossly inaccurate. Instead a fractal dynamics of non-linear data analysis must be used for the best results. Then
thousands of subjects need to be analyzed for pattern similarity. After 12 years of analysis a computer program capable of performing the vast numbers of individual analysis has been developed.

The end resulting computer program can now analyze and treat nerves and nervous systems. Only by systemic analysis of the electrical trivector signature can the patterns be best analyzed. The computer can set up an interactive handshake analysis. A cybernetic link can be established where the computer can treat check and retreat in a consistent loop till the energetic imperfection is abolished, corrected, or till the system refuses to respond. Any more therapy would be unwise. The old style systems where just one way therapies without cybernetic feedback. Simply put this computer can interact during therapy with the patient to adjust the therapy for individual needs. By using the mathematics in this chapter and the rest of this book anyone of superior intelligence and with 5 to 10 years of work could develop a device like the Quantum Med C.I. or with a few thousand dollars you can buy one.

CLINICAL TESTING

To test the injury detection and healing capacity of the QXCI we used the system on 53 injuries. The injuries were observed patients presented in a medical practice in Budapest. There were a wide variety of sprains, strains, and abrasions. Three of the cases had bone fractures. The QXCI test detected the injured tissue in all but one case. This case had a subclinical calcium deficiency.

After detection the system was set to therapy and an interactive autofocusing therapeutics. There was noticeable improvement in the perceived pain immediately in forty three cases. Therapy was performed once a week for three weeks. In all but two cases there was an acceleration in the healing process. The bone fractures were healed in two weeks, and the sprains were pain free in one week. With full mobility returning in two weeks. The patients remarked improvement in comparison with older injuries. No adverse effects were presented. Clinical accelerated tissue improvement is observed in over 80% of injury presented in our practice.

After the sale of over a thousand systems world wide the reports of similar findings from other doctors come in daily.

Introduction to Homeopathy and Energetic Treating of Injury:

Many people have injuries resulting from traumas of both major and minor extent. Mental trauma creates a problem as well. In response to trauma the human body has two choices: to adapt to the trauma or to reset the clock, and restore the body to its previous balance. Sometimes even the minor trauma of stepping off a curb wrong, or sneezing wrong, can result in a situation in which the patient’s body does not properly adapt. If the body does not adapt, it may remain in a malformed state, and thus more deformities can ensue.
Trauma and injuries are a natural and unavoidable part of life. The body always has a choice in how to deal with trauma or injury: 1) it can adapt to the injury (a testimony to the incredible plastic capacities of the body), and 2) it can correct and restore to the function, flexibility, strength and potential, or 3) some combination of 1 and 2.

The science of chiropractic seeks to restore the body's balance after trauma. However, many people don't see chiropractors, and thus uncorrected traumas build up. The body, through compensatory mechanisms, starts to alter its gait, its balance, or its posture to compensate for its post-traumatic condition. Many fighters and other people who have experienced trauma try to shield the traumatized area to prevent further injury to it. This is an example of injury memory, which helps to prevent further injury. They shift their posture, and the body attempts to compensate in other ways. Many forms of massage, such as rolfing, deal with bringing the body back to form and structure. (see "Stimulation of Sports Performance and Relief of Sports Pains with a Natural Herbal Formula" for more detail [Studies: 2]).

Discussion:

We have developed a homeopathic formula known as Injury, which helps the body to reset its clock. In homeopathy we have found that arnica, calendula and other combination formulas help the body to deal with trauma conditions. Using these in high potencies has been dangerous, although with our quantum quality control techniques we have found that we can use high and low potencies blended together. This produces a safe and effective formula.

Thus the Injury homeopathic can be used with patients who have had any type of trauma. This helps the body to reset its clock, and helps the informational states to return to their natural balance. According to homeopathic theory this combination helps to reset energetic imbalance at the cellular level. By restoring cellular energetic balance, correct tissue tends to replace injured unnatural tissue (Books: 1).

To test this product for safety and effectiveness, we used this formula with twelve cases of surgical trauma to see if the healing process could be improved. The comparison factors for the study were noted by asking the patients how they responded to past surgical traumas such as face lifts or incisions. They were then asked how the Injury formula affected them. This was done by personally interviewing the patients. They all believed that the formula was safe and noticed no side effects from the formula. (In the hundreds of patients who have taken this formula no side effects have been reported.) Efficacy was also indicated, as the patients reported that the Injury formula accelerated healing of the surgical traumas in almost every case. In fact, many of the doctors involved in these cases were surprised at how well the formula stimulated healing. This anecdotal evidence indicates the need for a more controlled study.
Conclusion:

With this in mind, we can see that homeopathy can help with yet another common concern in most doctors offices: trauma or injury. Homeopathic product can help to reset the clock and reestablish balance to injury or trauma victims. Homeopathics are not intended to replace other therapies, but rather as a supplement to other therapies.

SUMMARY

1. In this chapter we reviewed some of the uses and measurement factors of electro-medicine. We can see how some of the practical measures of electro-medicine have been used to develop electro-medicine systems. These and other analytical systems are now available in the Quantum Med C.I.

2. We further proved the need for an electro-medicine in biology to study the electrical factors of the human organism.

3. The allocation and need for development has been outlined for more research into the field of electro-medicine.

4. Outline of volts, amps, resistance, impedance, capacitance, inductance, and oscillation proves necessary for electro-medicine.

5. The varying electrophysiology of injured versus healthy tissue was reviewed. This was used in developing QXCI-related technology used in the Quantum Med C.I.

6. Reactance, or medication, has boundaries of measurement. There are ways to maximize the medication testing phenomenon.

See Promorphoeus for more diagrams and references.

(A Review of Clinical Protocol)

--- BIBLIOGRAPHY ---

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BOOKS


ARTICLES AND STUDIES
1. **A Practical Definition of Homeopathy**. Maitreya; Limerick, Ireland; 1993.

2. **Stimulation of Sports Performance and Relief of Sports Pains with a Natural Herbal Formula (Towards a Natural Oxygenation and Sports Stimulation Formula)**. Maitreya; Limerick, Ireland; 1985.
DIGESTIVE DISORDERS

1. Digestion is a long continuous process of enzymatic action to help digest the foods that we eat.

2. Digestion starts in the mouth. Food is masticated and combined with ptyalin and salvia for lubrication and the beginning of carbohydrate digestion. It is then masticated into bolus.

3. The bolus is then transmitted into the stomach, which secretes stomach acid, additional lipase for fat digestion, and other enzymes which allows for the proper emulsification and further break-up of the compounds in our food. In the stomach, this is called chyme.

4. When food is properly prepared for digestion, the pyloric valve should open and allow the chyme to come into the small intestine. Here the pancreas dumps in sodium bicarb to neutralize the acid as well as supplying pancreatic enzymes, which now become the major factors in digestion. The liver should then release bile and bile pigments to further emulsify the food mixture. This results in a micelle. Micelle has to have an electrical balance because digestion and absorption in the small intestine is largely an electrical process. Hence the need for fiber to help stimulate the electrical nature.

5. After the food has gone through the three stages of the small intestine, there is selective absorption of nutrients at different sites where the body can absorb its nutrients. Inflammation or infections at different sites can disrupt the absorption.

6. The food then flows into the large intestine where support symbiotic micro-organisms such as bacteria and fungus further assist digestion and help in the absorption of B vitamins. Many which are manufactured in the large intestine. The major bacteria of the bile is that of bacteroides which constitutes 70 percent of the stool.

7. This makes up the "FOSSIL LAP" process which includes: food, oral, stomach, small intestine, ileocecal value, large intestine, liver, autonomic nerval system, and pancreas. All these factors are highly important for the processing of digestion (ref. RWC - Fossil Lap).

8. *DIGESTIVE ENZYME LIQUESCENCE is superb in its ability to balance the entire digestion track and aids in stabilizing enzyme releases from the body. *DIGESTIVE ENZYME LIQUESCENCE does not contain large amounts of these enzymes, but contains homeopathic amounts which thereby helps the body to stabilize its own production of enzymes (ref. Digestion Study).

9. *MICROFLORA is a product used to stabilize the bile flora in the bile. If there is excessive or daily rectal gas this is a sign that there is a problem in the balancing of the bowel flora.

FOODS

ORAL

STOMACH

SMALL INTESTINE

ILEO-CECAL VALVE

LARGE INTESTINE

LIVER

AUTONOMIC NERVAL SYSTEM

PANCREAS

Points used to stabilize all of digestion

Intimate detail supplied in the Registered Wellness Consultant book and course.
ABSTRACT:
Lately there has been much press about the massive problems of antibiotic therapy. Antibiotics have prompted the development of many new resistant bacteria, caused many iatrogenic disease, and prompted immunosuppression by disturbing bowel flora. The anti-biotic attacks the bacteria directly and thus furthers the immunosuppression by preventing the natural immune system from working. The press has carried many reports of the continued problems of antibiotics. The medical community is searching for a substitute for these antibiotics.

Endotoxins are the lipopolysacharides in the outer levels of bacteria. These toxic compounds can stimulate the immune system to defeat bacteria. Homeopathy is a legal medical art that use this concept. In homeopathy a small dilute amount of the bacteria is given to the patient to stimulate the immune system. This is known as nosodal therapy. This article reviews the scientific and homeopathic literature around this therapy as a substitute for anti-biotics.
KEY WORDS: Endotoxins, Lipopolysaccharides, Homeopathy, Initial Values, Nosode Homeopathy, Immune Stimulation

BACKGROUND ON ENDOTOXINS:

Exotoxins are excreted from living microorganisms, whereas endotoxins are retained inside the cell. The endotoxins are set free when the organism dies. These toxins have powerful stimulating capacities on the immune system. They stimulate antibody production, antitoxins, T-cell, B-cell, and immune cell formation, and immune cell efficiency. One mechanism is that these toxins are modified to inactivate the toxicophile group of the molecule, leaving the antigenic group unchanged. (ref. Tyler, Brady, Robbers 1988). These exo and endotoxins can be used to build immunity as in immunization. Certain of these endotoxins however produce general stimulation of the immune system. In other words they increase and fortify the entire immune system towards all intruders. (ref. Tyler, Brady & Robbers 1988)

Over one hundred years ago Jules Bordet first detected the presence of factors that could augment and stimulate antigen-antibody combination. This led to the complement fixation test.

The most important part of the complement activation involve the third complement component C3. The proposed classical pathway of activation and conversion appears in the first figure.

There are many other ways that endotoxins can help the body. The endotoxins are rich in lipopolysaccharides (LPS) which are contained in the cell wall of gram-negative bacteria. These bacteria are essential for life and must be part of the healthy bowel flora. In the bowl they help in nutrient absorption, assimilation, detoxification, and systemic regulation of immunity.
Endotoxins can also act to excite B-cell activity and they are thus also known as polyclonal B-cell simulators. Figure 2 demonstrates this.
CLASSICAL PATHWAY                    ALTERNATE PATHWAY

activation                      stabilization

D

C1q:rs                        P ---> C3bBb*  
(calcium needed)              (magnesium needed)

C3bB

(stimulated by C-reactive proteins, polyannions, polycations, some virus membranes, and most efficiently by lipid A of bacterial endotoxins)

C4 + C2+ (magnesium needed)= C4b2a --- C3bBbP ---> immune adherence

C3b

(proteases needed)

C3--- C3a

C5--- C5a-inflammation

C5b+C6+C7= C5b67+C8+C9= C5b-9 complex

**membrane lysis

FIGURE 1 *(Rapidly dissociates unless stabilization factors are present such as endotoxins, some IgA or IgG)

(ref. Reeves and Todd, 1990) **(end product stimulated immunity)
FIGURE 2 POLYCLONAL STIMULATION OF B-CELL BY T-CELL

Thus the endotoxins are nonspecific stimulators of the entire immune system.

Research has shown LPS to be involved in metabolism, immunology, physiology, toxicity, and biosynthesis. (ref. Strain 1983, Munford 1981, Morrison 1981, Galanos 1977, Kurtz 1982, Openheim 1986, Rick 1982, Skelly 1979) LPS are shown to induce synthesis of interleukins and T independent antigens. However in large quantities they are pyrogenic. So how do we take advantage of these naturally immune stimulating compounds?


The research has demonstrated positive effects of these endotoxins on immune function, alcohol damaged livers, radiation defence, ACTH level, serum T4, lymphotropic sensitivity, peripheral lymphocyte number and effectiveness, trauma recovery, serum ribonuclease activity, catecholamine storage, digestion, and positive effects on bowel flora. The research has also demonstrated certain cofactors that enhance the endotoxin effect. Stability and safe methods of administration have also been investigated. 1994 saw the start of a specific journal for endotoxins. (ref Endotoxins, )
PROBLEMS WITH ANTIBIOTICS:

The antibiotic revolution seemed to offer so much for medicine. Many previously stubborn diseases responded to their touch. But was it just a short term result that then would have later complications. The problems of antibiotics came not only from overuse but from a allopathic short fix philosophy. The most severe problem of antibiotic use was the secondary immunosuppression they caused. By defeating the bacteria directly they robbed the immune system of its livelihood and produced weakness. Antibiotics disrupted bowel flora balance and thus further disturbed immune function as well as nutrient absorption and detox. Nature responded to the antibiotics by producing resistant strains which make current use questionable. By upsetting the natural balance of microflora in the body and the environment the antibiotics allowed for an increase in fungal and viral diseases.

Also antibiotics are the most misprescribed medication, being given for viral colds and flu inappropriately.

Much has been spoken about this in the press and medicine seeks new solutions. Encouraging nature is the best answer. By helping the natural process we are participating in the most technologically advanced process in the world.(ref Newsweek)

BACKGROUND ON HOMEOPATHY:

Homeopathy is a hundred year old art of medicine that today is legal in the United States, Europe, India, and most of the world. The art started with the concept that what causes a disease is best to use to cure. Jenner and the founding fathers of immunization also agreed with this philosophy. Homeopathy concentrates on the minimal dosage or safest dosage and thus lost favor with an ever increasing fast food culture.

Antibiotics were developed for fast results and to attack the intruder directly. But immunosuppression, disease resistant strains, and side effects resulted. Leaving modern medicine looking for help. Homeopathy can help.

Homeopathy also offers antifungal and antiviral capacities that make misprescribing much less likely. This can have a major impact on improving patient care. This is nosodal homeopathy.

Since endotoxins are toxic in large quantities, using the dilution principles of homeopathic succussion will offer a solution. By using a 7 x or 1 part per 10 million and combining the LPS derived from the bacterium we can engineer a combination homeopathic that could take the place of antibiotics. This compound will work to stimulate a weak immune system. In cases of extremely weak immune function other homeopathic stimulation will be desirable. This is called sarcodal homeopathy.

Homeopathy has been clinically shown effective for stimulating antibodies,
treating infections, and stimulating the immune system. (ref. Nelson papers) The minimal dose philosophy of homeopathy along with its experience makes it an ideal vehicle for helping medicine. To review these papers access the internet at http://usa-net/qmed.

A patented Homeopathic process has blended a combination homeopathic that captures the endotoxins with homeopathic stabilizers and enhancers to achieve a refined substitute for antibiotics. The product type has been clinically tested and produced in an FDA registered laboratory for your medical use.

Complex homeopathy is an ever growing form of medicine that can be easily learned. The College of Practical Homeopathy in London England even offers Continuing Education at the post graduate level via the internet address.

CLINICAL SUGGESTIONS:

In our medical clinic in Budapest we almost exclusively use the BAC for all the bacterial conditions we see. Our Clinical experience has been excellent. We always also recommend stress reduction, good nutrition, exercise and avoidance of all immunosuppressants.

The product comes as a liquid and is designed to be taken 7 to ten drops twice a day. If the infection is in an acute state the take 4 drops every 30 min. till the condition starts to abate. Then let the natural immune system take over while continuing the twice daily administration for ten to fourteen days. This formula can also be used as a preventive taken during cold and flu season. It is safe for children and the elderly but half dosage is recommended for toddlers and infants. No contraindications with other remedies other than extreme alcohol sensitivity are reported.

DISCUSSION:

So after years of research and work we can now bring to you a refined NDC registered substitute for antibiotics. Complex homeopathy is safe, easy, and effective to use.

The antibiotic revolution was successful with short term results. But because it circumvented the natural process there were disturbing long term side effects. Perhaps the homeopathic-endotoxin revolution will fare better.

REFERENCES


Bertok L. Kemenes F. The effects of various experimental
pathophysiological conditions on the antibody production


Bertok L. Conference on immunological and pathological effects of bacterial endotoxins Ann Immun Hung 1973

Bertok L. Immunological properties of detox LPS Immunology 1978 Separtum pp 463-470

Bertok L. Role of Bile in detoxification of LPS in Schelessinger D ed Microbiology 1980 pp 91-93

Bertok L. U. Nagy Zs. The effect of endotoxins on the serum T4 Immunopharacology 1984 8, 143-146

Bertok L. Lead-acetate induced endotoxin hypersensitivity Experienta 1985 41; 575-576


Elenkov I.J. Kovacs J. Kiss L. Bertok L. LPS is able to bypass corticotrophin releasing factors in affecting plasma ACTH and cortcosterone levels J. endocrin. 1992 23; 154-156


Fust Gy. Bertok L. Interactions of the radio detox E-coli endotoxin with the
complement system. Infec. Immun 1977 16;26-31


Kristina G. Bertok L. Effect of radiodetox endotoxin and trace ellements on the reticulo-endothelial system damaged by ethanol in rats Acta Microbio Immun Hung 1994 41;465-471

Kutas V. Bertok L. Effects of endotoxins on the serum ribonuclease activity J. Bact. 1969 100; 550-551


Temesi A. Bertok L. Stimulation of human peripheral lymphocytes with endotoxin Acta Microbio Acad Sci Hungaria 1982 30;13-1

Westphal O. an Jann K. Methods in Carbohydrate Chem. 5, 83 (1965)
FEMALE DISORDERS, PMS, PMT, PREMENSTRUAL STRESS OR TENSION

1. Female problems are very complex and are often the result from an imbalance of hormones. Stress, improper nutritional toxins, drugs, and lifestyle produce female problems.

2. Hormonal disturbances can develop due to excess or deficient estrogen which is released from the ovaries; excess or deficient progesterone which is released from the corpus luteum, an organ which is developed every month in the female up until menopause; excess testosterone; and deficient adrenalin both of which are produced in the adrenal glands due to stress; excess growth hormones produced in the hypothalamic/pituitary area which can contribute to endometriosis (ref. Endometriosis Study).

3. Disorders of the liver can also produce problems because the liver has to help metabolize the excess of any one of these hormones. Disorders can result from stress and emotional problems, as well as nutritional deficiencies and excesses. Caffeine from cola, chocolate, coffee and tea as well as nicotine have more profound disturbing effects on the female system. Also fatty acid deficiencies contribute to these disorders because the different regulatory hormones need to be made out of fatty acid components. Proper mineral balancing is also important. Toxins can disrupt this. Toxins such as those found in beauty shop compounds and the environment can also place a burden on the female system. Many synthetic pharmaceuticals also cause female problems.

4. *FEMALE LIQUESCENCE contains an estrogen-based compound and can be used as a form of hormone replacement therapy in low grade conditions. For more hormone replacement therapy, a homeopathic of 3x estrogen with 6x progesterone can also be utilized. FEM-PRO is a complex homeopathic that helps any and all female problems.

5. In conditions involving testosterone and adrenalin production, stress reduction is very important as well as prescribing *KIDNEY/OVARIAN/ADRENAL which helps to stabilize these hormones. *PROGESTEX is used when a build-up of bad tissues occurs in the vaginal and uterus area due to excess progesterone. This product helps to provoke a cleansing of the bad tissues and is a natural form of DNC.

6. The diagnostic criteria of a progesterone problem will usually result in a pre-menstrual stress and/or tension that is usually relieved upon the onset of the period. This is a diagnostic criteria that tells us that the problems is in a progesterone imba lance. The use of PROGESTEX for one month can help in relieving this condition.

7. The diagnostic criteria for an estrogen type disorder is that the condition would ensue the entire month or would mostly ensue at the release of the period. This is known as post-menstrual disturbance and is highly significant of an estrogen type disorder. A combination homeopathic of ESTROGEN 3x with PROGESTERONE 6x, taken 10 drops/3 times a day for one month along with *FEMALE LIQUESCENCE taken for three months, 1 teaspoon per day (ref. Natural Hormone Study).

8. If there is a problem with irritability, this is diagnostic of a testosterone and/or adrenal disturbance.

9. In treating hormonal disturbances, remember a heathy liver function is always important as well as good nutrition, stress reduction, and reducing exposure to toxins. Master acupuncture points for stabilization shown below:

![Master acupuncture points for stabilization](image-url)
Cardiac pain, mental disorders, palpitations, angina, hysteria, neurasthenia, arrhythmia, night sweats, dreaminess, insomnia

'精神之脉'
Ling Shou

'Tou Li'
Yin Xi

'Skáro' or HT6 Yin Xi

'喜悦之脉'
Jo of life spot, stim. daily
'Lesser pouring'

HT5 = 'Reaching the Measure'

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EX-CA1

Zi Cong

'子宫' Prolapsed uterus
femoral hernia, cirrhotis,
appendicitis, cystitis,
dysmenorrhea

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EX-B1

Ling Chi Luan

Use to help connect the body to mind
of patients with little awareness of
their body

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EMOTIONS AND ATTITUDES EFFECT AND CONTROL

HYPOTHALAMUS  PITUITARY  PINEAL  REGULATES ALL FUNCTIONS

THYROID effects metabolism

THYMUS effects immunity

LIVER  detox excess male hormone

ADRENALS makes male hormone
and other excess hormones, more under stress

OVARIES makes Estrogen releases eggs

CORPUS LUTEUM
UTERUS made and destroyed every
cultivates eggs
month makes Progesterone
needs to detox monthly

VAGINA

There is a critical balance of many factors in the female hormone regulation.
Most importantly Estrogen, Progesterone and Testosterone
Our natural herbs and glandulars are designed for micro-nutrient
supplementation and natural stimulation of balance.
FLEXIBILITY, Restricted Range of Motion

1. The muscles, cartilage and ligaments of the body are largely responsible for the flexibility of the spine and extremities.

2. Restrictions in flexibility may result from poor nutrition, lack of exercise, diseases such as arthritis and rheumatism, physical injuries and infectious states. Lack of oxygen flow to and from cartilage or ligament and carbon dioxide build up makes them inflexible.
   When a ligament pops it releases carbon dioxide making the pop sound. This is a release of carbon dioxide and allows oxygen to come in.

3. *FLEX is a blend of Chinese herbs which have been reported to have essential application for increasing flexibility. The action of *FLEX is through its herbal and homeopathic effect in helping the body to restore flexibility to the joints. When used in conjunction with *CONNECTIVE TISSUE LIQUESCENCE, a formula designed to assist the growth of good connective tissue by supplying necessary minerals, vitamins and sarcodes, these two formulas work to increase range of motion (ref. range of motion study).

4. Combine good exercise, good nutrition, and stress reduction for a complete therapy in restoring flexibility. Also, look for any organic connective tissue disease as well.

MUSCLE
BONE
LIGAMENTS
TENDONS
CARTILAGE
JOINTS

The FLEX FORMULA and the CONNECTIVE TISSUE LIQUESCENCE increases joint by supplying needed nutrients and increasing connective tissue oxygenation.
Rx excessive negativity, argues about everything, sees negative in all or even compensates with too positive

'Watt's Eye'

Yāoōōn

EXH-7

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Yīmīng

EXH-14

Releases rigidity of personality and body treats inflexibility of mind and body
FLOW SHEETS

HOMEOPATHY USE

O For ALLERGIES see "Allersode List" (pg. ii)

O For CARDIOLOGY COMPLAINTS see "Cardiology Chart" (pg. iv)

O For CHRONIC FATIGUE see "Chronic Fatigue Chart" (pg. v)

O For COLD AND FLU SYMPTOMS see "Cold & Flu Chart" (pg. vi)

O For DETOXIFICATION see "Xenobiotic Formulas" (pg. vii)

O For DIGESTIVE DISORDERS or ABSorption see "Fossil Lap Chart" (pg. viii)

O For INFECTIONS see "Nosodes - Xenobiotic List" (pg. vii)

O For INHERITED DISPOSITIONS see "Chromosome List" (pg. ix)

O For NEUROLOGICAL DISORDERS see "Neurology Chart" (pg. x)

O For NUTRITIONAL BALANCING see "Fabricate Chart" (pg. xi)

O For PAIN see "Pain Chart" (pg. xii)

O For PSYCHOLOGICAL CONCERNS see "Mental Disorder List" (pg. xiii)

O For GLANDULAR REBUILDING see "Sarcode/Glandular List" (pg. xiv)
ALLERSODE LIST

COMBINATION ALLERSODE PRODUCTS

Opsin I (for Misc. Food Allergies)
Opsin II (for Misc. Inhalant Allergies)

Animal Mix
Biting Insect Mix
Caffeine Mix
Dairy Mix
Flower Mix
Fruit-Berry Mix
Grain-Seed Mix
Grass-Weed Mix
Household Dust-Mold Mix
Meat, Poultry Mix
Nightshade Mix
Nut Mix
Poison Ivy, Oak Mix
Shellfish, Fish Mix
Sugar Mix
Tree Mix (Broad Leaf)
Vegetable Mix
Tree Mix (Misc.)

SINGULAR ALLERSODE PRODUCTS

Angora (Goat Mohair)
Apple
Banana
Bean
Birch Mix
Brewers Yeast
Broccoli
Cabbage
Carrot
Cat
Cattle
Cauliflower
Celery
Cheese
Cheddar Mix
Chicken Feathers (Chicken, Goose, Duck)
Chocolate
Citrus
Coffee
Corn Pollen
Cotton Seed
Cotton Wood
Cucumber
Dock Sorrel
Dog
Dust Mix (House)
Dust Mix (Mattress)
Dust Mix (Rug)
Dust Mix (Upholstery)
Eastern Oak
Egg White (Chicken)
Elm Mix
Flax Seed
Flower Pollen I
Flower Pollen II
Fruit Juice
Garlic
Grain Mill Dust (Corn)
Grain Mill Dust (Wheat)
Grass (Alfalfa)
Grass (Golden Rod)
Grass (Kentucky Blue)
Grass (Meadow Fescue)
Grass (Orchard)
Grass (Perennial Rye)
Grass (Red Clover)
Grass (Red Top)
Grass (Sweet Vernal)
Grass (Timothy)
Green Pepper
Hair Spray
Hickory Mix
Horse
Juniper
Kapok
Kelp-Iodine
Lemon
Lettuce
Maple Mix
Milk
Mold Mix
Mulberry
Mushroom
Nut Mix (Almond)
Nut Mix (Brazil)
Nut Mix (Cashew)
Nut Mix (Coconut)
Nut Mix (English Walnut)
Nut Mix (Peanut)
Nut Mix (Pecan)
Onion
Orange
Penicillium (Chrysogenum)
Penicillium (Digitatum)
Penicillium (Notatuer)
Penicillium (Roquefort)
Perfume Mix
Pine Mix
Pollen (Amaranthus)
Pollen (Chenopodium)
Pollen (Cockle Bur)
Pollen (Daisy)
Pollen (Dandelion)
Pollen (Grass)
Pollen (Honey Suckle)
Pollen (Marsh Elder)
Pollen (Mugwort)
Potato (White)
Red Meat
Rice
Sage
Salmon
Scale Mix
Sesame
Sheep Wool
Shellfish (Clam)
Shellfish (Crab)
Shellfish (Oyster)
Shellfish (Scallop)
Shellfish (Shrimp)
Soybean
Spinach
Strawberry
Tobacco
Tomato
Western Oak Mix
CARDIOLOGY CHART

VINDICATES - MEMORY TOOL (products in italic)

(V)  VASCULAR (Ischemia Risk): Circulation, Heart Liquecence

(I)  INTOXICATION, SMOKING, DRUGS, TOXINS: Substance Abuse, Smoking I, Smoking II

(N)  NEO PLASM (Cancer): Degex, Degex Liquecence, Oriental Herbal Formulas

(D)  DIET (Water, Food, Sodium, Sugar, Carbohydrates): Fat Processed - Fatty Acid Liquecence, Amino Acid Mineral Liquecence, Blood Liquecence

(I)  INFECTIONS: Mycological Immune System Stimulator, Bacterial Immune System Stimulator, Viral Immune System Stimulator

(C)  CONGENITAL AND METABOLIC DISORDERS: Metab, Acid/Alkaline Vitamin C; Free Fatty Acids - Fatty Acid Liquecence; Free Amino Acids - Amino Acid Mineral Liquecence

(A)  ALLERGY: Specific Antigen; Combination Allersodes, Opsin I, Opsin II

(T)  TRAUMA: Injury

(E)  ENDOCRINE: Kidney/Adrenal/Prostate, Kidney/Adrenal/Ovarian, Female Liquecence

EXERCISE: Motivation

EMOTIONS: Mental Disorder Remedies

(S)  STRESS: Anti-Stress

(S)  SYMPTOMS:  
Heart Problem/Infarction Risk - Heart Liquecence  
Arrhythmia - Irregular Pulse, Amino Acid Mineral Liquecence, Adrenal Liquecence  
High Blood Pressure - Herbal Diuretic, Rauwolfia 3x for stubborn conditions  
Low Blood Pressure - Hypotonia, Herbal Liquid Bee Pollen  
Angina - Angina, Glione 3x for stubborn conditions  
Weak Heart - Heart Liquecence, Herbal Liquid Bee Pollen, Amino Acid Mineral Liquecence, Fatty Acid Liquecence, Crataegus 2x for stubborn conditions  
High Cholesterol-LDL - Change Diet and Life Style, A-L-O, Blood Liquecence, Niacin, Garlic, Lecithin, Cholesterolium 8x for stubborn conditions  
Stenosis - Circulation, Lecithin, Heart Liquecence  
Anemia - Blood Liquecence
**CHRONIC FATIGUE CHART**

**First Signs of Chronic Fatigue:** Amino Acid Mineral Liquescence, Fatty Acid Liquescence. For stubborn cases: Adrenal Liquescence.

<table>
<thead>
<tr>
<th>Additional Symptoms</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Eyes and Night Sweats</td>
<td>Epstein Barr, Viral</td>
</tr>
<tr>
<td>Fatigue Worse in Afternoon</td>
<td>Hycl, Chromium, Anti-Stress</td>
</tr>
<tr>
<td>Cold Body Temperature (Hypothyroid)</td>
<td>Thyroid Liquescence</td>
</tr>
<tr>
<td>Headache in Center of Head (Hypopituitary)</td>
<td>Pituitary Liquescence</td>
</tr>
<tr>
<td>Can't Get Up with Light in the Morning, but once up okay</td>
<td>Pineal/Pituitary/Hypothalamus</td>
</tr>
<tr>
<td>No Sexual Interest</td>
<td>Libido Liquescence</td>
</tr>
<tr>
<td>After Eating</td>
<td>Pancreas/Stomach, Digestive Enzyme Liquescence</td>
</tr>
<tr>
<td>Fatigue from Toxicity</td>
<td>Xenobiotic Remedies</td>
</tr>
<tr>
<td>Mitral Valve Prolapse</td>
<td>Irregular Pulse, Heart Liquescence</td>
</tr>
<tr>
<td>Hypoadrenia</td>
<td>Adrenal Liquescence</td>
</tr>
<tr>
<td>Stress</td>
<td>Anti-Stress</td>
</tr>
<tr>
<td>Psychological Involvement</td>
<td>Mental Disorder Remedies</td>
</tr>
</tbody>
</table>
## COLD AND FLU CHART

<table>
<thead>
<tr>
<th>Question</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a fever?</td>
<td>Anti-Inflammation</td>
</tr>
<tr>
<td></td>
<td>Viral Immune System Stimulator</td>
</tr>
<tr>
<td></td>
<td>Fatty Acid Liquescence</td>
</tr>
<tr>
<td>Are there flu symptoms?</td>
<td>Vitamin C Liquescence</td>
</tr>
<tr>
<td></td>
<td>Immune Stim</td>
</tr>
<tr>
<td></td>
<td>Flu Symptom I (Flu-like symptoms)</td>
</tr>
<tr>
<td></td>
<td>Flu Symptom II (Intestinal symptoms)</td>
</tr>
<tr>
<td></td>
<td>Bacterial Immune System Stimulator</td>
</tr>
<tr>
<td></td>
<td>Viral Immune System Stimulator</td>
</tr>
<tr>
<td></td>
<td>Oriental Cold and Flu</td>
</tr>
<tr>
<td>Are there cold symptoms?</td>
<td>Vitamin C Liquescence</td>
</tr>
<tr>
<td></td>
<td>Viral Immune System Stimulator</td>
</tr>
<tr>
<td></td>
<td>Bacterial Immune System Stimulator</td>
</tr>
<tr>
<td></td>
<td>Adrenal Liquescence</td>
</tr>
<tr>
<td></td>
<td>Bone Liquescence</td>
</tr>
<tr>
<td></td>
<td>Oriental Cold and Flu</td>
</tr>
<tr>
<td>Is there a cough?</td>
<td>Cough Drops</td>
</tr>
<tr>
<td></td>
<td>Lung Liquescence</td>
</tr>
<tr>
<td>Are there swollen glands?</td>
<td>Lymph Liquescence</td>
</tr>
<tr>
<td></td>
<td>Anti-Inflammation</td>
</tr>
</tbody>
</table>
## XENOBIOTIC LIST

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>DETOXIFICATION OF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addex</td>
<td>Insecticides &amp; Food Additives</td>
</tr>
<tr>
<td>Algin</td>
<td>Radiation</td>
</tr>
<tr>
<td>Amalgam</td>
<td>Dental Toxins</td>
</tr>
<tr>
<td>Asbestox</td>
<td>Asbestos</td>
</tr>
<tr>
<td>Beautox</td>
<td>Beauty Shop Toxins</td>
</tr>
<tr>
<td>Chemex</td>
<td>Synthetic Chemicals</td>
</tr>
<tr>
<td>Chlorex</td>
<td>Chlorine &amp; Fluorine</td>
</tr>
<tr>
<td>Envirox</td>
<td>Environmental Pollutants</td>
</tr>
<tr>
<td>Industriox</td>
<td>Industrial Toxins</td>
</tr>
<tr>
<td>Metab</td>
<td>Metabolism Balance</td>
</tr>
<tr>
<td>Metex</td>
<td>Metals</td>
</tr>
<tr>
<td>Opsin I</td>
<td>Food Allergies</td>
</tr>
<tr>
<td>Opsin II</td>
<td>Inhalant Allergies</td>
</tr>
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</table>

(Nosodes)

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>DETOXIFICATION OF</th>
</tr>
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<tbody>
<tr>
<td>Amebex</td>
<td>Amebic Infection</td>
</tr>
<tr>
<td>Bacterial Immune System Stimulator</td>
<td>Bacterial Infections</td>
</tr>
<tr>
<td>Mycological Immune System Stimulator</td>
<td>Fungal Infections</td>
</tr>
<tr>
<td>Vermex</td>
<td>Worms</td>
</tr>
<tr>
<td>Viral Immune System Stimulator</td>
<td>Viral Infections</td>
</tr>
</tbody>
</table>
FOSSIL LAP

Fossil Lap is a memory tool used for digestive processes. It stands for (F)ood, (O)ral, (S)tomach, (S)mall Intestine, (I)leocecal Valve, (L)arge Intestine, (L)iver, (A)utonomic Nervous System, and (P)ancreas.

(F) - Food (Food Rotation, Food Combining, Fresh and Raw Vegetables, Fruits)

Products: Fatty Acid Liquescence, Amino Acid Mineral Liquescence, A-Z Liquid

(O) - Oral (Good Food, Teeth, Jaw, Rhinencephalon)

Products: TMJ, Parotid Gland

(S) - Stomach (Hydrochloric Acid, Hypochlorhydria, Mucus, Pepsin)

Products: Digestive Enzyme Liquescence, Pancreas/Stomach

(S) - Small Intestine (Micelle Balance)

Products: Digestive Glandulars: Fat, Carbohydrate, Protein, General

(I) - Ileocecal Valve

Products: Abdominal Pain, Essential Lipoid Factors (Garlic)

(L) - Large Intestine (Constipation)

Products: Microflora, H-Clenz, Small and Large Intestine

(L) - Liver (Bile, Flora, Gallbladder)

Products: H.E.P.A., Liver Liquescence, Bear Gallbladder

(A) - Autonomic Nervous System (Sympathetic and Parasympathetic)

Products: Major Nerves, Allersodes

(P) - Pancreas (Blood Sugar)

Products: Pancreas/Stomach, DNA Insulin, Hygly
# Homeopathic Chromosome List

<table>
<thead>
<tr>
<th>Chromosome No.</th>
<th>RNA Control</th>
<th>13</th>
<th>Nerval Disease</th>
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</thead>
<tbody>
<tr>
<td>1A</td>
<td>RNA Control</td>
<td>13A</td>
<td>Nerval Disease</td>
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<tr>
<td>2</td>
<td>RNA Control</td>
<td>14</td>
<td>Nerval Disease</td>
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<tr>
<td>2A</td>
<td>RNA Control (Tactile)</td>
<td>14A</td>
<td>Nerval Disease</td>
</tr>
<tr>
<td>3</td>
<td>RNA Control (Vision)</td>
<td>15</td>
<td>Nerval Disease</td>
</tr>
<tr>
<td>3A</td>
<td>RNA Control (Hearing)</td>
<td>15A</td>
<td>Nerval Disease</td>
</tr>
<tr>
<td>4</td>
<td>RNA Control</td>
<td>16</td>
<td>M.S.</td>
</tr>
<tr>
<td>4A</td>
<td>RNA Control</td>
<td>16A</td>
<td>M.D.</td>
</tr>
<tr>
<td>5</td>
<td>RNA Control</td>
<td>17</td>
<td>Digestive</td>
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<tr>
<td>5A</td>
<td>RNA Control</td>
<td>17A</td>
<td>Kidney Problems</td>
</tr>
<tr>
<td>6</td>
<td>Bone Disturbance</td>
<td>18</td>
<td>Kidney Problems</td>
</tr>
<tr>
<td>6A</td>
<td>Bone Disturbance</td>
<td>18A</td>
<td>Kidney Problems</td>
</tr>
<tr>
<td>7</td>
<td>Skin Disturbance</td>
<td>19</td>
<td>Liver Problems</td>
</tr>
<tr>
<td>7A</td>
<td>Skin Disturbance</td>
<td>19A</td>
<td>Liver Problems</td>
</tr>
<tr>
<td>8</td>
<td>Lipid Metabolism</td>
<td>20</td>
<td>Liver Problems</td>
</tr>
<tr>
<td>8A</td>
<td>Cholesterol Control</td>
<td>20A</td>
<td>Pancreas</td>
</tr>
<tr>
<td>9</td>
<td>Cholesterol Control</td>
<td>21 A</td>
<td>Pancreas</td>
</tr>
<tr>
<td>9A</td>
<td>Cholesterol Control</td>
<td>21A</td>
<td>Pancreas</td>
</tr>
<tr>
<td>10</td>
<td>Blood Disturbance</td>
<td>22</td>
<td>Brain</td>
</tr>
<tr>
<td>10A</td>
<td>Blood Disturbance</td>
<td>22A</td>
<td>Brain</td>
</tr>
<tr>
<td>11</td>
<td>Downs Syndrome (Alzheimer's)</td>
<td>23</td>
<td>Sex System</td>
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<tr>
<td>11A</td>
<td>Downs Syndrome (Alzheimer's)</td>
<td>23A</td>
<td>Addiction</td>
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<tr>
<td>12</td>
<td>Immune System</td>
<td>24</td>
<td>Extra Chromosome (Sociopath)</td>
</tr>
<tr>
<td>INDICATION</td>
<td>RECOMMENDATION</td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Overall Detox and Rebuilder</td>
<td>Major Nerves</td>
<td></td>
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<tr>
<td>o General Brain Involvement</td>
<td>Brain Liquescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Depression, Muscular Spasms, Fatigue</td>
<td>Serotonin Dopamine Liquescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Inflamed Nerves (Neuritis)</td>
<td>Anti-Inflammation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Injury Related</td>
<td>Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Congenital</td>
<td>Metab</td>
<td></td>
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</tr>
<tr>
<td>o Worse From Stress</td>
<td>Anti-Stress</td>
<td></td>
<td></td>
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<tr>
<td>o Toxicity</td>
<td>Xenobiotic Remedies</td>
<td></td>
<td></td>
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<tr>
<td>o Neurological</td>
<td>Specific Nerve or Sarcode Remedy</td>
<td></td>
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<tr>
<td>o Cervical</td>
<td>Cervical Glandular</td>
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<tr>
<td>Thoracic</td>
<td>Thoracic Glandular</td>
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</tr>
<tr>
<td>Lumbar</td>
<td>Lumbar Glandular</td>
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<tr>
<td>Cranial/Sacral</td>
<td>Cranial/Sacral Glandular</td>
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</table>
**FABRICATE CHART**

<table>
<thead>
<tr>
<th>DEFICIENCY</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(F) FATTY ACIDS ..................</td>
<td>FATTY ACID LIQUESCENCE</td>
</tr>
<tr>
<td>(A) AMINO ACIDS ..................</td>
<td>AMINO ACID MINERAL LIQUESCENCE</td>
</tr>
<tr>
<td>(B) B VITAMINS ...................</td>
<td>B COMPLEX LIQUESCENCE</td>
</tr>
<tr>
<td></td>
<td>BRAIN LIQUESCENCE</td>
</tr>
<tr>
<td>(R) RICH EARTH ELEMENTS ...........</td>
<td>BONE LIQUESCENCE</td>
</tr>
<tr>
<td></td>
<td>BLOOD LIQUESCENCE</td>
</tr>
<tr>
<td></td>
<td>POTASSIUM SUPPLEMENT</td>
</tr>
<tr>
<td></td>
<td>CALCIUM SUPPLEMENT</td>
</tr>
<tr>
<td>(I) INTERIOR LIQUIDS .............</td>
<td>HOMEOPATHIC CATALYST WATER</td>
</tr>
<tr>
<td>(C) VITAMIN C .....................</td>
<td>VITAMIN C LIQUESCENCE</td>
</tr>
<tr>
<td>(A) AIR ..........................</td>
<td>HERBAL LIQUID BEE POLLEN</td>
</tr>
<tr>
<td>(T) TRACE ELEMENTS ..............</td>
<td>OLIGO REMEDIES</td>
</tr>
<tr>
<td></td>
<td>AMINO ACID MINERAL LIQUESCENCE</td>
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<tr>
<td>(E) EXERCISE .....................</td>
<td>EXERCISE PROGRAM</td>
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</table>
## PAIN CHART

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No Decision</th>
<th>Formula/Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there injury related pain?</td>
<td>Injury</td>
<td>Use Homeopathic Combination</td>
</tr>
<tr>
<td>Does heat reduce the pain?</td>
<td>Rheumatic Pain</td>
<td>Use Pain Formula</td>
</tr>
<tr>
<td>Does cold reduce the pain?</td>
<td>Rheumatic Pain</td>
<td>Use Pain Formula</td>
</tr>
<tr>
<td>Does pressure reduce the pain?</td>
<td>Pain Formula I</td>
<td>Use Pain Formula</td>
</tr>
<tr>
<td>Does pressure increase the pain?</td>
<td>Pain Formula II</td>
<td>Use Pain Formula</td>
</tr>
<tr>
<td>Does movement reduce the pain?</td>
<td>Pain Formula III</td>
<td>Use Pain Formula</td>
</tr>
<tr>
<td>Does movement increase the pain?</td>
<td>Pain Formula IV</td>
<td>Use Pain Formula</td>
</tr>
<tr>
<td>Does pain result from light, geopathic stress, radiation exposure?</td>
<td>Geopathic Stress, Algin</td>
<td>Use Homeopathic Combination</td>
</tr>
<tr>
<td>Is pain toxic in origin?</td>
<td>Go to Xenobiotic Formulas</td>
<td></td>
</tr>
<tr>
<td>Is pain structural in origin?</td>
<td>Go to Glandular Formulas</td>
<td></td>
</tr>
<tr>
<td>Is pain of psychological nature?</td>
<td>Go to Mental Disorder Formulas</td>
<td></td>
</tr>
</tbody>
</table>
MENTAL DISORDER LIST

HOMEOPATHIC COMBINATION REMEDIES

* ADJUSTMENT DISORDERS

* ANTI-DEPRESSION

* ANXIETY

* DELIRIUM

* DEMENTIA

* DEPRESSION (Extrovert)

* DEPRESSION (Introvert)

* DISSOCIATIVE DISORDERS

* HYSTERIA

* MANIA

* MOOD DISORDERS

* PERSONALITY DISORDERS

* SCHIZOPHRENIA

* SEXUAL DISORDERS
SARCODE/GLANDULAR LIST

PRODUCTS FOR GLANDULAR REBUILDING

* Adrenal Drops
* Bear Gallbladder
* Cervical
* Cranial/Sacral
* Ear, Eye, Sinuses Drops
* Hepatical Drops
* Immune Stim
* Lumbar
* Lymph/Spleen/Mammary
* Major Nerves
* Muscle, Ligament, Cartilage Drops
* Myocardial Drops
* Ovarian Drops
* Pancreas Drops
* Pituitary Drops
* Pneumo Drops
* Pineal, Pituitary, Hypothalamus Drops
* Prostate Drops
* Renal Drops
* Small & Large Intestine Drops
* Spinal Drops
* Thoracic
* Thymus Drops
* Thyro Drops
* TMJ
* Tonsils/Adenoids/Appendix

Note: Other sarcodes are available upon request
From Natural Switch in biofeedback texts

**Foods as Medicine and Prevention**

**Appendicitis**

*Best:* Use high-fiber foods like wheat bran that keep the stool soft and bulky. A British medical survey tagged peas, cabbage, cauliflower, green beans, brussels sprouts, and tomatoes as anti-appendicitis foods. Use vermifuge for a three-week period every year to clean out parasites.

*Avoid:* animal fat, low-fiber processed foods, sugar, and popcorn.

**Arthritis**

Rheumatoid: seafood high in omega-3 fatty acids such as salmon, sardines, lake trout, and mackerel may prevent or relieve the pain and swelling. Fish oils dramatically prevent lupus in animals. Use Lipid Liquitrophic daily. Osteo: dairy products, all allergy foods & sugar, potatoes.

**Asthma**

Coffee: a couple of strong cups can thwart an asthma attack. Also good bronchodilators - hot pungent foods such as chili peppers, garlic, onions, mustard, horseradish. Fish oils also dramatically relieve bronchial asthma. Avoid: dairy foods and all allergy-causing foods.

**Cancer**

For overall prevention: green leafy vegetables, with emphasis on these six - broccoli, spinach, cabbage, kale, brussels sprouts and leaf lettuce. Other high-fiber vegetables, fruits, grains, and legumes. Also, radishes, chard, tomatoes, citrus fruits, dried fruits (apricots, prunes, raisins), strawberries and fish high in omega-3 fatty acids may help prevent various kinds of cancer. Garlic, onions, kelp, olive oil, tea (especially green tea), as well as seed foods, such as legumes, nuts, rice, and grains, are rich in anticancer chemicals. Fresh and raw: plenty of vegetables, juices, and fiber are best.
**Bladder:** carrots, milk, broccoli, brussels sprouts, cabbage, cauliflower, coleslaw, kale, parsnips, turnips.

**Breast:** yogurt. Fruits and vegetables high in carotenoids.

**Colon:** green leafy vegetables, notably cabbage, broccoli, brussels sprouts. Also cauliflower. Acidophilus milk or yogurt, especially that made with acidophilus culture. Wide mixture of vegetable juices. Wheat bran.

**Esophagus:** green and yellow vegetables, apples, cherries, grapes, melons, onions, peas, beans, plums, pumpkin.

**Larynx:** green and yellow vegetables.

**Lung:** carrots, kale, spinach, broccoli, dark-yellow squash, pumpkin, sweet potatoes, apricot. All dark-green and dark-orange vegetables, red and yellow fruits high in carotenoids. If you have ever smoked, load up on these foods. They may help prevent lung cancer years later.

**Pancreatic:** Citrus fruits, carrots.

**Prostate:** yellow and green vegetables. Carrots, tomatoes, cabbage, sunflower and pumpkin seeds, peas, broccoli, brussels sprouts, cauliflower, bee pollen. Reduce stress.

**Stomach:** raw carrots, coleslaw, lettuce, cabbage, tomatoes, corn, eggplant, milk, onion, sweet potatoes, squash.

**Avoid:** high-fat and meat diets (which predispose to cancer), sugar, processed foods, overeating. Oriental herb formulas with Degex and Degex Liquescence enhance the results.

**Cardiovascular System**

For good cardiovascular nutrition, try fatty fish, garlic, ginger, melon, tree ear mushrooms, olive oil, onion, and kelp. Green tea, beer, wine, currants, blueberries, eggplant, and omega-3 fatty fish (salmon, sardines) will strengthen and protect arteries and capillaries from damage due to atherosclerosis or heart attack. Use Lipid Liquitrophic. Avoid: fat, sugar, excess alcohol, stress, processed carbohydrates and excess cholesterol.

**Cavities**

Tea is nature’s best proved anti-cavity mouthwash. Other foods good at combatting cavity-producing bacteria: grape and black cherry juice, milk, coffee, cheese (aged cheddar cheese, bleu, Brie, Gouda, Monterey Jack, mozzarella, and Swiss). Use with a good cavity-fighting dental program. Avoid: sugar, raisins, processed carbohydrates.
Cholesterol
TO REDUCE BAD LDL
(LOW-DENSITY LIPOPROTEIN) CHOLESTEROL
Best are oat bran and guar gum. Use Lipid Liquitrophic. Next, oatmeal and dried beans, including plain old baked beans. Soybeans are great for adults and kids with genetically-induced high cholesterol. Grapefruit - segments and membrane, not the juice - drives down cholesterol. Also fresh oranges, apples, yogurt, skim milk, carrots, garlic, onions, barley, ginger, eggplant, artichoke, unripe plantain, shiitake mushrooms, olive oil. Substitute seafood, including shellfish, for meat and chicken. All fruits high in pectin, which includes strawberries and bananas. Use unsaturated margarine oils instead of butter (see better butter recipe). Avoid: processed or fried foods and cholesterol-rich foods, red meat, rich sauce.

TO RAISE GOOD HDL
(HIGH-DENSITY LIPOPROTEIN) CHOLESTEROL
Use strong, raw onions - at least half a medium onion a day - and garlic. Use Lipid Liquitrophic. Substitute olive oil for other vegetable oils or saturated fats. Alcoholic drinks, such as wine or spirits in moderation, one or two drinks a day - also boost HDLS. Radishes, horseradish and pepper help.

Added advice: cut back on total fat (especially saturated fats like animal-type fat, and coconut and palm oils). This enhances the effects of the above natural cholesterol-fighters. Don’t eat only cooked food; get fresh and raw foods into your diet.
**Constipation**

Drink five eight-ounce glasses of good water a day. Use wheat bran, nature’s most potent bulk laxative. If that doesn’t work, add pure juice. Dried beans work wonders on some people. Most high-fiber fruits and vegetables, like carrots, cabbage, and apples, are bulk laxatives with about one quarter the effect of wheat bran. Soluble fiber foods, like oats and barley, can help. Also kelp, grapefruit parts and juice are helpful. Misconception: American-type rhubarb is not a true laxative. Orientaltype medicinal rhubarb is.

**Diabetes**

Use foods that produce slow, steady increases in stead of rapid rises in blood sugar levels. Such foods testing best on the “glycemic index” (a measure of how quickly foods raise blood sugar) are, in order: peanuts, soybeans, lentils, kidney beans, black-eyed peas, milk, chickpeas, yogurt, ice cream, apples, and baked beans. Avoid: all processed sugars.

**Diarrhea**

Comfrey pepsin helps. Try yogurt with live cultures (especially if the diarrhea is caused by prescription antibiotics, such as penicillin). Also blueberries, black currants, honey 1/2 not for infants, however, because of a botulism danger). For youngsters, more acidophilus whole milk may be a cure. Too little fat in the children’s diets promotes diarrhea and other intestinal infections. Soy milk or soybeans also may help fight diarrhea-producing bacteria. Avoid: allergy-causing foods.

**Diverticular Disease**

First, we encourage wheat bran. Also other foods high in fiber that give the stool bulk, such as legumes, oats, cabbage, carrots, and apples. If you already have the disease, check with a physician before loading up on high fiber. Avoid: strawberries, popcorn and other foods with small seeds and shells that could aggravate the condition.

Use foods with solid A - D liquid bran. Solid grains, liquid fruit, vegetables in between.
Emphysema and Chronic Bronchitis
Chili peppers, pungent garlic, onions, mustard, horseradish - all kinds of hot, spicy foods. These help keep the lungs healthy by keeping mucus flowing and the bronchial tubes open. Drinking small amounts of milk has also been tied to lower rates of chronic bronchitis. Fresh, raw fruits and vegetables, and juice are helpful.
Avoid: milk in excess or with meals, smoking and smokers, all allergy-causing foods.

Energy (Mental)
Caffinated drinks stimulate mental performance. Coffee is the most potent. Also tea, colas, cocoa. Also boosting mental-energy brain chemicals are high-protein, low fat foods such as shellfish, lean fish, non-fat milk, and yogurt. Include avocado, starchy beans, sprouts, and fruit juices.
Avoid: white sugar. It makes blood sugar fluctuate too much.

Hemorrhoids
Eat foods that produce a soft, bulky stool, reducing strain in bowel movements.

Best: wheat bran. Other high-fiber fruits and vegetables. Radishes help liver involvement.
Avoid: liver burdening foods, fried and fatty foods, and alcohol.

High Blood Pressure
One tablespoon of cream of tartar in eight ounces of natural lime juice once or twice a day is an excellent formula. Mackerel - a couple of cans a week - can depress blood pressure. Also oat bran and high-fiber fruits and vegetables of all types help.
Shown also to push down blood pressure: olive oil, garlic, seaweed (kelp), yogurt, green tea, legumes, and milk. Surprisingly, coffee drinking does not cause or aggravate high blood pressure except, apparently, among smokers. It is shown in clinical experiments that diets rich in natural potassium and low in sodium, such as fruits, vegetables and paprika, are as effective as most medications.
**Hypoglycemia**
Tomatoes and potatoes can aggravate this condition, and thus should be avoided in extreme cases.
Always avoid processed sugar. Eat complex carbohydrates, fruits and vegetables.

**Infections (General)**
Yogurt and garlic are recognized antibiotic superstars. Also potent in thwarting viruses and bacteria are orange juice, apples tea, grape juice, apple juice, honey, wine, blueberries, cranberries, grapes, plums, raspberries, strawberries, peaches, and figs.
Avoid: processed carbohydrates and sugars, stress, toxins, antibiotics.

**Insomnia**
A sure bet: fruit, sugar or honey. Eat yogurt before bed.
Misconception: milk does not put you to sleep; just the opposite, it wakes you up.
Avoid: stimulants such as coffee, tea, and heavy foods before bed.

**Migraine Headache**
Oils in fish (omega-3*) can prevent the onset and severity of migraines in some cases.
Use Lipid Liquitrophic and Headache formula from Dr. Recommends.
Avoid: cold foods like ice cream, red wine, food with salycilates or other additives.

**Motion Sickness**
Take ginger root, about half a teaspoon powdered in capsules, in tea or another beverage about a half hour before exposure to motion.

**Osteoporosis**
Drinking milk when you are young makes stronger bones, less susceptible to osteoporosis in later years. Use Osteo Liquitrophic. Green, leafy vegetables and sprouts are excellent; better if juiced.
Psoriasis and Skin Inflammation
Seafood high in omega-3 fatty acids; salmon, sardines, herring, mackerel, etc., may relieve psoriasis. Also oatmeal packs reduce skin inflammation. Vitamin A-supplying fresh fruits and vegetables are good in raw or juice form.
Avoid: processed foods, fatty or fried foods, all processed sugars, allergy-causing foods.

Stroke
Fresh fruits and vegetables - even an extra serving a day, according to one study - may cut the risk of stroke-associated death by 40%. In animal studies, compounds from black currants and blueberries helped prevent disease of blood vessels in the brain. Brown seaweed has prevented strokes in rodents.
See cardiovascular program and cholesterol program.
Avoid: cholesterol-rich foods, processed carbohydrates.

Ulcers
Plantains (unripe, large and green, especially in concentrated powder form) combat ulcers. Whole milk and yogurt, which contain drug-like protective prostaglandins in the fat may prevent ulcers. Fresh cabbage juice heals or wards off ulcers in some people.
Avoid: heavy spices, rich, hot stimulating foods; excess alcohol.

Urinary Tract Problems
Drink five glasses (eight ounces each) of good water every day. Cranberries, including juice, cocktail, and whole cranberries can prevent cystitis, help deodorize the urine, and help prevent kidney stones. Effective dose: half a cup to two cups of cocktail per day. Oniega-3 type fish oils may help prevent kidney diseases. Rice bran about two thirds of an ounce a day can prevent kidney stones. To prevent stones, take eight ounces of the following formula: 1/3 apple juice, 1/3 lemon juice and 1/3 juniper tea twice a day.
Avoid: sugars, processed foods, too much spinach.
Title:

FULL SPECTRUM MICRONUTRIENT TREATMENT OF BACTERIA
(Homeopathic Treatment of Bacterial Infections)

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FULL SPECTRUM MICRONUTRIENT TREATMENT OF BACTERIA
(Homeopathic Treatment of Bacterial Infections)

Abstract:

Two studies involving homeopathic or micronutrient treatment of bacteria are reported which indicate a natural, safe alternative to antibiotics. Both studies involve patients aged twenty-five to fifty. In the first study we take pin-prick blood samples from ten healthy patients, bring them on an inverted side, and then measure the speed and motility factors of the white blood cell. The patients are then given (in double-blind fashion) either water and alcohol or a homeopathic for bacterial stimulation. On evaluation under the microscope, the speed of the white blood cell is increased in the treatment group; the placebo group shows no change.

In the second study patients are evaluated for urinary bacteria from culture. They are then prescribed the complex homeopathic, and reevaluated. The study shows that the complex homeopathic can indeed help the patients to deal with their bacterial infections.

The proposed mechanism is discussed, along with this short study.

Key Words:

Bacteria, complex homeopathic, micronutrient, motility factor, phagocytosis

Procedure, Test #1:

Ten healthy patients were chosen with normal immune systems, three of whom had active urinary infections determined with urinary culture tubes. (The culture tubes used in all tests were Wampole-type urinary culture tubes for bacteria-only culture.) With a pin prick on the finger, blood was taken from each patient and examined under a microscope (dark field) where the activity of the white blood cell could be observed. A sample streptococcus bacteria was placed into the slide. The white blood cells were then observed, and the recognition of bacteria, movement towards phagocytosis, and destruction of the bacteria were measured. Each participant was then given either a homeopathic of minute dilution of varying bacteria and herbals (description later) or a placebo of alcohol and water (five percent as in the remedy). Blood was again taken twenty minutes later, and white blood cells remeasured. The participants getting placebo were given the remedy one day later and those getting the remedy were given placebo one day later. The white cell motility was remeasured. Table 1 reports the results.
Procedure, Test #2:

In a clinic, patients were cultured for the presence of urinary bacteria. Fifty-eight such patients over a three-year time were found to have bacteria of the following three types:

1. Proteus psuedomonas
2. Staph and strep.
3. E. coli

The amount was determined as:

1. None presenting in forty-eight hours
2. 50,000 approx.
3. 100,000 approx.
4. 150,000 approx.
5. Confluent growth

The patients with the bacteria were all given a multi-family homeopathic of low dilutions of the bacteria (BAC, Bacterial Fugue). Patients were also getting other therapy in the forms of herbals, vitamins or minerals. All were encouraged to make lifestyle changes such as more exercise and reduced consumption of sweets. After one month, on reevaluation, the urine was again cultured. Differences are reported on table #2.

Results:

Test #1 reveals that there appears to be a thirty-percent increase in the white cell’s activity or speed of activity. It was also reported in the study that the phagocytosis was not only faster but more complete. The small size of the study indicates the need for further research.

In Test #2 the natural regimen which included the homeopathic was shown to effectively lower by fifty percent the bacteria count in urinary infections.

Discussion:

From these results we can see that natural homeopathic nosodal complexes can be effective treatment for bacterial infections. This treatment works with the natural immune system to prompt its attack on the micro invader. Antibiotics work directly on the intruder, and thus work against the immune system.

The proposed mechanism of immune system stimulation appears to be that of increasing the ability of the white blood cell to locate and phagocytize the bacteria. In the Quantum Biology book we propose a photon interaction that would explain the ability of the white blood cell to seek and destroy the bacteria. Quantum Biology elaborates further.
Our clinical evaluation of urinary bacteria seems to show that the homeopathic can have clinical effects, and our test procedure #1 shows that the proposed action of the homeopathic is that of stimulating the white blood cell. It must be further outlined that when we put bacteria into the slide and use the bacterial homeopathic (BAC), the mobility factors of the white blood cell are increased toward bacteria. If fungus is put into the slide, there seems to be no increase in the ability of the white blood cell to attack fungus. If a complex fungal homeopathic (FNG) is applied, and the white blood cell seems to move more quickly towards fungus.

Thus it appears that the homeopathic has a specific stimulation effect on the white blood cell in that the homeopathic of bacteria (BAC) stimulates bacterial phagocytosis, and the homeopathic of fungus (FNG) stimulates fungal phagocytosis. In both mechanisms the stimulation effect is on the immune system itself, and appears to enhance natural immunity factors.
FULL SPECTRUM MICRONUTRIENT
TREATMENT OF BACTERIA

(Homeopathic Treatment of Bacterial Infections)

BIBLIOGRAPHY
--- BIBLIOGRAPHY ---

**BOOKS**

ARTICLES AND STUDIES

1. Gastric reflux and hiatal hernia are both disorders of the upper stomach and esophagus. This is due to either an inflammation, an inability of the gastric sphincter to close properly, or a distention of the stomach into the abdominal muscles.

2. This produces heartburn that is often severe and can feel like a heart attack by the patient.

3. A common symptom with gastric reflux or hiatal hernia is belching. Belching usually improves the condition by releasing gas. There is usually some regurgitation of food or acid from the stomach into the mouth. Pushing on the stomach below the septum into the hiatal hernia area either improves or disturbs the condition.

4. Stress, fatty foods, alcohol, cigarettes, coffee, eating too fast or eating too much, effervescent beverages and improper food combing are major contributing factors of gastric reflux and most indigestion. These factors aggravate digestion because they excessively push the sympathetic or adrenergic nervous system, which in turn suppresses the cholinergic nerves of the parasympathetic system.

5. *ESOPHAGUS FORMULA is an age old blend of Chinese herbs. *ESOPHAGUS FORMULA and *DIGESTIVE ENZYME LIQUESCENCE help relax the nerves of the esophagus muscles and thus helps to relieve the various types of esophageal disorders (ref Gastric Study).

6. Reduce the risk factors. Elevate the head of the bed six inches help to prevent gastric reflux disturbances at night. Lay on the left side not the right. Relaxing and stress reduction after meals is also very important to assist the *ESOPHAGUS FORMULA

ESOPHAGUS FORMULA reduces inflammation and promotes healthy muscle tension in the sphincter muscles.
Title
GASTRO-ESOPHAGEAL REFLUX DISEASE AND HIATAL HERNIA
Subtitle
Disorders of the Upper Stomach or Esophagus

by William Nelson L.P.C.C.

ABSTRACT: This is a clinical protocol review for naturopathic, homeopathic, chiropractic and behavioral treatments for gastric reflux disease. Gastric reflux disease which can be the result of esophageal trauma, hiatal hernia, and other disorders of the upper stomach are ever more common in a stressful society. The pathology is reviewed and behavioral and homeopathic treatments are reviewed as well. It is the basic hypothesis that behavioral medicine and homeopathy can replace the synthetic pharmaceutical approach now in use in most medical offices. To test this hypothesis 28 cases of gastric reflux disease were treated with behavioral and homeopathic intervention. Results confirm a positive ability of these therapies to treat this ever increasing disorder.

INTRODUCTION: Once food enters the mouth and it is properly prepared in the mouth, it is referred to as the bolus. The bolus is a combination of saliva, ptyalin, and food which has been properly masticated by the teeth. We should chew each mouthful at least 20 times. If there is a problem with our teeth or dention, we might not properly masticate the food for the rest of digestion. Also many young people are behaviorally conditioned to eat food quickly, as processed foods taste better the quicker they are eaten. Thus many of our children have been conditioned to eat foods very fast. Eating foods to quickly without proper mastication in the mouth, robs us of proper enzymatic and mastication which can cause stomach and intestine disorders. The stomach and intestines will now need to work harder to prepare the food and compensate for the lose of the proper action of the mouth. The bolus after full mastication and ptyalin should trigger the brain to allow for it to be swallowed. So that it is properly prepared for digestion. This is then transmitted from the mouth through the esophagus into the stomach. At the top of the stomach is what is known as the "cardia valve" which is a muscle sphincter which keeps the food inside the stomach as well as the different odors from digestion.

The cardia valve rests approximately right underneath the septum in mid chest range. The abdominal musculature is designed to help contain the parts of the stomach within. When there is weakness in the muscles and over-bloating in the stomach, this can cause a distension of the stomach which can push into and through the muscles and thus produce the hiatal hernia. So in excess stomach acid conditions, this can produce a flow of the stomach acids into this area which can cause indigestion and heartburn. Often times this heart burn is mistaken for cardiovascular or heart problems because of its area and nature of the pain. But on further exploration we often times find indigestion and hiatal hernia and other
gastric reflux disease are more times likely responsible. In our book on Cardiology, we review some of the different factors of how to isolate whether it is cardiological or not. The purpose of this article is to review gastric reflux disease, and test the hypothesis that behavioral and homeopathic medicine can replace synthetic chemistry as a therapeutic regime.

True gastro-esophageal reflux indicates an incompetents of the lower esophageal sphincter. Some other factors that also contribute to this include the caustic nature of the refluxate, the inability to clear refluxate from the esophagus, the gastric contents, and the local mucosal protective functions. Some of the factors that can contribute to the ability of the gastro-esophageal junction include the intrinsic sphincter pressure, the angle of the cardia esophageal junction, the action of the diaphragm and also gravity. Gastro-esophageal incompetence is previously attributed slowly to the sliding hiatal hernia. We now know that there also can be esophageal sphincter incompetence and problems in the cardia valve. Our diagnostic symptoms in the patient will usually be heartburn that can or cannot have regurgitation of the gastric contents into the mouth. This is the most prominent symptom. There can be complications of the gastric reflux from infections of the esophagus, peptic esophageal stricture and esophageal ulcer or even Barrett's metaplasia. Esophagitis can cause massive, but usually limited hemorrhaging. Peptic stricture causes a gradual progressive dysphagia for solid foods. Peptic esophageal ulcers cause the same type of pain as gastric duodenal ulcers are usually localized in the substernal region. They heal slowly and tend to reoccur. X-ray studies can be helpful and is often taken in patients with the Trendelenburg position. This can show a reflux of barium from the stomach into the esophagus. Abdominal compression may be used, but radiographic maneuvers are not usually sensitive indicators of gastric reflux. Esophagoscope can also provide an accurate diagnosis of the esophagitis if there is no hemorrhaging. This can also tell us if there is esophageal cancer. A test of the esophageal manometry will allow us to determine the pressure at the lower esophageal sphincter. This can give us an indication of its strength and distinguish between a normal and incompetent sphincter. The esophageal ph monitoring shows the reflux of gastric acid into the esophagus and provides direct evidence of the gastro-esophageal reflux or gastric reflux. The Bernstein’s test correlates closely with the presence of symptomatic gastro-esophageal reflux symptoms are promptly reproduced by acid profusion relieved by saline profusion. Esophageal biopsy is an accurate indicator of gastric reflux showing thinning of the squamous mucosal layer and a basilar cell hyperplasia. These histologic changes may occur without evidence of gross esophagitis by endoscopy. A positive biopsy or a positive Bernstein test correlates best with esophageal symptoms or reflux regardless of endoscopic or x-ray findings. Endoscopic biopsy is the only test that consistently detects the mucosal changes of Barrett’s metaplasia.

In the case of the hiatal hernia, we know that a sliding hiatal hernia is common in almost 40 percent of patients. Most patients however are asymptomatic. A
Hiatal hernia will also produce symptoms of heartburn and pressure, which is often relieved by belching to release the abdominal gas. Applying abdominal pressure below the septum can also help us to diagnose a hiatal hernia. If there is not pain or indigestion, a sliding hiatal hernia might not be treated. If it results in chest pain, indigestion, belching or bloating we need to actively treat the upper gastric disease. Without the benefit of an x-ray, biopsy or the endoscopic scope, a practitioner can usually diagnose gastric reflux disease from the occurrence of the chest pain after eating. This usually occurs within the first hour of eating, but can occur even three or four hours after eating if the person is supine or goes to bed. If there is a discharge of food from the stomach into the mouth, this can confirm the diagnosis of gastric reflux disease. If we apply pressure to the area of the hiatal hernia, and it aggravates or relieves the condition, this also helps us in our diagnosis of upper gastric disorder. Patients will often times report tasting the acid type of foods an hour or two after meals. This also helps us to realize the reverse flow of the esophageal muscles.

The most common items that produce distension in the stomach are that of 1) effervescent or fizzy drinks; 2) improper food combining, such as mixing fruits with proteins which can produce a difference in digestion, an acid-alkaline flux, and contribute to gas; and 3) eating too much or too fast can also contribute to the swelling in the stomach and add to the hiatal hernia on any type of gastric reflux disorder; 4) drinking liquids with a meal will dilute the stomach and coffee or hot liquids can actually produce a relaxation in the stomach muscle tension, aggravating the condition; 5) cigarettes, caffeine, and nicotine products are also complicating of the situation; 6) alcohol also produces a relaxation affect in the muscle tension, contributing to the gastric reflux disease; 7) stress and psychogenic factors can also cause this problem; and 8) neurological imbalance of sympathetic and parasympathetic nerves from inappropriate spinal conditions.

Our behavioral treatment of this then needs to specify the type of changes that need to be done in the person’s behavior to help minimize the disturbances in the gastric reflux area. Even one alcohol drink at a meal can contribute to this condition, which is thereby known as an alcoholic gastritis. This can produce a wide variety of other gastric problems from the stomach on down through the small and large intestine. We must realize that the pathway of digestion which starts in the mouth and culminates through the rectum. This linear pathway through the body is a good example of how when one fault occurs at a high level area such as the stomach or mouth, it definitely affects everything in line down from it. So problems of the mouth can affect the stomach, small and large intestine. Problems of the stomach can affect the small and large intestine and problems of any digestion can affect the whole person.

Our simplest rule of food combining is that of fluids alone, melon alone, and fruits alone. This helps to minimize the disturbances of varying digestion and helps the stomach to minimize gas development.
Other types of hot, caffeinated beverages such as tea and coffee also have another problem in digestion as that these hot, caffeinated products produce a release of the sodium bicarbonate from the pancreas. The sodium bicarbonate of the pancreas should be released an hour and a half to two hours after a meal when the food has been properly prepared by the stomach. The food is then called chyme and is released into the small intestine. Release of the sodium bicarb helps to neutralize the hydrochloric acid and the digestion process of the pancreatic enzymes works best in an alkaline environment. Hence, the sodium bicarbonate is a very important part of the magic of nutrition that happen in the small intestine. However, the pancreas has released some of its sodium bicarb because of the coffee taken with a meal, this will produce a disturbance in the pancreas because the pancreas will now have to re-release more sodium bicarbonate and hour and a half after the meal. This is something the pancreas was not designed to do. The pancreas was designed to release this once during digestion, not twice. This is way coffee and these other caffeinated products are the number on cause of pancreatic cancer and pancreas disease. Coffee taken with a meal is definitely contraindicated for good nutrition. Coffee taken an hour and a half or two hours after a meal is a good idea as that this helps to stimulate the release of the sodium bicarb when it is properly needed.

Another factor in the proper treatment of gastric reflux is that when a patient has this disturbance and they lie down after a meal, the brain gets an impulse that can disturb digestion and the positioning of the stomach is not quite correct when you are totally supine. A better condition for digestion is that of relaxed sitting after a meal and reducing stress. The RWC book has an indepth account of the digestive process and should be reviewed by those who want to know more.

The shape of the stomach as we have seen in pictures, has a slight bent to it. It is indicated that if a person has gastric reflux disease, or any indigestion troubles, if a person does recline into a chair, he should recline on his left side, not the right. By reclining on the right side you can irritate the condition further because of the shape of the stomach. Reclining on the left side helps to minimize the condition of gastric reflux.

Another key factor in treating this type of disease is that of minimizing stress after meals. If there is a condition where the person must have stress in his life to maintain a job or school. If there is stress after a meal, make sure that meal is a light meal, as that the body is best able to digest if the person is in a comfortable, relaxed state and enjoys a state of reduced stress either meditation, light music, casual conversation of a non-stressful origin and other types of stress reducing exercises. These are best done right after a meal and they help to maximize digestion and the capacities of the enzyme release of the entire digestion channel. The digestion channel is operated by the parasympathetic system which is fought by the sympathetic nerval system. Thereby it is very important that we balance the system and allow digestion to take place when the sympathetic system or stress related system is at its minimal. Thus stress...
reduction after meals for a half hour to an hour is always an excellent idea in treating any type of digestion disorder and they help to maximize digestion and the capacities of the enzyme release of the entire digestion channel. The digestion channel is opera
This study was performed in 1995 at the Homeopathy Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors.

GASTRO-ESOPHAGEAL REFLUX DISEASE AND HIATIAL HERNIA

(Disorders of the Upper Stomach or Esophagus)

Abstract:

This is a review of the clinical protocol for naturopathic, homeopathic, chiropractic and behavioral treatments for gastric reflux disease. Gastric reflux disease may result from esophageal trauma, hiatal hernia, or other upper stomach disorders, and is becoming increasingly common in our society.

It is our hypothesis that behavioral medicine and homeopathy can replace the conventional pharmaceutical approach used in most medical offices. To test this hypothesis, twenty-eight patients with gastric reflux disease were treated solely with homeopathy and behavioral modification. Results indicate that this approach had a positive effect on their conditions.
Introduction:

Once food enters the mouth and is properly masticated, it is referred to as the *bolus*. It is during this combination of mechanical reduction and chemical activity by saliva (i.e. ptyalin) that digestion begins. It is recommended that each mouthful of food be chewed at least twenty times. If there are problems with dention or sores on the buccal surfaces, food may not be properly masticated. Young people and professionals who don't take sufficient time for meals are often conditioned to eat quickly, sacrificing this essential part of digestion. When food is eaten too quickly or processed inadequately, the stomach and intestines must work harder to compensate. This can lead to disorders at many points along the alimentary tract.

After the bolus is fully masticated, it is then swallowed travels through the esophagus to the stomach. At the entrance to the stomach is the *cardia valve*, which is a muscular sphincter that allows entry to the stomach and retains food and odors in the stomach. Occasionally a weakness in the diaphragmatic musculature (bloating of the stomach) may cause a prolapse of the stomach upward through the diaphragm. This condition is known as a *hiatal hernia*, and usually interferes with the functioning of the cardia valve. Subsequently, stomach acids may splash up into this area and the esophagus, which can cause indigestion and heartburn. Frequently this is mistaken for cardiovascular involvement because of its proximity to the heart. In our book, “Cardiology” (in progress), we review diagnostic procedures to determine whether or not the discomfort is cardiological.

True gastro-esophageal reflux indicates an incompetence of the lower esophageal sphincter. Aggravating factors may include the caustic nature of the refluxate, an inability to clear refluxate from the esophagus, the bodiment of gastric contents, or the local mucosal protective functions. Gastro-esophageal incompetence was previously attributed to a sliding hiatal hernia. We now know that there can be sphincter aberrations and valve failure contributing to the problem.

Patients commonly experience heartburn, and regurgitation of gastric contents into the mouth. Esophageal infections, peptic esophageal stricture or ulceration, and even Barrett's metaplasia may complicate diagnosis. Esophagitis may result in hemorrhaging (usually self-limiting). Peptic stricture causes a progressive dysphagia. Peptic esophageal ulcers cause the same type of pain as gastric duodenal ulcers and tend to heal slowly.

X-ray studies may be helpful in diagnosis. Often a reflux of barium into the esophagus may be observed with the patient in the Trendelenburg position. Abdominal compression may also be used, but is usually less conclusive. Esophagoscopy can confirm a diagnosis if there is no hemorrhaging, and can also identify esophageal cancer. Manometry allows a measurement of the pressure at the lower esophageal sphincter, and can assist in diagnosing valve weakness. Esophageal pH monitoring helps identify the reflux of gastric contents directly. The Bernstein test correlates positively with gastro-esophageal reflux symptomatology, and demonstrates relief with saline profusion.
Esophageal biopsy is an accurate indicator of gastric reflux, showing thinning of the squamous layer and basilar cell hyperplasia. These histologic changes may be observed without the accompanying gross evidence of esophagitis by endoscopy. A positive biopsy or a positive Bernstein test correlates best with esophageal symptoms or reflux, regardless of endoscopic or x-ray findings.

While a hiatal hernia is present in almost forty percent of the population, most are asymptomatic. A hiatal hernia may produce symptoms of heartburn and pressure, which are often relieved by belching to release the abdominal gas. Upper abdominal palpation may be helpful in diagnosis.

The regular occurrence of chest pain after eating is a good indicator of gastric reflux disease. It is most frequently felt within the first hour after eating, but may be felt three or four hours later if the patient lies supine or goes to bed. A discharge of food from the stomach into the mouth may also help to confirm the diagnosis. Many patients also report an acid taste one to two hours after eating.

Behavioral modification is the first treatment that we must address. The most common irritants to gastric reflux disease are:

1) Effervescent or fizzy drinks
2) Improper food combining, such as eating fruit and protein together. This combination produces gas.
3) Eating too much or too quickly
4) Drinking liquids with a meal dilutes the digestive juices, and hot beverages actually relax the stomach muscle tension, aggravating the condition.
5) Caffeine and nicotine products aggravate the condition
6) Alcohol also releases stomach muscle tension, making the situation harder to control
7) Stress and psychogenic factors can create and complicate gastric reflux disease
8) Spinal misalignment can create a neurological imbalance of sympathetic and parasympathetic impulses

Simple rules of food combining can assist in easing irritation that can lead to gastric reflux disease. The simplest rules to remember are fluids alone, melons alone and fruits alone, and avoid eating proteins and carbohydrates during the same meal. Hot, caffeinated beverages such as tea and coffee, taken with meals, can create multiple digestive problems. Normally, sodium bicarbonate is released from the pancreas one and one half to two hours after a meal, once the food has been properly prepared by the stomach. At this point, the food is referred to as *chyme* and is released into the small intestine. The pancreas releases its sodium bicarbonate to help neutralize the acidic chyme, since the pancreatic enzyme works best in an alkaline environment. However, when hot, caffeinated beverages are ingested, the pancreas releases its sodium bicarbonate right away. This complicates digestion because the pancreas is not designed for multiple releases of sodium bicarbonate. When it comes time to
neutralize the acidic chyme, the pancreas must work extra hard to release more sodium bicarbonate a second time to make sure that digestion continues unimpeded. This is why coffee and other caffeinated products are so often the causes of pancreatic disease and cancer. Knowing this timing and sequence of digestion, we can see that coffee taken one to one and one half hours after a meal may actually facilitate the digestive process.

Alcohol is another beverage to be avoided at meal time when suffering from gastric reflux disease. Even a single drink can create a condition known as alcoholic gastritis. This can cause more problems, not only at the stomach level, but throughout the entire alimentary canal. This is a good example of how disturbances at one point can disrupt functioning at distant sites.

An important consideration when dealing with gastric reflux is that of post-meal posture. If a patient lies down after a meal, the brain is fed misinformation about processing and digestion. A more thorough coverage is offered in the "RWC Book" [Books: 22] and is suggested reading for further investigation. The shape and position of the stomach make the recommended position for optimal digestion either sitting or slightly reclining on the left side.

Minimizing stress after meals has also proven beneficial. Digestion is delayed and complicated when stress accompanies or follows a meal. If this does happen, the next meal should be light and as stress-free as possible. Many find that meditation, easy listening music, or casual conversation help to keep stress at acceptable levels. Digestion is carried out by the parasympathetic nervous system. Stress activates the fight or flight response, and suppresses parasympathetic activities, such as digestion. Consequently, food sits in the stomach for an undetermined period of time until a patient can relax and processing can begin.

Neurological flow to the digestive system is carried parasympathetically by the vagus nerve. The vagus nerve is the largest nerve in the body, and it arises from the occiput region of the brain. It innervates the entire digestive canal, as well as the organs of the thoracic cavity. For the purpose of this discussion, we shall concentrate on those branches that arise from the thoracic vertebrae, T7 - T10, and innervate the gastric region.

Because of the close relationship between the spine and the nervous system, spinal misalignment and back trauma may interfere with proper digestive function. Overexertion or improper use of the back and spinal musculature may result in disc herniations and subluxations, and generalized swelling may create pressure on the involved nerves.

Modern contemporary medicine traditionally relies on one of two forms of therapy to treat gastric reflux disease; either pharmaceuticals or surgical intervention. Pharmaceutical treatment usually involves something like Tagamet, which is a synthetic formula for blocking the production of stomach acid, while effectively eliminating that particular symptom. The cause is not addressed, and a host of other adverse side effects are created. Surgical intervention is a more drastic approach, typifying the allopathic approach of killing the messenger. Often this involves a vagotomy, or severing of the actual vagus nerve. The
wisdom of cutting one of the largest nerves in the human body is questionable at best.

A holistic approach to gastric reflux disease has proven extremely effective in easing symptomatology and in treating the cause so that recurrence is unlikely.

Spinal adjustment through chiropractic manipulation is frequently helpful in cases of neurological involvement. If there has been some injury to the back or spine, and pressure is being applied to one of the nerves, thoracic vertebrae may be realigned to restore normal parasympathic functioning to the digestive system. Occiput and Atlas adjustment may also prove helpful. Teaching a patient simple stretching exercises or yoga for regular practice at home can help avoid future complications from neuromuscular and skeletal involvement.

For centuries the Chinese have used a system of herbal treatment for gastro-esophageal disturbances which has proven very effective. The homeopathic remedy Esophagus Oriental Herbal Formula (Manufactured by New Vistas, Inc.) uses these same herbs in diluted form to help reduce the number of esophageal spasms due to these types of disorders, including esophageal cancer. One of our Budapest clients, a six-year-old girl with severe esophageal disease, regularly experienced an average of sixty muscle spasms a minute following meals. After two weeks of treatment with the Esophagus Oriental Herb Formula, the spasms were completely under control. She could eat regularly again without the pain and discomfort she had previously experienced. Many other clients have reported similar relief with the regular use of this homeopathic.

Another homeopathic formula that has proven effective for indigestion types of disorders is Digestive Enzyme Liquescence (also manufactured by New Vistas, Inc.). This is an herbal balancing formula that helps to reestablish the digestive homeostasis intended for the system. If there is a hypochlorhydria (insufficient stomach acid production), this will help to boost stomach acid production. If there is too much stomach acid, this formula will limit acid production. Digestive enzyme deficiencies can result from a number of conditions. Normally, unless there is a genetic disorder such as cystic fibrosis where supplemental enzymatic therapy is required, we discourage recommending supplemental enzymes. When enzymes are introduced from an external source, normal enzymatic production is suppressed. One of the fundamental laws of biology contends that if you don't use it, you lost it. The same applies here. If enzymes are added to the diet, demand is reduced and enzymatic production by the body decreases. If this condition is to be treated effectively, the root cause must be addressed rather than aggravated or compounded. In the "RWC Book" [Books: 22] this subject is covered in more detail.

Stress is a prevalent problem that can keep the sympathetic nervous system active, and the parasympathetic system (the part that orchestrates digestion) dormant. Teaching techniques of stress reduction should be standard procedure for clients with these disorders. When the patient is either resistant to these practices or finds them ineffective, homeopathics may be useful. The
Relax formula (manufactured by New Vistas, Inc.) contains homeopathic concentrations of valarian (from which vadium is derived) to encourage systemic relaxation so digestion may proceed unimpeded.

There may be psychological components that complicate the treatment of gastric reflux disease. Addictions to simple sugars may lead to an over-stimulation of stomach and pancreas activity, counteracting any therapeutic benefits that the practitioner is working towards. Other addictions (e.g., salt, animal products, caffeine, hot beverages, sodas, alcohol) also unnecessarily complicate the treatment picture. If awareness of these behaviors is not sufficient to curb them, there are many natural remedies that can help counteract psychological addictions.

A simple adjustment technique may be taught to the patient who is suffering from indigestion caused by a hiatal hernia.

The patient sits cross-wise in an armless chair, with the back of the chair to the left or right. This allows the patient to lean backwards. If balance is a concern, stand behind the patient for this exercise. The patient leans back on the chair, bending the neck back to look at the ceiling. The patient finds an area about fifteen to twenty degrees behind him, and arches his back and neck to look at the spot. Then his fingers are placed beneath the septum, running longitudinally up and down, as pressure is applied to the septum. The patient will usually feel an area that is distended. This is the hiatal hernia. Slight pressure with the fingers will produce a subtle pop that can be felt as the stomach is pushed back into proper position. The patient starts to bend the muscles from the waist, slowly curling up and pulling downward all the different vertebrae of the back by going up the vertebrae, not down. By going up the vertebrae and bending the body over, and finally bending the neck, the patient is causing the abdominal muscles to work upward. The patient is zipping up the muscles like a zipper to help seal the musculature in and minimize the hiatal hernia. Working down by bending the neck first is inappropriate, as this might help to open up the muscles even further.

A simple tip to help reduce the distress experienced from gastric reflux disease and hiatal hernia is to raise the head of the bed about six inches. When sleeping or resting, gravity helps to empty the stomach and prevent materials from discharging back into the esophagus. Patients should not eat within two hours of their bedtime, since it takes roughly two hours for the bulk of the food to leave the stomach.

Diet management is crucial in alleviating irritation and allowing the condition time to heal. While cooked onions and garlic do not generally act as irritants (although there are sensitive patients who are an exception to this rule), raw, spicy foods invariably exacerbate gastric reflux situations. Alcohol and stimulants such as coffee, nicotine and chocolate are also counterproductive to treatment and should be avoided.
Fatty foods can be irritating to the digestive system since they are in the stomach for a longer time. Some fatty foods may take up to four hours to process before passing into the small intestine. Carbohydrates are the simplest to digest, only staying in the stomach for one to one and a half hours. Proteins take an hour and thirty minutes to two hours. The longer food stays in the stomach the greater the chance of gastric irritation.

Antacids may be useful in moderation. When taken at bedtime or on an empty stomach, antacids can help to neutralize gastric activity and reduce the probability of discomfort. Antacids should not be taken immediately before or after meals, since they would counteract the natural digestive process and keep food in the stomach longer than necessary.

Infections may create or aggravate gastric and esophageal ulceration. This is true of gastric reflux as well. Certain bacteria such as peptobacteria, clostridium, staphylococcus, salmonella and other enterobacteria can easily irritate existing gastric conditions, as well as create their own complications. Many of these bacteria can be killed by bismuth, which is contained in some of the pink antacids and explains some of their usefulness. Viral infections may produce a temporary worsening of gastric reflux disease, but they are usually short-lived. Some fungi and candida infections are also implicated in these conditions and can become more aggravated by the use of antibiotics. Fungal forms of gastric infections may effectively be treated with yogurt and anti-fungal homeopathic nosodes.

Gastric reflux disease should be viewed with some urgency, since continued irritation and erosion of the stomach and esophageal linings may lead to cancer. Once cancer begins, obviously treatment and cure is complicated immeasurably.

Hypothesis:

Gastro-esophageal reflux disease may be effectively treated with naturopathic, homeopathic, chiropractic and behavioral modification methods.

Study:

Twenty-eight patients were diagnosed with gastric reflux disease at our clinic over a three-year period. These patients were evaluated to be free of carcinoma, bleeding esophagus and history of stomach surgery. Each was treated according to the protocol described earlier. The patients reported back one month following the treatment, and then a long-term follow-up was done either by phone or visit.
Results:

Twenty-four of the patients experienced relief from symptoms during the first month of treatment. The remaining four reported some improvement, but still suffered from adverse symptoms. Two of the four responded during the second month of treatment.

Long-term evaluation (six months or more) revealed that twenty-three of the twenty-eight patients were able to control gastric reflux with the treatment described. The five who resorted to synthetic medications also reported an inability (or unwillingness) to change behavior or lifestyle in accordance with the recommended protocol.

Conclusions:

The patients who adhered to the recommended treatment experienced the predicted symptomatic relief. This was achieved without the aid of synthetic pharmaceuticals or surgical intervention, and indicates that an alternative approach to gastric reflux disease may be as effective as allopathic treatment.
GASTRO-ESOPHAGEAL REFUX DISEASE AND HIATAL HERNIA

(Disorders of the Upper Stomach or Esophagus)

--- BIBLIOGRAPHY ---

BOOKS

RULES FOR THE STOMACH

The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ, the small intestine.

Nature has provided us with a nervous system that regulates this process. This nervous system is designed to prefer muscle action over digestion. So if a threat or stress comes to us after a meal, such as a lion attack, our body will shift its energy from digestion to the muscles and we can survive by running away. In our present society we have few lions, but our nerves can still stop digestion just as easily.

When we allow the stomach to empty its contents prematurely, the small intestine is overburdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties, there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.
RULES OF THE STOMACH

1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)

2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)

3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)

4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)

5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)

6. Small meal is better Quality of nutrition not quantity

7. Slow meals Savor, enjoy, rejoice, and celebrate the meal

8. Eat for nutrition not for stimulation, Eat when hungry, not when bored

9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach function

10. Make and eat food with love and kindness, no violent or negative emotions

11. No ant-acids

12. Do not sleep for 3 hours after eating.

When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables cannot be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don’t want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.
**Title**  
GASTRO-ESOPHAGEAL REFUX DISEASE AND HIATAL HERNIA  
Subtitle  
Disorders of the Upper Stomach or Esophagus  

by William Nelson L.P.C.C.

ABSTRACT: This is a clinical protocol review for naturopathic, homeopathic, chiropractic and behavioral treatments for gastric reflux disease. Gastric reflux disease which can be the result of esophageal trauma, hiatal hernia, and other disorders of the upper stomach are ever more common in a stressful society. The pathology is reviewed and behavioral and homeopathic treatments are reviewed as well. It is the basic hypothesis that behavioral medicine and homeopathy can replace the synthetic pharmaceutical approach now in use in most medical offices. To test this hypothesis 28 cases of gastric reflux disease were treated with behavioral and homeopathic intervention. Results confirm a positive ability of these therapies to treat this ever increasing disorder.

INTRODUCTION: Once food enters the mouth and it is properly prepared in the mouth, it is referred to as the bolus. The bolus is a combination of saliva, ptyalin, and food which has been properly masticated by the teeth. We should chew each mouthful at least 20 times. If there is a problem with our teeth or dentition, we might not properly masticate the food for the rest of digestion. Also many young people are behaviorally conditioned to eat food quickly, as processed foods taste better the quicker they are eaten. Thus many of our children have been conditioned to eat foods very fast. Eating foods to quickly without proper mastication in the mouth, robs us of proper enzymatic and mastication which can cause stomach and intestine disorders. The stomach and intestines will now need to work harder to prepare the food and compensate for the lose of the proper action of the mouth. The bolus after full mastication and ptyalin should trigger the brain to allow for it to be swallowed. So that it is properly prepared for digestion. This is then transmitted from the mouth through the esophagus into the stomach. At the top of the stomach is what is known as the "cardia valve" which is a muscle sphincter which keeps the food inside the stomach as well as the different odors from digestion.

The cardia valve rests approximately right underneath the septum in mid chest range. The abdominal musculature is designed to help contain the parts of the stomach within. When there is weakness in the muscles and over-bloating in the stomach, this can cause a distension of the stomach which can push into and through the muscles and thus produce the hiatal hernia. So in excess stomach acid conditions, this can produce a flow of the stomach acids into this area which can cause indigestion and heartburn. Often times this heart burn is mistaken for cardiovascular or heart problems because of its area and nature of the pain. But on further exploration we often times find indigestion and hiatal hernia and other gastric reflux disease are more times likely responsible. In our book on Cardiology, we review some of the different factors of how to isolate whether it is cardiological or not. The purpose of this article is to review gastric reflux disease, and test the hypothesis that behavioral and homeopathic medicine can replace synthetic chemistry as a therapeutic regime.

True gastro-esophageal reflux indicates an incompetents of the lower esophageal sphincter. Some other factors that also contribute to this include the caustic nature of the refluxate, the inability to clear refluxate from the esophagus, the gastric contents, and the local mucosal protective functions. Some of the factors that can contribute to the ability of the gastro-esophageal junction include the intrinsic sphincter pressure, the angle of the cardia esophageal junction, the action of the diaphragm and also gravity. Gastro-esophageal incompetence is previously attributed slowly to the sliding hiatal hernia. We now know that there also can be esophageal sphincter incompetence and problems in the cardia valve. Our diagnostic symptoms in the patient will usually be heartburn that can or cannot have regurgitation of the gastric contents into the mouth. This is the most prominent symptom. There can be complications of the gastric reflux from infections of the esophagus, peptic esophageal stricture and esophageal ulcer or even Barrett's metaplasia. Esophagitis can cause massive, but usually limited hemorrhaging. Peptic stricture causes a gradual progressive dysphagia for solid foods. Peptic esophageal ulcers cause the same type
of pain as gastric duodenal ulcers are usually localized in the substernal region. They heal slowly and tend to reoccur. X-ray studies can be helpful and is often taken in patients with the Trendelenburg position. This can show a reflux of barium from the stomach into the esophagus. Abdominal compression may be used, but radiographic maneuvers are not usually sensitive indicators of gastric reflux. Esophagoscopy can also provide an accurate diagnosis of the esophagitis if there is no hemorrhaging. This can also tell us if there is esophageal cancer. A test of the esophageal manometry will allow us to determine the pressure at the lower esophageal sphincter. This can give us an indication of its strength and distinguish between a normal and incompetent sphincter. The esophageal pH monitoring shows the reflux of gastric acid into the esophagus and provides direct evidence of the gastroesophageal reflux or gastric reflux. The Bernstein’s test correlates closely with the presence of symptomatic gastro-esophageal reflux symptoms are promptly reproduced by acid profusion relieved by saline profusion. Esophageal biopsy is an accurate indicator of gastric reflux showing thinning of the squamous mucosal layer and a basilar cell hyperplasia. These histologic changes may occur without evidence of gross esophagitis by endoscopy. A positive biopsy or a positive Bernstein test correlates best with esophageal symptoms or reflux regardless of endoscopic or x-ray findings. Endoscopic biopsy is the only test that consistently detects the mucosal changes of Barrett's metaplasia.

In the case of the hiatal hernia, we know that a sliding hiatal hernia is common in almost 40 percent of patients. Most patients however are asymptomatic. A hiatal hernia will also produce symptoms of heartburn and pressure, which is often relieved by belching to release the abdominal gas. Applying abdominal pressure below the septum can also help us to diagnose a hiatal hernia. If there is no pain or indigestion, a sliding hiatal hernia might not be treated. If it results in chest pain, indigestion, belching or bloating we need to actively treat the upper gastric disease. Without the benefit of an x-ray, biopsy or the endoscopic scope, a practitioner can usually diagnose gastric reflux disease from the occurrence of the chest pain after eating. This usually occurs within the first hour of eating, but can occur even three or four hours after eating if the person is supine or goes to bed. If there is a discharge of food from the stomach into the mouth, this can confirm the diagnosis of gastric reflux disease. If we apply pressure to the area of the hiatal hernia, and it aggravates or relieves the condition, this also helps us in our diagnosis of upper gastric disorder. Patients will often times report tasting the acid type of foods an hour or two after meals. This also helps us to realize the reverse flow of the esophageal muscles.

The most common items that produce distension in the stomach are that of 1) effervescent or fizzy drinks; 2) improper food combining, such as mixing fruits with proteins which can produce a difference in digestion, an acid-alkaline flux, and contribute to gas; and 3) eating too much or too fast can also contribute to the swelling in the stomach and add to the hiatal hernia on any type of gastric reflux disorder; 4) drinking liquids with a meal will dilute the stomach and coffee or hot liquids can actually produce a relaxation in the stomach muscle tension, aggravating the condition; 5) cigarettes, caffeine, and nicotine products are also complicating of the situation; 6) alcohol also produces a relaxation affect in the muscle tension, contributing to the gastric reflux disease; 7) stress and psychogenic factors can also cause this problem; and 8) neurological imbalance of sympathetic and parasympathetic nerves from inappropriate spinal conditions.

Our behavioral treatment of this then needs to specify the type of changes that need to be done in the person's behavior to help minimize the disturbances in the gastric reflux area. Even one alcohol drink at a meal can contribute to this condition, which is thereby known as an alcoholic gastritis. This can produce a wide variety of other gastric problems from the stomach on down through the small and large intestine. We must realize that the pathway of digestion which starts in the mouth and culminates through the rectum. This linear pathway through the body is a good example of how when one fault occurs at a high level area such as the stomach or mouth, it definitely affects everything in line down from it. So problems of the mouth can affect the stomach, small and large intestine. Problems of the stomach can affect the small and large intestine and problems of any digestion can affect the whole person.

Our simplest rule of food combining is that of fluids alone, melon alone, and fruits alone. This helps to minimize the disturbances of varying digestion and helps the stomach to minimize gas development.

Other types of hot, caffeinated beverages such as tea and coffee also have another problem in digestion
as that these hot, caffeinated products produce a release of the sodium bicarbonate from the pancreas. The sodium bicarbonate of the pancreas should be released an hour and a half to two hours after a meal when the food has been properly prepared by the stomach. The food is then called chyme and is released into the small intestine. Release of the sodium bicarb helps to neutralize the hydrochloric acid and the digestion process of the pancreatic enzymes works best in an alkaline environment. Hence, the sodium bicarbonate is a very important part of the magic of nutrition that happen in the small intestine. However, the pancreas has released some of its sodium bicarb because of the coffee taken with a meal, this will produce a disturbance in the pancreas because the pancreas will now have to re-release more sodium bicarbonate and hour and a half after the meal. This is something the pancreas was not designed to do. The pancreas was designed to release this once during digestion, not twice. This is way coffee and these other caffeinated products are the number one cause of pancreatic cancer and pancreas disease. Coffee taken with a meal is definitely contraindicated for good nutrition. Coffee taken an hour and a half or two hours after a meal is a good idea as that this helps to stimulate the release of the sodium bicarb when it is properly needed.

Another factor in the proper treatment of gastric reflux is that when a patient has this disturbance and they lie down after a meal, the brain gets an impulse that can disturb digestion and the positioning of the stomach is not quite correct when you are totally supine. A better condition for digestion is that of relaxed sitting after a meal and reducing stress. The RWC book has an indepth account of the digestive process and should be reviewed by those who want to know more.

The shape of the stomach as we have seen in pictures, has a slight bent to it. It is indicated that if a person has gastric reflux disease, or any indigestion troubles, if a person does recline into a chair, he should recline on his left side, not the right. By reclining on the right side you can irritate the condition further because of the shape of the stomach. Reclining on the left side helps to minimize the condition of gastric reflux.

Another key factor in treating this type of disease is that of minimizing stress after meals. If there is a condition where the person must have stress in his life to maintain a job or school. If there is stress after a meal, make sure that meal is a light meal, as that the body is best able to digest if the person is in a comfortable, relaxed state and enjoys a state of reduced stress either meditation, light music, casual conversation of a non-stressful origin and other types of stress reducing exercises. These are best done right after a meal and they help to maximize digestion and the capacities of the enzyme release of the entire digestion channel. The digestion channel is operated by the parasympathetic system which is fought by the sympathetic nervous system. Thereby it is very important that we balance the system and allow digestion to take place when the sympathetic system or stress related system is at its minimal. Thus stress reduction after meals for a half hour to an hour is always an excellent idea in treating any type of digestion disorder and they help to maximize digestion and the capacities of the enzyme release of the entire digestion channel. The digestion channel is opera
Title:

(Disorders of the Upper Stomach or Esophagus)
GASTRO-ESOPHAGEAL REFLUX DISEASE AND HIATAL HERNIA

Performed By:

The Staff of Maitreya, Ltd.; Limerick, Ireland

This study was performed in 1995 at the Homeopathy Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors

Abstract:

This is a review of the clinical protocol for naturopathic, homeopathic, chiropractic and behavioral treatments for gastric reflux disease. Gastric reflux disease may result from esophageal trauma, hiatal hernia, or other upper stomach disorders, and is becoming increasingly common in our society. It is our hypothesis that behavioral medicine and homeopathy can replace the conventional pharmaceutical approach used in most medical offices. To test this hypothesis, twenty-eight patients with gastric reflux disease were treated solely with homeopathy and behavioral modification. Results indicate that this approach had a positive effect on their conditions.

Introduction:

Once food enters the mouth and is properly masticated, it is referred to as the bolus. It is during this combination of mechanical reduction and chemical activity by saliva (i.e. ptyalin) that digestion begins. It is recommended that each mouthful of food be chewed at least twenty times. If there are problems with dentition or sores on the buccal surfaces, food may not be properly masticated. Young people and professionals who don't take sufficient time for meals are often conditioned to eat quickly, sacrificing this essential part of digestion. When food is eaten too quickly or processed inadequately, the stomach and intestines must work harder to compensate. This can lead to disorders at many points along the alimentary tract.

After the bolus is fully masticated, it is then swallowed travels through the esophagus to the stomach. At the entrance to the stomach is the cardia valve, which is a muscular sphincter that allows entry to the stomach and retains food and odors in the stomach. Occasionally a weakness in the diaphragmatic musculature (bloating of the stomach) may cause a prolapse of the stomach upward through the diaphragm. This condition is known as a hiatal hernia, and usually interferes with the functioning of the cardia valve. Subsequently, stomach acids may splash up into this area and the esophagus, which can cause indigestion and heartburn. Frequently this is mistaken for cardiovascular involvement because of its proximity to the heart. In our book, "Cardiology" (in progress), we review diagnostic procedures to determine whether or not the discomfort is cardiological.

True gastro-esophageal reflux indicates an incompetence of the lower esophageal sphincter. Aggravating factors may include the caustic nature of the refluxate, an inability to clear refluxate from the esophagus, the bodilyment of gastric contents, or the local mucosal protective functions. Gastro-esophageal incompetence was previously attributed to a sliding hiatal hernia. We now know that there can be sphincter aberrations and valve failure contributing to the problem.

Patients commonly experience heartburn, and regurgitation of gastric contents into the mouth. Esophageal infections, peptic esophageal stricture or ulceration, and even Barrett's metaplasia may complicate diagnosis. Esophagitis may result in hemorrhaging (usually self-limiting). Peptic stricture causes a progressive dysphagia. Peptic esophageal ulcers cause the same type of pain as gastric duodenal ulcers and tend to heal slowly.

X-ray studies may be helpful in diagnosis. Often a reflux of barium into the esophagus may be observed with the patient in the Trendelenburg position. Abdominal compression may also be used, but is usually less conclusive. Esophagoscopy can confirm a diagnosis if there is no hemorrhaging, and can also identify esophageal cancer. Manometry allows a measurement of the pressure at the lower esophageal sphincter, and can assist in diagnosing valve weakness. Esophageal pH monitoring helps identify the reflux of gastric contents directly. The Bernstein test correlates positively with gastro-esophageal reflux symptomatology, and demonstrates relief with saline profusion.

Esophageal biopsy is an accurate indicator of gastric reflux, showing thinning of the squamous
layer and basilar cell hyperplasia. These histologic changes may be observed without the accompanying gross evidence of esophagitis by endoscopy. A positive biopsy or a positive Bernstein test correlates best with esophageal symptoms or reflux, regardless of endoscopic or x-ray findings.

While a hiatal hernia is present in almost forty percent of the population, most are asymptomatic. A hiatal hernia may produce symptoms of heartburn and pressure, which are often relieved by belching to release the abdominal gas. Upper abdominal palpation may be helpful in diagnosis.

The regular occurrence of chest pain after eating is a good indicator of gastric reflux disease. It is most frequently felt within the first hour after eating, but may be felt three or four hours later if the patient lies supine or goes to bed. A discharge of food from the stomach into the mouth may also help to confirm the diagnosis. Many patients also report an acid taste one to two hours after eating.

Behavioral modification is the first treatment that we must address. The most common irritants to gastric reflux disease are:

1) Effervescent or fizzy drinks
2) Improper food combining, such as eating fruit and protein together. This combination produces gas.
3) Eating too much or too quickly
4) Drinking liquids with a meal dilutes the digestive juices, and hot beverages actually relax the stomach muscle tension, aggravating the condition.
5) Caffeine and nicotine products aggravate the condition
6) Alcohol also releases stomach muscle tension, making the situation harder to control
7) Stress and psychogenic factors can create and complicate gastric reflux disease
8) Spinal misalignment can create a neurological imbalance of sympathetic and parasympathetic impulses

Simple rules of food combining can assist in easing irritation that can lead to gastric reflux disease. The simplest rules to remember are fluids alone, melons alone and fruits alone, and avoid eating proteins and carbohydrates during the same meal. Hot, caffeinated beverages such as tea and coffee, taken with meals, can create multiple digestive problems. Normally, sodium bicarbonate is released from the pancreas one and one half to two hours after a meal, once the food has been properly prepared by the stomach. At this point, the food is referred to as chyme and is released into the small intestine. The pancreas releases its sodium bicarbonate to help neutralize the acidic chyme, since the pancreatic enzyme works best in an alkaline environment. However, when hot, caffeinated beverages are ingested, the pancreas releases its sodium bicarbonate right away. This complicates digestion because the pancreas is not designed for multiple releases of sodium bicarbonate. When it comes time to neutralize the acidic chyme, the pancreas must work extra hard to release more sodium bicarbonate a second time to make sure that digestion continues unimpeded. This is why coffee and other caffeinated products are so often the causes of pancreatic disease and cancer. Knowing this timing and sequence of digestion, we can see that coffee taken one to one and one half hours after a meal may actually facilitate the digestive process.

Alcohol is another beverage to be avoided at meal time when suffering from gastric reflux disease. Even a single drink can create a condition known as alcoholic gastritis. This can cause more problems, not only at the stomach level, but throughout the entire alimentary canal. This is a good example of how disturbances at one point can disrupt functioning at distant sites.

An important consideration when dealing with gastric reflux is that of post-meal posture. If a patient lies down after a meal, the brain is fed misinformation about processing and digestion. A more thorough coverage is offered in the "RWC Book" [Books: 22] and is suggested reading for further investigation. The shape and position of the stomach make the recommended position for optimal digestion either sitting or slightly reclining on the left side.

Minimizing stress after meals has also proven beneficial. Digestion is delayed and complicated when stress accompanies or follows a meal. If this does happen, the next meal should be light and as stress-free as possible. Many find that meditation, easy listening music, or casual conversation help to keep stress at acceptable levels. Digestion is carried out by the parasympathetic nervous system. Stress activates the fight or flight response, and suppresses parasympathetic activities, such as digestion. Consequently, food sits in the stomach for an undetermined period of time until a patient can relax and processing can begin.

Neurological flow to the digestive system is carried parasympathetically by the vagus nerve. The
vagus nerve is the largest nerve in the body, and it arises from the occiput region of the brain. It innervates the entire digestive canal, as well as the organs of the thoracic cavity. For the purpose of this discussion, we shall concentrate on those branches that arise from the thoracic vertebrae, T7 - T10, and innervate the gastric region.

Because of the close relationship between the spine and the nervous system, spinal misalignment and back trauma may interfere with proper digestive function. Overexertion or improper use of the back and spinal musculature may result in disc herniations and subluxations, and generalized swelling may create pressure on the involved nerves.

Modern contemporary medicine traditionally relies on one of two forms of therapy to treat gastric reflux disease; either pharmaceuticals or surgical intervention. Pharmaceutical treatment usually involves something like Tagamet, which is a synthetic formula for blocking the production of stomach acid, while effectively eliminating that particular symptom. The cause is not addressed, and a host of other adverse side effects are created. Surgical intervention is a more drastic approach, typifying the allopathic approach of killing the messenger. Often this involves a vagotomy, or severing of the actual vagus nerve. The wisdom of cutting one of the largest nerves in the human body is questionable at best.

A holistic approach to gastric reflux disease has proven extremely effective in easing symptomatology and in treating the cause so that recurrence is unlikely.

Spinal adjustment through chiropractic manipulation is frequently helpful in cases of neurological involvement. If there has been some injury to the back or spine, and pressure is being applied to one of the nerves, thoracic vertebrae may be realigned to restore normal parasympathic functioning to the digestive system. Occiput and Atlas adjustment may also prove helpful. Teaching a patient simple stretching exercises or yoga for regular practice at home can help avoid future complications from neuromuscular and skeletal involvement.

For centuries the Chinese have used a system of herbal treatment for gastro-esophageal disturbances which has proven very effective. The homeopathic remedy Esophagus Oriental Herbal Formula (Manufactured by New Vistas, Inc.) uses these same herbs in diluted form to help to reduce the number of esophageal spasms due to these types of disorders, including esophageal cancer. One of our Budapest clients, a six-year-old girl with severe esophageal disease, regularly experienced an average of sixty muscle spasms a minute following meals. After two weeks of treatment with the Esophagus Oriental Herb Formula, the spasms were completely under control. She could eat regularly again without the pain and discomfort she had previously experienced. Many other clients have reported similar relief with the regular use of this homeopathic.

Another homeopathic formula that has proven effective for indigestion types of disorders is the Digestive Enzyme Liquescence (also manufactured by New Vistas, Inc.). This is an herbal balancing formula that helps to reestablish the digestive homeostasis intended for the system. If there is a hypochlorhydria (insufficient stomach acid production), this will help to boost stomach acid production. If there is too much stomach acid, this formula will limit acid production. Digestive enzyme deficiencies can result from a number of conditions. Normally, unless there is a genetic disorder such as cystic fibrosis where supplemental enzymatic therapy is required, we discourage recommending supplemental enzymes. When enzymes are introduced from an external source, normal enzymatic production is suppressed. One of the fundamental laws of biology contends that if you don’t use it, you lost it. The same applies here. If enzymes are added to the diet, demand is reduced and enzymatic production by the body decreases. If this condition is to be treated effectively, the root cause must be addressed rather than aggravated or compounded. In the “RWC Book” [Books: 22] this subject is covered in more detail.

Stress is a prevalent problem that can keep the sympathetic nervous system active, and the parasympathetic system (the part that orchestrates digestion) dormant. Teaching techniques of stress reduction should be standard procedure for clients with these disorders. When the patient is either resistant to these practices or finds them ineffective, homeopathics may be useful. The Relax formula (manufactured by New Vistas, Inc.) contains homeopathic concentrations of valarian (from which vadium is derived) to encourage systemic relaxation so digestion may proceed unimpeded.

There may be psychological components that compound the treatment of gastric reflux disease. Addictions to simple sugars may lead to an over-stimulation of stomach and pancreas activity, counteracting any therapeutic benefits that the practitioner is working towards. Other addictions (e.g., salt, animal products, caffeine, hot beverages, sodas, alcohol) also unnecessarily complicate the treatment picture. If awareness of these behaviors is not sufficient to curb them, there are many natural
remedies that can help counteract psychological addictions.

A simple adjustment technique may be taught to the patient who is suffering from indigestion caused by a hiatal hernia.

The patient sits cross-wise in an armless chair, with the back of the chair to the left or right. This allows the patient to lean backwards. If balance is a concern, stand behind the patient for this exercise. The patient leans back on the chair, bending the neck back to look at the ceiling. The patient finds an area about fifteen to twenty degrees behind him, and arches his back and neck to look at the spot. Then his fingers are placed beneath the septum, running longitudinally up and down, as pressure is applied to the septum. The patient will usually feel an area that is distended. This is the hiatal hernia. Slight pressure with the fingers will produce a subtle pop that can be felt as the stomach is pushed back into proper position. The patient starts to bend the muscles from the waist, slowly curling up and pulling downward all the different vertebrates of the back by going up the vertebrae, not down. By going up the vertebrae and bending the body over, and finally bending the neck, the patient is causing the abdominal muscles to work upward. The patient is zipping up the muscles like a zipper to help seal the musculature in and minimize the hiatal hernia. Working down by bending the neck first is inappropriate, as this might help to open up the muscles even further.

A simple tip to help reduce the distress experienced from gastric reflux disease and hiatal hernia is to raise the head of the bed about six inches. When sleeping or resting, gravity helps to empty the stomach and prevent materials from discharging back into the esophagus. Patients should not eat within two hours of their bedtime, since it takes roughly two hours for the bulk of the food to leave the stomach.

Diet management is crucial in alleviating irritation and allowing the condition time to heal. While cooked onions and garlic do not generally act as irritants (although there are sensitive patients who are an exception to this rule), raw, spicy foods invariably exacerbate gastric reflux situations. Alcohol and stimulants such as coffee, nicotine and chocolate are also counterproductive to treatment and should be avoided.

Fatty foods can be irritating to the digestive system since they are in the stomach for a longer time. Some fatty foods may take up to four hours to process before passing into the small intestine. Carbohydrates are the simplest to digest, only staying in the stomach for one to one and a half hours. Proteins take an hour and thirty minutes to two hours. The longer food stays in the stomach the greater the chance of gastric irritation.

Antacids may be useful in moderation. When taken at bedtime or on an empty stomach, antacids can help to neutralize gastric activity and reduce the probability of discomfort. Antacids should not be taken immediately before or after meals, since they would counteract the natural digestive process and keep food in the stomach longer than necessary.

Infections may create or aggravate gastric and esophageal ulceration. This is true of gastric reflux as well. Certain bacteria such as peptobacteria, clostridium, staphylococcus, salmonella and other enterobacteria can easily irritate existing gastric conditions, as well as create their own complications. Many of these bacteria can be killed by bismuth, which is contained in some of the pink antacids and explains some of their usefulness. Viral infections may produce a temporary worsening of gastric reflux disease, but they are usually short-lived. Some fungi and candida infections are also implicated in these conditions and can become more aggravated by the use of antibiotics. Fungal forms of gastric infections may effectively be treated with yogurt and anti-fungal homeopathic nosodes.

Gastric reflux disease should be viewed with some urgency, since continued irritation and erosion of the stomach and esophageal linings may lead to cancer. Once cancer begins, obviously treatment and cure is complicated immeasurably.
Hypothesis:

Gastro-esophageal reflux disease may be effectively treated with naturopathic, homeopathic, chiropractic and behavioral modification methods.

Study:

Twenty-eight patients were diagnosed with gastric reflux disease at our clinic over a three-year period. These patients were evaluated to be free of carcinoma, bleeding esophagus and history of stomach surgery. Each was treated according to the protocol described earlier. The patients reported back one month following the treatment, and then a long-term follow-up was done either by phone or visit.

Results:

Twenty-four of the patients experienced relief from symptoms during the first month of treatment. The remaining four reported some improvement, but still suffered from adverse symptoms. Two of the four responded during the second month of treatment.

Long-term evaluation (six months or more) revealed that twenty-three of the twenty-eight patients were able to control gastric reflux with the treatment described. The five who resorted to synthetic medications also reported an inability (or unwillingness) to change behavior or lifestyle in accordance with the recommended protocol.

Conclusions:

The patients who adhered to the recommended treatment experienced the predicted symptomatic relief. This was achieved without the aid of synthetic pharmaceuticals or surgical intervention, and indicates that an alternative approach to gastric reflux disease may be as effective as allopathic treatment.
GASTRO-ESOPHAGEAL REFLUX DISEASE AND HIATAL HERNIA
(Disorders of the Upper Stomach or Esophagus)

--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

HOMEOPATHIC IMMUNIZATION PROGRAM

PRODUCTS MAY BE TAKEN IN THE FOLLOWING SEQUENCE FOR NINE DAYS.

1. BAC: 3 drops, 3 times a day, for 3 days.
2. VIR: 3 drops, 3 times a day, for 3 days.
3. FNG: 3 drops, 3 times a day, for 3 days.

GENERAL DIRECTIONS:

Products should be taken for nine days, following the dosage information below. If necessary, two products may be taken during a 24-hour period. It is suggested that products be taken individually, in the order shown above. Do not take all three products (BAC, VIR and FNG) together in the same 24-hour period.

Infant to 2 Years

3 drops, 3 times a day, for nine-day cycle, each month. Administer drops into navel, using the child's finger to rub the drops into the navel.

2 to 5 Years

3 drops, 3 times a day, for nine-day cycle, every other month. Take orally.

5 to 9 Years

3 drops, 3 times a day, for nine-day cycle, every fourth month. Take orally.

9 Years to Adult

3 drops, 3 times a day, for nine-day cycle, every six months. Take orally.

NOTE:

Add Vaccinnum to sequence if vaccination is going to be used. It helps negate the side effects of vaccination. (3 drops, 3 times a day, for 3 days.)

Singulars of high-risk pathogens (Influecinum, Parotitis, Diphtheria, etc.) can also be used in homochord potencies if there are specific diseases of concern. (3 drops, 3 times a day, for 3 days.)
Please note that this is not a recognized treatment/prevention immunization program in the United States. However, England and other places do recognize a similar approach.
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Please note that this is not a recognized treatment/prevention immunization program in the United States. However, England and other places do recognize a similar approach.
This study was performed in the cardiological ward of the Ukrainian State Hospital, Kiev Ukraine in 1993 to 1995. Other validation is currently in progress at multi-clinics listed.

ABSTRACT: Eighteen patients with angina pectoris of different functional classes but without extreme high blood pressure were treated with a variety of allopathic medications and the homeopathic medication known as the Heart liquescence. The study analyses the different types of pain and the effects of the medications. The homeopathic medication produced the best and most accepted effect in controlling the angina. This homeopathic formula appears to have positive vasodilation and protective effects on heart circulation. Within the four months of the study 90% of the subjects could do without their synthetic medications. Our medical staff has observed over two hundred patients on this formula and we can validate the efficacy of this homeopathic. The formula has become a part of our medical treatment.

INTRODUCTION:
Angina pectoris is chest pain resulting from myocardial ischemia. It is usually provoked by exertion, stress, or exposure to cold air. These put strain on the heart muscles which demand more oxygen. It is usually relieved by rest, stress reduction, or some cardiological vasodilation pharmaceutical. When the heart muscle is deprived of its proper level of oxygen, hypoxic metabolites such as lactic acid build up in the heart and cause the pain. Ischemia of the myocardium cause a fall in sinus blood ph, cellular potassium is lost, lactase production replaces utilization, ECG abnormalities result from effects on the heart metabolism, ventricular performance deteriorates, left ventricular pressure rises inducing pulmonary congestion and dyspnea, there are effects on the brain's regulation ability and a heightened level of anxiety. The fear and anxiety cause more ischemia and produce a sometimes deadly cycle. The higher the BP and the faster the heart rate, the greater the unmet myocardial oxygen need.

The discomfort of angina is mostly behind the sternum. It is often a crushing sensation. Pain may or may not radiate down the left arm, the back, the throat, jaws, teeth, the upper or lower abdomen. Angina will not be felt at the cardiac apex.

Rule out intercostal neuralgia, heartburn, and esophageal disease. Pain at rest with S-T segment elevation not depression during an attack, might be a result of Prinzmetal's angina. This is a result of large vessel spasm or constriction of major arteries due to metabolic imbalance muscle spasm. Balance nutritional minerals.

Typical treatment mostly involve synthetic pharmaceuticals. For our study we wish to compare the effectiveness of the standard pharmaceuticals with the effects of a homeopathic remedy. In the study of Maitreya on cardiological conditions a positive result was described on homeopathic remedies. (ref. Complex homeopathic treatment of cardiological conditions 1990) For our study we chose the heart liquescence.
METHODS:
Eighteen patients with angina pectoris of different functional classes but without high blood pressure were chosen to be in our study. The patients were ages 45 to 67 all ukrainian patients already inpatients in our cardiological ward of the hospital. Patients were given 3 ml of the heart liquescence per day as part of their medication regime. Other medications were discontinued as the cardiac output effects dictated.

The patients were observed in the cardiological ward over a four month period. Comparisons of before treatment, 2 months, and 4 months were developed for study purposes.

RESULTS:
The following tables reflect the changes noted in the study subjects over the 4 month study.

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RESULTS: continued

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Attitude towards homeopathic treatment

|                      |        |        |        |
| helps                | 14     |        |        |
| little help          | -3     |        |        |
| no help              | -1     |        |        |

Veloergometry was used to measure the cardiac output of all the patients. All patients showed an increase in cardiac output when taking the homeopathic formula. If we use the initial reading as the base reading for the subjects, there was an increase of 23.8% during the first 2 months. By the end of the four month study there was an increase of 36.4%.

Nine of our subjects showed decrease in blood pressure. No side effects were observed or reported.

DISCUSSION:
The effects of the natural homeopathic used in this study were best achieved after the second month of use. The benefits of homeopathy goes beyond just symptomatic relieving but appears to be restorative to myocardial tissue.

Our study reinforces the other research concerning treatment of cardiological disorders with the heart liquescence. The patients have measurable increases in cardiac output, decrease in angina, and a dramatic reduction in infarction risk. Many patients could reduce their need for synthetic medications with the side effects by using this more natural therapy. The safety and efficacy of this remedy make it a good addition to a cardiological practice.

Over the last three years our medical staff has observed well over two hundred patients while taking this formula. The formula has been used on some of the most extreme cardio-risk patients. The protection effects of this formula against infarction are remarkable. There appears to be positive effects on cardiac output, rhythm stability, myomuscle tone, and secondary effects such as pulmonary improvement and oedema.

Description of the product and details regarding it's use are available from the manufacturer. Contact Maitreya of Magyar.

Natural medications appear to have much less side effects. Synthetic medications have dramatic side effects. In our current chemical phobia society we need to seek out and study safer and more natural types of therapies.

Add normal medical bibliography
TITLE
HOMEOPATHIC TREATMENT OF BREAST CANCER

SUBTITLE
CLINICAL TRAILS OF COMPLEX HOMEOPATHIC TREATMENT MASTOPATHY (FIBROADENOMATOSIS) OF MAMMae IN COMPARISON WITH RESULTS OF TRADITIONAL MEDICAMENTAL TREATMENT*

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KEY WORDS : mastopathy, complex homeopathy, fibroadenomatosis, nosodes, sarcodes, degenerative tissue, cobra venom, Arndt-Schultz effect, chemotherapy.

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ABSTRACT:

70 women with mammae mastophy (20-57 years old) were observed and treated during 1994-95. 20 patients were treated with traditional medicamental therapy (kalii Jodati 0.5, etc.) and 50 patients were treated with a complex homeopathic oral therapy of Degex, Degex Liquescence, Fatty Acid Liquescence, Shark Cartilage, and topical application of the Mustard Poultice. Patients were evaluated for follow-up several times during the 12 month clinical study. All patients were physically examined by mammologist, surgeon, gynecologist, and serologically by the biochemist. Examinations were performed before starting the treatment, during the study and after completion of the study. Ultrasonography, thermography(of mammae) and mammography were performed in the pre-post fashion. Immunological serologic parameters such as T-cell subsets, T-cell ratio, expression of oncofetal antigens, carinoembryonic antigen (CEA), and trophoblast specific beta-f-glycoprotein (TSG) were performed on 10 patient random sampled from each group. Serologic tests are done by flow cytometry, also performed in pre-post fashion.

Positive improvements in clinical symptoms was observed in 50% of patients from the traditional medicamental therapy and greater symptomatic improvements were observed in 87% of the patients from the homeopathic treatment group. The results were surprising to the researchers not familiar with complex homeopathic treatment. The pretest of abnormal T-cell subsets shows that about 50% of patients from both groups had abnormal CD4+/CD8+ cell ratio. After treatment the percentage of abnormality was 80% in the traditional medicament and 20% in the homeopathic group.

Abnormal expression of oncofetal antigens on the peripheral blood lymphocytes of the patients also was different between the two groups. The traditional medicament produced a rise in the oncofetal antigens to 50% where in the homeopathic the oncofetal antigens remained normal at 10%. Further pointing to the greater efficacy of the homeopathic treatment. The study discusses the contrast of the philosophy of homeopathy versus traditional synthetic chemotherapy methods.

CELL CULTURE, ANIMAL, AND NOW HUMAN STUDIES POINT TO COMPLEX HOMEOPATHY AS A SAFE AND EFFECTIVE METHOD OF CANCER THERAPY. THE STUDY REVIEWS OTHER SUPPORTING LITERATURE.

INTRODUCTION:

T-cell development is a multi-step and complicated process. Abnormal T-cell development results in changes in percentage of CD4+ and CD8+ cells produce breaches in immune system function. This correlates strongly with the probability of cancer development. Trends towards this abnormality can signal a precancerous condition. This is particularly true of Fibro-adenomatosis (mastophy). This is an uncomfortable disease and a dangerous condition because of the possibility of malignant transformation. This transformation can occur in the malignant proliferating foci in mammae. Breast cancer then results.

Fibroadenomatosis (mastophy) is one of the most widespread diseases both in the Ukraine and the world over. The precancerous condition is a potentially dangerous one. In most conditions patients are Young 20 to 40 years old. Allopathic treatment is still producing unsatisfactory results. Local forms of mastopathy are treated mostly with surgery. Since the surgical treatment is not curative nor concerning with the cause of the disease recurrences happen quite frequently.

Diffuse and mixed mastopathies as well as recurrences after operations commonly undergo conservative treatment. Results of this traditional treatment is not sufficient. The development and efficiency of the numerous proliferative and pretumoral process to the great extent depends on the adaptability of the patient. The ability of the patient to compensate and its defense system to adapt largely determine the ability to resist recurrence. (ref. Kavetsky R. E. 1977)

Our investigation centers on the T-cell subsets and their ratios. The pre and post evaluations of the patients will tell us much about adaptability function. Also we studied the expression of oncofetal antigens. Specifically carinoembryonic antigen (CEA) and trophoblastspecific bi-glycoprotein (TSG) on the peripheral blood lymphocytes (PBL) were evaluated pre and post. Previously we have shown that the PBL of healthy donors are not expressive of the oncofetal antigens. The oncofetal antigens are expressive on the PBLs of the cancer patients. (Komissarenko et al 1990; Penezina O. P. et al 1995) The study of CEA and TSG expression on PBLs of patients in precancer state reveals also such correlation.
PHILOSOPHICAL CONTRAST:

An unrevealed philosophical feud has been brewing for centuries in the medical profession. Allopathy on one side versus naturopathy and homeopathy on the other has sparked a subtle debate. This debate is just now becoming aware to the general public. Allopathy is the medical science of treating the symptoms of the patient. Allopathy is mostly done with synthetic chemicals and surgery. Short term results are concentrated on.

Homeopathy is the medical science of trying to encourage the body of the patient to cure itself. Homeopathy is mostly done with compounds that cause a disease or herbs that have subtle homeostatic effects. Naturopathy is the medical art of using natural philosophy to prompt the natural curative process.

Allopathic solutions for cancer are through chemotherapy(a concentrated synthetic toxin that hopefully kills the cancer before it kills the host), surgery and radiation that seeks to remove the tumor while doing nothing about the original disease.

A recent report on homeopathic treatment of cancer in cell culture and animals, points to the possibility of a new modality to treat cancer. (Vinnitsky, 1994) Clinical observations from Hungary help confirm our postulate that homeopathy offers potential help. (Bandics, 1994)

Homeopathic and naturopathic solutions are centered around first removing the cause or tendency of the disease through lifestyle, nutrition, immune therapy and metabolic balancing. Then these medical arts use subtle compounds and herbs to defeat the cancer through encouraging natural process. The Nobel prize in medicine was awarded years ago to a team of researchers who showed that the allopathic methods were poor methods of treating cancer while stimulating the bodies natural immune system was the best way to treat cancer. (Nelson W. C. 1989)

Modern allopathic medicine made little of this and in fact it was so threatening that the medical establishment that they fought to prevent this debate from even becoming known to the public. To do even this simple study would be impossible in the USA. The basic hypothesis is; can natural medical techniques be used in a medical practice to substitute for synthetic chemical treatments.

To test this hypothesis in the USA would be impossible. So an impartial medical research team was hired in the Ukraine and left free to perform the study.

MATERIALS AND METHODS:

Mabs anti CD4 and CD8 antigens and GAM-FITC was obtained from Coultronics, France. Human CEA and TSG were obtained as was rabbit polyclonal antibodies (Abs) specific to that antigen were all obtained from Pacific Bioorganic Chemistry Institute and from OSC AMS Russia. Donkey IgG to rabbit IgG was produced by Gamaleya Microbiology and Epidemiology Institute in Moscow. Rabbit IgG (Sigma, USA) were used as control for unspecified Abs. ELISA was used for Abs specific to their antigens. They do not react with albumin and human blood serum globins.

Antigen-positive cells were determined after indirect painting with specific rabbit Abs and FITC-labeled donkey IgG to rabbit IgG by flow cytometry on Epics C (Coultronics, France).

For the investigation, 20 mkl of whole heparized blood were incubated with 40 mkg specific Abs in 1 ml RPMI1640 medium. This containing 10% of bovine serum, during 30 min, t=0-20C. After that the cells were precipitated by centrifuge (800g,3 min). Then the cells were washed with PBS 3 times and were incubated with FITC-labeled antispecies Abs. This specific Abs were previously exhausted by human peripheral blood cells (leukocytes). The cells, once incubated on the first stage with unspecified rabbit IgG, were then used as a control. All Abs were centrifuged (10 min 105000g) before usage. Erythrocytes were eliminated from sample before the analysis on flow cytometer by lysing solution (Ortho Diagnostic Systems, USA). 10000 lymphocytes were analyzed in every sample.
PRE AND POST TESTS:

Peripheral blood of 18 donors and 21 patients (all women) were analyzed. Analysis of healthy donors mainly were in the same range universally recognized as normals- level CD4+ 38-46%.

Before treatment, all patients underwent the following tests:

1. examination of mammologist
2. examination by surgeon
3. examination by gynecologist
4. ultrasound of mammae
5. thermography of mammae
6. total blood count analysis
7. mammography

Mastophy was diagnosed in all patient cases. T-cell subsets and expression of some oncofetal antigens on PBLs of all patients were then studied before treatment. These tests were redone after 6 months.

Analysis of patients with fibroadenomatosis shows that the ratio of T-helper cells and T-suppressor cells was abnormal in 48% of our patients. The amount of T-helper cells was also abnormal in 48%, and the amount of T-suppressor cells were abnormal in 57%. This results show significant imbalance in the immune system of the studied patients. None of the healthy controls had the CEA and TSG expression on PBLs. While 2 of the patients had that expression.

TREATMENTS:

70 patients (with mastophy ages 20-57) were random sampled into 2 treatment groups.

20 patients were treated with traditional allopathic chemotherapy medicaments. Chemical treatment included:

Kali Jodati 0.5 (potassium iodine)
Natrii Bromidi 3.0 (sodium Bromat)
Magnesii Sulf 4.0 (magnesium sulf)
t-rae Valerianae and t-rae Leonuri aa 10.0 (chemo)
Ac. Asorinici glucoae aa 5.0 (ascorbic acid glucose)
Mentholi ad. 200.0 MDS chemo

2 patients (with the CEA and TSG expression on PBLs) received an additional treatment of:

t-rae Chelidonium Majius L. (chemo)
50 patients received a treatment with complex homeopathics

This program included:

Degex 10 drops 2 a day (cancer immune stimulator homeopathic)
Degex Liquescence 2 teaspoons a day (herbal chemotaxis)
Fatty Acid Liq. 10 drops 2 a day (nutritional supplement)
Shark Cartilage 10 drops 2 a day (anti cancer natural form)
Mustard Poultice mix with oil apply topically (anti-degenerative compound)

Special thanks to New Vistas Inc of Denver USA for manufacturing and supplying the above complex homeopathics

Both treatments were conducted for 2 months. Follow up post tests were conducted in the sixth month.
RESULTS:

There were significant differences in the results of the two groups. There was positive clinical symptom changes noted by the doctors in 50% of the traditional treated group. Whereas the complex homeopathic group showed 87% results. see table 1.

In the post test of traditional treatment group 100% of the patients had abnormal CD4+/CD8+ ratios, a rise from 50% in the pre test. The complex homeopathic group had a post test result of only 20% abnormal ratios, a fall from 60% in the pre tests!!! see table 2.

In the post test of the traditional treatment group abnormal expression of oncofetal antigens on peripheral blood lymphocytes rose from 10% pre to 50% post. The same measures of the complex homeopathic group showed no change in the expression, with 10% pre score and 10% post. see table 3.

It is important to mention that in the traditional treatment group abnormalities of the blood analysis indicating immune imbalance rose sharply. Thus even when the clinical examination shows an improved symptomatology, an underlying immune imbalance could later produce a relapse. In the complex homeopathic group there was not only an increase in clinical improvement but a marked increase in immune function.

TABLE 1

All patients had pre test mastophy criteria as decided by the medical staff.

<table>
<thead>
<tr>
<th>Post test after 6 months</th>
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<tbody>
<tr>
<td>Percent of patients with improvement</td>
</tr>
<tr>
<td>Traditional treatment:****50%</td>
</tr>
<tr>
<td>Homeopathic treatment:********87%</td>
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</table>

TABLE 2

Percentage of patients with abnormal CD4+/CD8+ ratio

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<thead>
<tr>
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<th>Pre test</th>
<th>Post test</th>
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<tbody>
<tr>
<td>Healthy Controls</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Traditional</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Homeopathic</td>
<td>60%</td>
<td>20%</td>
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TABLE 3

Percentage of patients with expression of oncofetal antigens on peripheral blood lymphocytes in groups.

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Pretest all patients</td>
<td>10%</td>
</tr>
<tr>
<td>Traditional</td>
<td>50%</td>
</tr>
<tr>
<td>Homeopathic</td>
<td>10%</td>
</tr>
</tbody>
</table>
DISCUSSION:

The patients in the traditional treatment group had some symptomatic benefits, but dramatic disturbances in the immune system. This is seen via the oncofetal and CD4/CD8 ratios. This is the typical results seen in traditional treatment. There are some satisfactory visual results and a multitude of recurrences.

The complex homeopathic group had greater symptomatic results and dramatic improvement in the quality of their immune system. The basic philosophy of working to help nature rather than working around nature is a trend that is ever increasing in medicine.

REFERENCES

Bandics I., Nelson V. Treating Cancer with Homeopathy, 1994


HOMEOPATHIC TREATMENT OF HEMOLYTIC STREP AND SKIN INFECTIONS

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This study was performed in 1997 at the Homeodagnostica Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodagnostica Clinic in Budapest, Hungary, and by the doctors listed above.

HOMEOPATHIC TREATMENT OF HEMOLYTIC STREP AND SKIN INFECTIONS

Abstract:

In our work on nosodal homeopathics we have found that homeopathy can be stimulatory to the immune system in defeating certain microorganism intruders. One condition that is extremely needful of antibiotics is strep throat, in which streptococcal throat infections demand immediate treatment before more opportunistic invaders cause more severe disturbances.

In our study homeopathy was utilized on twenty-two strep throat infections and six streptococcus skin infections. The results showed that a safe, effective resolutions could be achieved with the homeopathics. The study discusses this in the context of endotoxin and nosodal homeopathic intervention.
Introduction:

In our other studies on homeopathic nosodal work it has been found that our homeopathics were successful in working with urinary tract infections [Studies: 2 - 7]. We have now undertaken the study of homeopathy as a treatment for strep throat. Strep throat is very dangerous for the child and the entire family, as it can create severe disturbances if not treated properly. Immediate intervention is usually through antibiotics, to attack the streptococcus directly. But this will interfere with the ability of the immune system to do its job, and it will alter the bowel flora, creating longer-term problems. Also, antibiotics upset other types of nutrient balances such as manganese, sulphur, and other metabolites.

Homeopathy has been utilized for centuries to deal with many cases of exactly this type of disease. Many homeopaths will see this type of disease and treat it quite effectively with a host of various homeopathics. In this study we used a wide-spectrum blend of bacterial and nosodal homeopathics to treat the bacterial infection.

Methods and Materials:

Twenty-two patients with strep throat and six patients with hemolytic strep and skin infections have presented at our medical clinic over the last three years. Antibiotics were not used with these patients, and we experimented with the use of the nosodal homeopathic to deal with these severe conditions. All the patients, ranging in age from five through thirty-two, presented with extremely discomforting sore throats. In the skin group, hemolytic strep usually produces a one- to two-centimeter blotch on the skin that has a weepy type of red sore.

In both throat and skin infection cases, microscopic analysis of the throat and skin swabs were performed with gram stains (Sigma, U.S.A.) to determine the gram negative streptococcus. (The antibody test of antideoxyribonuclease titer was not used for this study, nor was the streptozyme test.) This was performed with a microscope in the office at the time of the swab to ascertain the type of treatment needed. Once the streptococcus intruder was identified, the homeopathic was prescribed to the patient. The homeopathic used was BAC, designed for a wide range of bacterial intrusion. Patients were encouraged to take this formula at seven drops, three times a day. In acute cases patients were told to take three drops every half hour until the pain began to subside.

A behavioral adjunct that was recommended to patients was a yoga practice known as "the lion". The patient flexes the muscles in his face, neck and throat by making as funny a face as he can and sticking his tongue out as far as he can. Holding this position for thirty seconds, he then releases and relaxes for fifteen seconds, then tenses for thirty seconds, relaxes for fifteen, and tenses for another thirty seconds. Doing this three times helps to bring blood to the throat, and helps to stimulate recovery.

Since the experiment was done in a clinical setting, we tried to involve as many behavioral capacities as possible in our discussion to assist the patient. However, the homeopathic and its ability to work on various bacteria were also studied.
Results:

Of the twenty-two throat patients and six skin patients, there was a complete confirmation of the presence of streptococcus in the microscopic study. Most of the patients remarked that within two to three days the sore throat was completely gone. At the two-week follow-ups, a swab of the throat and skin lesions (if any) was again performed. In eighteen of the throat cases no significant amount of streptococcus could be found on the slide. In four cases a minor amount of streptococcus was still seen under the microscope. Of the six skin conditions, five totally responded within two weeks, and the weepy sores had subsided. In the extra skin case there was major improvement, but some of the sores still existed. Reapplication of the swab and microscope examination found that there was still streptococcus. The patient was then referred to an antibiotic topical cream to further dispense with the streptococcus.

Discussion:

From this study and from other clinical experience we have seen that this is a powerful substitute for antibiotics and can easily and quickly be utilized in a medical practice to help patients cope with a painful, acute condition. It is noted that these conditions occur most often during cold and flu seasons, and also immediately after the ingestion of large amounts of sugar, such as after holidays associated with sugar. These "sugar holidays" expose the patient to large amounts of sugar, which then can create problems with the patient and interfere with the immune system. Removing massive amounts of sugar from the diet will improve almost any patient's health. This is especially important for children.

Thus our review of the clinical protocol has shown that the complex homeopathic is capable of dealing with strep throat infections and skin infections. Further studies are currently being performed by the editing and validating staff listed on this study.

In over eight years of therapy utilizing the BAC in a medical clinic, the author and other doctors have never seen any secondary infections of the endocardium result. Improved functions of the adenoids and tonsils also seemed to be a beneficial side effect of using this natural formula. It appears to be a safe and easy-to-use formula that stimulates the immune system rather than attempting to defeat the intruder itself.
HOMEOPATHIC TREATMENT OF HEMOLYTIC STREP AND SKIN INFECTIONS

--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

HOMEOPATHIC TREATMENT OF PAIN

This study was performed in 1990 at the Natural Center of Disease Prevention in Denver, Colorado, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodigagnostica Clinic in Budapest, Hungary, and by the doctors listed above. This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.
HOMEOPATHIC TREATMENT OF PAIN

Abstract:

The neurology of pain involves many different sensory neurons and their ability to project neurological signals through the nervous system to the brain, which then must perceive these signals as pain messages. Thus the physiology of pain is akin to the physiology of neurology and perception.

Key Words:

Pain, neurons, pain receptors

Hypothesis:

A full-range homeopathic can be used to relieve pain of various nerval pathways, based on the theory of cross-neural linkage and energetic pathway limitations.

The body is equipped with many neurological sensors for such things as heat, pressure, motion and chemical imbalance. Since pain is the body's way of directing energy to heal, or attention to change, pain truly is one of God's greatest gifts; without pain there could not be life. There would be no fear, and
we would destroy ourselves by touching stoves, fans, etc. Existence could not be without the system of pain.

Pain results when there is an over- or under-balance in the neurons of any area, resulting in an energetic overload. The purpose of this experimental monogram is to evaluate the efficacy of certain homeopathic combinations and their ability to deal with broader-based pain modalities. We hope to prove with these studies that combinations can work in a broad-based way and make the utilization of pain homeopathics much simpler for practitioners to use. These homeopathics were formulated into broader bands for broader efficacy, safety and ease of use in a physician's practice.

The first type of pain receptor we wish to analyze is the temperature sensor. This temperature-sensing neuron is capable of sensing heat and cold changes (temperature changes). In classic homeopathy we often refer to pain that "heat improves" or pain that "cold improves" as a very integral part of the symptomatic profile, guiding us as to which homeopathic might be more directed to the patient's condition. With this in mind, a homeopathic multi-combinational program was developed using multiple potencies and remedies that could serve in the areas of heat, cold, motion, no motion, touch, no touch, and chemical acid and alkaline imbalance. All of these remedies were developed by experiential and book research to develop a broad-based, safe, easy-to-use remedy.

Cross-linkage with the temperature receptor will set up two dynamics: pain involving an overload or pain involving an under-load in the temperature sensor. This will produce a type of pain that will improve with heat or a type of pain that will improve with cold.

Another type of pain receptor is the pressure receptor in the body, or the kruski cell. These pressure-sensitive cells can improve with touch or no touch (overloaded) or no touch (under-loaded). When a pressure-sensitive cell needs more pressure, it will often induce an itch. This is due to the need for increased pressure, which fingernails can apply in a very small surface area. A patient might come in touching or rubbing an area because touch improves the pain, or the patient might come in not touching the area; holding it suspended because any type of touch would intensify the pain. These dynamics set up two more classifications of pain: the type that touch improves and the type that no touch improves.

A third type of pain receptor is the proprioceptor. These proprioceptors sense motion, and they too can be in an overload or under-load state. When we need to move the painful area to make it feel better (the so-called "walk-it-off" injury), motion is needed. When the patient does not want to move the painful area because any movement whatsoever provokes more pain, no motion is needed. So here we have two other criteria to consider: motion versus no motion. Most athletic injuries improve with motion.

In a medical practice we evaluated patients in each one of these modalities, before and after, by having them report subjective analyses of their pain. We must report that pain does not have any objective physical ramifications, but is much more of a subjective presentation of the patient. So our subjective test, albeit not as objective as more clinical readings such as blood analysis, blood pressure or range of motion, is still of some validity. The subjective analysis used in these studies helps us to answer our questions, but also guides us for further research and more broad-based, long-term studies.

In the hypothesis above, a medical physician, over the course of years, directed patients to fill out subjective quantifications of their pain on a 4 - 0 scale. 4 is extremely intense pain (so intense that it causes the patient not to function in society). Patients rated at 4 could not hold jobs because the pain was so great. Under 3 the pain is very, very intense, but not too intense to stop the patient from functioning in society. 2 is moderate pain (the pain is present, but not intense). Under 1 the pain is slight, although somewhat in the patient's awareness. Under 0 there was no pain whatsoever.

The following six studies were performed to show that the combination remedies directed at these areas were able to help these patients to control their pain.
DESCRIPTION: PAIN - HEAT IMPROVES

NUMBER OF PATIENTS: 15

TREATMENT: PAIN (HEAT IMPROVES)

4 = DISHABILITATING SYMPTOMS
3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING
2 = MODERATE SYMPTOMS
1 = SLIGHT SYMPTOMS
0 = NO SYMPTOMS

BEFORE                  AFTER

4                    OOOOOOOOOO
3                    OOOOOO       XXX
2                    OOOOO       XXXXXX
1                    XXXXXXXXXXX
0                    XX

Avg.  3.6             1.6

DESCRIPTION: PAIN - COLD IMPROVES

NUMBER OF PATIENTS: 16

TREATMENT: PAIN (COLD IMPROVES)

4 = DISHABILITATING SYMPTOMS
3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING
2 = MODERATE SYMPTOMS
1 = SLIGHT SYMPTOMS
0 = NO SYMPTOMS
### PAIN - MOTION IMPROVES

**Number of Patients:** 10

**Treatment:** PAIN FORMULA I (MOTION IMPROVES)

<table>
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<tbody>
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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>1</td>
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**Average:** 3.6

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### PAIN - NO MOTION IMPROVES

**Number of Patients:** 8

**Treatment:** PAIN FORMULA II (NO MOTION IMPROVES)

<table>
<thead>
<tr>
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<tr>
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<tr>
<td>3</td>
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<tr>
<td>2</td>
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**Average:** 3.5
### Before-After Comparison

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<tbody>
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</tr>
<tr>
<td>3</td>
<td>OOOO</td>
<td>XXX</td>
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<tr>
<td>2</td>
<td>XXX</td>
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<tr>
<td>Avg.</td>
<td>3.5</td>
<td>2.1</td>
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</table>

**Description:** PAIN - TOUCH IMPROVES  
**Number of Patients:** 16  
**Treatment:** PAIN (TOUCH IMPROVES)

4 = DISHABILITATING SYMPTOMS  
3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING  
2 = MODERATE SYMPTOMS  
1 = SLIGHT SYMPTOMS  
0 = NO SYMPTOMS

### Before-After Comparison

<table>
<thead>
<tr>
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<th>BEFORE</th>
<th>AFTER</th>
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<tbody>
<tr>
<td>4</td>
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<tr>
<td>Avg.</td>
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<td>1.5</td>
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**Description:** PAIN - NO TOUCH IMPROVES  
**Number of Patients:** 8  
**Treatment:** PAIN (NO TOUCH IMPROVES)

4 = DISHABILITATING SYMPTOMS  
3 = INTENSE SYMPTOMS BUT NOT DISHABILITATING  
2 = MODERATE SYMPTOMS  
1 = SLIGHT SYMPTOMS  
0 = NO SYMPTOMS
Another type of pain receptor is the chemical imbalance receptor, which can detect chemical changes in the body that produce acid or alkaline imbalance such as histamine constriction, chemical toxicity, etc. For these types of pain, acid and alkaline balancing is very important for the body. The detoxification to the liver, kidney, breath, skin and bowels help the body to balance its chemistry.

Another type of neuroreceptor is for electromagnetic radiation. The most popular is in the visible light spectrum. Our eyes have EMR receptors. New evidence shows that the body also has the capability of receiving other EMR signals. To this end two homeopathic combinations were developed for EMR sensitivities: one for light and similar sensitivities, and another for geopathic stress.

There are numerous pains directed at certain geographical areas in the body, such as rib cage pain. For example, rib cage pain can often respond to other homeopathics, even though the pain might be "heat improves", "motion improves", etc. Sometimes a homeopathic can be directed to a certain geographical area that will have the maximum ability to improve the painful condition.

To this end, in a medical practice using pilot studies, several other formulas were developed to help in different areas. One such formula is the Anti-Inflammation formula, designed to help any type of inflammatory condition in the body. Large Joint Pain and Small Joint Pain are two. There are Low Back Pain of organic origin, Low Back Pain of structural origin, Pleurisy for pulmonary conditions, PMS for premenstrual cramping, Abdominal Pain for pre-ulcer type pain, Sciatic pain, Facial pain, etc.

These formulas give us a broad-based collection of easy-to-use (with minimal training) remedies to help the many types of pain conditions in the body. Some pains can be caused by the reaction of the brain and the psychological need for pain. These pains will respond to counseling, biofeedback, and homeopathy.

Dr. Revici, in his book "Research in Physiopathology", does an in-depth analysis of acid versus alkaline conditions as he relates them to the physiology of lipids that are either polar or nonpolar. In a very in-depth description based on pain and its analysis, Dr. Revici brings up several points in the treatment of pain that have led to certain discoveries and products to abate and treat the cause of the pain, rather than just maintaining or sedating the pain itself.

Revici groups pain into two categories of physiological pain and pathological pain. He points out, as we have discussed, that the nature of pain involves thermal receptors, motion receptors, pressure receptors, electromagnetic receptors, etc. He emphasizes that each of these stimuli has two thresholds: one for intensity values related to sensation, and the other for intensity needed to produce pain. Thus Revici, in his description of physiological pain, outlines what we have pointed out before: these various neural pathways can be over- or under-loaded.

Revici points out another type of pain, which he refers to as pathological pain. This differs profoundly from physiological pain. It originates in the tissues that are abnormal due to inflammatory, circulatory, neoplastic, or other biological processes. Revici writes, "Instead of the organism being prepared for fight or flight, its efforts are directed toward placing the painful or injured area or the entire body at rest, and to protect the painful area from further injury. The pulse rate generally slows, the blood pressure falls, and often there is sweating and nausea." This biological change can cause these damaged tissues to act directly on the pain and organs to induce pain impulses. They can change the
tissues to bring about a lowering in the threshold of pain, and they can change the end organs so that the sensations through the pathways are interpreted as the sensation of pain. Abnormal chemical substances can be released from pathologically affected tissues, and these chemical substances may play an important part in the production of pathological pain.

Revici found that the reflections of pathological pain could be detected through analysis of the pH in the blood and urine, potassium, calcium, oxygenation, leukocytes, body temperature and chlorine. This gave way to two basic categories of pain: acid aggravated or alkaline aggravated. Revici developed compounds of various lipids, alcohols and nutrients that could be classed to treat these pathological pains. This researcher has developed two homeopathics for these two-base classes of pathological pain. One, the pain that is aggravated by acid (the person taking in acid substances would have aggravation of pain); and two, the pains that are aggravated by alkaline ingestion.

Diagnosis can be achieved by testing the morning urine of the patient to find out if it is acid or alkaline, as well as the specific gravity and surface tension.

The table breaks down the categories found by Revici and this experimenter. It tabulates the results and denotes how we might use the acid and alkaline pain formulas more precisely through urine and blood analysis.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>TEST</th>
<th>OFF-BALANCE D</th>
<th>OFF-BALANCE A</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Potassium Ser.</td>
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<tr>
<td></td>
<td>Potassium WH.Bld</td>
<td>Low</td>
<td>Hi</td>
</tr>
<tr>
<td></td>
<td>Urinary CA.</td>
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<tr>
<td></td>
<td>Urinary CHL.</td>
<td>Hi</td>
<td>Low</td>
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<td>Tissue</td>
<td>Urinary PH</td>
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<tr>
<td></td>
<td>Blood Eosin.</td>
<td>Low</td>
<td>Hi</td>
</tr>
<tr>
<td></td>
<td>Sur. Tension</td>
<td>Low</td>
<td>Hi</td>
</tr>
<tr>
<td></td>
<td>Pain Pattern</td>
<td>Alk</td>
<td>Acid</td>
</tr>
<tr>
<td>Organ</td>
<td>Urine SP. Grav.</td>
<td>Hi</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Surface Tension</td>
<td>Low</td>
<td>Hi</td>
</tr>
<tr>
<td></td>
<td>Urine PH.</td>
<td>Low</td>
<td>Hi</td>
</tr>
<tr>
<td></td>
<td>Body Temp.</td>
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<td>Hi</td>
</tr>
<tr>
<td>Organism</td>
<td>Leucocytes</td>
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<tr>
<td></td>
<td>Chlorides Ser.</td>
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<tr>
<td></td>
<td>Resistance</td>
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<td>Hi</td>
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<tr>
<td></td>
<td>Voltage</td>
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<td>Hi</td>
</tr>
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</table>

As we see in Figure 1, the neural pathways from these various receptors run through the spinal cord to the medulla with involvement of the cerebellum bulboresicular formation through the thalamus to some synthetic areas in the motor cortex. Thereby we have all the regulatory processes that can allow for over- and under-loading of the various neurons.

In Figure 2 we can see the excitement and inhibitive stage through the neuron as it interferes with the voltage potential; the resting neuron having a 65 mV potential, the excited neuron, a 45 mV potential, and the inhibited, a 70 mV potential. Thus the electrical nature of the neuron flow through an inhibition and excitation shows the involvement of the pain with these various neural pathways. The size of the synaptic cleft is one angstrom. When we apply Heisenberg's uncertainty principle to the transmitter in this gap, we will find that the neuronal transmission process is indeterminable.
The graph in Figure 3 shows that neurons can have different excitatory states; hence, the different types of pain from temperature to proprioceptive or pressure. Each of these pain characteristics will have different profiles, and these are reflected in homeopathic philosophy.

Figure 4 shows divergence in neuronal pathways, whereas Figure 5 shows the convergence pattern, and the way neural pathways can converge through each other.

Figure 7 shows reverberatory circuits and the increasing complexity of how transmission through the neuronal lines can be amplified and reverberated, and how harmonic frequencies can interchange the involvement of the various neuronal problems.

Figure 8 shows the neuron receptors as they appear biologically underneath the skin.

Figure 9 shows the classifications and functions of the neurons.

Figure 10 shows the relationship of the threshold of pain, which can differ in conditions to produce varying results. Various visceral and pathological pains can decrease the threshold of the neuronal pathways.

Figure 11 shows the transmission of pain signals into the hind-brain thalamus and cortex via the pricking pain pathway and the burning pain pathway. Each of these pains, pricking and burning, have different pathways through lower brain areas, showing a pressure and heat nerval pathway.

Figure 12 shows the analgesia system of the brain stem and spinal cord, showing inhibition of incoming pain signals at this cord level. This deeply involves the endorphins of the brain, which are natural analgesic hormones of the brain, among others. This is why they are involved in all of the pain formulas; to help stabilize the endorphin production, and thus stabilize the natural inhibition system of the brain. But analgesic inhibition does not relieve the original cause. It can be like shooting the messenger because you do not like the message.

Figure 13 shows various referred pain areas from visceral organs. This can help the practitioner to learn more about internal reflex pain as the pathological organs interfere with neuronal pathways.

Finally, Figure 14 shows the various frequencies of discharge; cold pain being first, cold fiber second, warm fiber third, and a heat pain fiber fourth. These tell us about the temperatures, as well as pain-producing conditions of the thermal receptors.

So our pain formulas involve the research of Revici, neurologists, and classical homeopaths in determining various modalities of treatment from the various neuronal pathways, acid/alkaline conditions, and pathological formats.

We have briefly waltzed through the entire concept of pain and offered a new modality for its intervention: the modality of homeopathic sarcoidal and combination therapy for a wide variety of pain conditions, offering the natural-minded homeopathic physician a variety of therapies for the full spectrum of pain analysis.

It should be pointed out that in working with pain, we should never be just symptomatic. Pain tells us of an improper condition. Pain is a messenger. We do not want to shoot the messenger; we want to find out what the message is and respond with the appropriate treatment. The patient may need pain control to allow him or her to recover and restore balance in the body. Homeopathy appears to have some very insightful answers without the need to drug, sedate, block or over-stimulate a patient. Homeopathics seem to help balance the pain in the body pathways and help to relieve the pain's true cause.
**CAUSES OF HEADACHE PAIN (Vindicate)**

<table>
<thead>
<tr>
<th>Type</th>
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<tr>
<td>Vascular</td>
<td>Circulation, Heart Liquescence</td>
</tr>
<tr>
<td>Intoxication</td>
<td>Xenobiotics, Substance Abuse</td>
</tr>
<tr>
<td>Neoplasm</td>
<td>Degex, Degex Liquescence, Oriental Herbs, Shark Cartilage</td>
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<tr>
<td>Diet</td>
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<td>Infection</td>
<td>VIR, BAC, FNG, Amebex, Vermex</td>
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<td>Congenital</td>
<td>Metab, Chromosomes</td>
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<tr>
<td>Allergy</td>
<td>Opsin I or II, Allersodes</td>
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<tr>
<td>Trauma</td>
<td>Injury, Nutrition</td>
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<tr>
<td>Eye Strain</td>
<td>Ophthalmic treatment</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Sarcodes</td>
</tr>
<tr>
<td>Exercise</td>
<td>Exercise</td>
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HOMEOPATHIC TREATMENT OF PAIN

--- BIBLIOGRAPHY ---

BOOKS

ARTICLES AND STUDIES

Title:

**HOMEOPATHIC TREATMENT OF PROSTATITIS**

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HOMEOPATHIC TREATMENT OF PROSTATITIS

Abstract:

In this paper a review of prostatitis is undertaken. A case review of patients having prostatitis who took a complex homeopathic is also reviewed. This shows that the complex homeopathic indeed offers a potential solution to prostate problems.

Key Words:

Prostate, prostatitis, Prostate homeopathic, Herbal Liquid Bee Pollen, Kidney, Prostate, Adrenal; male disturbances

Introduction:

Prostate cancer is indeed a primary problem in America, as it is a primary killer of men over forty. Most of these cancers start with prostatitis. The prostate is a major part of health problems, in that three of every ten men will have prostatitis in their later years (between the ages of forty and fifty). Five of every ten men between fifty and sixty will have prostatitis, and eight of ten men between sixty and seventy will display some type of prostate symptoms.
The prostate is a doughnut-shaped gland that produces a male sex hormone among other things. It surrounds the urethra tube which carries urine from the bladder through the penis. If the prostate becomes swollen, it can interfere with the flow of urination. Thus many prostate problem symptoms include inability to urinate (in extreme cases), restricted flow of urine (in moderate cases), and inability to hold much urine (normal voids should be approximately slightly less than a cup). If the patient describes urinating with much less volume than usual, that is another symptom of prostate problems.

Men will remember their twenties, when they were able to urinate and squirt a stream a long distance. If they do not have that ability any more, and it is extremely noticeable, this is also a symptom of prostate problems. Dribbling, or an inability to hold urine, is another symptom. In extreme cases pain will occur behind the penis and inward.

Yearly palpation of the prostate is recommended for men over forty-five. A medical doctor, by inserting a finger anally, can palpate the prostate to determine whether it is swollen, hard, or possibly cancerous.

Prostate disturbances can be demonstrated in an over-development of bad testosterone, which can result in premature balding. This is sometimes an associated symptom. It is known that balding can result from a build-up of testosterone, or badly-manufactured testosterone (the testosterone may squeeze the follicle and produce balding).

This type of testosterone is counteracted by fatty acids. Many people do not get enough fatty acids in their diets because of over-cooking and over-processing of foods. This results in an imbalance, and a build-up of testosterone. If there is excess testosterone, this may not only cause balding, but the liver has to detoxify the excess testosterone.

Bringing a balance of fatty acids into the diet is very important in the process of treating a prostate case. Giving patients ten drops of Fatty Acid Liquescence every day will bring the free fatty acid level of the body to normal, and will help to treat the basic metabolism.

For premature balding, one key fatty acid that fights testosterone is found in a natural herb. This herb was known by Pliny as the "food of the eunuch". He found that people who imbibed too much of this food would lower their male tendencies. Little did he know that this was tied to a testosterone molecule. This food was lettuce. If taken in juice form or at too high a quantity, lettuce can have lowering effects on the male hormone. If just the right amount is taken, it can relieve balding factors and has some effect on prostatitis. We do not recommend lettuce juice for internal use unless there are extremely large amounts of testosterone. But by massaging lettuce juice into the scalp vigorously on a daily basis, some hair loss can be stopped. The lettuce juice works directly on the follicle, and does not get into the body to affect testosterone elsewhere.

Thus the fatty acid (ten drops, three times a day) and vigorous massage of the scalp with lettuce juice can help prevent premature male balding.

In the treatment of any prostate disturbance, a healthy blend of sarcodal tissue (Kidney, Prostate, Adrenal formula) should be used. This formula also can help to detox and promote rebuilding of tissue in those areas.

Methods:

In our study twenty-two men between the ages of forty-two and sixty-five had presented with prostate involvement. These men were given Prostate homeopathic and Herbal Liquid Bee Pollen. It has long been known that bee pollen is excellent in preventing prostate problems. There is a high amount of zinc and other nutrients in bee pollen. Our Herbal Liquid Bee Pollen, as we show in the study on "Sports Performance", can accelerate the amount of absorption because of its liquid form.

Of these cases using the Prostate formula and Herbal Liquid Bee Pollen, all except two reported that they were able to keep their prostate conditions under control by using these products. They were indeed happy at the success they had by using the products.

Two of the men found that taking the products was very difficult to work into their lifestyles, and thus they resorted to other processes and medical doctors. They were not heard from again. It may be speculated that perhaps the program did not work for them, or perhaps taking the products was difficult for their lifestyles.

In the case of prostate cancer, as with other cases of prostate, the liver must be treated. Liver Liquescence is an excellent formula to clean out, detoxify, and promote rebuilding of liver tissue. In the
case of prostate cancer, the swelling of tissues actually can be irritated by testosterone. Here we must use lots of lettuce juice, Fatty Acid Liquescence and, of course, Liver Liquescence. Also, the Oriental Herb Prostate is an excellent formula to deal with those cases. Degex homeopathic also helps to fight degenerative disease, as we’ve shown in our study on “Degenerative Disease”.

In any case of prostate cancer extreme stress reduction is a must. Testosterone is also made in the adrenal gland. The adrenal gland can manufacture any known hormone. For every ten molecules of adrenaline made, one molecule of testosterone is made by adrenal glands. Thus in a state of over-accelerated stress, where lots of adrenaline is made, excess male hormone can be manufactured, as well. A homeopathic of luteinizing release hormone (LRH) can be very helpful too, as it interferes with the natural development of testosterone. LRH is a pituitary hormone.

Total stress reduction is a must. There have been seven known medical cases of people who have beat prostate cancer; in each case the theme was total stress reduction. A judge in Boston, upon finding out he had prostate cancer, quit his job. He went into an RV unit, and totally relaxed. He was able to beat the cancer and live a long and productive life. Others have been able to do the same, but only with stress reduction.

Results and Discussion:

We can see from our review of the case notes that complex homeopathy indeed offers help for some of the disturbances related to prostate conditions. Good homeopathic sarcoedes and herbal formulas can be blended to produce reasonable treatment for these disturbances.

By having a formula that is easy to use and symptomatologically directed, the practicing naturopath or homeopath can get better results with his patients more quickly and easily.
Title: Homeopathic Treatment of Treponema Infections  
(Rabbit Model)  
Budapest, Hungary  1997, June 10 till Sept 15

Authors: 

Dr. Horvath Istvan, Phd Director of Biol. Sc.  
head:of Treponematoses Serological Department

Edited By:  
William Nelson, MD ; International Medical University

Abstract: 
In this study we review syphilis(treponema) and a basic homeopathic treatment of same. An animal model using rabbits is used to test the therapy and preventative capacities of a complex homeopathic remedy. There was no therapeutic effect. But To the surprise of all concerned there was a shocking preventative effect that suggest a possible vaccination for the most prolific disease on the face of the earth.

Background:  
Syphilis is the most epidemic infection of humans on the planet today. In the world it is estimated by the WHO that 70 million people are infected each year. In the USA over 500,000 new cases are in need of treatment. In some countries syphilis effects one in ten. And world wide one in 25 is threatened. 

Historically there are varying accounts as to the origins of syphilis, but all seem to agree that the disease at one time was unknown to humans. Once the disease started into the human population thousands of years ago, it spread unchecked. It now is epidemic everywhere. Once infected there is no second exposure immunity. this plus the non-human origin has further developed the theory that a vaccination was not possible. 
The disease is transmitted by kissing, sexual contact, or contact with mucous membranes. The levels of syphilis has risen steadily for decades despite efforts of diagnosis and antibiotic treatment. The syphilis organism is developing antibiotic resistance, and the immunosuppression effect of the antibiotics is complicating the ability of the antibiotic treatment. 

Treponema Pallidum is a spiral bacteria about 0.25 microns wide and 5 to 20 microns long. Darkfield microscope can identify it with morphology and motility. 

Within hours of entering the mucous membranes of its new host, trep reaches the regional lymph nodes and spreads throughout the body. The host reacts by perivascular infiltration of lymphocytes, plasma cells, and fibroblasts. The resulting lymph node swelling leads to endarteritis obliterans. Inflammation is replaced with degenerative processes,
especially in the CNS and cardiovascular system. Since the first infection of syphilis does not convey any immunity, medicine developed antibiotic treatments. Also the antibody reaction to syphilis is unreliable, so it was further surmised by modern medicine that there is no way to vaccinate against syphilis. Many have dedicated lifetimes to developing a vaccine for treponema.

Homeopathy has syphilis treatment at its heart. Hanehman used syphilis as a treatment for years. The miasm of syphilis is well known. Millions of people have been treated with homeopathic syphilis for over a hundred years. But the homeopaths rarely use any statistical analysis. Modern medicine has been satisfied with its antibiotic treatment. But recent development of resistant strains plus evidence of how antibiotics can act as cofactors in the acceleration of fungal and viral disease, now demands we look for new treatment modalities.

**Hypothesis:**

Homeopaths have used syphilis treatment for centuries. Could a homeopathic combination be developed to treat or prevent treponema infections.

**Methods:**

**Aim:** Check protective and treatment effect of Endoxtreponol (copyright and int. trademark applied for) on Treponema Pallidum, challenged in experimental rabbits.

**Strain of Treponema:** Human pathogenic Treponema Pallidum, Budapest strain. The number of treponemas was increased by several passage before the study

**The challenge:** All rabbits were challenged intratesticularly by 0.5 mi treponema suspension per testis. The suspension contained 1,000,000 tp/ml. After the challenge the clinical manifestation and the serological changing were controlled.

**Animals:** Fifteen NZW, age 11 week, male rabbits from 'Godolloi Kisallatenyeszto' farm. The animals were kept in metal cages (1/cage) and fed with rodent pellet (LATE Godollo. Hungary). The food and top water was provided ad libitum. The room temperature was constant at free room air.

During the experiment the rabbits were divided into three groups, five in each group.

1. group 1: got Endoxtreponol per os for 14 days. At the 14th-day they were challenged with treponema suspension.
2. group 2: was challenged with treponema suspension on the first day parallel with the challenge and after 14 days got Endoxtreponol freely for two week.
3. group 3: challenged with trep parallel with the second group but no Endoxtreponol.

**Administration of the Endoxtreponol:** Each animals was treated with Endoxtreponol day by day during 14 days. The dosage of 30 drops per .6 ml of water. This was sprayed into the mouth of the animal everyday, once a day. A normal syringe with blunt edge to prevent injury was used.

**Blood taking:** Blood taken from Vena marginaris of the animals ear.

**Serological examination:** RPR (rapid reagin test and TPHA treponema pallidum hemagglutination assay were prepared on the blood sample. Testes were examined by dark field examination.
Results:
During the experiment we observed that Endoxtreponol had no therapeutic effects against the infection.
However, the influence of Endoxtreponol as a preventative was shocking. If the treponema pallidum challenge is made after 14 days of treatment once a day with Endoxtreponol no clinical manifestations of syphilis or serological reactivity were observed in the rabbits. This is a historical event in the treatment of the world’s most harmful and debilitating disease. The serological tests were negative with RPR and TPHA reaction. The classical method must be emphasized. Low antibody titers of TPHA. These titers did not increase even after 15 weeks. This suggests an immunization-like procedure. (History in the making.) Two of the immunized rabbits remain alive now for over four months and continue to resist treponema infection.
<table>
<thead>
<tr>
<th>Blood taking</th>
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<th>Group2</th>
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Discussion:

Medicine has always surmised that a vaccination for treponema was impossible. This experiment has demonstrated that it might be possible. We will need to repeat this experiment. We then will need to do another different mammal study, and finally a human study. Our preliminary results with blood tests and clinical observations in our homeopathic clinic would indicate that a human immunization for preventative or a therapy might be on the horizon. The scourge of mankind might be humbled and with it a growing appreciation for homeopathy and how it can help the rest of medicine.
BOOKS


HYPERTONIA, Hypertension, High Blood Pressure

1. High blood pressure may result from kidney, mid-brain, muscular skeletal stress, and other organic and possibly emotional disturbances.

2. Kidneys filter the blood. Often times they are clogged or there is an imbalance in the kidney hormones between rennin, angiotensin, and vasotocin which can drive-up blood pressure.

3. There are also barometric respecters in the mid-brain which help to regulate blood pressure in the body. The overall hormonal and bio-regulating effects of blood pressure are quite complex. Tap the carotid sinus on the neck with ten slight taps twice a day. To find the carotid sinus put your index fingers on the top of the adam's apple and move directly back till you feel the pulse of the carotid artery. This a key point in blood pressure management. The carotid sinus tap also called the million dollar tap can stabilizes blood flow to the brain.

4. *HERBAL DIURETIC LIQUESCENCE contains homeopathic ingredients to help reduce blood pressure. Rauwolfia serpentine is a powerful herb used in the control of blood pressure by doctors all over the world. Calcium tartrate and citric acid also have significant effects on lowering blood pressure. The sarcoadal effects of brain and kidney help to stabilize blood pressure as well (ref. Hypertension Study). Use 1 tablespoon of cream of tartar mixed into 5 oz. Of lime juice and drink twice a day.

5. This formula can be titrated by prescribing two teaspoons the first day and observing the effect the next day. If the blood pressure is still not under control, add one teaspoon each day until blood pressure starts to subside. Results are usually over a 24-hour period, taking three teaspoons on one day would most likely reveal lowering of blood pressure on the next. Once the blood pressure starts to drop, start to decrease the amount of teaspoons by one teaspoons each day, until the dosage is adequate to maintain the lower blood pressure. On certain bad days when emotional stress is high, excess food or partying occurs, this could produce a burden on the system and an extra teaspoon or two might be warranted for a day or two.

6. Soon the patient should be able to learn to regulate their own blood pressure with this natural formula and by alerting them to their behavioral causes behind the high blood pressure as well.

7. If blood pressure after 2 weeks is not responsive to *HERBAL DIURETIC, then use Rauwolfia 3x.

EMOTIONS CONTROL REGULATION (via Autonomic nerves)

HYPOTHALAMUS AND PITUITARY CONTROL pt
HORMONE RELEASE
MEDULLA REGULATES BLOOD PRESSURE
CAROTID SINUSES CONTROL BLOOD PRESSURE REACTION TO BAROMETRIC CHANGES
MUSCLE TENSION INCREASES BLOOD PRESSURE BY RESISTANCE
KIDNEYS FILTER BLOOD CLOGGING INCREASES BP.

The HERBAL DIURETIC FORMULA works on the entire system to promote balance naturally.
Known as the 'Eight Evils', these points can treat hand and finger diseases, make bite, or evil intention or loss of self control, psychotic deviency, possession, excess anger.
HYPOADRENIA, Weak Adrenals

1. The adrenal glands rest on top of each kidney and produce adrenaline. Adrenaline is needed to defend against stress, inflammation, and fatigue. Adrenaline initiates activity. Adrenaline is essential for life. Our stress filled society has produced an extreme burden on the adrenal glands and hypoadrenia or weak adrenal function is very common. It usually accompanies chronic fatigue or M.E.

2. Symptoms of hypoadrenia include dizziness when raising, low grade depression, systemic weakness, susceptibility to colds and flu, inflammations throughout the body, increased allergy susceptibility, fatigue in the afternoon, often times disinterest in life, and an inability to tolerate stress.

3. *ADRENAL LIQUESCENCE is a liquid extract of vitamins, herbs, adrenal glands and homeopathic adrenalin. This formula is designed to push adrenal performance.

4. In cases of hypoadrenia, *ADRENAL LIQUESCENCE should be used for one or two months. It is suggested that after 30 to 60 days switch to the homeopathic *KIDNEY/PROSTATE/ADRENAL OR *KIDNEY/OVARIAN/ADRENAL for long-term hormonal balance. Do not develop dependency on *ADRENAL LIQUESCENCE. *ADRENAL LIQUESCENCE should be used as a jump-start. In extreme cases of hypoadrenia, *ADRENAL LIQUESCENCE may be used for three or four months (ref. Adrenal Study).

5. *ANTI-STRESS has been proven clinically to assist in reducing stress. *ANTI-STRESS is not a relaxant, but works on an emotional level to help ease stressful situations.

6. Combine good nutrition, behavioral therapy, emotional counseling, chiropractic adjustment, and osteopathic adjustments with medical therapy.

EMOTIONS
PITUITARY PINEAL HYPOTHALAMUS

AUTONOMIC NERVAL SYSTEM
ADRENAL
KIDNEYS

Stress improper nutrition, toxins and infections can weaken the adrenals and cause hypoadrenia.

The ADRENAL LIQUESCENCE has sarcodal benefits and supplies adrenaline while it encourages rebuilding of the adrenals. After one or two months of therapy switch to the homeopathic glandular KIDNEY, ADRENAL, PROSTATE OR OVARIAN.
Emergency point

DU28
Yinjiao

Stimulate consciousness until chakras

EX-HN1
Sishencong
Four Inteligences

‘Chi Extremity’ Rx stroke, peri-articular pain, stimulates chi

Odiuun
EXLE-12

GV21
Gland

GV22
Xia hai

GV20
Shuigou

GV19
Shenting

GV18

GV17

GV16

GV15

GV25
Jiaka

GV26
Door of Muteness

GV27

Copyright © Maitreyas of Magyar
Fix chronic fatigue, hypokinesia, fuzzy headed, lack of self-esteem, kidney disorders, fear of failure and or success

Copyright SS Matreyea & Macyer
HYPOGLYCEMIA  Oscillating Blood Sugar

1. The body must maintain a balance of blood sugar to supply energy, but too much blood sugar can be destructive and attack organs. The major organs involved in blood sugar balancing are the hypothalamus, pituitary, pancreas, liver, adrenals.

2. Hypoglycemia occurs when there is an inability to regulate blood sugar. This causes blood sugar to cascade upwards and downwards to many different extremes. Excessive periods of low blood sugar is known as hypoglycemia. When there is too much blood sugar this is known as diabetes.

3. Symptoms of hypoglycemia include fatigue which is relieved by eating, thus the desire to eat during the day and tiredness in the afternoon hours between 3:00 and 6:00 which is produced by hormonal regulation of blood sugar. Hypoglycemia often produces excess sweating or diaphoresis. An overall fatigue often contributes towards an addiction for stimulation i.e., drugs, alcohol, coffee, cigarettes, food, and sugar.

4. Excess processed sugar and complex carbohydrates cause the body to release extra amounts of insulin which then can produce hypoglycemia. Stress, especially after eating, can contribute to hypoglycemia as well as nutritional deficiencies i.e., chromium, selenium, other minerals and fatty acids.

5. The body must use these minerals and fatty acids to develop mineral glucocorticoid which are responsible in regulating blood sugar. Over eating and having too many meals puts further burden on the pancreas and digestive system which are probably already weak. Even though this helps to maintain blood sugar it is harmful in the long run and does not deal with the true cause of the disease.

6. *HYPOGLYCEMIA is engineered with homeopathic sarcodes and herbs to help balance blood sugar metabolism. It also helps to supply needed minerals for blood sugar regulation (ref. Blood Sugar study).

7. Stress reduction after meals, good nutrition, proper fatty acids, amino acids, and minerals are also suggested to help balance the disturbance in blood sugar cascade (ref. RWC).

BLOOD SUGAR REGULATION

EMOTIONS CONTROL STRESS REACTION

HYPOTHALAMUS AND PITUITARY SENSE BLOOD SUGAR
STIMULATE INSULIN, GLYCOGENOLYSIS, OR GLUCONEOGENESIS

MINERALS + FATTY ACIDS+ CHOLESTEROL USED TO MAKE GLUCOSE REGULATING HORMONES

LIVER GLYCOGEN--TO GLUCOSE

PANCREAS RELEASES INSULIN
(Processed carbohydrates stimulate excess releases of INSULIN)
(Refined sugar enters the cells so quickly it upsets the balance)

ADRENALS RELEASES ENERGY DEMANDING HORMONES

INSULIN LETS GLUCOSE ENTER THE CELLS
WHERE IT AND OXYGEN ARE CONVERTED INTO ENERGY
The HYGLY FORMULA helps to balance the blood sugar regulating system and stop the high and low fluctuations.
"Eight Evil" Rx for treating epilepsy, anger, loss of emotional control, etc.

**EXUE-9**

Rx stimulate consciousness, unite chakras

**EX-HN1**

Sishencong

"Four Inteligences"

Copyright 1996 Matreya of Magyar

**EXHN-6**

Rx hypothalamic disorders, addictive personality, craving stimulation, hypoglycemia

Copyright 1996 Matreya of Magyar

十宜（1）

1. M-UE-1 (Shixuan)
2. M-UE-9 (Sileng)

"Ten Spreads" for shock, fever, hysteria, fright

"Four Seeds" for intestinal malabsorption, worms in intestine.

Copyright 1996 Matreya of Magyar
Title:

HYPOTHYROID SYNDROME

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This study was performed in 1987 at the Survival Center Clinic in Ravenna, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodagnostica Clinic in Budapest, Hungary, and by the doctors listed above.

HYPOTHYROID SYNDROME

Abstract:

A group of forty-three patients (ages twenty-five to fifty) who had hypothyroid syndrome was studied. Measurements of axillary temperature were made, and circulating levels of T3 and T4 (we converted it for statistical analysis to a T7, which is the ratio of T3 x T4 over 50). These patients were then randomly divided into two groups. The first group of eleven patients received a protomorphogen factor pill from Standard Process known as Thyrotropin (used as control), and the other group of thirty-two received the liquid oil suspension formula known as Thyroid Liquescence.

The control group showed no real change. The Thyroid Liquescence showed significant improvement in T7 and basil temperature, indicating its superiority for treating hypothyroid syndrome.

Key Words:

Hypothyroid syndrome, Thyroid Liquescence, Thyrotropin

Introduction:

Myxedema is the most severe clinical expression of hypothyroidism. In addition to decreased levels of TSH and atrophy of the thyroid gland itself, it may also be precipitated by toxic thyroid autoimmune conditions such as Hashimoto's disease. Surgical removal of the thyroid, as well as antithyroid medications such as propylthiouracil, methimazole and iodides, are common causes of hypothyroidism.
Sometimes even goitrous hypothyroidism can result as a deficiency of TSH or other thyroid hormones or iodine deficiency, among others. Overdosing of carotene or vitamin A can also bring on hypothyroidism.

Signs of hypothyroidism include depression, drop in body temperature, eyelid droop because of decreased adrenergic drive, sparse hair, course or dry hair, and skin that gets course, dry, scaly or thick. Patients become forgetful, their hearing is impaired, their memory is impaired, and there is a gradual change in personality that can lead to what is known as myxedema madness. There is often bradycardia or heart enlargement, and pleural and abdominal swelling can occur. Constipation often results, and numbness in hands and feet are common, though less often this becomes metacarpal tunnel syndrome. This can be caused by a deposition of mucinous ground substances in the ligaments around the wrists and ankles which produce nerve compression, and also can result in thoracic outlet syndrome as well.

Neural reflexes can also be helpful in the diagnosis of this disease because we usually see brisk contraction of various neural reflexes with a very slow relaxation time. There can be secondary effects in the menses cycle, producing menorrhagia. Anemia can also result, and an impairing of the B$_{12}$ absorption and intrinsic factor synthesis has also been documented medically [Books: 13].

Classic treatment has always been through the prescription of either animal or synthetic thyroid hormone. There seem to be some problems with the synthetic thyroid hormone, as it is not fully representative of all of the hormones that could be released by the thyroid. Animal thyroid is a more natural and comprehensive approach, and is used in this paper to study whether animal thyroid can be supplied via low-dose or low-potency homeopathic intervention. Thyroid Liquescence prepared in an oil-soluble base at a 3x potency was selected for use in this study.

**Methods and Materials:**

All patients chosen for this study had hypothyroid syndrome; all had thyroid glands (none of them were surgically removed). The patient population included six females and five males in the Thyrotrophin group, and nineteen females and thirteen males in the Thyroid Liquescence group.

It was concluded that no patient had any major disturbances in thyroid, pituitary or endocrine function. The patients were chosen because of their moderate hypothyroid syndrome, which included inability to control weight and resist cold; lethargy, depression, low body temperature, and other morphological factors. They were then concluded to have hypothyroid from the blood analysis and axillary armpit temperature.

Two groups of patients with hypothyroid syndrome were given glandulars for one month. They were to follow directions on the label and note their compliance. No other special directions or diets were given to the patients for this four-week period. The body temperature was taken for two weeks prior to the intervention by all forty-three patients to establish an average. At the third week of therapy, body temperature measurement ensued and lasted into the fifth week.

Measurements of body temperature were taken daily under the armpit, first thing in the morning. Blood levels of T3 and T4 were done by standard blood chemistry labs. After one month of therapy, the two-week body temperature was measured and the blood chemistry re-assayed.

At the end of one month blood chemistry was evaluated for the post-test. Patients continued to measure their axillary body temperature for another week. At the end of week five, the average body temperature was then determined. Patients stopped taking the product after one month, but continued to measure their body temperature. The Thyroid Liquescence group reported that there was an elevation. Results show the Thyroid Liquescence to be far superior in efficacy.

**Results:**

Patients during the test reported better results symptomatically in the Thyroid Liquescence group. These results include relief of minor depression, ability to tolerate cold, higher interest in life, improved hearing, and better general mood. These factors were not operationalized, and thus were not mathematically reported, but were noted by the researcher.

The results of our study show that the Thyroid Liquescence has the ability to stimulate thyroid function, and the ability to compensate for low thyroid in moderate hypothyroid syndrome.
Discussion:

No side effects were generated on either group in our study. We can conclude that homeopathic and glandular therapy might offer a simple, safe intervention on hypothyroid, and may be a better choice than synthetic Thyroxin products. The thyroid products used in the study were full-range thyroid products. The Thyroxin was removed from the Thyrotropin, but the full Thyroxin and all the other hormones remained in the Thyroid Liquescence, thus making this a prescription formula, and perhaps a safer, more gentle formula to use.

Titration of proper dosage is absolutely necessary, and can be accomplished relatively easily by the doctor. The suggested minimal dose of Thyroid Liquescence is ten drops a day. By adding five drops extra a day until the patient sees a decrease in his hypothyroid symptoms, we can help to titrate the patient to the proper dosage.

Indications of too much thyroid hormone include: extreme irritability, tachycardia, palpations and other cardiac arrhythmia; and hot flashes. Seeing these symptoms will alert the patient to possible overdose of Thyroid Liquescence.
HYPOTHYROID SYNDROME

--- BIBLIOGRAPHY ---

BOOKS


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy**. Maitreya; Limerick, Ireland; 1993.
**HYPOTHYROID, Weak Thyroid**

1. The thyroid gland is a bow-tie shaped organ located in the front of the neck.

2. The thyroid gland secretes hormones which are used in regulating metabolism, storage of fat, and placement of calcium into the bone, among other hormonal functions.

3. Signs of a hypothyroid condition include weight gain or an inability to lose weight, always cold or cannot tolerate cold temperatures, heavy calluses on feet, small loss of hearing, low grade depression, and poor quality of skin and hair. Most hypothyroid cases are also fatty acid deficient.

4. Hypothyroid is often diagnosed through the symptoms, blood analysis, as well as through a basal metabolic rate analysis or axillary body temperature. Axillary body temperature is the temperature taken underneath the arm pit. Normal temperature is 97.6. Numbers below 95.6 indicate hypothyroid disease.

5. *THYROID LIQUESCENCE supplies the needed thyroid hormones and fatty acids in an oil suspended blend to help the body to recover from low thyroid function.

6. In cases where the thyroid gland has been removed, *THYROID LIQUESCENCE should be used daily. For a low functioning thyroid, *THYROID LIQUESCENCE should be used for one month to help restore the thyroid gland back to balance. After one month, switch to *THYMUS/THYROID/PARATHYROID for its homeopathic action. *THYMUS/THYROID/PARATHYROID supplies less hormone and is helpful in correcting the energetic imbalances. Don’t instill dependence on the thyroid hormone if the thyroid gland is in tact. Encourage its correction (ref. Hyper and Hypo-thyroid study).

---

**Points for hypothyroid**

1. M-HN-22 (Waiyuye)
2. M-HN-24 (Panglianguan)
3. M-HN-21 (Shanglianquan)
4. M-HN-22 (Waijinjin)
5. M-HN-23 (Hongyin)

The pituitary stimulates the thyroid to regulate metabolism and weight displacement. The para thyroid glands regulate Calcium. The THYROID LIQUESCENCE supplies the total range of thyroid hormones in small amounts to naturally help to balance the system.
EXHN-6

TRIHEATER MERIDIAN (TH)
23 Points
First (Yang)
Associated With BL22
Needs 21-23

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Title:

HYPOTHYROID SYNDROME

Chief Editor:

Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary
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HYPOTHYROID SYNDROME

--- BIBLIOGRAPHY ---

BOOKS


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitrey; Limerick, Ireland
INTRODUCTION TO BASIC COMPLEX HOMEOPATHY
+Acupressure Points

BY Prof. William Nelson
INTRODUCTION;

DEAR READER:

This book contains some brief and lay discussions of some complex homeopathic solutions and simple acupuncture points for some of the most common problems presenting to health practitioners everywhere. All of these formulas and more have been clinically, scientifically and experimentally tested. This research in Homeopathy has proven sarcodes as organ rebuiiders, nosodes as immune builders, allersodes as desensitizers, isodes as detoxifiers, and herbals as complex systems of medical treatment. Part of the research has also shown that reductionistic forms of medicine such as reductionistic synthetic pharmacology are incomplete and incompatible with living organisms. So we depend on clinical results and historical usage to determine pharmaceutical action.

The studies about these formulas can be reviewed by accessing the Quantum Medicine Internet page on the internet. This vast quantity of data represents over a decade of research. New research is being added almost daily. If you wish to learn more continuing education is even available on the internet.

Access:

Website address: w3.datanet.hu/~maitreya/clasp32

Questions and discussion is also available on the internet.

So we welcome you to the world of complex homeopathy. If you have downloaded this program from the internet you might not have the full diagrams. The full book with diagrams can be attained from the MAITREYA of MAGYAR 36-1-303-6043.

Sincerely

WILLIAM CHARLES NELSON
ALLERSODE THERAPY, Allergy Sensitivity

1. Using an allergy producing compound to desensitize is a major part in the treatment of allergy desensitization.
2. Medical doctors have used allergy shots to desensitize for years.
3. In homeopathy we take the allergy causing compound such as milk and homeopathically dilute it. This has been shown to reduce an allergy attack.
4. Allergies to inhalants, foods and many other compounds have been clinically and experimentally shown effective. (allergy work).
5. *OPSIN I and *OPSIN II contain histamine and adrenalin along with low potency herbals to help with detoxification of food and inhalant allergens, as well as providing symptomatic relief by stimulating the organism to lower the antibody response to the allergin.
6. These products can be used for light to moderate food and inhalant allergy symptoms. For tougher allergies, utilize *COURSE I, II, III, IV. These are polychords of singular remedies and are more demonstrative in their ability to lower the antibody cascade (ref. Allergy Study).

Rx Sinuses, intelligence stimulation, brain fatigue, reasoning power

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**Allergens**

**Receptor Site**

**Immunoglobins**

**Mast Cells**

**Histamine**

**Overall allergy regulation points hold and meditate till relief starts**

**Sifeng EXUE10**

For desensitization of any or all allergies, treat during exposure or while imagining exposure and visualizing the allergy going away

---

**Alergosodal desensitization of allergic reactivity**

Via SLOW RELEASE OF RECEPTOR SITE AVAILABILITY And DIMINISHED MAST CELL

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**Anemia**
1. Anemia is a condition with many potential causes. Hemolytic anemia results from a deficiency of iron or the inability to activate iron in the blood. Pernicious Anemia comes from the inability of B-12 either from deficiency or activity to activate in the blood cells. Pyridoxical anemia results from a deficiency of B6. Iron toxicity anemia and alcoholic anemia occur from too much accumulation of iron in the body. Megablastic anemia results from a deficiency of folic acid and can occur during pregnancy.

2. Anemia can result from a nutritional deficiency and can develop from internal ulcers in the stomach, small intestine, or large intestine which robs blood. Anemia can also occur due to hormonal imbalance and in women during their menstrual cycle.

3. The signs of anemia are low energy states, fatigue, paleness of the skin, a whiteness condition found underneath the eyeballs by pulling down the lower eyelid, pains in the kidney and back, a perpetual tiredness, and the inability to get up in the morning.

4. *BLOOD LIQUESCENCE has homeopathic, mineral and vitamin compounds to aid in a wide variety of anemic conditions. *BLOOD LIQUESCENCE puts back into the blood stream the various factors needed to correct anemia as well as to stabilize the energetic factors of anemia.

5. In treating low grade anemia, good nutrition, removing addiction dependencies, reduction of stress and exercise are beneficial.

6. When the body has good healthy white blood cells in adequate numbers, oxygen is transmitted easily from inside the lung into the red blood cells which is than carried to all parts of the body. The measure of health to an organ is how well it uses oxygen. Oxygen is indeed important in the establishment of health and wellness. *BLOOD LIQUESCENCE helps in the transfer of oxygen into the cells.

7. Another formula which helps in oxygenation is *HERBAL LIQUID BEE POLLEN which is a blend of herbs, minerals, vitamins, and other compounds that have been well researched for their assistance in oxygenation (ref. Anemia Study and Herbal Liquid Bee Pollen Study).

RED BLOOD CELLS  (NEED IRON, FOLIC ACID, B12, ENZYMES ETC)
Blood liquescence has all of the factors needed for correction of anemia.

Hemoglobin carries oxygen to the cells of the body.
"Eight Winds" Rx headache, toothache, snake bite, stomachache, irreg. nenses, malaria like symptoms.

Anemia

EX-LE10

Bāfēng

Rx abdominal distension, menstruation, dream, disturbed sleep, mental disease, depression.

Yīnbái SP1

‘Hidden White’
ANGINA, Chest Pain

1. Angina or chest pain can result from a variety of different factors. It can result from a lack of oxygen to the cardiac muscles. This usually involves cardiovascular disease. It can result from intercostal neuralgia or rib cage pain, which can be activated by palpating the spots on the rib cage. This is one way to differentiate between intercostal neuralgia and true cardiovascular angina. Cardiovascular angina will not be activated by palpation. Angina can also be provoked by indigestion or disturbances of the gastric-esophageal area.

2. Cardiovascular angina can occur when there is insufficient oxygen to the muscles of the heart. These muscular skeletal spasms of the muscles around the arterial wall may be the result from metabolic mineral imbalance, stress, emotional disturbances and fatty acid disturbance. This creates cardiovascular blocking. Blocking can also occur due to clogging of the arteries which is built up of calcium as in stenosis, or accumulation of plaque tissue from excess cholesterol and triglycerides.

3. The diagnostic criteria of cardiovascular angina will be the presence of angina, aggravated by cold temperatures and exertion. It will not be relieved by pressure on the chest as in the case of indigestion and will not be activated by palpation of the rib cage, as in the case of intercostal neuralgia.

4. *ANGINA is a homeopathic of selected compounds for cardiovascular angina type of chest pain. *ANGINA can be used 10 drops, 2 times a day as a preventative and 2 drops under the tongue every 15 minutes in the presence of angina (ref. Angina Study).

5. Another superb formula for this condition is *HEART LIQUESCENCE. This formula has been shown to be beneficial in cardiovascular disease. *HEART LIQUESCENCE helps to vasodilate the arteries, supply proper nutrition, and prevent the risk of heart attack (Ref. Infraction Risk Study).

6. With any of these therapies proper medical consultation is a must to help deal with the overall disturbance. Nutrition, light exercise, stress reduction, no smoking, limiting alcohol consumption, reducing high cholesterol, fatty and fried foods, must be incorporated to help deal with the cause of this disease.
ASTHMA, Asthmatic Bronchitis

1. Asthma is an inflammatory disease where inflammation of the bronchial tree restricts air flow out of the lungs. In most cases air will be sequestered in the lung, making it harder to get rid of air, than it is to bring air in. Most asthma is air retained in the lungs.

2. The primary cause of this inflammation in the bronchial tree is that of inflammation and swelling of tissues provoked by allergies.

3. Infections in the lungs can also cause swelling in the tissues. Susceptibility to both the inflammation and infection from allergies are contributed by nutritional problems such as calcium deficiency, pantothenic acid deficiency, fatty acid deficiency, B-6, magnesium, niacin deficiencies, and other nutritional disturbances.

4. *ASTHMA helps the tissues to diminish their inflammation. Combine *LUNG LIQUESCENCE to helps supply needed nutrients, minerals, and sarcodal support to help healthy lung tissue to develop (ref. Asthma Study).

5. Behavioral programs such as exercise, meditation and relaxation techniques are also suggested to help reduce asthma.

TRACHEA (Wind pipe)

BRONCHIAL TREE
(Inflammation restricts air flow) LUNGS (Alveoli exchange blood gas)
ASTHMA FORMULA works by reducing bronchial tree inflammation.
ADRENAL LIQUESCENCE supplies adrenalin to relax bronchial spasms.

Potassium and Magnesium Metabolism, Pancreatic Bicarb Deficiency

1. Potassium and Magnesium are extremely needed ions that help to produce energy, neurological balancing, and activity for the entire body.

2. In our diagram we can see that the largest amount of potassium is in the muscles, nerves, and the brain. This is because without potassium the muscles get very weak and our brain and neurological function becomes disturbed. Potassium deficiency is one of the major contributing factors to a host of diseases in the world today.

3. Potassium is best found in fresh fruits and vegetables. Too many people are over cooking vegetables and eating too many processed foods as well as excess meat and animal products, and thereby run the risk of potassium deficiency.

4. Many types of medications such as blood pressure medication, laxatives and diuretics can also increase potassium and magnesium loss from the body and create potassium and magnesium deficiency. Potassium and magnesium is lost in the body through the urine although some is also lost in the stool.

5. Symptoms of potassium and magnesium deficiency are fatigue, irregularity of the heart, high blood pressure, neurological disturbances, twitching, kidney stones, and poor quality skin and hair. Symptoms of Bicarb deficiency include bloating after meals, indigestion, pancreatitis, or swelling of the abdomen forward.

6. The best dietary source of potassium should come from fresh fruits and vegetables. However, potassium supplementation may be necessary. *ANT-ACID POWDER is a bicarbonate that uses potassium and magnesium to correct deficiency states. Whereas sodium might interfere with blood pressure stabilization. Realkalizing the intestinal tract fortifying digestion also helps the entire body to detox and restore health. Many problems relating to blood pressure, neurological disturbances, and fatigue can be solved by increasing potassium in the diet. Paprika is also found to be very high in potassium and is a good supplement to the diet as well.
POTASSIUM DISTRIBUTION in milliequivalents-MEQ Normal

NERVES AND BRAIN CELLS
1000 MEQ.

MUSCLE CELLS
3000 MEQ

INTAKE 100MEQ/DAY

RED BLOOD CELLS
250 MEQ

EXTRA CELLULAR FLUID
75 MEQ

LIVER CELLS
200 MEQ

INTESTINE CELLS 1000 MEQ

STOOL LOSS 10MEQ/DAY

KIDNEY CELLS
100 MEQ

URINE LOSS 90MEQ/DAY

Stimulating urine or stool produces a loss in potassium. Stress, coffee at meals and snacking between meals results in BICARB loss. POTASSIUM BICARB replaces the bicarb, magnesium and potassium loss, while realkalizing the intestinal tract. This formula is much like the BITTERSCALTS formula used in Germany used in some of the best health spas and medical clinics in the world.
1. The body must circulate blood from the arterioles which are rich in oxygen and nutrients to all the parts of the body. The blood then passes through capillaries and recovers toxins and carbon dioxide in the venous function, and brings these back to the pulmonary parts of the heart and lungs to be restored with nutrients and oxygen. In the lung, carbon dioxide is released which can then be expelled.

2. This entire process happens in a cycle of the blood going through the body several times a minute. This overall flow is known as the circulation.

3. Disorders of circulation result in cold extremities, lack of hair growth on the feet and knuckles, poor quality skin and hair, and even a lack of the moon growth on the fingernails of the fingers toward the small fingers. The numbers on form death in the world today is due to some type of circulation disorder. This can result in cardiovascular disease or a host of other types of circulatory disturbances. Problems of circulation to the brain or blockage can result in a stroke or infarction which is also a major killer.

4. The overall flow of blood is usually blocked by stenosis, calcium, build up of plaque or cholesterol, uric acid and oxalic acid, pathogenic compounds, muscular skeletal stress, muscle spasms around muscles of the circulatory arteries and veins, accumulation of thrombosis and platelets, and congealed blood in the circulatory system.

5. *CIRCULATION is a blend of vitamins, minerals, sarcodes, and venoms designed to help break-up circulatory blockages very slowly. *CONVALERIA is another product which helps to restore circulation to the brain (ref. Cerebral Ischemia Study).

6. *CIRCULATION should be taken as follows: 10 drops/2 times per day, for a period of 4 to 6 months to help break-up the circulatory blockage. If the circulatory blockage is broken-up too quickly, this can result in a more severe disturbance. Thus, *CIRCULATION works on a slow bases to help the circulation to recover slowly (ref. Microvascularity Study).

7. When using *CIRCULATION we must realize that often times we are going to restore circulation to parts of the body which have not had proper circulation for some time. The body sometimes sequesters toxins or reduces blood flow to an area for its own particular reason. Often times when blood is restored to an area that has not had proper blood flow for some time, this may produce pain or discomfort. Much like blood returns to your arm after having slept on it. At first, there is numbness, then after the blood returns it develops some pain. This is usually short-lived, but should be brought to attention.

8. Light exercise is encouraged at first and later building into moderate exercise. Good nutrition along with stress reduction and management is also recommended.

**BLOCKAGE FROM CALCIUM BUILD-UP , THROMBOSIS(excess blood clotting after a trauma), PLAQUE , CHOLESTEROL, OR FROM OTHER ARTERIAL BUILD-UP.**
DIGESTIVE DISORDERS

1. Digestion is a long continuous process of enzymatic action to help digest the foods that we eat.

2. Digestion starts in the mouth. Food is masticated and combined with ptyalin and salvia for lubrication and the beginning of carbohydrate digestion. It is then masticated into bolus.

3. The bolus is then transmitted into the stomach, which secretes stomach acid, additional lipase for fat digestion, and other enzymes which allows for the proper emulsification and further break-up of the compounds in our food. In the stomach, this is called chyme.

4. When food is properly prepared for digestion, the pyloric valve should open and allow the chyme to come into the small intestine. Here the pancreas dumps in sodium bicarb to neutralize the acid as well as supplying pancreatic enzymes, which now become the major factors in digestion. The liver should then release bile and bile pigments to further emulsify the food mixture. This results in a micelle. Micelle has to have an electrical balance because digestion and absorption in the small intestine is largely an electrical process. Hence the need for fiber to help stimulate the electrical nature.

5. After the food has gone through the three stages of the small intestine, there is selective absorption of nutrients at different sites where the body can absorb its nutrients. Inflammation or infections at different sites can disrupt the absorption.

6. The food then flows into the large intestine where support symbiotic micro-organisms such as bacteria and fungus further assist digestion and help in the absorption of B vitamins. Many which are manufactured in the large intestine. The major bacteria of the bile is that of bacteroides which constitutes 70 percent of the stool.

7. This makes up the "FOSSIL LAP" process which includes: food, oral, stomach, small intestine, ileocecal value, large intestine, liver, autonomic nerval system, and pancreas. All these factors are highly important for the processing of digestion (ref. RWC - Fossil Lap).

8. *DIGESTIVE ENZYME LIQUESCENCE is superb in its ability to balance the entire digestion track and aids in stabilizing enzyme releases from the body. *DIGESTIVE ENZYME LIQUESCENCE does not contain large amounts of these enzymes, but contains homeopathic amounts which thereby helps the body to stabilize its own production of enzymes (ref. Digestion Study).

9. *MICROFLORA is a product used to stabilize the bile flora in the bile. If there is excessive or daily rectal gas this is a sign that there is a problem in the balancing of the bowel flora.

FOODS

ORAL

STOMACH

SMALL INTESTINE

ILEO-CECAL VALVE

LARGE INTESTINE

LIVER

AUTONOMIC NERVAL SYSTEM

PANCREAS

Points used to stabilize all of digestion

Intimate detail supplied in the Registered Wellness Consultant book and course.
1. Female disorders are very complex and are often the result from an imbalance of hormones. Stress, improper nutritional toxins, drugs, and lifestyle produce female problems.

2. Hormonal disturbances can develop due to excess or deficient estrogen which is released from the ovaries; excess or deficient progesterone which is released from the corpus luteum, an organ which is developed every month in the female up until menopause; excess testosterone; and deficient adrenalin both of which are produced in the adrenal glands due to stress; excess growth hormones produced in the hypothalamic/pituitary area which can contribute to endometriosis (ref. Endometriosis Study).

3. Disorders of the liver can also produce problems because the liver has to help metabolize the excess of any one of these hormones. Disorders can result from stress and emotional problems, as well as nutritional deficiencies and excesses. Caffeine from cola, chocolate, coffee and tea as well as nicotine have more profound disturbing effects on the female system. Also fatty acid deficiencies contribute to these disorders because the different regulatory hormones need to be made out of fatty acid components. Proper mineral balancing is also important. Toxins can disrupt this. Toxins such as those found in beauty shop compounds and the environment can also place a burden on the female system. Many synthetic pharmaceuticals also cause female problems.

4. *FEMALE LIQUESCENCE contains an estrogen-based compound and can be used as a form of hormone replacement therapy in low grade conditions. For more hormone replacement therapy, a homeopathic of 3x estrogen with 6x progesterone can also be utilized.

5. *FEMALE LIQUESCENCE is a complex homeopathic that helps any and all female problems.

6. In conditions involving testosterone and adrenalin production, stress reduction is very important as well as prescribing *KIDNEY/OVARIAN/ADRENAL which helps to stabilize these hormones. *PROGESTEX is used when a build-up of bad tissues occurs in the vaginal and uterus area due to excess progesterone. This product helps to provoke a cleansing of the bad tissues and is a natural form of DNC.

7. The diagnostic criteria of a progesterone problem will usually result in a pre-menstrual stress and/or tension that is usually relieved upon the onset of the period. This is a diagnostic criteria that tells us that the problems is in a progesterone imbalance. The use of PROGESTEX for one month can help in relieving this condition.

8. If there is a problem with irritability, this is diagnostic of a testosterone and/or adrenal disturbance. *KIDNEY/OVARIAN/ADRENAL should be taken 10 drops/3 times a day.

9. In treating hormonal disturbances, remember a healthy liver function is always important as well as good nutrition, stress reduction, and reducing exposure to toxins. Master acupuncture points for stabilization shown below:

- **EX-CA1**
  - Zigōng
  - ‘Uterus’ Prolapsed uterus, female sterility, orchitis, appendicitis, cystitis, dysmenorrhea

- **Cardiac pain, mental disorders, palpitations, angina, hysteria, neurasthenia, arrhythmia, night sweats, dreaminess, insomnia**

  - 'Spirit’s Path' Lingdào HT 4
  - Tongli HT 5
  - Yīngxiá HT 6 ‘Yin Xī’
  - Shénmén HT 7
  - Joy of life spot stim daily ‘Lesser pouring’

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EMOTIONS AND ATTITUDES EFFECT AND CONTROL
HYPOTHALAMUS PITUITARY PINEAL REGULATES ALL FUNCTIONS

THYROID
effects metabolism

THYMUS
effects immunity

LIVER detox excess male hormone and other excess hormones more under stress

ADRENALS makes male hormone

OVARIES makes Estrogen releases eggs

CORPUS LUTEUM made and destroyed every month makes Progesterone

UTERUS cultivates eggs needs to detox monthly

VAGINA

There is a critical balance of many factors in the female hormone regulation. Most importantly Estrogen, Progesterone and Testosterone micro-nutrient supplementation and natural stimulation of balance.
FLEXIBILITY, Restricted Range of Motion

1. The muscles, cartilage and ligaments of the body are largely responsible for the flexibility of the spine and extremities.

2. Restrictions in flexibility may result from poor nutrition, lack of exercise, diseases such as arthritis and rheumatism, physical injuries and infectious states. Lack of oxygen flow to and from cartilage or ligament and carbon dioxide build up makes them inflexible. When a ligament pops it releases carbon dioxide making the pop sound. This is a release of carbon dioxide and allows oxygen to come in.

3. *FLEX is a blend of Chinese herbs which have been reported to have essential application for increasing flexibility. The action of *FLEX is through its herbal and homeopathic effect in helping the body to restore flexibility to the joints. When used in conjunction with *CONNECTIVE TISSUE LIQUESCENCE, a formula designed to assist the growth of good connective tissue by supplying necessary minerals, vitamins and sarcodes, these two formulas work to increase range of motion (ref. range of motion study).

4. Combine good exercise, good nutrition, and stress reduction for a complete therapy in restoring flexibility. Also, look for any organic connective tissue disease as well.

The FLEX FORMULA and the CONNECTIVE TISSUE LIQUESCENCE increases joint by supplying needed nutrients and increasing connective tissue oxygenation.
GASTRIC-ESOPHAGEAL REFLUX--HIATAL HERNIA

1. Gastric reflux and hiatal hernia are both disorders of the upper stomach and esophagus. This is due to either an inflammation, an inability of the gastric sphincter to close properly, or a distention of the stomach into the abdominal muscles.

2. This produces heartburn that is often severe and can feel like a heart attack by the patient.

3. A common symptom with gastric reflux or hiatal hernia is belching. Belching usually improves the condition by releasing gas. There is usually some regurgitation of food or acid from the stomach into the mouth. Pushing on the stomach below the septum into the hiatal hernia area either improves or disturbs the condition.

4. Stress, fatty foods, alcohol, cigarettes, coffee, eating too fast or eating too much, effervescent beverages and improper food combing are major contributing factors of gastric reflux and most indigestion. These factors aggravate digestion because they excessively push the sympathetic or adrenergic nerual system, which in turn suppresses the cholinergic nerves of the parasympathetic system.

5. *ESOPHAGUS FORMULA is an age old blend of Chinese herbs. *ESOPHAGUS FORMULA and *DIGESTIVE ENZYME LIQUESCENCE help relax the nerves of the esophagus muscles and thus helps to relieve the various types of esophageal disorders (ref Gastric Study).

6. Reduce the risk factors. Elevate the head of the bed six inches help to prevent gastric reflux disturbances at night. Lay on the left side not the right. Relaxing and stress reduction after meals is also very important to assist the *ESOPHAGUS FORMULA and *DIGESTIVE ENZYME LIQUESCENCE.

The ESOPHAGUS FORMULA reduces inflammation and promotes healthy muscle tension in the sphincter muscles.
HYPERTONIA, Hypertension, High Blood Pressure

1. High blood pressure may result from kidney, mid-brain, muscular skeletal stress, and other organic and possibly emotional disturbances.

2. Kidneys filter the blood. Often times they are clogged or there is an imbalance in the kidney hormones between rennin, angiotensin, and vasotocin which can drive-up blood pressure.

3. There are also barometric respecters in the mid-brain which help to regulate blood pressure in the body. The overall hormonal and bio-regulating effects of blood pressure are quite complex.

4. *HERBAL DIURETIC LIQUESCENCE contains homeopathic ingredients to help reduce blood pressure. Rauwolfia serpentine is a powerful herb used in the control of blood pressure by doctors all over the world. Calcium tartrate and citric acid also have significant effects on lowering blood pressure. The sarcodal effects of brain and kidney help to stabilize blood pressure as well (ref. Hypertension Study).

5. This formula can be titrated by prescribing two teaspoons the first day and observing the effect the next day. If the blood pressure is still not under control, add one teaspoon each day until blood pressure starts to subside. Results are usually over a 24-hour period, taking three teaspoons on one day would most likely reveal lowering of blood pressure on the next. Once the blood pressure starts to drop, start to decrease the amount of teaspoons by one teaspoon each day, until the dosage is adequate to maintain the lower blood pressure. On certain bad days when emotional stress is high, excess food or partying occurs, this could produce a burden on the system and an extra teaspoon or two might be warranted for a day or two.

6. Soon the patient should be able to learn to regulate their own blood pressure with this natural formula and by alerting them to their behavioral causes behind the high blood pressure as well.

7. If blood pressure after 2 weeks is not responsive to *HERBAL DIURETIC, then use Rauwolfia 3x.

EMOTIONS CONTROL REGULATION (via Autonomic nerves)

HYPOTHALAMUS AND PITUITARY CONTROL pt
HORMONE RELEASE

MEDULLA REGULATES BLOOD PRESSURE

CAROTID SINUSES CONTROL BLOOD PRESSURE REACTION TO BAROMETRIC CHANGES

MUSCLE TENSION INCREASES BLOOD PRESSURE BY RESISTANCE

KIDNEYS FILTER BLOOD
CLOGGING INCREASES BP.

The HERBAL DIURETIC FORMULA works on the entire system to promote balance naturally.

Rx chronic fatigue, shock, heat exh

Insomnia, mental illness

K1, 'Gushing Spring'
Yóngquǎn

6V15 Yǎómù
Rx headache, stiff neck, sore throat

6V17 Nāohù
Jade Pillow'

6V18 Qǐángjiǎn
Yǔzhǎn

BL9
Rx headache, dizzy, myopia

BL10 Tǐānzhān
'Heaven's Pillar'

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Rx asthma, shoulder-neck problem, Rx chronic fatigue, hypoadrenia, fuzzy headed, lack of self esteem, kidney disorders, fear of failure and or success

Use to help connect the body to mind of patients with little awareness of their body

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Known as the 'Eight Evils', these points can treat hand and finger disease, snake bite, or evil intention or loss of self control, psychotic, deviancy, possession, excess anger

M-UE-22 (Baxie)

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HYPOADRENIA, Weak Adrenals

1. The adrenal glands rest on top of each kidney and produce adrenaline. Adrenaline is needed to defend against stress, inflammation, and fatigue. Adrenaline initiates activity. Adrenaline is essential for life. Our stress filled society has produced an extreme burden on the adrenal glands and hypoadrenia or weak adrenal function is very common. It usually accompanies chronic fatigue or M.E.

2. Symptoms of hypoadrenia include dizziness when raising, low grade depression, systemic weakness, susceptibility to colds and flu, inflammations throughout the body, increased allergy susceptibility, fatigue in the afternoon, often times disinterest in life, and an inability to tolerate stress.

3. *ADRENAL LIQUESCENCE is a liquid extract of vitamins, herbs, adrenal glands and homeopathic adrenalin. This formula is designed to push adrenal performance.

4. In cases of hypoadrenia, *ADRENAL LIQUESCENCE should be used for one or two months. It is suggested that after 30 to 60 days switch to the homeopathic *KIDNEY/PROSTATE/ADRENAL OR *KIDNEY/OVARIAN/ADRENAL for long-term hormonal balance. Do not develop dependency on *ADRENAL LIQUESCENCE. *ADRENAL LIQUESCENCE should be used as a jump-start. In extreme cases of hypoadrenia, *ADRENAL LIQUESCENCE may be used for three or four months (ref. Adrenal Study).

5. *ANTI-STRESS has been proven clinically to assist in reducing stress. *ANTI-STRESS is not a relaxant, but works on an emotional level to help ease stressful situations.

6. Combine good nutrition, behavioral therapy, emotional counseling, chiropractic adjustment, and osteopathic adjustments with medical therapy.

EMOTIONS

PITUITARY PINEAL HYPOTHALAMUS

AUTONOMIC NERVAL SYSTEM

ADRENAL

KIDNEYS

Stress improper nutrition, toxins and infections can weaken the adrenals and cause hypoadrenia.

The ADRENAL LIQUESCENCE has sarcodial benefits and supplies adrenaline while it encourages rebuilding of the adrenals. After one or two months of therapy switch to the homeopathic glandular KIDNEY, ADRENAL, PROSTATE OR OVARIAN.
HYPOADRENIA, Weak Adrenals

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HYPOGLYCEMIA  Oscillating Blood Sugar

1. The body must maintain a balance of blood sugar to supply energy, but too much blood sugar can be destructive and attack organs. The major organs involved in blood sugar balancing are the hypothalamus, pituitary, pancreas, liver, adrenals.

2. Hypoglycemia occurs when there is an inability to regulate blood sugar. This causes blood sugar to cascade upwards and downwards to many different extremes. Excessive periods of low blood sugar is known as hypoglycemia. When there is too much blood sugar this is known as diabetes.

3. Symptoms of hypoglycemia include fatigue which is relieved by eating, thus the desire to eat during the day and tiredness in the afternoon hours between 3:00 and 6:00 which is produced by hormonal regulation of blood sugar. Hypoglycemia often produces excess sweating or diaphoresis. An overall fatigue often contributes towards an addiction for stimulation i.e., drugs, alcohol, coffee, cigarettes, food, and sugar.

4. Excessive processed sugar and complex carbohydrates cause the body to release extra amounts of insulin which then can produce hypoglycemia. Stress, especially after eating, can contribute to hypoglycemia as well as nutritional deficiencies i.e., chromium, selenium, other minerals and fatty acids.

5. The body must use these minerals and fatty acids to develop mineral glucocorticoid which are responsible in regulating blood sugar. Over eating and having too many meals puts further burden on the pancreas and digestive system which are probably already weak. Even though this helps to maintain blood sugar it is harmful in the long run and does not deal with the true cause of the disease.

6. *HYPOGLYCEMIA* is engineered with homeopathic sarcodes and herbs to help balance blood sugar metabolism. It also helps to supply needed minerals for blood sugar regulation (ref. Blood Sugar study).

7. Stress reduction after meals, good nutrition, proper fatty acids, amino acids, and minerals are also suggested to help balance the disturbance in blood sugar cascade (ref. RWC).

**BLOOD SUGAR REGULATION**

**EMOTIONS CONTROL STRESS REACTION**

**HYPOTHALAMUS AND PITUITARY SENSE BLOOD SUGAR**

**STIMULATE INSULIN, GLYCOGENOLYSIS, OR GLUCONEOGENESIS**

**MINERALS + FATTY ACIDS + CHOLESTEROL USED TO MAKE GLUCOSE REGULATING HORMONES**

**LIVER**  GLYCOGEN—TO  GLUCOSE

**PANCREAS RELEASES INSULIN**

(Processed carbohydrates stimulate excess releases of INSULIN)

(refined sugar enters the cells so quickly it upsets the balance)

**ADRENALS RELEASES ENERGY DEMANDING HORMONES**

**INSULIN LETS GLUCOSE ENTER THE CELLS WHERE IT AND OXYGEN ARE CONVERTED INTO ENERGY**

The HYGLY FORMULA helps to balance the blood sugar regulating system and stop the high and low fluctuations.

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1. The thyroid gland is a bow-tie shaped organ located in the front of the neck.
2. The thyroid gland secretes hormones which are used in regulating metabolism, storage of fat, and placement of calcium into the bone, among other hormonal functions.

3. Signs of a hypothyroid condition include weight gain or an inability to lose weight, always cold or cannot tolerate cold temperatures, heavy calluses on feet, small loss of hearing, low grade depression, and poor quality of skin and hair. Most hypo-thyroid cases are also fatty acid deficient.

4. Hypothyroid is often diagnosed through the symptoms, blood analysis, as well as through a basal metabolic rate analysis or axillary body temperature. Axillary body temperature is the temperature taken underneath the arm pit. Normal temperature is 97.6. Numbers below 95.6 indicate hypothyroid disease.

5. *THYROID LIQUESCENCE supplies the needed thyroid hormones and fatty acids in an oil suspended blend to help the body to recover from low thyroid function.

6. In cases where the thyroid gland has been removed, *THYROID LIQUESCENCE should be used daily. For a low functioning thyroid, *THYROID LIQUESCENCE should be used for one month to help restore the thyroid gland back to balance. After one month, switch to *THYMUS/THYROID/PARATHYROID for its homeopathic action. *THYMUS/ THYROID/PARATHYROID supplies less hormone and is helpful in correcting the energetic imbalances. Don't instill dependence on the thyroid hormone if the thyroid gland is in tact. Encourage its correction (ref. Hyper and Hypo-thyroid study).

HYPOTHALAMUS
PITUITARY
THYROID
PARATHYROID

**Points for hypothyroid**

1. M-HN-22 (Waiyuye)
2. M-HN-24 (Panglianquan)
3. M-HN-21 (Shanglianquan)
4. M-HN-22 (Wailinlin)
5. M-HN-23 (Hongyangin)

The pituitary stimulates the thyroid to regulate metabolism and weight displacement. The para thyroid glands regulate Calcium. The THYROID LIQUESCENCE supplies the total range of thyroid hormones in small amounts to naturally help to balance the system while encouraging rebuilding of tissue.

**HYPOTONIA, Low Blood Pressure**

1. Hypotonia or low blood pressure occurs when blood pressure is below 100 over 70. This can result from a limited amount of oxygen or hypoxia, too much parasympathetic intervention, behavioral reasons such as in the case of the well conditioned athlete, or in cases of low endocrine functions such as hypoadrenia, hypothyroid, or hypopituitary.

2. By working with the causative factors and including good oxygen, exercise, and stress reduction, we can help to improve and raise low blood pressure.
3. *HYPOTONIA was engineered using herbs and homeopathics which have been shown in research to be effective in helping to raise low blood pressure (ref. Hypotonia Study).* HYPOTONIA works by stimulating the needed hormonal which are helpful in stimulating blood pressure elevation.

4. Emotional factors and a disinterest in life can also lead to low blood pressure, as well as nutritional factors such as vitamin imbalance. Always deal with the underlying cause.

EMOTIONS CONTROL REGULATION (via Autonomic nerves)

HYPOTHALAMUS AND PITUITARY CONTROL
HORMONE RELEASE

MEDULLA REGULATES BLOOD PRESSURE

CAROTID SINUSES CONTROL BLOOD
PRESSURE REACTION TO BAROMETRIC
CHANGES

MUSCLE TENSION DECREASES BLOOD
PRESSURE BY RESISTANCE

KIDNEYS FILTER BLOOD
IMMUNE SYSTEM

1. The overall immunity factors of the body are made up of a wide network of organs. These include the thymus gland, bone marrow, the liver, the spleen, lymphatic tissue, tonsils, adenoids and appendix and the mind. There are two different actions of the white blood cell in this overall reticuloendothelia system which defines the immunity of the human body.

2. One part of the immune system is the T-cell activity which is controlled by the Thymus gland. The T-cells control the macrophage action in phagocytosis of white blood cells. The T-Cell controls bacteria, fungus and many types of cancer.

3. The other part is that of the antibody response mediated through the B cells which help control allergies and viruses and other metabolites through the release and control of immunoglobulin and antibodies.

4. Many types of disturbances can provoke problems in the immune system such as stress, which accentuates the sympathetic nerves and robs the parasympathetic stimulation of the immune organs. White processed sugar lowers the white blood cell count and creates an overall disturbance in the white blood cells.

5. Antibiotics and other toxins compounds are known as immunosuppressants. These suppress the immune system.

6. Diagnostic criteria of immune system disturbance is that of susceptibility to many types of infections and an inability to control the original infection.

7. *IMMUNE STIM contains homeopathic sarcodes of the immune system and is helpful in stabilizing the immune system whether the condition is hyper or hypo active.

8. Other factors that can weaken the immune system are the fungus, bacteria, ameba, viruses and parasites. For these, individual nosodes of fungus, bacteria, ameba etc. can help to stimulate the immune system towards regulation and control of the individual micro-intruder (ref. BAC and FNG Study).

IMMUNE SYSTEM WHITE BLOOD CELL

T-CELL(for bacteria, fungus, cancer)  B-CELL( for allergies, viruses)

STIMULATES  CAUSES

PHAGOCYTOSIS  ANTI-BODY RELEASE

The IMMUNE STIMULATION FORMULA has sarcodes, herbals, and homeopathics to balance the immune system.
IRREGULAR PULSE, Arrhythmia

1. Heart arrhythmia occurs for a multitude of different reasons. It can be caused by stress and an over-exertion of either the sympathetic or parasympathetic nerves. It can be brought on by a mineral imbalance in the body which can have deleterious effects on the stabilization factors of the pace maker. It can also be brought on by a fatty acid deficiency and other nutritional disturbances. Emotional disturbance can also be a factor in causing heart arrhythmia. Arrhythmia is often a sign of deeper disease which must be fully investigated.

2. The components of the heart which regulate the flow of electrical energy through it are in the pacemaker, the arterial, ventricle sinus, the bundle of hiss and the overall conduction system (purkinje fibers).

3. A wiring diagram of the heart shows how the initial electrical response starts in the sinus and spreads through the heart in a controlled fashion. This allows for the contraction of the arterial followed by the contraction of the ventricle which make up the lub-dub of the heartbeat.

4. Disorders of rhythm can be due to bundle branch block on the right or left or from disturbances of any part of this conduction system.

5. *IRREGULAR PULSE is a blend of homeopathics, herbs, sarcoodes and minerals that help to stabilize this type of arrhythmia. In cases of beginning heart arrhythmia, *IRREGULAR PULSE is a very good formula that has been clinically tested and shown effective (ref. Irregular Pulse Study).

6. Treat stress, emotional disturbances and nutrition. If there is no improvement further ECG and other medical type tests should be performed to determine the extent of heart disease.

WIRING DIAGRAM OF THE HEART
The IRREGULAR PULSE FORMULA
KIDNEY DISORDERS

1. The kidney is an organ located in the low back region. It filters the blood and takes out many water soluble components. The kidney reabsorbs many of the proteins and minerals, especially amino acids, which have been freed in the blood stream due to digestive processes. Thus, the function of the kidney is not only to filter out toxins but to recover amino acids.

2. Good kidney function depends on a healthy filter. This can be disrupted by stress, toxins, trauma and other problems which result in kidney disease.

3. In many learning disability children, there is an inability of the kidney to recover certain amino acids which are needed for the development of healthy neurological and brain tissue. This produces a learning disability. This formula not only decreases the protein in the urine, but has also elevated testing scores in school. (ref. Proteinuria Study).

4. KIDNEY LIQUESCENCE is a blend of herbs, homeopathics and sarcodes. These ingredients are helpful in restoring the kidney to proper health and balance. This formula can also be used to help the kidney release toxins and a collection of uric or oxalic acid, as in the case of kidney stones.

5. KIDNEY STONE is another product which is recommended to help break-up kidney stones. Kidney stones form when there is a magnesium deficiency in the body and when uric acid or oxalic acid interferes in protein metabolism. Too much or too little magnesium also allows stones to form.

6. To treat the formation of kidney stones, a little magnesium should be added to the diet. Take KIDNEY STONE, 6 drops/3 times a day, KIDNEY LIQUESCENCE, 1 teaspoon in the morning, 1 teaspoon at bed. Drink 1/2 liter per day of 1/3 apple juice, 1/3 lemon juice, 1/3 juniper tea. This blend of juice has been used with clinical success to help break-up kidney stones (ref. Kidney Stone Study).

7. Many kidney diseases result from low grade dehydration. Most people do not intake good water in enough quantities to maintain health. Too much coffee and alcohol can also cause or aggravate kidney disease.

LIVER DISORDERS

1. The liver is a large organ resting next to the digestive system. Its primary function is to detoxification. The liver is highly important in cleansing the blood.

2. Disturbances of the liver may arise from organic diseases, but may also occur due to nutritional factors such as too much alcohol, too many drugs, too many toxins, and too much fried and fatty foods. All of which puts excessive burdens on the liver.
3. Over a period of time, these excessive burdens on the liver may result in liver disturbances. This produces cirrhosis of the liver or weak liver function, which results in various liver-related disorders.

4. Diagnostic signs of liver disease can include liver flutter or twitching of the liver after eating, anemia, an inability of cuts and bruises to heal, whiteness under the fingernail and toenails called Terry's sign, a possible sign of cirrhosis, susceptibility to infections, tiredness and fatigue, and upper right quadrant abdominal pain. Almost any organic disease has liver involvement.

5. *LIVER LIQUESCENCE* is a superb blend of Chinese and other herbs which has been shown to be highly effective in stabilizing liver dysfunctions. This combined with *LIVER/GALLBLADDER* can be used in virtually any type of liver disturbance. If the disease continues past two weeks on the formula, then further diagnostic criteria should be investigated. *LIVER FORMULA* is included in the therapy in cases involving organic or degenerative liver disease.

6. It is very important to reduce the burden on the liver by diminishing alcohol, toxins, smoking, fatty and fried foods. Healthy exercise and stress reduction are also very helpful in aiding the liver to recover.

LIVER (CONJUGATION OF TOXINS)

The LIVER LIQUESCENCE has detox rebuilding of the liver.

Key Acupoints for Liver Stimulation

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LYMPH DISORDERS, Lymphatic Congestion

1. The body contains three times more lymph than blood. This lymphatic fluid is very important for protein metabolism and the immune system.
2. The lymphatic system also helps to balance the electrical nature of the body and to stabilize the electrical transfer of energy.
3. The lymph cycles through the body on a daily basis about 24 to 30 hours. This cycling through the body is accomplished by a pump in the sacral area which gently circulates the lymphatics through the body.
4. The lymphatics then drain excess toxins and inappropriate proteins which then can be put into the intestine for dismissal and also circulated through the liver and kidney.
5. When the lymphatics are clogged, tight or tense, disease can ensue. Most of these diseases will include lymphatic swelling, itching of the skin, discoloration of the skin, blotching of the skin, general inflammation of the body, as well as fatigue and tiredness.
6. *LYMPH LIQUESCENCE can be used to increase the lymph spin throughout the body and thus increase its ability to detoxify.
7. LYMPH LIQUESCENCE should be taken as follows: two teaspoons per day. Dosage may be increased to one or two teaspoons to increase the spin of the lymph in chronic conditions.
8. It is very important that we cleanse the lymph through activity and exercise, and by minimizing toxic protein, too much animal protein, fried foods and fat. Lymph massage can also be very helpful in circulating the lymph. Saunas and other types of heat and water treatments after exercise are also beneficial (ref. RWC - Lymph).

LYMPHATIC SYSTEM
(Three times more lymph than blood)

INFERIOR VENA CAVA

THORACIC DUCT

INTESTINAL LYMPHATICS

Lymph gets congested from lack of enzymes, exercise, toxins, excess fat or protein, or infections. The LYMPH LIQUESCENCE is a blend of herbs and homeopathics that help to promote lymph circulation and detox.

NOSODAL TREATMENT, Infection

1. Homeopathic nosodes are a collection of disease causing or disease tissue of the body. We find that when prepared homeopathically this can help reverse diseases.
2. Homeopathic treatment of diseases such as lupus, leukemia, yellow fever, scarlet fever, cholera, typhus, miscellaneous bacteria and fungus have been shown clinically and experimentally successful.
3. Bacterial nosodes have been shown to increase the mobility and motility factors of white blood cells (ref. Blood Motility Study).

4. Fungal nosodes have been shown to increase the speed and mobility factors of the white blood cells towards fungus.

5. Virus nosodes have been shown clinically to help with flu infections and to help increase antibodies to measles. (bacteria, fungus, viral studies) (measles) (nosodal work)

6. *BAC, *FNG, and *VIR has been shown to clinically stimulate the immune system (white blood cell) towards bacteria, fungus, and virus, respectively.

**IMMUNE SYSTEM WHITE BLOOD CELL**

T-CELL (for bacteria, fungus, cancer)  B-CELL (for allergies, viruses)

**STIMULATES**  **CAUSES**

**PHAGOCYTOSIS**  **ANTI-BODY RELEASE**

The IMMUNE STIMULATION FORMULA has sarcoodes, herbals, and homeopathics to balance the immune system.
OSTEOPOROSIS, Weak Bones

1. There are many factors that have to be present for good calcium to get into the bone. These include dietary calcium (of which less than 9 percent of what is eaten is actually absorbed and transmitted into the blood stream), vitamin D which should be absorbed from the sun's rays into the oils on the body, good estrogenic and androgenic hormones, proper mineral balances in the body, and thyrocalcitonin from the thyroid gland.

2. Thyrocalcitonin is the hormone that puts calcium into the bones. In conditions of hypothyroid, where the thyroid is working ineffectively, contributes to the problem of osteoporosis because of the limited amount of thyrocalcitonin being released.

3. The balance of blood calcium and bone calcium is controlled by the hypothalamic and parathyroid glands. Four of which rest on the thyroid gland's lobes.

4. The parathyroid gland senses blood calcium if it is too low and sends out parathyroid hormone, which takes calcium out of the bones. If calcium content is high, the parathyroid gland causes the thyroid gland to release thyrocalcitonin, which puts calcium into the bone. Disorders of this hormonal network can also result in osteoporosis.

5. In order to correct osteoporosis, good female and male sex hormones must be produced, calcium and vitamin D must be absorbed, a healthy liver and kidney function is necessary, exercise is important, and healthy hypothalamus, parathyroid and thyroid glands are essential.

6. *BONE LIQUESCENCE is the only known formula to have all the different factors needed for healthy bone absorption of calcium. Research has shown that *BONE LIQUESCENCE is capable of helping the body to recover bone calcium into the bone tissue (ref. bone calcium study).

7. Exercise and flexibility are important. This helps to stimulate the body into putting calcium into the bone.

**CALCIUM AND BONE REGULATION**

<table>
<thead>
<tr>
<th>THYROID</th>
<th>(CALCITONIN)</th>
<th>puts calcium into the bone</th>
<th>PARATHYROIDS</th>
<th>(PARATHYROID HORMONE)</th>
<th>takes calcium out of the bone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIETARY CALCIUM</strong></td>
<td>less than 10% absorbed</td>
<td>gets into the blood</td>
<td><strong>BONE</strong></td>
<td>SKIN TAKES IN UV LIGHT</td>
<td></td>
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<tr>
<td><strong>VITAMIN D3</strong></td>
<td></td>
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<td><strong>LIVER</strong></td>
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<td><strong>25(OH)D</strong></td>
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<td><strong>ANDROGENS</strong></td>
<td></td>
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<td><strong>KIDNEY</strong></td>
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</tbody>
</table>

To get Calcium into the bone we need calcium, calcitonin, good kidney and liver function, exercise, magnesium, and sex hormones like estrogen. All of these things are in the BONE LIQUESCENCE.
OTITIS MEDIA, Glue Ear

1. The ear is divided into three parts, the otitis externa or external ear, the otitis media or middle ear, and the otitis interne or inner ear. Infections can occur in all areas of the ear.

2. Otitis media is one of the most common ailments seen by doctors. There are three main reasons for this condition: 1) the ear is one of the most sensitive parts of the body and is extremely susceptible to infection, 2) in children, the eustachian tube, located in the middle ear, doesn't always drain properly until the face grows longer with age and, 3) sugar and other immunosuppressants contribute to otitis media.

3. The inner and middle ear should contain a very viscous type of fluid. When this fluid starts to get sticky or gluey and cannot be drained from the middle ear, it inhibits the transmission of the sound waves through the middle ear. This interferes with conduction hearing. A common term for this is glue ear.

4. Signs and symptoms of Otitis Media include ear pain, itching of ear, possible sore throat, headache, and general irritability.

5. *MUCOUS DISSOLVER is a proven, effective formula in treating Otitis Media (ref. Otitis Media Study). *MUCOUS DISSOLVER stimulates the body to break-up mucous and to assist the body in proper drainage. It contains herbs such as Urtica, Ephedra, and Eucalyptus for their known expectorant properties and Equisetum for drainage among others.

6. *MUCOUS DISSOLVER should be taken daily, as directed for 30 days or as needed. Do not use daily for more than six weeks.

Excess sugar, milk and other allergies can also contribute to excess mucous in the middle ear. This complicates the condition of Otitis Media. Avoid sugar, milk and any other allergy foods or inhalation.

8. Simple ear massage is also suggested. Massage stimulates the body and helps the body to drain the excess mucous through the eustachian tube. 

EAR ANATOMY  The Mucous Disolver thins the mucous and promotes drainage in the middle ear.

The ear massage has three parts:
- trace the eustacian tube, by drawing 40 times down the neck from the back of the ear straight down the neck
- fold the tragus (flap of skin in front of the ear hole) over onto the hole and gently pump 40 times.
- hold the palm of the hand over the whole ear and move the ear in every direction to loosen the ear cartilage, then pump the ear gently 40 times repeat twice daily.
POTASSIUM BICARBONATE

1. Potassium bicarbonate in the body is a needed part of our buffer against acid.
2. The release of hydrochloric acid into the stomach is a much needed part of the digestive process. The pancreas has to release sodium bicarbonate to counteract the acid of the stomach. The bicarbonate should then be reabsorbed by the kidney and brought back into the pancreas for utilization at a later time.
3. Diagnostic criteria of potassium bicarbonate deficiency will be that of an acid body. Morning urine will be acid with high specific gravity. There will also be a tendency to bloat after meals due to the lack of potassium bicarbonate. If bloat starts an hour after the meal, this is another indication of a potassium bicarbonate problem.
4. *ANT-ACID POWDER should only be taken 7 to 10 days to supply potassium bicarbonate back into the system for normalization. Using the bicarb for longer periods of time is incorrect and should only be used on a once a week basis to help stabilize the body after the first 7 days of therapy.
5. When there is an excess acid state in the body, the bicarbonate is not easily reabsorbed and can leach out in the urine. Also taking coffee and hot caffeinated beverages with meals causes a release of the sodium bicarbonate by the pancreas which further complicates the condition of digestion. Stress also depletes bicarb from the pancreas.
6. Using a sodium bicarbonate is usually helpful but the excess sodium can contribute to problems with blood pressure. This type of difficulty is usually a potassium ion deficiency rather than sodium.
7. The ideal time to take this formula is two hours after a meal, when the pancreas needs to have the bicarb in it. By taking a small teaspoon of the *ANT-ACID POWDER mixed with water or juice will help to put bicarb back into the system which will allow for proper nutrition.
8. Results have shown this to be an effective treatment in psychosis and mental diseases.

POTASSIUM DISTRIBUTION in milliequivalents-MEQ Normal

NERVES AND BRAIN CELLS
1000 MEQ

MUSCLE CELLS
3000 MEQ

INTAKE 100MEQ/DAY

RED BLOOD CELLS
250 MEQ

EXTRA CELLULAR FLUID
75 MEQ

LIVER CELLS
200 MEQ

INTESTINE CELLS 1000 MEQ

STOOL LOSS 10MEQ/DAY

KIDNEY CELLS
100 MEQ

URINE LOSS 90MEQ/DAY

Stimulating urine or stool produces a loss in potassium. Stress, coffee at meals and snacking between meals results in BICARB loss. POTASSIUM BICARB replaces the bicarb, magnesium and potassium loss, while realalkalizing the intestinal tract. This formula is much like the BITTERSCALTS formula used in Germany used in some of the best health spas and medical clinics in the world.

SOME ACUPOINT THERAPY

Metacarpal tunnel, or Repetitive Stress
These points are helpful for tennis elbow and metacarpal tunnel syndrome.

1. LI-4 (Hegu)
2. LI-5 (Yangxi)
3. LI-10 (Shousanli)
4. LI-11 (Quchi)
5. LI-12 (Zhouliao)

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Ten Spreadings: Rx Shock, fainting, hysteria, numbness in fingers, fright, fever.

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Energetic Interaction Regulation

These points can adjust the energy exchange between the environment and the body. Use these points to treat environmental geopathic stress.

1. GB-31 (Fengshi)
2. GB-33 (Xiangguan)

SINUS PROBLEMS
Sinusitis can be relieved by stimulation or pressure on these points. Apply hard pressure for 10 sec to the empty circle points and less pressure for 30 sec to the dark points. Sinus lavage with sea salt water, once a week to cleanse and refresh the turbinates.

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RX Sinuses, intelligence stimulation, brain fatigue, reasoning power

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THORACIC OUTLET SYNDROME

Rx Thoracic outlet neck Pain
"Shoulder Well"
Jiāng líng 6B21

Rx arthritis of shoulder, hypochondriac, angina
Jiǎn
Shàoshāi
HT 3 'Lesser Sea'
Rx Tennis elbow, schizophrenia, neurasthenia

Rhinitis

'Inner welcome fragrance' Rx heat exhaustion, laryngitis,
addictive personality, general pain

EX-HN9
Nèiyíngxiāng

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TMJ THERAPY

These points can help relieve TMJ stress. Pressure on the points for 30 sec and TMJ adjustment daily can help reduce a variety of symptoms.

1. S-8 (Toiweil)
2. TB-23 (Sizhukong)
3. M-HN-9 (Taiyang)
4. GB-1 (Tongziliao)
5. S-7 (Xiaquan)
6. N-HN-20 (Qianzheng)
7. S-6 (Jiache)

LARRANGITIS VOICE THERAPY

Releases rigidity of personality and body treats inflexibility of mind and body
TASTE AND BRAIN FATIGUE

Use these points for treatment of larnitis, and vocal disorders.
Rx hyperacidity; balances all digestive organs

EXHN-13
Yúyè
gold fluid

EXHN-12
Jinjin
jade fluid

EX-HN11
Hāiquán

EX-HN10
Juquán
‘Gathering Spring’

EX-HN-3

Yīnláng

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Rx calms spirit; eliminates wind; heat; insomnia; irritability; pessiness; negativity; lack of vision; held back by cants.

‘Seat of Intelligence’; Rx: learning difficulty; lack of vision.

EXHN-4
Yúyāō

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EX-HN1
Sishéncong
‘Four Intelligences’

Rx stimulate consciousness until chakras

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HIP PROBLEMS

Halfway between the iliac crest and the trochanter of the femur is the GB29 which is the best point to treat hip pain.
SACROILIAC

Rx for sacroiliac, lumbago, sciatica, numbness and paralysis of leg

Huanliè 6 B 3 0
'Encircling Leap'

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Rx excessive negativity, argues about everything, sees negative in all or over compensates with too positive

'Wait's Eye'
Yāoyǎn
EXB - 7

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Rx all low back concerns, addiction, fear, feeling stuck

Jiǔlǐn
EXB - 2

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PROSTATITIS

1. The prostate is a gland that produces secretion necessary for sexual activity in the body. The prostate lies directly below the bladder. Urine that is stored in the bladder must pass through the prostate and out of the penis during urination. This passes through a tube known as the urethra.

2. The urethra tube then goes through the middle of the prostate gland. This is very similar to a tube running through an apple. The apple being the prostate and the tube being the urethra. There are very tightly packed cells all through the prostate. When there is an abnormal growth or swelling of these cells this causes some disorders of the prostate.

3. If the cells involved are in a near state of inflammation, we have prostatic hypertrophy or prostatitis. If the cells start to go cancerous and swell because of neoplasia we have prostate cancer. Prostatitis is one of the most disturbing diseases of men over 40 and prostate cancer is one of the leading causes of male deaths past 50. Stress and over adrenal use contribute to the disease as well as liver clogging or dysfunction.

4. The prostate cells are particularly sensitive to female hormones which are made in the adrenal glands in the body. Female hormones should be metabolized by the male liver. When the liver is clogged due to improper nutrition or addiction abuse, and too much stress, we have a situation which could develop into prostatitis. If not controlled, it could develop into prostate cancer.

5. The early symptoms of prostatitis are usually a restriction in the amount of urine flow. When the patient was young he might remember being able to squirt a solid stream across the room. With age this stream becomes a dribble because of prostatitis. Early signs include dribbling after urination, excessive trips to the bathroom for urination, and a split stream of urination.

6. LIVER LIQUESCENCE is very helpful in treating the underlying liver disease behind a prostatic condition. Reducing stress in very important as an adjunctive type therapy for any type of prostatic involvement. Good nutrition and most importantly good fatty acids from vegetables is extremely important.

7. PROSTATE, works through homeopathic action to help the cells to reduce inflammation and to encourage proper growth of cells. This formula has been shown clinically effective (ref. prostatitis study).

8. The treatment of prostatic involvement needs to involve stress reduction, good nutrition, removal of alcohol and drugs, fatty foods and other burdens on the liver, good liver therapy as well as the PROSTATE formula.
Calcium is a much needed mineral in the body, but improper calcification can occur in the body. This often results in calcification of different tendons which can result in what is known as a bone spur.
Calcification usually takes place in the tendons underneath the foot and this results in a bone spur. Calcification can also occur in the intercostal area and produce calcium deposits in the rib area. Another problem area in improper calcification is that in the vertebra area of the back, where the body can inappropriately store calcium around the vertebrae.

Often times calcium is stored as such because of an inappropriate dietary source of calcium such as excess calcium carbonate or other unnatural compounds. Calcium carbonate comes from over use of ant-acids and other factors. Using too many of these compounds can contribute to the storage of calcium in inappropriate tissues.

*BONE SPUR POWDER is an herbal and mineral blend that has been shown effective in displacing inappropriate calcium out of the tissues without disturbing proper calcium in the bone and membrane tissues of the body. *BONE SPUR POWDER acts to assist the body in breaking up these inappropriate calcification through herbal and mineral action (ref. bone spur study).

Drink lots of good water, use BONE SPUR POWDER on a daily basis as a tea and begin to deal with the causes of the bone spur problem. Light exercise and stretching (not to the point of pain) is encouraged. Good nutrition, reducing stress, and building flexibility also helps the formula to work better.

BONE SPUR OF FOOT

CALCIUM BUILD-UP ON TENDONS
OF FOOT

THERE CAN BE CALCIFICATION OF ANY CONNECTIVE TISSUE, BUT MOSTLY IN FOOT, RIB, NECK OR SPINE.
The BONE SPUR POWDER helps to remove the improper calcium build up in these areas.

THREE PARTS OF NUTRITION

1. There are some basic essential elements of nutrition that have been misunderstood and lacking in our diets.

2. We know the need for vitamins, enzymes, and co-enzymes factors that allow for the development of energy, neurological function and other factors of life.

3. We also know our need for protein, but actually protein is broken up in the digestive system and what our body really needs is amino acids.

4. What we don’t realize is our need for fatty acids. Fatty acids are building blocks for cell membranes. These fatty acids and many of the amino acids are heat liable and are destroyed by over cooking. In our society, over cooking and processing of our foods is very common.
5. A three-part program was developed to supply the body with these basic elements of nutrition.  1) *FATTY ACID LIQUESCENCE supplies the essential fatty acids for health, 2) *AMINO ACID MINERAL LIQUESCENCE supplies the basic amino acids and minerals for health, and 3) *A-Z VITAMIN supplies the vitamins and coenzyme factors needed for health.

6. Fatty acids, amino acids and minerals, and vitamins are the key ingredients that are often missing in our present diet due to over cooking and processing of foods. With good simple nutrition and these additional products, nutritional balancing can occur. This allows for an increase in health and maximizes the body’s ability to cure itself.
THYMUS DISORDERS

1. The thymus is a gland residing in the chest which helps to control certain parts of the immune system. At birth, the thymus is the largest gland in the body. It does not grow. The body should grow up around it.

2. The thymus gland should not grow and it should not atrophy. But it can atrophy in extreme cases of stress or toxicity.

3. Thymus hormones help to stimulate the white blood cells and their overall control of bacteria and fungus and degenerative tissues. The thymus hormone is cataloged by many as an anti-aging hormone as it helps the body to deal against the intruders that the body is more susceptible to as it ages.

4. THYMUS LIQUESCENCE contains various hormones, minerals, vitamins, and thymus tissue to help stimulate the release of thymosin as well as to provide an external source of thymosin.

5. Use of THYMUS LIQUESCENCE in the elderly, past the age of 80, can be helpful in a daily dose. For younger patients it should be used only for a month or two of therapy, then switch to the homeopathic sarcode of THYMUS/THYROID/PARATHYROID.

THYMUS

The THYMUS LIQUESCENCE helps to supply thymus hormones while encouraging the rebuilding of Thymus function.
XENOBIOTICS, Toxins, Detoxification

1. The toxins that have been put into our environment over the last 100 years are extreme. Hundreds of thousands of synthetic and organic compounds which never have existed before on this planet have been put into our environment and have found their way into our water, our air, and our food.

2. The tissues of every person we meet will have these toxins contained in them. The ability for the body to detoxify and stop these toxins from doing damage is extremely important.

4. In the science of hormesis, minute amounts of toxins can actually help the body to better deal with these toxins, but also have an accentuating effect on life and a stimulatory effect extending longevity. This research was performed by the University of Wyoming (ref. Hormesis Study).

5. The basic principle of hormesis and homeopathy is what a poison might cause in its raw dose can be reversed by a more dilute dose. From this idea, a line of "XENOBIOTIC" products where developed. Xenobiotics meaning "toxic compounds which are found in biology that need to be detoxified". These Xenobiotics are compounds that help us to deal with a wide variety of toxins. Toxins that might result from the chemical industry, industrial industry, environmental industry, dental industry, toxins from our water supply - chlorine and fluorine, and asbestos. Thus, these compounds help the body to detoxify and to deal with these toxic compounds. Our clinical research has shown this to be effective in detoxifying. This is a form of isodal therapy and is within the theories of homeopathy.


**DETOXIFICATION**

*EXUE-9*

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The hormetic formulas known as the Xenobiotic formulas encourage detoxification and desensitization.

**HOMEOPATHIC IMMUNIZATION PROGRAM**

PRODUCTS MAY BE TAKEN IN THE FOLLOWING SEQUENCE FOR NINE DAYS.

1. **BAC**: 3 drops, 3 times a day, for 3 days.
2. **VIR**: 3 drops, 3 times a day, for 3 days.
3. **FNG**: 3 drops, 3 times a day, for 3 days.
GENERAL DIRECTIONS:

Products should be taken for nine days, following the dosage information below. If necessary, two products may be taken during a 24-hour period. It is suggested that products be taken individually, in the order shown above. Do not take all three products (BAC, VIR and FNG) together in the same 24-hour period.

Infant to 2 Years
3 drops, 3 times a day, for nine-day cycle, each month. Administer drops into navel, using the child’s finger to rub the drops into the navel.

2 to 5 Years
3 drops, 3 times a day, for nine-day cycle, every other month. Take orally.

5 to 9 Years
3 drops, 3 times a day, for nine-day cycle, every fourth month. Take orally.

9 Years to Adult
3 drops, 3 times a day, for nine-day cycle, every six months. Take orally.

NOTE:
Add Vaccinum to sequence if vaccination is going to be used. It helps negate the side effects of vaccination. (3 drops, 3 times a day, for 3 days.)

Singulars of high-risk pathogens (Influecinum, Parotitis, Diphtheria, etc.) can also be used in homochord potencies if there are specific diseases of concern. (3 drops, 3 times a day, for 3 days.)

Please note that this is not a recognized treatment/prevention immunization program in the United States. However, England and other places do recognize a similar approach.

INTRODUCTION TO ALLERSODES

"Allersodes" is the homeopathic word for antigenic therapy. The compound that might induce the allergy, in a weakened or dilute manner, can be used as an allersode to desensitize patients. This is very similar to antigenic therapy, although in homeopathy the usual mode of administration is in the oral cavity through the nasal pharynx. Traditional antigenic therapy usually involves shots.

The Homeopathic Pharmacopeia of the United States (the HPUS), in its Supplement A, 1982, refers to allersodes in the following way:

"Class M Allersodes: Allersodes are homeopathic attenuations of antigens, that is, substances which under suitable conditions can induce the formation of antibodies. Antigens include toxins, ferments, precipitogens, agglutinogens, opsonogens, lysogens, venins, agglutinins, complements, opsonins, amboceptors, precipitins, and most native proteins. Allersodes are prepared according to homeopathic specifications, provided the basic substance is not altered, and the final product is not adulterated by any pathogen or other deleterious substance."

This is allersode therapy as indicated by the HPUS. Patients with allergies, in an ever-allergic world, could benefit from this allersode therapy. It is known that the hyper-immune system, the immediate immune system, or the humoral immune system, consists mostly of the B (white) cell, and this immediate immune system, if out of balance, can produce allergies. The antibodies from the B cell or other blood antibodies can, in an over-intense way, induce histamine response, and thereby, tissue swelling and other allergic conditions. This can result in rhinitis, asthma, intestinal blockage, hives, and the like. It has for a long time been speculated that the B cell general, or the governor of the B cell army, might be the lymphatic connection of lymphoid tissue, between the adenoids, tonsils and appendix.

... destruction of these lymphoid tissues might offer a possible understanding as to the ever-increasing allergy picture in America.

Other complications that have weakened or upset the balance of the immune system produce tendencies toward allergies. These include: processed sugars, stress, toxic exposure, etc., to further entice the body into a more allergic response.

Allersode therapy offers us a possible desensitization. In the work of the French doctors, which was quoted in "Nature", studying homeopathy and antigenic response, it was found that the cells of the body could respond and basically have reactions to even high-potency homeopathics, beyond 30x. This allowed for the understanding of how homeopathy might be a much safer course of allersode treatment. The following articles are experimental studies on allersode therapy, and how it can be used to desensitize people.

In homeopathy we might start with a course of 16x or higher, which is very dilute. A 6x, which is one part per million, is equivalent to one drop of original substance in fourteen gallons of water and alcohol. A 12x, thereby, is equivalent to one drop in over thirty gallons of water and alcohol. These dilute substances, potentized through succussion, at each tenth increment, impart an energy to the compound that is not experienced in stirred compounds, or other types of antigenic therapy. Homeopathy, through its succussion process, might be a very good way to produce desensitization of the allergic response.
PHENOLS

ACC
Acetaldehyde
Acetic Acid
Acetone
Adenine
Aflatoxins
dl-Alanine
Aldehyde
Allyl Butyrate
Allyl Tigliate
Amygdalin
Anethole
Apiol
Arginine
Asparagine
Benzaldehyde
Benzoic Acid
Benzothiazole
Benzyl
Benzyl Butyrate
Benzyl Tigliate
BHA
BHT (Butylated Hydroxytoluene)
d-Biotin
Bioflavenoids
Brain Substance
Butanoic Acid
Butyric Acid
Caffeic Acid
Caffeine
Calcium Chelate
Camphor
Candida
Capsaicin
Carotene
L-Carnitine Hydrochloride
Caryophyllene
Chalcone
Chlorogenic Acid
Cineol
Cinnamic Acid
Coniferyl Alcohol
Coumarin
Decanoic Acid
N,N-Dimethylglycine Hydrochloride
L-Dopa
Dopamine
Ellagic Acid
Ephedrine HCl
Esters (30 types)
Estrogen
Ethyl Butyrate
Ethyl Heptanoate
Ethyl Hexanoate
Ethyl Octanoate
Ethyl Propionate
Ethyl Pyruvate
Ethyl Valerate
Eugenol
FD&C Blue No. 1
FD&C Blue No. 2
FD&C Green No. 3
FD&C Red No. 2
FD&C Red No. 3
FD&C Red No. 40
FD&C Yellow No. 5
FD&C Yellow No. 6
FD&C Violet No. 1
Folic Acid
Formaldehyde
Furfural
Furfuryl Butyrate
Furfuryl Heptanoate
Furfuryl Hexanoate
Furfuryl Octanoate
Furfuryl Pentanoate
Furfuryl Propionate
GABA (Gamma-Amino Butyric Acid)
Gallic Acid
Genistein (Biochanin A)
Germanium
L-Glutamic Acid
L-Glutamine
L-Glutathione
Glutin
Glycine
Glycyrrhizinate
Heart Substance
Hemoglobin
Hesperetin
Histamine
Hydrocinnamic Acid
Hypothalamus Substance
Indole
Inosine
Inositol
Isoascorbic Acid
Isoleucine
Isopropyl Butyrate
Isopropyl Tiglate
alpha-Keto Glutaric Acid
Kidney Substance
Lactic Acid
Lactose
Leucine
Limonene
Linalool
Lipase Blends
Lymphatic Substance
Lysine
Malic Acid
Maltose
Malvin
Manganese Chelate
Mannan
Menadione
Methionine
Menthol
Methyl Butyrate
dMethyl Salicylate
Methyl Tiglate
Molybdenum Chelate
Naringenin
Nicotine
Norepinephrine
Octacosanol
Octanoic Acid
Octopamine
Orchic Substance
Ovarian Substance
PABA (Para Amino Benzoic Acid)
Pancreatin
Pancrelipase
Pentose
Phenethyl 2-Methylbutyrate
Phenylalanine
Phenylisothio
Phloridzin
Pinene
Piperine
Piperonal
Pituitary Substance
Progesterone
Propyl Butyrate
Propyl Tiglate
Putresine
Pyrrole
Pyridoxal-5-Phosphate
Pyridoxine Hydrochloride (Vitamin B-6)
Phytic Acid
Pyruvic
Quercetin
Red Bone Marrow
Riboflavin (Vitamin B-2)
Rutin
Safrole
Salsolinol
Serotonin
Skatol
Spleen Substance
Succinic Acid
Suprarenal/Adrenal Substance
Suprarenal Cortex
Taurine
Thiamine Hydrochloride (Vitamin B-1)
Thujone
Thymol
Thymine
Thyroid
Trypsin
Tryptophan
Tyramine
Tyrosine
Ubiquinone 50
Uric Acid
Uterus Substance
Valeraldehyde
Vanillin
d-Xylose
ALLERGINS, ANTIGENS, FOODS

Angora (Goat Mohair)  Hickory Mix
Apple                  Horse
Banana                 Juniper
Bean                   Kapok
Birch Mix              Kelp-Iodine
Brewers Yeast         Lemon
Broccoli              Lettuce
Cabbage               Maple Mix
Carrot                  Milk
Cat                     Mold Mix
Cattle                   Mulberry
Cauliflower            Mushroom
Celery                  Nut Mix (Almond)
Cheese                   Nut Mix (Brazil)
Cheddar Mix            Nut Mix (Cashew)
Chicken                Nut Mix (Coconut)
Chocolate            Nut Mix (English Walnut)
Citrus                    Nut Mix (Peanut)
Coffee                  Nut Mix (Pecan)
Corn Pollen             Onion
Cotton Seed             Orange
Cotton Wood            Penicillium (Chrysogenum)
Cucumber                Penicillium (Digitatum)
Dock Sorrel            Penicillium (Notatuer)
Dog                     Penicillium (Roquefort)
Dust Mix (House)        Perfume Mix
Dust Mix (Mattress)     Pine Mix
Dust Mix (Rug)          Pollen (Amaranthus)
Dust Mix (Upholstery)   Pollen (Chenopodium)
Eastern Oak            Pollen (Cockle Bur)
Egg White (Chicken)     Pollen (Daisy)
Elm Mix                 Pollen (Dandelion)
Feathers (Chicken, Goose, Duck) Pollen (Grass)
Flax Seed              Pollen (Grass)
Flower Pollen I         Pollen (Grass)
Flower Pollen II        Pollen (Grass)
Fruit Juice            Pollen (Marsh Elder)
Garlic                   Pollen (Mugwort)
Grain Mill Dust (Corn)       Pollen (White)
Grain Mill Dust (Wheat)     Red Meat
Grass (Alfalfa)         Rice
Grass (Golden Rod)     Salmon
Grass (Kentucky Blue)  Scale Mix
Grass (Meadow Fescue)  Sesame
Grass (Orchard)         Sheep Wool
Grass (Perennial Rye)   Shellfish (Clam)
Grass (Red Clover)      Shellfish (Crab)
Grass (Red Top)        Shellfish (Oyster)
Grass (Sweet Vernal)     Shellfish (Scallop)
Grass (Timothy)          Shellfish (Shrimp)
Green Pepper          Soybean
Hair Spray               Spinach
Tobacco                   Strawberry
Tomato                   Western Oak Mix

In *The Experimental Evidence for Homeopathy* I and II by Dr. William Nelson we can see that isodal homeopathy includes using different synthetic compounds that can cause disease, and using body secretions. The form of isodal therapy that we will concentrate on is that of synthetic compounds and pollutants that can cause disease. To this end Dr. Nelson has devised many combinations, known as xenobiotics, which allow us to deal with broad-based detoxifications. We also have a large list of pollutants that can be developed in homeopathic form and various combinations for our trained homeopath to use in different conditions.

Within this chapter is a list of pollutants and disease-causing factors from heavy metals, insecticides, food additives, etc. This challenging form of homeopathy offers exciting new techniques to deal with our ever increasing polluted world. Many of these compounds have the potential to be extremely dangerous and must have strict controls, which are exercised by Maitreya. They make sure that the items rendered are within the licenses of doctors and safe for use. To this end we point one now to the pledge of Maitreya that safety is of first importance.

We welcome the reader to an exciting new world of expanded homeopathy, a world that was unknown to Hahnemann, as many of these chemicals did not exist in his age. Yet they are a vital part of the disease structure today. Our patients must be cleansed and detoxified of these noxious chemicals. In the *The Experimental Evidence for Homeopathy* books we offer evidence for homeopathy's effectiveness in this area. The new field of hormesis research also offers additional evidence for isodal homeopathy's ability to help the patient.

These isodes are detoxifiers that need to be used in an ever-increasingly toxic world. Maitreya has developed many different remedies utilizing polychord techniques, developed with the Quantum Quality Control (QQC™) process.

These remedies can be utilized very safely and easily in an acupuncturist's, chiropractor's or naturopathy's practice along the guidelines of homeopathy and natural treatment, which can be utilized in a drug-free mode.

Within the last hundred years, man through synthetic development, has drastically increased our toxic exposure. Present-day scientists have found in a new study of hormesis that tickle doses, small trace doses of a toxin can have stimulatory effects on the body. Hormesis stimulates a cell's defense system. In hormesis the homeostatic balance is tipped, forcing the body to take measures to protect itself.
Isodes are commonly called detoxifying substances in homeopathy. Isodes are compounds that, in raw dose, produce toxic events in the body, as the body tries to deal with releasing these toxic items. In homeopathy we might use a very dilute form in the high x, a non-toxic form completely free of the toxic environment but full of the energy of this toxin, to help the body to address the detoxification process.

The Homeopathic Pharmacopeia of the United States (the HPUS), in its Supplement A, 1982, refers to isodes in the following way:

"Class N Isodes: Isodes, sometimes called detoxisodes, are homeopathic attenuations of botanical, biological, chemical, or synthetic substances, or drugs, including iscipients or binders which have been ingested or otherwise absorbed by the body, and are believed to have produced a disease or disorder which interferes with homeostasis. Isodes are prepared according to homeopathic specifications, provided the basic substance is not altered, and the final product is not adulterated by any pathogens or other deleterious substances."

Isodes can be helpful to the body as heavy metals in homeopathic form, or environmental pollutants, or even radiation compounds. These all help the body to deal with unnatural exposures to these items. The study of xenobiotics is the study of toxicity in the body, and it is not only included in external synthetic toxins, but also has its place in understanding the toxins made within the body, such as histamines and other compounds which are toxic in their production within the body.

The following articles are operating on the possible assumption that the effectiveness of isodal therapy in biology acts through the "beefing up" of the body's natural process of detoxification. The individual isode, such as aluminum, taken in a 30x, might possibly build up the defence that the body has for aluminum, to sweep it from the body. This is the speculative point, of which we now introduce some scientific research on isodal therapy.

Isodes are fairly broad-based, and have such variant qualifications and definitions that most anything we would think of could at one time or another be classified an isode.

ISODES XENOBIOTICS

Addex insecticide and food additive detox
Algin radiation detox
Amalgam dental toxins
Amebex ameoba detox
Asbestox asbestos detox
BAC bacterial detox and immune stimulation
Beautox beauty shop toxins detox
Chemex synthetic pharmaceutical detox
Chlorex chlorine flourine and water polution detox
Envirox environmental polution and petroleum detox
FNG fungal detox and immune stimulation
Industriox industrial polution detox
Metab genetic disturbance correction
Vermex parasite worms and flukes detox
Opsin 1 food allergy detox
Opsin 2 inhalent allergy detox
VIR virus detox and immune stimulation

AMINO ACIDS

Alanine (L-Alaninamide)
Arginine (L-Argininamide)
Asparagine (Na-t-BOC-N-y-Xanthyl-L-Asparagine)
Aspartic Acid (L-Aspartic Acid Amide)
Aspartic Acid (p-Nitrophenyl Ester)
Cysteine
Glutamic Acid
Glutamin
Glycine
Glycinamide (Glycine t-Butyl Ester)
Histidine
Isoglutamine
Isoleucine
Leucine
Lysine
Methionine
L-Methionine
Norleucine
Norvaline
Ornithine
Phenylalanine
Proline
Pyroglutamic Acid
Sarcosine
Serine
Statine
Taurine
Threonine
Tryptophan
Tyrosine
Valine

Miscellaneous

N-t-BOC-y-Aminobutyric Acid
N-t-BOC-L-Homoserine
N-CBZ-y-Amino-n-butyric Acid
N-CBZ-e- Amino-n-caproic Acid
N-CBZ-L-Homoserine
N-CBZ-D-3-(2-Naphthyl)alanine

LIPIDS

Fatty Acid Anhydrides

<p>| C 2:0  | Acetic          |
| C 4:0  | Butyric         |
| C 6:0  | Caproic         |
| C 8:0  | Caprylic        |
| C 10:0 | Capric          |
| C 12:0 | Lauric          |
| C 14:0 | Myristic        |
| C 16:0 | Palmitic        |
| C 17:0 | Heptadecanoic   |
| C 18:0 | Stearic         |
| C 18:1, cis-9 | Oleic     |
| C 18:1, trans-9 | Elaidic    |
| C 18:2, cis-9,12 | Linoleic |
| C 20:0 | Arachidonic     |</p>
<table>
<thead>
<tr>
<th>Fatty Acid Composition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 20:1, cis-11</td>
<td>11-Eicosenoic</td>
</tr>
<tr>
<td>C 22:0</td>
<td>Behenic</td>
</tr>
</tbody>
</table>

### Diglycerides

<table>
<thead>
<tr>
<th>Fatty Acid Composition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 6:0</td>
<td>Dicaprin, 1,3 isomer</td>
</tr>
<tr>
<td>C 8:0</td>
<td>Dicaprylin, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 10:0</td>
<td>Dicaprin, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 12:0</td>
<td>Dilaurin, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 14:0</td>
<td>Dimyristin, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 15:0</td>
<td>Dipentadecanoin, 1,3-isomer</td>
</tr>
<tr>
<td>C 16:0</td>
<td>Dipalmitin, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 18:0</td>
<td>Distearin, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 18:1, cis-9</td>
<td>Diolein, 1,2- , 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 18:1, cis-9, C2:0</td>
<td>1-Oleoyl-2-Acetyl</td>
</tr>
<tr>
<td>C 18:1, trans-9</td>
<td>Dielaidin, 1,3-isomer</td>
</tr>
<tr>
<td>C 18:2, cis-9,12</td>
<td>Dilinolein, 1,3-isomer</td>
</tr>
<tr>
<td>C 20:0</td>
<td>Diarachidin, 1,3- and mixed isomers</td>
</tr>
<tr>
<td>C 20:1, cis-11</td>
<td>Di-11-Eicosenoic, mixed isomers</td>
</tr>
<tr>
<td>C 22:1, cis-13</td>
<td>Dierucin, mixed isomers</td>
</tr>
</tbody>
</table>

### Monoglycerides

<table>
<thead>
<tr>
<th>Fatty Acid Composition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 8:0</td>
<td>1-Monocapryloyl-rac-glycerol</td>
</tr>
<tr>
<td>C 10:0</td>
<td>1-Monodecanoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 12:0</td>
<td>1-Monolauroyl-rac-glycerol</td>
</tr>
<tr>
<td>C 14:0</td>
<td>1-Monomyristoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 16:0</td>
<td>1-Monopalmitoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 16:1, cis-9</td>
<td>1-Monopalmitoleoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 18:0</td>
<td>1-Monostearoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 18:1, cis-9</td>
<td>1-Monooleoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 18:1, trans-9</td>
<td>Monoelaidin</td>
</tr>
<tr>
<td>C 18:2, cis-9,12</td>
<td>1-Monolinoleoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 18:3, cis-9,12,15</td>
<td>1-Monolinolenoyl-rac-glycerol</td>
</tr>
<tr>
<td>C 20:1, cis-11</td>
<td>Mono-11-eicosenoic, 1-isomer</td>
</tr>
<tr>
<td>C 22:1, cis-13</td>
<td>Monerucin, 1-isomer</td>
</tr>
</tbody>
</table>

### Triglycerides

<table>
<thead>
<tr>
<th>Fatty Acid Composition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 2:0</td>
<td>Triacetin</td>
</tr>
<tr>
<td>C 4:0</td>
<td>Tributyrin</td>
</tr>
<tr>
<td>C 6:0</td>
<td>Tricaprin</td>
</tr>
<tr>
<td>C 8:0</td>
<td>Tricaprylin</td>
</tr>
<tr>
<td>C 9:0</td>
<td>Trinonanoin</td>
</tr>
<tr>
<td>C 10:0</td>
<td>Tricaprin</td>
</tr>
<tr>
<td>C 12:0</td>
<td>Trilaurin</td>
</tr>
<tr>
<td>C 13:0</td>
<td>Tritridecanoin</td>
</tr>
<tr>
<td>C 14:0</td>
<td>Trimyristin</td>
</tr>
<tr>
<td>C 14:1, cis-9</td>
<td>Trimyristolein</td>
</tr>
<tr>
<td>C 15:0</td>
<td>Tripentadecanoin</td>
</tr>
<tr>
<td>C 16:0</td>
<td>Tripalmitin</td>
</tr>
<tr>
<td>C 16:1, cis-9</td>
<td>Trielaidin</td>
</tr>
<tr>
<td>C 17:0</td>
<td>Triheptadecanoin</td>
</tr>
<tr>
<td>C 18:0</td>
<td>Tristearin</td>
</tr>
<tr>
<td>C 18:1, trans-9</td>
<td>Trielaidin</td>
</tr>
<tr>
<td>Fatty Acid Structure</td>
<td>Chemical Name</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>C 18:1, cis-9</td>
<td>Triolein</td>
</tr>
<tr>
<td>C 18:1, cis-6</td>
<td>Tripetroselinin</td>
</tr>
<tr>
<td>C 18:2, cis-9, 12</td>
<td>Trilinolelaidin</td>
</tr>
<tr>
<td>C 18:3, cis-9,12,15</td>
<td>Trilinolenin</td>
</tr>
<tr>
<td>C 19:0</td>
<td>Trinonadecanoin</td>
</tr>
<tr>
<td>C 20:</td>
<td>Triarachidin</td>
</tr>
<tr>
<td>C 20:1, cis-5,8,11,14</td>
<td>Triarachidonin</td>
</tr>
<tr>
<td>C 22:0,</td>
<td>Tribehenin</td>
</tr>
<tr>
<td>C 22:1, cis-13</td>
<td>Trierucin</td>
</tr>
<tr>
<td>C 24:1, cis-15</td>
<td>Trinervonin</td>
</tr>
</tbody>
</table>

**VITAMINS**

- **CoEnzyme Q6** (Ubiquinone 30)
- **CoEnzyme Q7** (Ubiquinone 35)
- **CoEnzyme Q9** (Ubiquinone 45)
- **CoEnzyme Q10** (Ubiquinone 50)
- **Vitamin B1** (Thiamine)
- **Vitamin B2** (Riboflavin)
- **Vitamin B3** (Niacin)
- **Vitamin B4** (Niacinamide)
- **Vitamin B5** (Pantothenic Acid)
- **Vitamin B6** (Pyridoxine)
- **Vitamin B7** (Folic Acid)
- **Vitamin B8** (CoEnzyme A)
- **Vitamin B9** (PABA)
- **Vitamin B10** (Biotin)
- **Vitamin B11** (Inositol)
- **Vitamin B12** (Cyanocobalamin)
- **Vitamin B13** (Choline)
- **Vitamin B14** (Betaine)
- **Vitamin B15** (Pangamate Acid)
- **Vitamin B16** (Oxythiamine Chloride)
- **Vitamin B17** (Laetrile)
- **Vitamin B18** (FAD)
- **Vitamin B19** (FMN)
- **Vitamin B20** (Carnitine)
- **Vitamin D2** (Ergocalciferol)
- **Vitamin D3** (Cholecalciferol)
- **Vitamin E** (Alphatocopherol)
- **Vitamin K** (Menadione)
- **Vitamin U** (Methionine-s-Methyl Sulfonium Bromide)

**SARCODES**

Sarcodal homeopathy involves using healthy glandular tissue, which occurs within a healthy organism, to treat sick conditions within the body. For an expanded view of sarcodes and the experimental context behind them, we point the reader to *The Experimental Evidence for Homeopathy I and II* by Dr. William Nelson. In these texts we outline exactly some ways that sarcodal homeopathy works in the patient. Sarcodal homeopathy seems to promote the growth and development of healthy glandular
Within this chapter we wish to classify many sarcoodes that can be utilized by a knowledgeable homeopath. The list of sarcoodal tissues utilized in this document is vast, and beyond the grasp of many homeopaths. There are a variety of tissues, used by homeopaths in many ways. Since we find that these sarcoodal tissues help to rebuild tissue, help tissue to organize properly, and increase the probability of the presence of healthy tissue over old tissue, we can see how homeopathy can be used. Sarcoodal tissue can go beyond mere tissue to secretions; which include hormones, enzymes, coenzymes, RNA, DNA, and other factors. Thus we can see from our list that there is a wide range of sarcoodal tissues that can be brought beyond just tissue, to include some secretions of the body. This vast array of secretions is broadened to include as many different hormones and enzymes known by Dr. Nelson at this time.

Sarcoodal therapy in the 6x and above homochord is a very safe type of homeopathy that can be given to children and the elderly, with virtually no risk. The reactivity of these depends on the condition of the tissues and also the types of tissues that are treated. Intestinal tissues build rapidly, in that there is rapid cell turnover; whereas tissues of nerves and eyes are very slow in their treatment. But sarcoodes can be used in a wide range of activity.

These sarcoodes can be utilized by chiropractors, acupuncturists and naturopaths. Here they only must know where the focus of disease is, or might be. This is safe, and there is no risk to patients. The doctor only needs to supply the sarcode needed for the tissue needing reconstruction. Thus the sarcoodes and the life force of the body will slowly rebuild that area, and help to fortify those tissues.

Sarcode remedies have been utilized for many years in homeopathy to help rebuild correct tissues when organ structures are in disease states. Damage caused by disease states to organs can result in malfunctioning on an organic level. The Dr. Recommends’ restorative remedies help the tissue areas to rebuild. Energetic studies have shown that a potentized glandular can rectify an energetic imbalance where there is no organic disturbance. This is covered in The Experimental Data on Homeopathy by Dr. Nelson, and allows us to see the uses and proposed mechanisms of sarcoodal homeopathy.

Sarcoodal homeopathy offers the safest and most gentle form of homeopathy. Results are often the slowest to be seen due to the correct rebuilding of the degenerative cells in the organs. The restorative remedies will work more quickly and successfully in younger patients than in older patients. In the older patient these remedies can at times be utilized to stimulate cleansing and to stabilize and reduce the risk of healing crisis.

SARCODES

**BIOACTIVE PEPTIDES**

Adrenocorticotropic Hormone (ACTH; Corticotropin A)
Angiotensin I
Angiotensin II (Hypertensin II)
Angiotensin III
Angiotensin III Inhibitor
Angiotensin-Converting Enzyme Inhibitor (pGlu-Trp-Pro-Arg-Pr9o-Gin-Ile-Pro-Pro)
Angiotensinogen (Fragment 1-14)
Renin
Bradykinin (Arg-Pro-Gly-Phe-Ser-Pro-Phe-Arg)
Bradykinin Potentiator B (pGlu-Gly-Leu-Pro-Pro-Arg-Pro-Lys-Ile-Pro-Pro)
Bradykinin Potentiator C (pGlu-Gly-Leu-Pro-Pro-Gly-Pro-Ile-Pro-Pro)

**CHEMOTACTIC PEPTIDES**

N-Acetyl-L-Methionyl-L-Lefucyl-L-Phenylalanine
L-Alanylglucyl-L-Seryl-L-Glutamic Acid (Eosinophil chemotactic factor of anaphylaxis)
N-BOC-L-Methionyl-L-Leucyl-L-Phenylalanine (Chemotactic peptide antagonist)
N-BOC-L-Phenylalanyl-D-Leucyl-L-Phenylalanyl-D-Leucyl-L-Phenylalanine (Chemotactic peptide inhibitor)
N-Formyl-L-Methionyl-L-Leucyl-L-Phenylalanine Methyl Ester (A potent chemotactic peptide for human blood monocytes)
N-Formyl-L-Methionyl-L-Leucyl-L-Phenylalanyl-L-Lysine (Acetate salt)
N-Formyl-L-Methionyl-L-Leucyl-L-Tyrosine (Dicyclohexylammonium salt)
N-Formyl-L-Methionyl-L-Phenylalanyl-L-Methionine
N-Formyl-L-Norleucyl-L-Leucyl-L-Phenylalanine (Chemotactic peptide)
N-Formyl-L-Norleucyl-L-Leucyl-L-Phenylalanyl-L-Tyrosine
L-Methionyl-L-Leucyl-L-Phenylalanine (Acetate Salt - Exhibits very weak chemotactic properties)
Val-Gly-Val-Ala-Pro-Gly (Elastin chemotactic fragment)
L-Valylglycyl-L-Seryl-L-Glutamic Acid (Eosinophil chemotactic factor of anaphylaxis)
Dynorphin A (Porcine)
Dynorphin B (Porcine)
a-Endorphin (B-Lipotropin 61-76)
B-Lipotropin Fragments
a-Neoendorphin
Leucine Enkephalin
Leucine Enkephalin-Lys
Enkephalinamide
Methionine Enkephalin (Tyr-Gly-Gly-Phe-Leu-Lys)
[D-Trp²]-Methionine Enkephalin
Proenkephalin
Syndyphilin-20
L-Tyrosylglycylglycine

ENZYME INHIBITORS
Amastatin
Angiotensin-Converting Enzyme Inhibitor
Antipain
Chymostatin
Leupeptin

GASTROINTESTINAL PEPTIDES
Caerulein
Cholecystokinin
Galanin
Gastric Inhibitory Polypeptide
Gastrin
Gastrin I Fragments
Gastrin II (Sulfated)
Gastrin Releasing Peptide (Porcine)
Glucagon (Crystalline)
Pancreatic Polypeptide
Pancreozymin
Peptide YY
Secretin
Growth Hormone Releasing Factor (1-44)
a-Melanocyte Stimulating Hormone
Neurotensin

OPIOID PEPTIDES
Adrenal Peptide E
B-Casomorphin
Dermorphin
Kyotorphin
Morphiceptin
Oxytocin
Pressinoic Acid
Vasopressin
Vasotocin
Somatostatin
Somatostatin 25
Somatostatin 28 (Fragment 1-14)

MISCELLANEOUS

Amastatin
Antipain
Beauvericin
Calcitonin
Cholecystokinin
Corticotropic Releasing Factor
Elastin Chemotactic Fragment
Eledoisin
Erythropoietin
Glucagon
Glutathione
Insulin
Katakalcin
Kentsin
Neuromedin C
Pancreozymin
Proctolin
Proenkephalin
Thymosin α,
Thyrocaltitonin
Xenopsin

EAR

Auricle or Pinna
Cochlea
Malleus
Meatus
Membrana Tympani
Promont.
Stapes
Tragicus

EYE

Anterior Chamber
Aqueous Humor
Canal for Central Artery
Canal of Petit
Canal of Schlem
Cavity Occupied by Vitreous Humor
Choroid Coat
Ciliary Body
Ciliary Processes
Cones
Conjunctiva
Cornea
Crystalline Lens
Eyelids
Internal Rectus Muscle
Lachrymal Gland
Meibomian Glands
Nerve Sheath
Optic Nerve
Posterior Chamber
Puncta Lachrymalia
Sclerotic Coat
Retina
Rods
SINUSES

Carotid Sinus
Cavernous Sinuses
Circular Sinus
Ethmoid Cells
Frontal Sinus
Inferior Petrosal Sinuses
Lateral Sinus
Maxillary Sinus
Naso-Palatine Nerve
Olfactory Nerve
Sphenoidal Sinus
Superior Petrosal Sinuses
Transverse Sinus

NERVES

Anterior Crural
Auditory
Buccal
Cardiac
Cervical
Cranial
Digital
Dental
Dorsi-Lumbar
Facial
Genito-Crural
Glosso-Pharyngeal
Gustaory
Hepatic-Hypoglossal
Inferior Maxillary
Intercostal
Lumbar
Lumbo-Sacral
Ninth
Olfactory
Ophthamlic
Optic
Petrosal-Splanchnic
Pulmonary
Sacral
Sciatic
Sixth
Tenth
Thoracic
Thyro-hyoid
Tympanic
Ulnar
Uterine
Vaginal
Vagus
Vestibular

**HORMONES**

- ADP
- ATP (Calcium Salt)
- ATP (DiBarium Salt)
- Adenosine 5'-Triphosphatase (ATP)
- Angiotensin I
- Atropine
- Azo Gantanol
- B-Endorphin
- Compound 48/80
- d-Aldosterone
- d-Biotin (Vitamin H)
- DL-Carnitine
- DL-Thyroxine
- L-Carnitine
- Enterokinase
- (+)-x-Ephedrine
- Erythromycin
- Estrone
- Folic Acid
- Follicle Stimulating Hormone
- Gaba (Gamma Amino Butyric Acid)
- Histamine
- Immunoglobulin A
- Immunoglobulin G, Human
- Insulin
- Insulin Biotin
- Interferon
- Intrinsic Factor
- Parathyroid Acetone Bovine
- Parathyroid Hormone
- Progesterone
- Prostaglandin D2
- Prostaglandin E
- Prostaglandin F2
- Pyridoxine (B6)
- Renin
- Rennin (Chymosin)
- Somatostatin
- Somatotropin
- Testosterone
- Thyrocaltitonin
- Thyrotropin Releasing Hormone
- Vitamin B12

**ENZYMES**

- Acetylesterase
- Acid Phosphatase
- Adenosine 5'-Diphosphatase
- Alkaline Phosphatase
- Alkaline Protease
Amino Acid Decarboxylases
Amino Acid Oxidase
Aminobutyric Acid Transaminase
\( \alpha \)-Amylase
\( \beta \)-Amylase
Angiotensin Converting Enzyme
Arginase
Ascorbate Oxidase
Asparaginase
ATPase
Bile Acid Dehydrogenase
Bromelain
Candida Pseudotropicalis
Candida Utilis
Carbonic Anhydrase
Catalase
Cellulase
Chloroperoxidase
Cholesterol Esterase
Cholesterol Oxidase
Choline Acetyltransferase
Choline Kinase
Choline Oxidase
Cholinesterase, Acetyl
Cholinesterase, Butyryl
\( \alpha \)-Chymotrypsin
Cocarboxylase
Coenzyme A Dehydrogenase
Cortisone Reductase
Creatinase
Creatine Phosphokinase
Creatininase
Cytochrome \( b_2 \)
Cytochrome C Reductase
Deoxyribonuclease I
Deoxyribonuclease II
Deoxyribonuclease (ATP Dependent)
Deoxyribonucleic Acid Ligase
Deoxyribonucleic Acid Polymerase
DNA Ligase
DNA Polymerase
Dopamine \( \beta \)-Hydroxylase
Elastase
Enterokinase
Formaldehyde Dehydrogenase
Fucose Dehydrogenase
Gabase
Glucose Dehydrogenase
Glutamic Decarboxylase
Glutamic Dehydrogenase
Glutathione Peroxidase
Gluthione Reductase
Glycogen Phosphorylase
Glycogen Synthetase
Histaminase
Histidase
Hydroxypyruvate Reductase
Invertase
Isoamylase
Isocitrate Lyase
Isomaltase
Lactase
Lactate Dehydrogenase
Lactate 2-Monoxygenase
Lactate Oxidase
Lactic Dehydrogenase
Lactoperoxidase
Lecithinase A
Lecithinase C
Lecithinase D
Leucine Dehydrogenase
Lipase
Lipoxidase
Lysin
Lysozyme
Lytic Enzymes
Maltase
Monoamine Oxidase
Myosin
NADase
Neuraminidase
Nuclease
Ornithine Decarboxylase
Oxalate Oxidase
Pancreatin
Pancreozymin
Papain
Parathion Hydrolase
Pectinase
Pectolyase
Penicillinase
Pepsin
Pepsinogen
Peptidase
Peroxidase
Phosphatase, Acid
Phospholipase A₂
Phytase
Prostaglandin Dehydrogenase
Protease
Pseudocholinesterase
Pyruvate Kinase
Pyruvate Oxidase
Renin
Rennin
Ribonuclease
Steroid Dehydrogenase
Sucrase
Trypsin
Trypsinogen
Tryptophanase
Tyrosinase
Vanilmandelic Acid Dehydrogenase
Xanthine Oxidase

ENDOCRINE

Adrenal
Hypophysis (Pituitary)
Ovaries
Pancreas
Parathyroid
Testis
NOSEDOSES

Nosodal therapy involves using disease-causing or disease-containing tissues and diluting them to cause reversal effects. This is the basic principle of vaccination and of homeopathy. Diseased tissue can be used to alleviate disease conditions. This is the science of nosodal homeopathy. A nosode is a homeopathic or diluted and energized form of the diseased entity. Within this chapter we include a list of medical nosodes of various diseases and diseased tissues.

Thus we can see that there is a wide range of nosodal factors used by modern homeopaths. Those known to Dr. Nelson are contained in this document. To reference some experimental data behind nosodal homeopathy we point the reader to *The Experimental Evidence for Homeopathy I* and *II* by Dr. William Nelson. Within those books we can see how nosodal homeopathy is used to reverse disease conditions.

We can see that homeopathy offers a safe alternative to vaccination, which has very similar modes of operation. Even new ideas of DNA and RNA theory can be ascertained with this nouveau homeopathy.

These nosodes, which have been developed into different combinations, can be used safely and correctly in an acupuncturist's, chiropractor's or naturopath's practice. Thus we may utilize these various compounds in a nosodal way to beef up the immunity of the patient to deal with issues regarding pathogenic activity.
NOSODES

DENTAL
Acute Bacterial Ostitis of the Jaw
Acute Pulpitis
Apical Granuloma
Caries
Chron. Bact. Ostitis of Jaw
Chron. Pulpitis
Corynebacterium Anaerob7
Cyst Epithelial
Dental Sack
Ear Sclerosis
Epulis
Exudative Ostitis
Fatty Ostitis of Jaw
Fistula Dentalis
Folicular Cyst
Fundus Abscess
Gangranose Pulpa
Gingivitis
Granuloma Purulent
Jaw Ostitis
Necrotic Gingivitis
Osteosclerosis of the Jaw
Parodontose
Parotis Dental Calculi
Parulis (Staph. Aux)
Parulis (Streptoc. Muc.)
Periodontal Fibrom
Periodontal Pocket
Periodontitis
Pulpal Stone
Radicular Cyst
Root Granulomium
Root Canal TX
Ulcerative Gingivitis

MEDICAL
Ampyillin
Asthma Bronchiale
Bladder Tbc
Cataracta Brunescens
Cataracta Complicat
Cataracta Wilson
Chronic Cystitis + Endometrosis
Contaracta Senilis
Encephalomyelomalacia
Endometritis Tuberculossa
Hepatitis
Lupus
Lupus Erythematosis
Multiple Sclerosis
Neuralgie
Neurofibrom
Pleuritis
Progressive Muscular Dystrophia
Psoriasis
Sinusitis Frontalis
Sinusitis Maxillaris
MICRO-ORGANISMS (possible pathogenic)
Acidophilus
Adnexitis
Aerobacter Cum Coli
Amoeba
Amoeba Hepar Abscessus
Ascaridinum
Bacteroides
Bac. Morgan
Bifidus
Botulinum
Chlamydia Trachomatis
Common Wart Bulgarus
Conjunctivitis
Coxsackie
Diphtherinum
Dysentery
Elephantiasis
Encephalitis
Enterococcinum
Epstein Barr
Eschericia
Flu 83
Flu 84
Flu 85
Flu 86
Flu 87
Flu 88
Flu 89
Flu 90
Fungas Flora
Haemophilus Influenzae
Herpes Progenitails
Herpes Simplex
Herpes Zoster
Human Papiloma Virus
Infectiosis Mononucleosis
Influenccinum
Influenccinum (Berlin 55)
Influenccinum Vesiculosum
Klebsiella Pneumoniae
Lamba Intestinalis
Malaria
Meningococcinum
Monilia Albicans
Morbillinum
Mycoplasma Pneumoniae
Mycosis Fungoides
Oxyuren
Peptostreptococcus Anaer.
Planters Warts
Poliomyelitis
Pneumococcin
Progenium
Pyrogenium (Beef)
Pyrogenium (Chicken)
Pyrogenium (Crab)
Pyrogenium (Fish)
Pyrogenium (Lobster)
Pyrogenium (Pork)
Pyrogenium (Shrimp)
Pyrogenium (Tuna)
Pyrogenium (Turkey)
Proteus
Pyocyaneus
Q-Fever
Rauwolfia
Retro-Virus III
Retro-Virus IV
Retro-Virus V
Rhinopneumonitis
Rocky Mountain Spotted Fever
Rubeola
Salmonella TP
Scarlatinum
Shiga Kruse
Shigella Paradyseateriae
Staphylococcin
Streptococcin
Streptococcus Haemolyticus
Swine Influencinum
Tetanus
Tinea Curitis and Curvis
Toxoplasmosis
Trichinosis
Tuberculinum
Typhoidinum
Typhus
Vaccinum
Vapch Grippe
V Grippe; V-2 Grippe
V-3 Grippe; V-4 Grippe
V-5 Grippe
V-75 Grippe
V-76 Grippe
VA-2 Grippe; VA-2L Grippe
Virus (cold/vail)
INTRODUCTION TO HOMEOPATHIC AND HERBAL PHARMACOLOGY

BY

WILLIAM CHARLES NELSON
IRREGULAR PULSE, Arrhythmia

1. Heart arrhythmia occurs for a multitude of different reasons. It can be caused by stress and an over-extension of either the sympathetic or parasympathetic nerves. It can be brought on by a mineral imbalance in the body which can have deleterious effects on the stabilization factors of the pacemaker. It can also be brought on by a fatty acid deficiency and other nutritional disturbances. Emotional disturbance can also be a factor in causing heart arrhythmia. Arrhythmia is often a sign of deeper disease which must be fully investigated.

2. The components of the heart which regulate the flow of electrical energy through it are in the pacemaker, the arterial, ventricle sinus, the bundle of hiss and the overall conduction system (purkinje fibers).

3. A wiring diagram of the heart shows how the initial electrical response starts in the sinus and spreads through the heart in a controlled fashion. This allows for the contraction of the arterial followed by the contraction of the ventricle which make up the lub-dub of the heartbeat.

4. Disorders of rhythm can be due to bundle branch block on the right or left or from disturbances of any part of this conduction system.

5. *IRREGULAR PULSE is a blend of homeopathics, herbs, sarcoeds and minerals that help to stabilize this type of arrhythmia. In cases of beginning heart arrhythmia, *IRREGULAR PULSE is a very good formula that has been clinically tested and shown effective (ref. Irregular Pulse Study).

6. Treat stress, emotional disturbances and nutrition. If there is no improvement further ECG and other medical type tests should be performed to determine the extent of heart disease.

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1982 Dr. Nelson's Work Prior to 1982

1985 Updated - Evidence for Homeopathy

1987 Updated - Studies on Hyper-Baric Oxygen

1988 Updated - Quantum Agriculture

1989 Updated - Medicine's Attack on Chiropractic

1990 Updated - Quantum Electro Dynamics and Bioluminiscence

1991 Updated - Annals of Behavioral Medicine

1991 Updated - Volt-Ammetry

1992 - Updated - About Breast Implants

1993 Updated - Biofeedback, Chaos, Fractals, Etc

1993 Updated - Evidence of Acupuncture

1993 Updated - Nosodes - Using Microorganism Endotoxins, Selye and Bertok on Immunology

1994 Updated - Miscellaneous Studies on Various Topics of Alternative Medicine

1996 Updated - Sexual Diseases

1997 - 1 Electrophysiological Reactivity the Xxroid effect, Vol I.

1997 - 2 Cancer Studies

1997 - 3 Proof of Homeopathy

1997 - 4 Natural Switch

1997 - 5 The Registered Wellness Consultant Workbook

1998 - 1 Basic Complex Homeopathy

1998 - 2 Nosodes Aids and Antibiotics

1998 - 3 Nelson's Organic Pathology

1998 - 4 Royal Society of Medicine

1998 - 5 Electro-acupuncture

1998 - 6 Cellular Information Transfer

1999 - 1 Haematology I and II

1999 - 2 Auscultcardiogram

1999 - 3 Impairment

1999 - 4 Cardiology

1999 - 5 Basic Health Prof. Nelson Lectures

1999 - 6 Quantum Biology

2000 - 1 Neurology

2000 - 2 Dental Disease and Dental Hygiene

2000 - 3 Digestion

2000 - 4 Eye Disease and Iridology

2000 - 5 Prof Nelson Lectures

2000 - 6 Women's Issues

2000 - Special Issue The Death of the Point Probe

2001 - 1 Biofeedback

2001 - 2 Subspace and the Prayer Wheel

2001 - 3 Pharmacology Death of Synthetic Drugs

2001 - 4 Health and Fitness

2001 - 5 Disease dictionary

2001 - 6 Death of Allopathy & Antibiotics

2001 - Special Issue Using the QXCI Spirituay

2002 - 1 DNA

2002 - 2 Electro Physiological Response Advanced, Vol. II
KIDNEY DISORDERS

1. The kidney is an organ located in the low back region. It filters the blood and takes out many water soluble components. The kidney reabsorbs many of the proteins and minerals, especially amino acids, which have been freed in the blood stream due to digestive processes. Thus, the function of the kidney is not only to filter out toxins but to recover amino acids.

2. Good kidney function depends on a healthy filter. This can be disrupted by stress, toxins, trauma and other problems which result in kidney disease.

3. In many learning disability children, there is an inability of the kidney to recover certain amino acids which are needed for the development of healthy neurological and brain tissue. This produces a learning disability. The appearance of these extra amino acids will result in proteinuria, or excess protein appearing in the urine. This indicates that the kidney has not recovered the amino acids or protein properly. If there is excess protein in the system from too much protein ingestion, the urine will appear frothy, meaning excess albumin. In such cases, excess protein sources should be eliminated from the diet. In learning disability cases, *PROTEINURIA has been used with good results. This formula not only decreases the protein in the urine, but has also elevated testing scores in school. (ref. Proteinuria Study).

4. *KIDNEY LIQUESCENCE is a blend of herbs, homeopathics and sarcodes. These ingredients are helpful in restoring the kidney to proper health and balance. This formula can also be used to help the kidney release toxins and a collection of uric or oxalic acid, as in the case of kidney stones.

5. *KIDNEY STONE is another product which is recommended to help break-up kidney stones. Kidney stones form when there is a magnesium deficiency in the body and when uric acid or oxalic acid interferes in protein metabolism. Too much or too little magnesium also allows stones to form.

6. To treat the formation of kidney stones, a little magnesium should be added to the diet. Take *KIDNEY STONE, 6 drops/3 times a day, *KIDNEY LIQUESCENCE, 1 teaspoon in the morning, 1 teaspoon at bed. Drink 1/2 liter per day of 1/3 apple juice, 1/3 lemon juice, 1/3 juniper tea. This blend of juice has been used with clinical success to help break-up kidney stones (ref. Kidney Stone Study).

7. Many kidney diseases result from low grade dehydration. Most people do not intake good water in enough quantities to maintain health. Too much coffee and alcohol can also cause or aggravate kidney disease.

EMOTIONS

KIDNEYS

The kidneys must help in the recovery of Amino acids, Minerals, Bicarb, and some hormones. The KIDNEY LIQUESCENCE is a refined herbal and homeopathic combination that helps the kidneys to detox and rebuild.
BL40: Lumbago, Sciatica, knee and joint pain, haemorrhoids, hernia.
BL55: Lower back pain, hemorrhoids, paralysis of legs.
BL56: Urinary tract infection, nephritis, cystitis.
BL57: Lower back pain, diseases of the lower extremities.
BL58: Urinary tract infection, nephritis, cystitis.
BL59: Lower back pain, diseases of the lower extremities.

EXB-4 Plain

Rx chronic fatigue, hypoadrenia, jumpy headed, lack of self-esteem, joint disorders, fear of failure and or success.

Kl9: Nephritis, irregular menses, edema, orchitis.
Kl7: Urinary tract infection, nephritis, cystitis.
Kl6: Knee pain, diseases of the lower extremities.
Kl3: Nephritis, irregular menses, edema, orchitis.

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LIVER DISORDERS

1. The liver is a large organ resting next to the digestive system. Its primary function is to detoxification. The liver is highly important in cleansing the blood.

2. Disturbances of the liver may arise from organic diseases, but may also occur due to nutritional factors such as too much alcohol, too many drugs, too many toxins, and too much fried and fatty foods. All of which puts excessive burdens on the liver.

3. Over a period of time, these excessive burdens on the liver may result in liver disturbances. This produces cirrhosis of the liver or weak liver function, which results in various liver-related disorders.

4. Diagnostic signs of liver disease can include liver flutter or twitching of the liver after eating, anemia, an inability of cuts and bruises to heal, whiteness under the fingernail and toenails called Terry’s sign, a possible sign of cirrhosis, susceptibility to infections, tiredness and fatigue, and upper right quadrant abdominal pain. Almost any organic disease has liver involvement.

5. LIVER LIQUESCENCE is a superb blend of Chinese and other herbs which has been shown to be highly effective in stabilizing liver dysfunctions. This combined with *LIVER/GALLBLADDER can be used in virtually any type of liver disturbance. If the disease continues past two weeks on the formula, then further diagnostic criteria should be investigated. *LIVER FORMULA is included in the therapy in cases involving organic or degenerative liver disease.

6. It is very important to reduce the burden on the liver by diminishing alcohol, toxins, smoking, fatty and fried foods. Healthy exercise and stress reduction are also very helpful in aiding the liver to recover.

LIVER (CONJUGATION OF TOXINS)

The LIVER LIQUESCENCE has detox rebuilding of the liver.

Key Acupoints for Liver Stimulation

- LR1 4 Qīmén
  - 'Expectation’s Door'
- LR1 3 Zhēngmén
  - 'System’s Door'

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LYMPH DISORDERS, Lymphatic Congestion

1. The body contains three times more lymph than blood. This lymphatic fluid is very important for protein metabolism and the immune system.

2. The lymphatic system also helps to balance the electrical nature of the body and to stabilize the electrical transfer of energy.

3. The lymph cycles through the body on a daily basis about 24 to 30 hours. This cycling through the body is accomplished by a pump in the sacral area which gently circulates the lymphatics through the body.

4. The lymphatics then drain excess toxins and inappropriate proteins which then can be put into the intestine for dismissal and also circulated through the liver and kidney.

5. When the lymphatics are clogged, tight or tense, disease can ensue. Most of these diseases will include lymphatic swelling, itching of the skin, discoloration of the skin, blotching of the skin, general inflammation of the body, as well as fatigue and tiredness.

6. *LYMPH LIQUESCENCE can be used to increase the lymph spin throughout the body and thus increase its ability to detoxify.

7. LYMPH LIQUESCENCE should be taken as follows: two teaspoons per day. Dosage may be increased to one or two teaspoons to increase the spin of the lymph in chronic conditions.

8. It is very important that we cleanse the lymph through activity and exercise, and by minimizing toxic protein, too much animal protein, fried foods and fat. Lymph massage can also be very helpful in circulating the lymph. Saunas and other types of heat and water treatments after exercise are also beneficial (ref. RWC - Lymph).

LYMPHATIC SYSTEM

(Three times more lymph than blood)

INFERIOR VENA CAVA

THORACIC DUCT

INTESTINAL LYMPHATICS

Lymph gets congested from lack of enzymes, exercise, toxins, excess fat or protein, or infections. The LYMPH LIQUESCENCE is a blend of herbs and homeopathics that help to promote lymph circulation and detox.
RULES FOR THE STOMACH

The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ the small intestine.

Nature has provided us with a nervous system that regulates this process. This nervous system is designed to prefer muscle action over digestion. So if a threat or stress comes to us after a meal, such as a lion attack, our body will shift
it’s energy from digestion to the muscles and we can survive by running away. In our present society we have few lions, but our nerves can still stop digestion just as easily.

When we allow the stomach to empty it’s contents prematurely the small intestine is over burdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.

RULES OF THE STOMACH
1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)
2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)
3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)
4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)
5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)
6. Small meal is better  Quality of nutrition not quantity
7. Slow meals  Savor, enjoy, rejoice, and celebrate the meal
8. Eat for nutrition not for stimulation,   Eat when hungry, not when bored
9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach
function

10. Make and eat food with love and kindness, no violent or negative emotions

11. No ant-acids

12. Do not sleep for 3 hours after eating.

When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables can not be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don’t want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.
Title:

NATURAL HOMEOPATHIC TREATMENT OF OTITIS MEDIA IN CHILDREN

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NATURAL HOMEOPATHIC TREATMENT
OF OTITIS MEDIA IN CHILDREN

Abstract:

In a medical practice ninety-three children ages one to eighteen were chosen who had otitis media verified by tympanogram, conduction/bone hearing, and symptomatology. Patients were treated with a homeopathic program involving an herbal formula and other medical practices. It was shown that all ninety-three children responded to the program positively, and that otitis media could be controlled in all cases. It should be pointed out that thirty of the children were scheduled for myringotomy. The surgery was canceled for all because of the success of the treatment modality.

Key Words:

Otitis media, mucous, Mucous Dissolver, Ear Drops, eustachian tube, mucolysis

Introduction:

Acute otitis media is an infection of the middle ear. It is most common in young children from three months to three years old [Books: 22]. However, it can present at any age. Microorganisms can migrate from the nasal pharynx to the middle ear over the surface of the eustachian tube, or they can be provoked in the lamina propria of the mucous membrane as a spreading cellulitis or thrombophlebitis.

In the New Biology [Books: 21] there is information which tells us that the ear during the gestation period is the most sensitive part of the body to toxins [Books: 22]. It has the longest period of sensitivity of any organ, and also has extreme sensitivity to external, synthetic and environmental pollutants. With
this in mind, we might have predicted the increase in otitis media cases that would be presenting from the increased amount of environmental toxins over the last several decades.

If there is an incomplete resolution of the acute otitis media, or if there is an obstruction of the eustachian tube, then a separately secretory otitis media can result as an effusion of the build-up of mucous in the inner ear. This is very common in children.

The middle ear is normally ventilated three to four times a minute as the eustachian tube opens during swallowing. Oxygen is absorbed by the blood in the vessels in the middle ear mucous membrane. If the flow of the eustachian tube is impaired, a negative pressure can develop in the middle ear. This can result in the distention of the eardrum, which can then be measured on a tympanogram. This was one of the diagnostic criteria for determining situations in our study of otitis.

If the pressure on the eardrum continues, it can produce a break in the drum, and thus allow for secretion of the fluids contained behind it. If this results in a permanent perforation of the tympanic membrane (eardrum), then this is known as chronic otitis media.

If the infection spreads to the mastoid process and results in a coalescence of the mastoid ear cells, this is known as acute mastoiditis, or osteo myelitis of the mastoid bone [Books: 10]. This type of complication is rare, as most patients are able to obtain quality help before the chronic nature of this disease sets in.

The Merck Manual [Books: 13] states that bacterial type otitis media is the most common. E.Coli, staph, strep, hemophilus influenza group A, klebsiella bacterioids, and other types of organisms are the most prevalent in causing this type of disease.

Viral infections rarely occur in the externa otitis (external ear) because of the antiviral nature of earwax. However, viral infections can intrude into the surrounding tissues around the middle ear and create a disturbance. Most importantly it can create a blockage of the eustachian tube and prevent proper drainage.

Another type of infection is the fungal infection, which can affect the middle, external and inner ear. Fungal infections are often overlooked by most medical assistants due to the over-dependence of antibiotic treatment. But antibiotics are known to aggravate fungal conditions. If an antibiotic treatment for otitis media is unsuccessful over the first seven to ten days, then the practitioner should suspect viral and/or fungal involvement. Fungal involvement is found to be more of a problem by this practitioner than by those discussing this in other literature.

Otitis media is also termed "glue ear" because the fluid of the middle ear increases in viscosity, becoming glue-like. This results in a diminished hearing ability through the ear with no loss of bone conduction hearing.

The effect of the otitis is that by inhibiting the free flowing movement of the middle ear bones and the tympanic membrane, the conduction hearing is disturbed; that is, sounds that are travelling through the outer ear into the ear and then into the auditory nerve. Bone conduction, or hearing of sounds which are conducted through the bones of the face and skull pass directly to the auditory nerve. Thus bone conduction in the otitis media is usually not compromised.

In our study patients were chosen because of: #1 symptomatology, which included ear pain, ear itching (the child scratches the ears), fever, and compromised hearing. Symptomatology is what usually prompts the parent to bring the child in for an examination. #2: the tympanic membrane was studied through a tympanogram and/or analysis of the tympanic membrane to determine that there was distention or pressure applied to the back of the membrane causing it to distend into the externa canal. #3: the patients in our study were chosen if they had bone conduction hearing in normal ranges and conductive hearing through the externa ear that should have been deficient by more than fifteen percent of the norm. Criteria #4 for participation in the study is lack of any other type of metabolic disturbance such as osteo myelitis of the ear, congenital ear deformities, the presence of tubes in the ears, and other organic deformities which would set a child off from the normal patient pursued in our study.

In evaluating the causes of otalgia (earache) we also made some pre-diagnostic decisions regarding participation in the study. First was the factor of cerumen impaction. This happens when the earwax is impacted in the ear, which creates not only pain but also a disturbance in hearing. If there was any impaction of the cerumen, we simply dealt with it in the office by using a warm oil known as the Ear Drops formula. This formula is a collection of various oils and herbs which slowly dissolve the impacted ear wax, and also herbally provide relief to the otalgia. This was often done to patients in the office, which took fifteen minutes of Ear Drops administration and then flushing with warm water. If the ear wax
was not fully dealt with, then we recommended a once-a-day administration of this treatment by the parents so that they could relieve the impaction of the ear wax.

It wasn't until the membrane was fully visual that we could include patients in the study, as tympanic membrane distention was one of the required criteria.

Other diseases that had to be investigated and dealt with were furunculosis (infected hair follicles in the outer ear), extradural abscess, menieres disease, any type of ear tumor, TMJ disorders, myringitis bullosa, and mastoiditis. Otitis externa, or earaches characterized by mild to moderate ear pain that occurs with tragus manipulation, or malignant otitis externa, cause ear pain that is aggravated by moving the auricle or tragus. The acute ceruse otitis media involves the ear infection leaking through the tympanic membrane, and may cause a feeling of fullness in the ear, hearing loss, a vague sensation of top-heaviness, severe, deep throbbing ear pains; and fevers that can reach 102° F. (98.9° C.) This pain will increase steadily over several hours or days, and can be aggravated by pressure on the mastoid antrum. Rupture releases drainage and relieves the pain. If there are signs of any ceruse or rupture of the membrane, patients cannot be included in the study [Books: 23].

Methods:

The patients in this study were of ages one to eighteen, and came into a medical practice presenting with ear aches, ear itching, or diminished hearing. The average patient in this study would have had a symptomatology developed in the range of one week to two months before his parents would bring him into the practice for treatment. The patients presented over the ten-year period from 1984 to 1994. There was no control or placebo group in this study, as we are merely reporting the data of results of the patients to the outlined program, to determine its overall success. But this is not done for comparative reasons.

These patients were screened with a simple audiometer for external hearing loss and with a tuning fork for bone conduction. Ninety-three patients are reported in this study. All patients had otitis media symptoms.

Table #1

CRITERIA FOR PARTICIPATION:

1. Symptoms-- ear pain, itching, fever, diminished or impaired hearing
2. Visible and measurable distension of tympanic membrane
3. Bone conduction hearing normal, external conductive hearing diminished 15% or more
4. No tubes, no antibiotics
5. No major complicating pathology

The treatment for all patients was a mucous dissolving homeopathic formula of low-potency nettles (nature's mucous dissolver) and horsetail grass silica (nature's lancet) with iodine and alfalfa in the remedy for antihistamine effects (Mucous Dissolver). The parents of these children were taught to massage the ear for eustachian tube drainage. The eustachian tube angle of drainage increases with age, increasing the risk of otitis in children. The simple technique of ear massage was performed twice daily during the one month of the treatment.
Ear Massage Technique

This massage technique is to aid the inner ear and to help clear the eustachian tubes. The massage process should be done gently and firmly—not to the point of pain. If the child shows signs of pain, reduce pressure. The following three steps should be done once daily on both ears.

1. Using gentle finger pressure, draw a line from the back of the ear near the mastoid bone down the back of the jaw bone through the saliva gland just at the rear of the jaw bone. Do this forty times on both sides.

2. Gently push the flap of skin in front of the ear (tragus) back over the ear canal until it blocks. Release and repeat in a pumping action; this creates a suction in the ear. Pump about forty times.

3. Place the fleshy part of the palm (just below the thumb) over the ear and rotate the ear in all directions, gently working the cartilage all around. Use a pumping action to work the air out of the ear. Pump thirty to forty times.

This operation was to be used by the parent for the child on a daily basis, no more than once a day. Remember, however, that it should be done at the time when the child is in the most severe pain, as this procedure can diminish some of the pain.

Another problem with children who develop otitis media is pancreatic enzyme deficiency, which results from an over-burdened pancreas. Eating too much sugar causes a hyper-insulin release which can also have an inhibitory effect on the release of certain enzymes which help to break up mucous. So as part of our study we ask the parents to remove white processed sugar from their children's diet, allowing them to have all the fruit or natural sugars they wanted.

It has also been shown that milk is a mucous producer. Since otitis media is an excess-mucous disease, we ask parents to take their children off milk during the therapy. Yogurt and frozen yogurt were fine, but ice cream and milk had to be removed as part of our treatment modality.

If allergies were revealed during the course of testing such as wheat, yeast, or other factors, these were also removed. But there were no other official variables in the treatment protocol.

Table #2

TREATMENT PROTOCOL:

1. The homeopathic formula, given in two teaspoons per day
2. The ear massage technique applied daily
3. Removal of white processed sugar from the diet
4. Removal of milk and unfermented milk products from the diet

These criteria were used for each patient.

In the presence of known infections, BAC was used for bacterial infection, VIR for viral infections and FNG for fungal infections. All of these are complex homeopathics.

Other causes of otitis include the ear's susceptibility to toxins in an ever-toxic world, poor pancreas enzyme production making the lymph more viscous, allergy reactions, infectious cases, or stress involvement. Since this was a professional medical practice, not a classic study, patients were treated by the medical staff for anything else that presented in the etiology survey.

Limitations in the audiometer and subjective analysis of ear pain made quantified results difficult. Since it is the purpose of this pilot study to provoke deeper inquiry, we simply used an otitis positive or
negative diagnosis. The results were almost one hundred percent. In every single case, Otitis improved dramatically within one month of treatment. Thirty of the cases were scheduled for surgery, and in every case surgery was aborted by the medical staff because of patient improvement.

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Results:

The results of our study showed that the complex homeopathic could be used for otitis media treatment. We have also seen results of this formula in treating other mucous conditions such as sinusitis, asthma, boils, lymphatic drainage, intestinal mucous, and others.

Over the years of utilizing this ear massage technique in the medical practice, its success has been very apparent, as well as its ability to deal with these various concerns.

Of those reported in this study, only one child was not successfully treated with this program. At the end of the four-week therapy the otitis did not diminish, although it do not become worse. At that point the parents opted for antibiotic therapy, and later scheduled a myringotomy. There was nothing particularly remarkable in this case, other than a possible psychological block that might have inhibited the effects of this program.

In the other ninety-two cases we saw dramatic results. Over the years of practice there have been many other cases that could not be included in this study, as the children had a history of tubes and/or were taking antibiotics. We have used this program several times with patients who still had the chronic problems after treatment, but we found that gradually they could stop the antibiotics and deal with their situations more naturally. The results of their data were not organized for publication in this study.

Discussion:

Recently in America an FDA recommendation for otitis media has been published which includes antibiotics as the first course of intervention. It must be pointed out that these antibiotics are not stimulatory to the system but are backed by an allopathic philosophy. They are designed to work directly upon an infected ear rather than stimulating the body's defense mechanisms.

Thus by working directly on the infection and not stimulating the immune system we have a tendency to make a classic allopathic mistake: to build dependence on antibiotics to do the body's job. This is partially why antibiotics are known as immune suppressors; they suppress the body's ability to do its job, and they create an atrophy in the immune factors.

It should be pointed out that the allopathic therapy is successful on symptomatology, but not in the long term. It builds dependence. In our study we followed up with several of our patients in long-term utilization – not enough to report actual clinical data, although many of the parents have remarked that they have more control over the onset of ear infections by reactivating the treatment protocol.

If parents want a true, natural choice of medicine, then this paper offers satisfactory proof that there is a successful alternative to the allopathic philosophy. The philosophy of putting tubes in the ears is analogous to cutting a hole in the bathroom floor when there is a leak. The homeopathic philosophy is to stimulate the leakage repair mechanism, as well as to deal with the cause of the disease at its basic organic level.
Since we live in a world undergoing increasing toxicity, we see more and more disturbances to the most sensitive parts of the body to these toxins, which in children includes the ear. As the adult grows older and the face lengthens, we see increasingly fewer disturbances involving ear drainage, as the eustachian tube is better able to drain. Other parts of the body take over the sensitivity to toxins. But in children the ear and the ear canal is extremely sensitive.

The ear shares blood supply with the hypothalamus and other intricate areas of the internal brain that regulate metabolic activity. Thus we can see the extreme importance of dealing with earaches and ear pathology quickly, safely and naturally; we want to avoid over-disturbing one of the most highly sophisticated regulating areas known: the hypothalamic area of the brain.

The primary presenting concern in any pediatrician's office is ear involvement. The number-one surgery performed in America is the myringotomy.

Further analysis with better trained medical staff and more precise equipment for media versus internal diagnosis is needed. We cannot determine the precise and most valuable intervention among:

1. naturopathy treatment
2. mucous dissolver
3. ear massage
4. increased parental involvement
5. stress reduction
6. stopping sugar or milk intake.

However, a minimal-risk, natural treatment modality seems a safe and effective procedure.
Product Notes:

It is important to note that there is good mucous in the body, and that the Mucous Dissolver should not be used for excessive periods (over ninety days). The patient is never sick due to deficiency in Mucous Dissolver. There is always some reason for needing this formula, which is the basic cause behind the otitis. We need to get to the cause.

It is speculated that sugar can burden the pancreas, and thus interfere with the child’s ability to develop his own lymphatic enzymes that can help to break up some of the mucous. Thus sugar reduction must be a part of the program. Also, the Mucous Dissolver should not be used in place of sugar reduction.

If the Mucous Dissolver is over-used, the good mucous around the spine can be broken up, which will create problems. The Mucous Dissolver should be used for short-term intervention, and should not be used as preventive medicine.

RESULTS

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--- BIBLIOGRAPHY ---

**BOOKS**


* #77 was unsuccessful. Post symptoms and post distention of the ear membrane remained the same.

**NATURAL HOMEOPATHIC TREATMENT**

**OF OTITIS MEDIA IN CHILDREN**


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.
NEW TECHNIQUES OF HOMEOPATHIC TREATMENT OF FUNGAL INFECTIONS

Title:

NEW TECHNIQUES OF HOMEOPATHIC TREATMENT OF FUNGAL INFECTIONS

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Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary

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This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1984. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodagnostica Clinic in Budapest, Hungary, and by the doctors listed above.

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NEW TECHNIQUES OF HOMEOPATHIC TREATMENT OF FUNGAL INFECTIONS
Abstract:

In this study there are two major reports that we investigate. We first present a twenty-patient study of various effects on overall fungus population. The other is a forty-five-patient study of female yeast problems, in which a complex homeopathic treatment proved effective. The overall fungus was measured through culture analysis of patients' hair, urine, sputum, and other physiological samples.

Three treatment groups were organized: that of a candida-only diet, that of a homeopathic singular of Candida albicans only, and that of a complex homeopathic for full-range treatment of fungal disorders. In the study we show the dramatic superiority of the complex homeopathic, how it worked on a wide variety of fungal disorders, and how the Candida albicans homeopathic only worked on Candida albicans. The diet proved to have little or no effect.

The study reviews the process of the immune system's defense against fungal intrusion and fungal overgrowth. Also, there is the proposed mechanism for the homeopathic action, in that it appears to be stimulatory of the immune system.

Key Words:

Candida, fungus, immune system, phagocytosis

Introduction:

There are many types of systemic fungal diseases, also known as systemic mycoses. The systemic mycosis is an opportunistic disease which occurs following a compromised immune system. The immune system must be deficient in order for the disease to completely take hold and proliferate.

Thus this can be the result of various types of immune suppressants. These include antibiotics, ionizing radiation (x-ray, etc.), corticosteroids and antimetabolites. These problems can occur in patients with azotemia, diabetes, branchial ectasis, emphysema, tuberculosis, lymphoma, leukemia, AIDS, candidiasis, burns, and other similar diseases.

Coccidioides is usually confined to the southwest area of the United States. Histoplasmosis occurs in the East and Midwest, especially in the Ohio and Mississippi River valleys. Blastomycoses is restricted to North America and Africa. Paracoccidioids, often referred to as South American
blastomycoses, is usually found in the location for which it was named. As the world becomes increasingly smaller, these diseases are spreading into many different areas and can be found in many populations.

Symptoms are rarely intense, but can include fever, chills, night sweats, anorexia, weight loss, fatigue, malaise and depression [Books: 13].

To determine a diagnosis, we found it best to culture various body fluids and skin scrapings. The culture of fungi can be done from several specimens such as hair, skin, nails, plus urine, stool or sputum. Since opportunistic fungi can appear in certain conditions such as diabetes and suppression of immune mechanisms caused by corticosteroids, birth control pills, antibiotics or lympho-proliferative disorders, we must exclude these from our study. Bauer, Ackermann and Toro (1974) outline several procedures of differential diagnosis through culture. Antigen detection tests which isolate immunoglobulins can have false positive and false negative results. The body might have plenty of immunoglobulin because of a past exposure but little active pathogen now, hence a false positive; or the body could have much pathogen but lack the ability to produce antibodies, hence a false negative. Since only a culture of the body fluids can be totally conclusive, this investigator chose to use culture to evaluate the product effectiveness of antifungal homeopathics.

Methods:

Twenty patients with suspected candidiasis were evaluated by culturing body fluids. Cornmeal agar was used to isolate Candida albicans. Sabouraud’s dextrose agar with cycloheximide was also used to identify other fungi. Germ tube formation differentiated between Candida albicans, Candida tropicalis and Candida stellatoidea. Urine testing was used to define cryptococcus, which is urease-positive in twenty-four hours. Nitrate (KNO₃) assimilation testing was used to determine Candida utilis, which is nitrate-positive versus Candida pseudotropichis, which is nitrate-negative. Candida krusei and Candida parapsilosis were prepared in culture without cycloheximide. Geotrichum, Trichosporon, Torulopsis, Cryptococcus neoformans, Blastomyces dermatitides and Coccidioides immitis were all determined by microscopic evaluation, temperature grown in and culture used. Trichophyton and Epidermophyton (tinea pedis, cruns, and capitis) onychomycosis were also assayed from skin or nail culture. Careful cultures of urine, feces, skin, nails, and sputum were evaluated on twenty patients. Five (5) controls used only dietary restrictions following Candida diet programs. Six (6) patients received a homeopathic of just Candida albicans. Nine (9) patients received a full spectrum homeopathic product of multiple fungi including all mentioned in this report and five (5) others, including chlamydia, as well as multiple antifungal herbals. Cultures were performed prior to treatment and one month after treatment. Results are posted in Figs. 1-4 and Tables 1 and 2.

Results:

The diet-only group showed few positive results. Some conditions were slightly aggravated (as determined by culture, not symptoms). The Candida-only homeopathic treated Candida albicans, rugosa, and stellatoidea with good results, but showed only minor results in the treatment of other fungi. In some cases fungal conditions were actually aggravated. The full-spectrum fungal homeopathic was successful in lowering all fungal populations except coccidioides (see tables).

Discussion:

Natural Mechanisms of Candida Defense
Polysystemic Chronic Candidiasis (PCC) has become a health problem of extreme proportions challenging the population and health care practitioners. Candida's prevalence has been said by some to be the largest iatrogenically-caused health threat our nation has ever known. Antibiotics, toxic agents, and even synthetic food preservatives contribute to the Candida problems. The classic medical technique has been to reduce symptoms as quickly as possible. Hence antibiotics were developed over the last one hundred years to replace slower techniques emphasizing rebuilding of the body's own immune system.

In microbiology there is a natural balance between fungus, virus, and bacteria. Fleming discovered how fungus could kill bacteria by interrupting the reproductive system. Bacteria were later found to have subtle ways of controlling fungi. Viruses can also control bacteria and fungi. A complete description of this process is described in *The New Biology* (Nelson, 1986). As antibiotic use grows more prevalent in the farming and medical fields, the natural balance is being upset, and viral and fungal conditions are increasing.

Thus the unnatural, largely synthetic antibiotics, when used in excess, have replaced one disorder with another. The Chinese, whose medical system dates back over two thousand years, have a simple statement regarding disease: “Disease is a violation of natural law.” From this aspect, use of a synthetic would be prohibited. Development of the natural body defense would be the more natural method. With this in mind, let us now review the natural methods of Candida defense.

The natural balance of the normal flora is maintained by the reticuloendothelial system. The white blood cells are main controllers of this microflora drama. This paper focuses on fungal defense. Let us now examine the white cell's system of fungal defense.

The events of phagocytosis, as outlined by Jones and Byrne (1980), are outlined in Figure 1.

1. Opsonins, Proteassis, Lectins, etc.
2. Particle Alteration
3. Particle Attachment—Phagocyte Interaction
4. Particle Recognition Receptor Interaction
5. Ingestion by Phagocyte

Equilibrium is established among steps 1, 2, 3, and 4, but not between steps 4 and 5. This basic description outlines early steps in the white blood cells, particularly Monosystemacrophone system, mononuclear phagocytosis, and to a lesser extent, Polynuclear Phagocytosis.

Step 1 relies on opsonins to attach to an intruder such as systemic Candida, which then allows for the white cell to recognize the intruder and initiate phagocytosis (Blan, etc., Kabat, 1976; Stossel, 1973).

Using scatchard plotting for binding of Chlamydia to L cells (Moulder, 1969) has shown the relationship of concentration of reactants with rate of reaction. Research from many sources has led Jones and Byrne (1980) to develop a mathematical relationship between the interactions of invader and white cells.

Equation: 

\[ \frac{1}{V} \approx \frac{1}{V_{\text{max}}} + \frac{K_m}{V_{\text{max}}} \cdot \frac{1}{S} \]

where \( V \) is the reaction product formed by phagocytosis, \( K_m \) is an equilibrium constant having to do with the size of the intruder, \( V_{\text{max}} \) is the rate of reaction and \( S \) is the concentration of the intruder. As \( S \) is lowered, the rate of reaction \( V_{\text{max}} \) increases by the square. Homeopathy uses ever-decreasing doses to stimulate the body's own defense system to recover. Here we see how even lower and lower concentrations can stimulate faster reaction rates. Homeopathy, thus using fine dilutions of a compound which has been rendered inactive by the alcohol concentration of the carrier of the homeopathic, does not treat infections directly, but treats them by stimulating the immune system, which in turn can naturally cleanse the system as it is meant to do. "Opsoni-zation is crucial for clearance and intracellular destruction of virulent microbes which have surface properties that interfere with attachment and
recognition by phagocytosis," (like Candida) remark Jones and Byrne (1980). Candida toxins make the system more allergic, making this an even tougher problem.

Steps 2 and 3 are receptor-dependent, and thus dependent on a healthy immune system to make functioning white cells. The white cell's movement towards a pathogen depends on cell mobility after cell recognition. In our experiments we took blood from patients, and under the microscope evaluated the white cell movement towards bacteria and yeast. The same patient was then given our full spectrum bacterial homeopathic or a full spectrum fungal homeopathic. In each of the eleven cases measured, the white cells moved twenty-five percent faster towards bacteria or yeast depending on the homeopathic; phagocytosis was initiated and progressed twenty-five percent faster, as well.

The immune system needs healthy thymus, adenoids, tonsils, appendix, bone marrow, lymphatic, and most important for fungus defense, a healthy spleen (Revici, 1951). Step 5 in Figure 1 shows the oxidative metabolism of phagocytic cells. This oxygen-consuming system is activated during phagocytosis (Roos and Balm, 1980).

Hydrogen peroxide (H$_2$O$_2$) and Myeloperoxidase (MPO) combine to make a powerful anti-intruder formula when released during phagocytosis. There are many other ways to kill bacteria in a phagosome, and MPO-deficient individuals do not suffer from bacterial infections (Roos and Balm, 1980). But Candida albicans can only be killed by MPO and H$_2$O$_2$ release. MPO-deficient individuals are chronic Candida patients (Lehre, 1970, 1972, 1975; Cohen and Cline, 1971; Klebanoff, 1970). Agents that block H$_2$O$_2$ or MPO, such as SOD, catalase, and other anti-oxidants, block Candida destruction and make our PCC patient worse. Agents that fortify the adrenals also deplete the immune system so that too much adrenal support ruins our chance of PCC recovery.
Fig. 2

Some patients have hereditary or chronic enzyme dysfunction that makes MPO synthesis difficult. Here MPO needs to be supplemented orally with compounds such as Sero Spleen or Sero Lymph, which supply naturally-occurring amounts of MPO and tuftsin, which fortify lost splenic function. Tuftsin is an important protein in the leukokinon binding, which stimulates and keys phagocytosis (Nassar, 1980).

CANDIDA LIMITS

<table>
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<th>Limit</th>
<th>Causes</th>
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<tbody>
<tr>
<td>Zinc Absorption</td>
<td>Allergy to Opsonins</td>
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<tr>
<td>Fatty Acid Absorption</td>
<td>Stress stimulates adrenal</td>
</tr>
<tr>
<td>MPO Manufacture</td>
<td>Confusion leading to more stress</td>
</tr>
<tr>
<td>Oxygen Absorption</td>
<td>Compromise immune function</td>
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<td>B Vitamin Absorption</td>
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Thus Candida causes its own proliferation and blocks absorption of the nutrients needed to handle it naturally, becoming a nearly perfect systemic pathogen.

Homeopathic treatment for Candida, as outlined before, used weak dilutions of the inactive yeast. A 6x preparation has one part per million in an alcohol/water blend, with twenty percent alcohol. This antigenic preparation can cause the body to cleanse itself of the yeast culprit. These dilutions have been used world-wide for many such health problems (Coulter, 1980). The dangers are minimal, and include the possibility of Candida overkill. A cleanse that is too fast can further confuse and stress the patient. Full-spectrum homeopathics with many potencies of many types of fungus or yeasts have much less danger of overkill. Cleansing crisis reactions are reduced as the system adjusts more slowly. Stress contributes to Candida growth via suppression of the immune system (Selye). Further discussion of homeopathy and the Arndt-Schultz law will outline safe measures for detox. It must again be mentioned that the homeopathic attenuations of pathogens are used to treat poor immune function, not for direct anti-pathogenic use. They should be used by practitioners licensed to treat immune dysfunction.

STUDY #2

Micronutrient Treatment of Immune System's Reaction To Candida

In this study, we use homeopathically-prepared Candida albicans, administered to patients having a positive Candida culture from the vaginal area. This homeopathic compound is prepared by taking the Candida albicans fungus and diluting it in an alcohol and water solution. The Candida is diluted to less than one part per billion. Patients presenting with vaginal irritation were given cultures prepared from vagina swabs. Cultures were done with Ames Micro Stix for Candida detection. Patients testing positive for Candida were given the dilute solution of Candida to be administered orally at ten drops, three times a day. Patients also administered the homeopathic vaginally via douche: two tablespoons of homeopathic to one cup of distilled water. Patients were told to douche once a week. Follow-up cultures were taken every fourteen days. Results of the cultures are shown in Figure 4.

<table>
<thead>
<tr>
<th>Initial Culture</th>
<th>2 wks.</th>
<th>4 wks.</th>
<th>6 wks.</th>
<th>8 wks.</th>
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<tr>
<td>Homeopathic</td>
<td>22 pos.</td>
<td>12 pos.</td>
<td>10 pos.</td>
<td>8 pos.</td>
</tr>
<tr>
<td>(35 patients)</td>
<td>13 neg.</td>
<td>23 neg.</td>
<td>25 neg.</td>
<td>27 neg.</td>
</tr>
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</table>
Ten patients in a control group were given no homeopathics. All subjects were women, ages sixteen to forty-nine. In the homeopathic group, none of the patients who had been cleared of the Candida had symptoms or tested culture-positive again. It appears that the homeopathic treatment for vaginal Candidiasis could be a safe and viable treatment.

Conclusions:

Full-range homeopathics appear to be effective in lowering fungal growth of multiple fungal pathogens. In addition to demonstrating that the complex homeopathic’s ability to help patients deal with these infections, we show that the complex homeopathic has little if any side effects, in that it is a natural homeopathic that stimulates the immune system, rather than a synthetic pharmaceutical, which might have side effects to the kidney and liver, and also might cause immunosuppression.

The proposed action of this homeopathic appears to be the ability of the homeopathic to stimulate the white blood cell to focus in on the fungus involved, and to allow the white blood cell better mobility and motility factors in seeking and destroying the fungus. Thus it appears that since our homeopathic does not kill the fungus in the petri dish on its own, the action of the homeopathic is in its stimulating effect on the white blood cell. The proposed mechanism of this is its ability to increase the white blood cell’s photon receptors so that it can seek and destroy fungi better by improving its ability to locate these fungi and phagocytize them [Studies: 2, Books: 1].

We have seen from our test that there is a possibility of developing a homeopathic treatment for systemic candidiasis that may be very productive. We also want to combine this with behavioral therapies that stop the immune suppression which might result from stress, constipation, antibiotics, toxic chemicals, corticosteroids, x-rays, ionizing radiation, and others. White processed sugar, corn and corn products seem to be a complicating factor in candidiasis diseases.

In our test we did not find a meaningful intervention through the Crook diet, but we did find that avoiding white processed sugar and corn was helpful in the candidiasis case.

Table 1
Table 2
NEW TECHNIQUES OF HOMEOPATHIC TREATMENT OF FUNGAL INFECTIONS

--- BIBLIOGRAPHY ---

BOOKS


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.

NUTRITIONAL INFORMATION ON BLOOD PRESSURE

“One out of ten Americans suffers from, high blood pressure but only half now they have it. Each year high blood pressure (hypertension), kills about 250, 000 of us. It is the leading contributing cause of death in Western countries today. In fact, in a government document published by the National Institute of Health, there is the comment that high blood pressure helps to kill one out of every eight everybody who will die of anything.”

Black Americans are much more susceptible to high blood pressure. It strikes one in four black people and is the leading cause of death among blacks. High blood pressure among children is also fairly common. Unfortunately, the younger one develops high blood pressure, the more it will reduce life expectancy. Fortunately, detection and adequate treatment of high blood pressure reduces the threat of stroke, congestive live heart failure, kidney failure and other consequences of uncontrolled hypertension. Everyone has blood pressure. It is the force of the blood against the walls of the arteries. Richard Passwater, the well known biochemist and author, likens it to the pushing of water against the sides of a garden hose. Exact pressure is determined by two factors: the strength of the heartbeat and the resistance of the arteries and capillaries. Arterioles regulate blood pressure more than any other body part. These are small arteries which lead into the capillary network. They contract or relax in rhythm with the heart beat as a result of muscular tissue in their walls. Each time the heart beats there is an increase in pressure. This is called systolic pressure. The relaxing point of the arterioles in between heartbeats gives the diastolic pressure. Sometimes the arterioles remain in a more or less permanent state of contraction which causes a rise in the diastolic blood pressure.

Normal blood pressure in 120/80, systolic over diastolic. Blood pressure above 140/90 is usually considered as high blood pressure. "Normal" blood pressure is what is considered the average for healthy people. However, blood pressure varies with a number of factors including posture, nervous or emotional state, time of day, and even outside temperature. Many people will normally show a blood pressure reading twenty or thirty points higher than their average just because they are nervous about being monitored by a doctor. The only way you can tell whether you have high blood pressure is to have it checked regularly. Even a slight elevation in pressure is a risk factor that can lead to a variety of health problems including heart attack, stroke, kidney failure, and eye disorders. It can be the result of hardening the arteries, kidney disorders, endocrine (glandular) disturbances or tumors. In regard to hardening of the arteries, high blood pressure will accelerate this process which leads to even more serious circulatory problems. Another condition which can lead to high blood pressure is stress. When even fleeting thoughts can put your blood pressure up thirty or forty points, it is not hard to imagine the results of constant stress.

The most common type of high blood pressure, accounting for about 80 percent of all cases, is essential hypertension. This is the mysterious "silent killer" high blood pressure which has no apparent cause and, in many cases, no symptoms: Essential hypertension is a very slow and progressive disease. Known signs of high blood pressure include dizziness, ringing in the ears, headaches, tiredness, nosebleeds, red streaks in the eyes, unexplained aches and pains, swollen ankles, heart palpitations, frequent urination and crassness.

High blood pressure demands constant attention. Once it is back to normal, treatment must be maintained or it will increase again. Reduction of stress and reduction of weigh (high blood pressure occurs more frequently with overweight folks) are essential Gal. Eating an ideal diet will not only lower blood pressure but rebuild damage in the blood vessels, kidneys, heart, and brain.

It is the blood pressure which forces oxygen and food, or plasma carrying glucose, amino acids, fatty acids, vitamins, and minerals into the cells via the capillaries. In other words, it is the blood pressure that keeps all the tissues bathed in fresh, nutrient-filled, fluid and it is through the blood pressure that cell waste is removed.
In any health problem involving stress, part of the nutritional solution will lie with the B complex vitamins. Inositol, Choline, niacinamide and B6 are all in the blood pressure formula. They all function directly or indirectly to combat stress although their emphasis in this formula is not directly stress related.

**Choline** and **Inositol** work synergistically with **methionine**, a sulfur-carrying amino acid, as fat-dissolvers, or lipotropic agents. Their presence in the body insures the production of lecithin, a well-known cholesterol "detergent G". Choline itself is important for all circulatory afflictions and may be useful in protecting our livers, kidneys, and arteries all of which are adversely affected by high blood pressure. High blood pressure has been repeatedly produced in animals on diets deficient in Choline. Since it is essential for the synthesis of lecithin and the utilization of fat, Dr. Passwater states that Choline deficiencies may be responsible for the hypertension that is particularly prevalent among overweight individuals, diabetic patients, and those suffering from nephritis and/or heart disease.

**Lecithin** as a substance is found in every cell of the body. Passwater states that it's chief value may be in maintaining membrane integrity, the formation of prostaglandins (hormone-like chemicals) and blood pressure control.

The B vitamins are critical in avoiding heart disease and B6 is often considered the most important. B6 is another nutrient required for lecithin synthesis as well as for normalizing sugar and fat metabolism. It is also necessary for the absorption of methionine. Diets high in vitamin B6, Choline, and inositol have been particularly effective in reducing blood cholesterol.

Adelle Davis reports in Let’s Get Well that a vitamin B6 deficiency can cause high blood pressure due to damage to the kidney by sharp crystals of oxalic acid. This form of damage can quickly be corrected by the administration of B6. B6 also corrects edema, water retention. This is probably due to its function in setting up a balance of the minerals, sodium and potassium which regulate body fluids.

**L-cystine** insures the utilization of B6. It is a sulfur bearing amino acid and has direct anti-hypertensive activity.

**Niacin** works more effectively in the presence of B6. Niacin reinforces the electrical polarity of the blood cells, bringing new vigor to the bloodstream. A year of treatment with niacin has resulted in a 15-25 percent reduction in cholesterol in persons participating in a recent study.

**Rutin** is a substance that usually accompanies vitamin C in nature. These substances are known as bioflavonoids. Rutin increases the resistance of the capillary walls which is very important in the treatment and prevention of high blood pressure.

**Magnesium** is essential for the health of the heart and circulatory system. It is required for heart muscle relaxation. It is required for proper potassium retention as well as for the synthesis of lecithin. It lowers blood pressure. It reduces cholesterol by moving zinc out of the liver where it is stored and into the bloodstream, where it promotes pre-healing of heart tissue damage. It is essential in many enzyme systems, and for the metabolism of fat, protein, and carbohydrate.

A deficiency of magnesium can result in a deficiency of potassium. Like magnesium, potassium is required for heartbeat regularly. High blood pressure has been produced in animals simply by keeping them on a potassium deficient diet. Human volunteers who have eaten diets deficient in potassium retained so much salt that they developed high blood pressure. Of course, low salt diets are recommended for people with high blood pressure. Physicians have given patients with high blood pressure 520 grams of potassium chloride (or other potassium salts) daily and have found this equally as effective in reducing blood pressure as restricting salt intake.
**Manganese** acts as an enzyme activator and is synergistic with zinc. Together they act to reduce cadmium in the blood which lowers blood pressure. Manganese combines with Choline to help digest and use fat. Be careful of excess, use only for one or two weeks. Never take mega dosing.

Raw glandulars are organ specific. They are drawn to their same organ within the body where they enhance the nutritional environment of that organ. Because the kidneys are so important in the control of blood pressure and also because kidney damage can both cause and be a result of high blood pressure, in any case of hypertension, the first emphasis must be on maintaining kidney health. With high blood pressure, the heart must work harder. **Raw heart tissue** improves heart muscle function, stabilizing rhythm and restoring propertonicity. Thymus gland extract is important to the immune system. This is indirectly connected with blood pressure in that it reduces the level of inflammation due to low grade infections of the liver and kidneys. This keeps these organs more effective, thereby normalizing blood pressure levels.

**Raw spleen tissue** has the ability to protect the body against blood clots in the arteries. Test tube addition of spleen extract to human platelets inhibits aggregation by up to 80 percent. Spleen activity is enhanced by the presence of methionine.

**Liver tissue** is very valuable in the treatment of liver damage, augmenting the production of healthy tissue in the liver. The brain is particularly vulnerable in any circulatory disorder because it cannot expand when blood volume increases or heightened pressure drives excessive fluids into its tissues.

A number of herbs, nature’s healers, are good for blood pressure. **Couch grass** in extract form is considered best for blood purifying increase kidney, liver and spleen health. Interestingly, this herb is also used for a tablet binder. Black cohosh is a remedy for high blood pressure while hydrangea, buchu leaves and consilk all function as diuretics. Water weighs eleven percent more than fat. The release of water relieves pressure on the kidneys, causing them to function more effectively. Cornsilk tea has been used traditionally in folk medicine for the relief of high blood pressure. **Comfrey** is a keynote herb, highly recommended for whatever ails you. It is general cleanser and also relieves liver conditions. Carbamide is found in blood and all tissue fluids. It functions with water balance, helping to relieve water retention, dehydration, and pressure headaches.

High blood pressure tends to run in families. If your parents had high blood pressure, then your chances of having it are increased. Good products can help with both the prevention and correction of high blood pressure. Don’t assume whether or not you have it get your blood pressure measured and know for sure. Further, don’t rely on one measurement. Blood pressure is only a problem when the pressure is consistently high. Finally, in some people, high blood pressure is a sign of some underlying organic disease. In such cases, treatment must be directed to the primary condition rather than to the symptom.

Success is getting what you want - Happiness is wanting what you get. Don’t forget until too late that the business of life is not business, but living.
Samuel Hahnemann outlined the doctrine of vital force; he described vitalism as being the life energy of a living entity. Human beings have a life energy, which we have shown in our treatise to be a neg-entropic set of energies that drive toward life and homeostasis. This drive of balance and life energy is needed for homeopathic action to stimulate this life energy toward cure. If the patient is robbed of this life energy by any means, then the patient will have less energy to respond homeopathically.

In allopathy the process of cure comes from the outside to the patient, and thus, it suppresses the natural life force. For fever the body has its own anti-pyretic mechanism. If we use a pharmaceutical anti-pyretic, we are robbing the body of its ability to respond in kind. Thereby, we are depriving it of its force of vitalism. In the case of an antibiotic, the antibiotic might kill the bacteria directly without using or stimulating the immune system. Thus the antibiotic becomes an immuno-suppressant, as it suppresses the immune system and the vital force of the patient. Thus the process of allopathy, or any other type of external stimulatory drug or blocking agent, robs the life force of its ability to respond. Hahnemann described the doctrine of suppression this way: when there was an incorrect cure directed to a patient, such as in allopathy, it would suppress the vital force and the natural energy of the patient to respond.

Hahnemann described the doctrine of chronic miasm, which describes some metabolic tendencies. He also directed the doctrine of obstruction to cure, in which he found that there were many different lifestyle problems, behavioral conditions, etc., that would inhibit and obstruct the process of cure.

To break this down into mathematical terms, we will now develop a formula that will allow us to calculate exactly how much obstruction or suppression there has been in the patient to determine the probability of success for our homeopathic treatment. By adding all the variables that obstruct life force in our patient, we can see that many of the patients who come to us have already been to ten or twelve allopathic medical doctors who gave them a variety of allopathic therapies. Many of them come to us with mercury fillings, surgeries, organs cut out, history of allopathic medication, or present use of allopathic medication; toxic exposure, cigarette smoking, use of street drugs, and a wide variety of other things that inhibit the curative process. These patients who come to us after many allopathic treatments often get results, because homeopathy can indeed spark what remaining life force exists. This vitalism can drive toward healing. But in many of the patients who don't have success homeopathy is often blamed; whereas the lack of life force from allopathic treatment is closer to the true cause.

Hahnemann listed some of the obstructions to cure as: biological malformations such as contracted pelvis; birth defects, structural difficulties, and hereditary dispositions. Hahnemann also outlined some other obstructions to cure, such as: unwholesome diet, non-hygienic behavior, constant emotional stress, insanitary conditions, and excess physical strain, among others.

One of the first parts of our above-mentioned formula is age. As people grow older, their natural life force dwindles. This usually does not take place until after the forties, and sometimes even into the seventies if people are wise about their life force. Into the ensuing formula we insert age as a criterion. The formula will be developed using a factor of 100. Thus the numbers we develop will be added and compared with the number 100. So for the age category, we insert the first digit of the person's age. If the person is 33, we put in the number 3. If the person is 93, we will put in 9. We can see here that age in and of itself is a very low number, and if the patient has no other factors interfering, we will see that even the 100-year-old patient should still have vitalism force.

Another dramatic effect that robs the vitalism force is the presence of mercury amalgams and other dental toxins. If there are silver/mercury fillings in the mouth, we score 5 points per filling in the oral cavity, capping this at no higher than 50, because once there are a certain number of silver amalgams, the effect seems to level off.

Another factor for our formula is the presence of geopathic stress. If the patient is exposed to geopathic stress at home, work, or any place where the patient spends more than 20% of his time, we will need to score 20 under the category of geopathic stress. If the practitioner finds that there is geopathic stress through whatever means (kinesiological, electroacupuncture, or questionnaire), we put a 20 under this category. We can see here that geopathic stress in and of itself is not capable of totally destroying a person's vitalistic response to homeopathy, but when added to other cumulative factors, it can increase the effect.
HOMEOPATHY for Acupuncturists, Chiropractors & Naturopaths
We must realize in the development of this formula that there are many additive factors, which when added together have effects that they do not have alone.

Another factor is surgical removal of an organ. God has intentions for all the organs of the body, including the tonsils, adenoids and appendix, which are all part of the immune system. The spleen has anti-fungal capacities, as well as other factors in controlling blood and blood filtration. So we will add 15 points for every organ removed from the patient. Every time a healthy organ is taken out, the result is interference with the life force. The organ might have been bad at the time of removal, but attempts should have been made to save the organ and the organism, to maintain the highest degree of life force.

The next topic is allopathic, synthetic drugs. Homeopathics, glandulars, vitamins and other factors do not count here, unless they are synthetic in nature. We're talking about all synthetic, allopathic drugs. For any drug taken over the last three years, we give 5 points. For any street drug, such as marijuana, cocaine, speed, downers, etc. taken over the last three years, we must add 10 points. On current-use drugs, any medically-prescribed allopathic medication presently taken by the patient, we assign 10 points per medication. For any current street drug taken, we assign 15 points. The doctor must realize that if the patient is taking an overdose of any of these drugs, this will affect the formula. The formula is based on current baseline patterns used by doctors. In the case of valium, a normal dose of 5 to 10 mg. is usually prescribed. If the patient is on 50 mg. a day, the numbers of the formula must be increased.

Another factor in our formula is diet. If the patient's diet is at least 50% fresh and raw, rich in fiber, and made up of fruits and vegetables, score 0 if the doctor feels that the patient is compliant and has a reasonable diet. For any processed, synthetic servings the patient takes in on a weekly average, we must add an extra five points. If the patient has two candy bars containing processed sugar within a week, we add 10 points to the patient's number. For every glass of sugared soft drink, we add 3 points per week. This also includes low-calorie drinks. The only drinks that do not count are those of natural juice form, or of natural fructose sugar. For every meal taken in anger or stress during a week, we also add 5 points.

Another factor for our formula is life stress. Here we ask the patient to rate the amount of emotional, physical, job-related and family stress he is experiencing. Ask the patient to rate the stress in his life on a 1 to 10 scale. We then double that number, and add it to our equation.

Another factor is the group of smoking, coffee, and other types of over-the-counter stimulants; and alcohol and other over-the-counter depressants. These are allopathic drugs that have external effects and do not work well within the human body. If the person smokes, we add 20 points for every pack per day. Any number under a pack is counted as a pack. For every cup of coffee per day, we add 5 points. For every average alcoholic drink per day, we add 5 points. Here we see that the old legend of coffee, cigarettes and alcohol inhibiting homeopathy is partially true, in that it does weaken the effects of homeopathy; although in some patients whose lifestyle numbers are low enough, these will not so adversely affect the life force to prohibit the effect of homeopathy from working. Any other stimulants used must also be added to this equation.

Another factor for our formula is toxic exposure. Here we need to talk to the patient, and see what he is exposed to at the beauty shop, at work, or at home. The patient must make ratings for previous toxic exposure, for which we add 5 points for every major toxic exposure up to the last year. Within the last year, we add 10 points. If the exposures are dramatic, the doctor must realize that these toxicities must be dealt with in order for homeopathy to ensue.

Anger, fear, anxiety, worry, and other mental factors can also have dramatic effects on weakening the vitalism. The doctor will add 10 points under the category of emotion for each bad emotion present in the system.

Negativity is another factor for our formula. If the patient is negative, add 20 points.

<table>
<thead>
<tr>
<th>Factor</th>
<th>No. of Points per Intake/Exposure</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (add to 100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Amalgams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geopathic Stress</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HOMEOPATHY for Acupuncturists, Chiropractors & Naturopaths

<table>
<thead>
<tr>
<th>Removed Organs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthetic Drugs</td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Stimulant/Depressant</td>
<td></td>
</tr>
<tr>
<td>Toxic Exposure</td>
<td></td>
</tr>
<tr>
<td>Emotion</td>
<td></td>
</tr>
<tr>
<td>Negativity</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td></td>
</tr>
</tbody>
</table>

After adding up all the numbers for our patient, we can see just how much suppression and obstruction to cure there might be in the patient's life. This will inhibit homeopathy's ability to treat the patients who have higher numbers. Numbers under 100 show that the patient has a large amount of vital force, and would be a good candidate for homeopathy. Numbers between 100 and 150 are suspect in what results the patient might expect from homeopathy, although time will probably produce good results. Patients with numbers between 150 and 200 will take longer, and patients with numbers above 200 will probably never be good candidates for homeopathy. They should be warned that homeopathy might not be the best course of action. Even though we have seen many patients with 200 + numbers who have responded to homeopathy, it must be noted that these patients are the exception to the rule.

In developing this procedure on mathematical approximation of the patient's life force, the doctor must realize that the mathematics are only a yardstick for a partial guideline; they are not absolute truths. The patient's body is very important, and each case must be taken individually. Hahnemann found in the doctrine of individualization that people do have individual make-ups. We also must realize that the negative attitude of a patient can also have an inhibitory effect on the life force.

Thus we can see that patient attitude, life force and other factors can all go hand in hand in determining whether the homeopathic treatment will be successful.

Another factor that should be brought into our awareness is that of compliance. Will the patient truly comply with the directions developed by the homeopath, nutritionist, acupuncturist, naturopath, dentist or doctor? In other words, will the patient make the lifestyle changes, the diet changes, the emotional changes, and actually follow the homeopathic course of treatment? This also must be analyzed in determining the possibility of success for our homeopathic patients.
OSTEOPOROSIS, Weak Bones

1. There are many factors that have to be present for good calcium to get into the bone. These include dietary calcium (of which less than 9 percent of what is eaten is actually absorbed and transmitted into the blood stream), vitamin D which should be absorbed from the sun's rays into the oils on the body, good estrogenic and androgenic hormones, proper mineral balances in the body, and thyrocalcitonin from the thyroid gland.

2. Thyrocalcitonin is the hormone that puts calcium into the bones. In conditions of hypothyroid, where the thyroid is working ineffectively, contributes to the problem of osteoporosis because of the limited amount of thyrocalcitonin being released.

3. The balance of blood calcium and bone calcium is controlled by the hypothalamic and parathyroid glands. Four of which rest on the thyroid gland's lobes.

4. The parathyroid gland senses blood calcium if it is too low and sends out parathyroid hormone, which takes calcium out of the bones. If calcium content is high, the parathyroid gland causes the thyroid gland to release thyrocalcitonin, which puts calcium into the bone. Disorders of this hormonal network can also result in osteoporosis.

5. In order to correct osteoporosis, good female and male sex hormones must be produced, calcium and vitamin D must be absorbed, a healthy liver and kidney function is necessary, exercise is important, and healthy hypothalamus, parathyroid and thyroid glands are essential.

6. *BONE LIQUESCENCE is the only known formula to have all the different factors needed for healthy bone absorption of calcium. Research has shown that *BONE LIQUESCENCE is capable of helping the body to recover bone calcium into the bone tissue (ref. bone calcium study).

7. Exercise and flexibility are important. This helps to stimulate the body into putting calcium into the bone.

CALCIUM AND BONE REGULATION

<table>
<thead>
<tr>
<th>THYROID</th>
<th>PARATHYROIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CALCITONIN)</td>
<td>(PARATHYROID HORMONE)</td>
</tr>
<tr>
<td>puts calcium into the bone</td>
<td>takes calcium out of the bone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIETARY CALCIUM</th>
<th>BONE</th>
<th>SKIN TAKES IN UV LIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 10 % absorbed</td>
<td>gets into the blood</td>
<td></td>
</tr>
<tr>
<td>LIVER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25(OH)D</td>
<td>KIDNEY</td>
<td></td>
</tr>
</tbody>
</table>

To get Calcium into the bone we need calcium, calcitonin, good kidney and liver function, exercise, magnesium, and sex hormones like estrogen. All of these things are in the BONE LIQUESCENCE.
OTITIS MEDIA, Glue Ear

1. The ear is divided into three parts, the otitis externa or external ear, the otitis media or middle ear, and the otitis interne or inner ear. Infections can occur in all areas of the ear.

2. Otitis media is one of the most common ailments seen by doctors. There are three main reasons for this condition: 1) the ear is one of the most sensitive parts of the body and is extremely susceptible to infection, 2) in children, the eustachian tube, located in the middle ear, doesn’t always drain properly until the face grows longer with age and, 3) sugar and other immunosuppressants contribute to otitis media.

3. The inner and middle ear should contain a very viscus type of fluid. When this fluid starts to get sticky or gluey and cannot be drained from the middle ear, it inhibits the transmission of the sound waves through the middle ear. This interferes with conduction hearing. A common term for this is glue ear.

4. Signs and symptoms of Otitis Media include ear pain, itching of ear, possible sore throat, headache, and general irritability.

5. *MUCOUS DISSOLVER is a proven, effective formula in treating Otitis Media (ref. Otitis Media Study). *MUCOUS DISSOLVER stimulates the body to break-up mucous and to assist the body in proper drainage. It contains herbs such as Urtica, Ephedra, and Eucalyptus for their known expectorant properties and Equisetum for drainage among others.

6. *MUCOUS DISSOLVER should be taken daily, as directed for 30 days or as needed. Do not use daily for more than six weeks. Excess sugar, milk and other allergies can also contribute to excess mucous in the middle ear. This complicates the condition of Otitis Media. Avoid sugar, milk and any other allergy foods or inhalation.

8. Simple ear massage is also suggested. Massage stimulates the body and helps the body to drain the excess mucous through the eustachian tube.

EAR ANATOMY  The Mucous Disolver thins the mucous and promotes drainage in the middle ear.
The ear massage has three parts:
1. trace the eustacian tube, by drawing 40 times down the neck from the back of the ear straight down the neck
2. fold the tragus (flap of skin in front of the ear hole) over onto the hole and gently pump 40 times.
3. hold the palm of the hand over the whole ear and move the ear in every direction to loosen the ear cartilage, then pump the ear gently 40 times
4. repeat twice daily.
Title:

NATURAL HOMEOPATHIC TREATMENT
OF OTITIS MEDIA IN CHILDREN

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NATURAL HOMEOPATHIC TREATMENT OF OTITIS MEDIA IN CHILDREN

Abstract:

In a medical practice ninety-three children ages one to eighteen were chosen who had otitis media verified by tympanogram, conduction/bone hearing, and symptomatology. Patients were treated with a homeopathic program involving an herbal formula and other medical practices. It was shown that all ninety-three children responded to the program positively, and that otitis media could be controlled in all cases. It should be pointed out that thirty of the children were scheduled for myringotomy. The surgery was canceled for all because of the success of the treatment modality.
Key Words:

Otitis media, mucous, Mucous Dissolver, Ear Drops, eustachian tube, mucolysis

Introduction:

Acute otitis media is an infection of the middle ear. It is most common in young children from three months to three years old [Books: 22]. However, it can present at any age. Microorganisms can migrate from the nasal pharynx to the middle ear over the surface of the eustachian tube, or they can be propagated in the lamina propria of the mucous membrane as a spreading cellulitis or thrombophlebitis.

In the New Biology [Books: 21] there is information which tells us that the ear during the gestation period is the most sensitive part of the body to toxins [Books: 22]. It has the longest period of sensitivity of any organ, and also has extreme sensitivity to external, synthetic and environmental pollutants. With this in mind, we might have predicted the increase in otitis media cases that would be presenting from the increased amount of environmental toxins over the last several decades.

If there is an incomplete resolution of the acute otitis media, or if there is an obstruction of the eustachian tube, then a separately secretory otitis media can result as an effusion of the build up of mucous in the inner ear. This is very common in children.

The middle ear is normally ventilated three to four times a minute as the eustachian tube opens during swallowing. Oxygen is absorbed by the blood in the vessels in the middle ear mucous membrane. If the flow of the eustachian tube is impaired, a negative pressure can develop in the middle ear. This can result in the distention of the eardrum, which can then be measured on a tympanogram. This was one of the diagnostic criteria for determining situations in our study of otitis.

If the pressure on the eardrum continues, it can produce a break in the drum, and thus allow for secretion of the fluids contained behind it. If this results in a permanent perforation of the tympanic membrane (eardrum), then this is known as chronic otitis media.

If the infection spreads to the mastoid process and results in a coalescence of the mastoid ear cells, this is known as acute mastoiditis, or osteo myelitis of the mastoid bone [Books: 10]. This type of complication is rare, as most patients are able to obtain quality help before the chronic nature of this disease sets in.

The Merck Manual [Books: 13] states that bacterial type otitis media is the most common. E.Coli, staph, strep, hemophilus influenza group A, klebsiella bacterioids, and other types of organisms are the most prevalent in causing this type of disease.

Viral infections rarely occur in the externa otitis (external ear) because of the antiviral nature of earwax. However, viral infections can intrude into the surrounding tissues around the middle ear and create a disturbance. Most importantly it can create a blockage of the eustachian tube and prevent proper drainage.
Another type of infection is the fungal infection, which can affect the middle, external and inner ear. Fungal infections are often overlooked by most medical assistants due to the over-dependence of antibiotic treatment. But antibiotics are known to aggravate fungal conditions. If an antibiotic treatment for otitis media is unsuccessful over the first seven to ten days, then the practitioner should suspect viral and/or fungal involvement. Fungal involvement is found to be more of a problem by this practitioner than by those discussing this in other literature.

Otitis media is also termed "glue ear" because the fluid of the middle ear increases in viscosity, becoming glue-like. This results in a diminished hearing ability through the ear with no loss of bone conduction hearing.

The effect of the otitis is that by inhibiting the free flowing movement of the middle ear bones and the tympanic membrane, the conduction hearing is disturbed; that is, sounds that are travelling through the outer ear into the ear and then into the auditory nerve. Bone conduction, or hearing of sounds which are conducted through the bones of the face and skull pass directly to the auditory nerve. Thus bone conduction in the otitis media is usually not compromised.

In our study patients were chosen because of: #1 symptomatology, which included ear pain, ear itching (the child scratches the ears), fever, and compromised hearing. Symptomatology is what usually prompts the parent to bring the child in for an examination. #2: the tympanic membrane was studied through a tympanogram and/or analysis of the tympanic membrane to determine that there was distention or pressure applied to the back of the membrane causing it to distend into the externa canal. #3: the patients in our study were chosen if they had bone conduction hearing in normal ranges and conductive hearing through the externa ear that should have been deficient by more than fifteen percent of the norm. Criteria #4 for participation in the study is lack of any other type of metabolic disturbance such as osteomyelitis of the ear, congenital ear deformities, the presence of tubes in the ears, and other organic deformities which would set a child off from the normal patient pursued in our study.

In evaluating the causes of otalgia (earache) we also made some pre-diagnostic decisions regarding participation in the study. First was the factor of cerumen impaction. This happens when the earwax is impacted in the ear, which creates not only pain but also a disturbance in hearing. If there was any impaction of the cerumen, we simply dealt with it in the office by using a warm oil known as the Ear Drops formula. This formula is a collection of various oils and herbs which slowly dissolve the impacted ear wax, and also herbally provide relief to the otalgia. This was often done to patients in the office, which took fifteen minutes of Ear Drops administration and then flushing with warm water. If the ear wax was not fully dealt with, then we recommended a once-a-day administration of this treatment by the parents so that they could relieve the impaction of the ear wax.

It wasn't until the membrane was fully visual that we could include patients in the study, as tympanic membrane distention was one of the required criteria.

Other diseases that had to be investigated and dealt with were furunculosis (infected hair follicles in the outer ear), extradural abscess, menieres disease, any type of ear tumor, TMJ disorders, myringitis bullosa, and mastoiditis. Otitis externa, or earaches characterized by mild to moderate ear pain that occurs with tragus manipulation, or malignant otitis externa, cause ear pain that is aggravated by moving
the auricle or tragus. The acute ceruse otitis media involves the ear infection leaking through the tympanic membrane, and may cause a feeling of fullness in the ear, hearing loss, a vague sensation of top-heaviness, severe, deep throbbing ear pains; and fevers that can reach 102° F. (98.9° C.) This pain will increase steadily over several hours or days, and can be aggravated by pressure on the mastoid antrum. Rupture releases drainage and relieves the pain. If there are signs of any ceruse or rupture of the membrane, patients cannot be included in the study [Books: 23].

Methods:

The patients in this study were of ages one to eighteen, and came into a medical practice presenting with ear aches, ear itching, or diminished hearing. The average patient in this study would have had a symptomatology developed in the range of one week to two months before his parents would bring him into the practice for treatment. The patients presented over the ten-year period from 1984 to 1994. There was no control or placebo group in this study, as we are merely reporting the data of results of the patients to the outlined program, to determine its overall success. But this is not done for comparative reasons.

These patients were screened with a simple audiometer for external hearing loss and with a tuning fork for bone conduction. Ninety-three patients are reported in this study. All patients had otitis media symptoms.

Table #1

CRITERIA FOR PARTICIPATION:

1. Symptoms-- ear pain, itching, fever, diminished or impaired hearing
2. Visible and measurable distension of tympanic membrane
3. Bone conduction hearing normal, external conductive hearing diminished 15% or more
4. No tubes, no antibiotics
5. No major complicating pathology

The treatment for all patients was a mucous dissolving homeopathic formula of low-potency nettles (nature's mucous dissolver) and horsetail grass silica (nature's lancet) with iodine and alfalfa in the remedy for antihistamine effects (Mucous Dissolver). The parents of these children were taught to massage the ear for eustachian tube drainage. The eustachian tube angle of drainage increases with age, increasing the risk of otitis in children. The simple technique of ear massage was performed twice daily during the one month of the treatment.
Ear Massage Technique

This massage technique is to aid the inner ear and to help clear the eustachian tubes. The massage process should be done gently and firmly-- not to the point of pain. If the child shows signs of pain, reduce pressure. The following three steps should be done once daily on both ears.

1. Using gentle finger pressure, draw a line from the back of the ear near the mastoid bone down the back of the jaw bone through the saliva gland just at the rear of the jaw bone. Do this forty times on both sides.

2. Gently push the flap of skin in front of the ear (tragus) back over the ear canal until it blocks. Release and repeat in a pumping action; this creates a suction in the ear. Pump about forty times.

3. Place the fleshy part of the palm (just below the thumb) over the ear and rotate the ear in all directions, gently working the cartilage all around. Use a pumping action to work the air out of the ear. Pump thirty to forty times.

This operation was to be used by the parent for the child on a daily basis, no more than once a day. Remember, however, that it should be done at the time when the child is in the most severe pain, as this procedure can diminish some of the pain.

Another problem with children who develop otitis media is pancreatic enzyme deficiency, which results from an over-burdened pancreas. Eating too much sugar causes a hyper-insulin release which can also have an inhibitory effect on the release of certain enzymes which help to break up mucous. So as part of our study we ask the parents to remove white processed sugar from their children's diet, allowing them to have all the fruit or natural sugars they wanted.

It has also been shown that milk is a mucous producer. Since otitis media is an excess-mucous disease, we ask parents to take their children off milk during the therapy. Yogurt and frozen yogurt were fine, but ice cream and milk had to be removed as part of our treatment modality.

If allergies were revealed during the course of testing such as wheat, yeast, or other factors, these were also removed. But there were no other official variables in the treatment protocol.

Table #2

TREATMENT PROTOCOL:

1. The homeopathic formula, given in two teaspoons per day
2. The ear massage technique applied daily
3. Removal of white processed sugar from the diet
4. Removal of milk and unfermented milk products from the diet

These criteria were used for each patient.

In the presence of known infections, BAC was used for bacterial infection, VIR for viral infections and FNG for fungal infections. All of these are complex homeopathics. Other causes of otitis include the ear’s susceptibility to toxins in an ever-toxic world, poor pancreas enzyme production making the lymph more viscous, allergy reactions, infectious cases, or stress involvement. Since this was a professional medical practice, not a classic study, patients were treated by the medical staff for anything else that presented in the etiology survey.

Limitations in the audiometer and subjective analysis of ear pain made quantified results difficult. Since it is the purpose of this pilot study to provoke deeper inquiry, we simply used an otitis positive or negative diagnosis. The results were almost one hundred percent. In every single case, Otitis improved dramatically within one month of treatment. Thirty of the cases were scheduled for surgery, and in every case surgery was aborted by the medical staff because of patient improvement.

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th>Post-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Otitis</td>
<td>93</td>
<td>1</td>
</tr>
<tr>
<td>Media:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Otitis</td>
<td>0</td>
<td>92</td>
</tr>
<tr>
<td>Media:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alpha = .0005 significance**

**Results:**

The results of our study showed that the complex homeopathic could be used for otitis media treatment. We have also seen results of this formula in treating other mucous conditions such as sinusitis, asthma, boils, lymphatic drainage, intestinal mucous, and others.

Over the years of utilizing this ear massage technique in the medical practice, its success has been very apparent, as well as its ability to deal with these various concerns.

Of those reported in this study, only one child was not successfully treated with this program. At the end of the four-week therapy the otitis did not diminish, although it
do not become worse. At that point the parents opted for antibiotic therapy, and later scheduled a myringotomy. There was nothing particularly remarkable in this case, other than a possible psychological block that might have inhibited the effects of this program.

In the other ninety-two cases we saw dramatic results. Over the years of practice there have been many other cases that could not be included in this study, as the children had a history of tubes and/or were taking antibiotics. We have used this program several times with patients who still had the chronic problems after treatment, but we found that gradually they could stop the antibiotics and deal with their situations more naturally. The results of their data were not organized for publication in this study.

**Discussion:**

Recently in America an FDA recommendation for otitis media has been published which includes antibiotics as the first course of intervention. It must be pointed out that these antibiotics are not stimulatory to the system but are backed by an allopathic philosophy. They are designed to work directly upon an infected ear rather than stimulating the body's defense mechanisms.

Thus by working directly on the infection and not stimulating the immune system we have a tendency to make a classic allopathic mistake: to build dependence on antibiotics to do the body's job. This is partially why antibiotics are known as immune suppressors; they suppress the body's ability to do its job, and they create an atrophy in the immune factors.

It should be pointed out that the allopathic therapy is successful on symptomatology, but not in the long term. It builds dependence. In our study we followed up with several of our patients in long-term utilization— not enough to report actual clinical data, although many of the parents have remarked that they have more control over the onset of ear infections by reactivating the treatment protocol.

If parents want a true, natural choice of medicine, then this paper offers satisfactory proof that there is a successful alternative to the allopathic philosophy. The philosophy of putting tubes in the ears is analogous to cutting a hole in the bathroom floor when there is a leak. The homeopathic philosophy is to stimulate the leakage repair mechanism, as well as to deal with the cause of the disease at its basic organic level.

Since we live in a world undergoing increasing toxicity, we see more and more disturbances to the most sensitive parts of the body to these toxins, which in children includes the ear. As the adult grows older and the face lengthens, we see increasingly fewer disturbances involving ear drainage, as the eustachian tube is better able to drain. Other parts of the body take over the sensitivity to toxins. But in children the ear and the ear canal is extremely sensitive.

The ear shares blood supply with the hypothalamus and other intricate areas of the internal brain that regulate metabolic activity. Thus we can see the extreme importance of dealing with earaches and ear pathology quickly, safely and naturally; we want to avoid over-disturbing one of the most highly sophisticated regulating areas known: the hypothalamic area of the brain.
The primary presenting concern in any pediatrician's office is ear involvement. The number-one surgery performed in America is the myringotomy.

Further analysis with better trained medical staff and more precise equipment for media versus internal diagnosis is needed. We cannot determine the precise and most valuable intervention among:

1. naturopathy treatment
2. mucous dissolver
3. ear massage
4. increased parental involvement
5. stress reduction
6. stopping sugar or milk intake.

However, a minimal-risk, natural treatment modality seems a safe and effective procedure.

Product Notes:

It is important to note that there is good mucous in the body, and that the Mucous Dissolver should not be used for excessive periods (over ninety days). The patient is never sick due to deficiency in Mucous Dissolver. There is always some reason for needing this formula, which is the basic cause behind the otitis. We need to get to the cause.

It is speculated that sugar can burden the pancreas, and thus interfere with the child’s ability to develop his own lymphatic enzymes that can help to break up some of
the mucous. Thus sugar reduction must be a part of the program. Also, the Mucous Dissolver should not be used in place of sugar reduction.

If the Mucous Dissolver is over-used, the good mucous around the spine can be broken up, which will create problems. The Mucous Dissolver should be used for short-term intervention, and should not be used as preventive medicine.

RESULTS

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Conduction Hearing</th>
<th>Distension of Membrane</th>
<th>Symptomatology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>1</td>
<td>1 M</td>
<td>80% 100%</td>
<td>+</td>
<td>-</td>
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<tr>
<td>2</td>
<td>7 F</td>
<td>85% 100%</td>
<td>+</td>
<td>-</td>
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<tr>
<td>3</td>
<td>8 M</td>
<td>80% 100%</td>
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<td>-</td>
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<tr>
<td>4</td>
<td>7 M</td>
<td>80% 100%</td>
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<td>5</td>
<td>8 F</td>
<td>85% 100%</td>
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<td>12</td>
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<td>+</td>
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<td>16</td>
<td>M</td>
<td>75%</td>
<td>95%</td>
<td>+</td>
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<tr>
<td>15</td>
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* #77 was unsuccessful. Post symptoms and post distention of the ear membrane remained the same.

**NATURAL HOMEOPATHIC TREATMENT**  
**OF OTITIS MEDIA IN CHILDREN**

--- BIBLIOGRAPHY ---

**BOOKS**


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.**  Maitreya; Limerick, Ireland; 1993.
PATIENT REPORT

Patient Name:
Patient Address:
Patient Phone Nos.:
Misc info:

Patient History Notes:

Primary Diagnosis:
Secondary Diagnosis:
Additional Complications:

Possible Causes of Disease:
Nosodal Suggestions:

Alersodal:

Isodal or Toxic Possibilities:

Nutritional Problems:

Behavioral Problems:

Trauma:

Stress:

Perverse Energy Exposures:

Inherited Tendencies or Disorders:

Mental Problems or Emotional Clinging:

Sarcodal Suggestions:

Symptoms Combinational Therapy:

Classical Homeopathic or Constitutional:
1  165Environmental
2  160Physical
3  150Mental
4  162Social
5  153Spiritual

6  228JALAPENO  Rich in Vitamin C often identifies Somach conditions
7  221ARNICA MONTANA ForInjuries, Tinnitus, PusInfections, Apoplexy, CerebralCongesti
8  221GLUTIN (ALR), can indicate glutin sensitivity of sprue, or allergy to grains or peanuts
9  226NITROUS OXIDE  laughing gas, use for brain toxicities
1. Potassium and Magnesium are extremely needed ions that helps to produce energy, neurological balancing, and activity for the entire body.

2. In our diagram we can see that the largest amount of potassium is in the muscles, nerves and the brain. This is because without potassium the muscles get very weak and our brain and neurological function becomes disturbed. Potassium deficiency is one of the major contributing factors to a host of diseases in the world today.

3. Potassium is best found in fresh fruits and vegetables. Too many people are over cooking vegetables and eating too many processed foods as well as excess meat and animal products, and thereby run the risk of potassium deficiency.

4. Many types of medications such as blood pressure medication, laxatives and diuretics can also increase potassium and magnesium loss from the body and create potassium and magnesium deficiency. Potassium and magnesium is lost in the body through the urine although some is also lost in the stool.

5. Symptoms of potassium and magnesium deficiency are fatigue, irregularity of the heart, high blood pressure, neurological disturbances, twitching, kidney stones, and poor quality skin and hair. Symptoms of Bicarb deficiency include bloating after meals, indigestion, pancreatitis, or swelling of the abdomen forward.

6. The best dietary source of potassium should come from fresh fruits and vegetables. However, potassium supplementation may be necessary. *ANT-ACID POWDER is a bicarbonate that uses potassium and magnesium to correct deficiency states. Whereas sodium might interfere with blood pressure stabilization. Realkalizing the intestinal tract fortifying digestion also helps the entire body to detox and restore health. Many problems relating to blood pressure, neurological disturbances, and fatigue can be solved by increasing potassium in the diet. Paprika is also found to be very high in potassium and is a good supplement to the diet as well.

**POTASSIUM DISTRIBUTION**

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<td>RED BLOOD CELLS</td>
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<td>EXTRA CELLULAR FLUID</td>
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<td>INTESTINE CELLS</td>
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<td>KIDNEY CELLS</td>
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<td>URINE LOSS 90 MEQ/DAY</td>
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Stimulating urine or stool produces a loss in potassium. Stress, coffee at meals and snaking between meals results in BICARB loss. POTASSIUM BICARB replaces the bicarb, magnesium and potassium loss, while realkalizing the intestinal tract. This formula is much like the BITTERSALTS formula used in Germany used in some of the best health spas and medical clinics in the world.
RULES FOR THE STOMACH

The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ the small intestine.

Nature has provided us with a nervous system that regulates this process. This nervous system is designed to prefer muscle action over digestion. So if a threat or stress comes to us after a meal, such as a lion attack, our body will shift it's energy from digestion to the muscles and we can survive by running away. In our present society we have few lions, but our nerves can still stop digestion just as easily.

When we allow the stomach to empty it's contents prematurely the small intestine is over burdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.
RULES OF THE STOMACH

1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)

2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)

3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)

4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)

5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)

6. Small meal is better Quality of nutrition not quantity

7. Slow meals Savor, enjoy, rejoice, and celebrate the meal

8. Eat for nutrition not for stimulation, Eat when hungry, not when bored

9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach function

10. Make and eat food with love and kindness, no violent or negative emotions

11. No ant-acids

12. Do not sleep for 3 hours after eating.

When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables can not be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don’t want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.
PROSTATITIS

1. The prostate is a gland that produces secretion necessary for sexual activity in the body. The prostate lies directly below the bladder. Urine that is stored in the bladder must pass through the prostate and out of the penis during urination. This passes through a tube known as the urethra.

2. The urethra tube then goes through the middle of the prostate gland. This is very similar to a tube running through an apple. The apple being the prostate and the tube being the urethra. There are very tightly packed cells all through the prostate. When there is an abnormal growth or swelling of these cells this causes some disorders of the prostate.

3. If the cells involved are in a near state of inflammation, we have prostatic hypertrophy or prostatitis. If the cells start to go cancerous and swell because of neoplasia we have prostate cancer. Prostatitis is one of the most disturbing diseases of men over 40 and prostate cancer is one of the leading causes of male deaths past 50. Stress and over adrenal use contribute to the disease as well as liver clogging or dysfunction.

4. The prostate cells are particularly sensitive to female hormones which are made in the adrenal glands in the body. Female hormones should be metabolized by the male liver. When the liver is clogged due to improper nutrition or addiction abuse, and too much stress, we have a situation which could develop into prostatitis. If not controlled, it could develop into prostate cancer.

5. The early symptoms of prostatitis are usually a restriction in the amount of urine flow. When the patient was young he might remember being able to squirt a solid stream across the room. With age this stream becomes a dribble because of prostatitis. Early signs include dribbling after urination, excessive trips to the bathroom for urination, and a split stream of urination.

6. *LIVER LIQUESCENCE is very helpful in treating the underlying liver disease behind a prostatic condition. Reducing stress is very important as an adjunctive type therapy for any type of prostatic involvement. Good nutrition and most importantly good fatty acids from vegetables is extremely important.

7. *PROSTATE, works through homeopathic action to help the cells to reduce inflammation and to encourage proper growth of cells. This formula has been shown clinically effective (ref. prostatitis study).

8. The treatment of prostatic involvement needs to involve stress reduction, good nutrition, removal of alcohol and drugs, fatty foods and other burdens on the liver, good liver therapy as well as the *PROSTATE formula.
The PROSTATE FORMULA has a blend of herbs and homeopathics which help to reduce swelling of the prostate.
The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ the small intestine.

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When we allow the stomach to empty its contents prematurely the small intestine is overburdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.

**RULES OF THE STOMACH**

1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)
2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)
3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)
4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)
5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)
6. Small meal is better Quality of nutrition not quantity
7. Slow meals Savor, enjoy, rejoice, and celebrate the meal
8. Eat for nutrition not for stimulation, Eat when hungry, not when bored
9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach function
10. Make and eat food with love and kindness, no violent or negative emotions
11. No ant-acids
12. Do not sleep for 3 hours after eating.
When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables can not be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don't want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.
Sarcode homeopathy involves using healthy glandular tissue, which occurs within a healthy organism, to treat sick conditions within the body. For an expanded view of sarcodes and the experimental context behind them, we point the reader to *The Experimental Evidence for Homeopathy I and II* by Dr. William Nelson. In these texts we outline exactly some ways that sarcode homeopathy works in the patient. Sarcode homeopathy seems to promote the growth and development of healthy glandular tissue.

Within this chapter we wish to classify many sarcodes that can be utilized by a knowledgeable homeopath. The list of sarcode tissues utilized in this document is vast, and beyond the grasp of many homeopaths. There are a variety of tissues, used by homeopaths in many ways. Since we find that these sarcode tissues help to rebuild tissue, help tissue to organize properly, and increase the probability of the presence of healthy tissue over old tissue, we can see how homeopathy can be used.

Sarcode tissue can go beyond mere tissue to secretions; which include hormones, enzymes, coenzymes, RNA, DNA, and other factors. Thus we can see from our list that there is a wide range of sarcode tissues that can be brought beyond just tissue, to include some secretions of the body. This vast array of secretions is broadened to include as many different hormones and enzymes known by Dr. Nelson at this time.

Sarcode homeopathy in the 6x and above homochond is a very safe type of homeopathy that can be given to children and the elderly, with virtually no risk. The reactivity of these depends on the condition of the tissues and also the types of tissues that are treated. Intestinal tissues build rapidly, in that there is rapid cell turnover; whereas tissues of nerves and eyes are very slow in their treatment. But sarcodes can be used in a wide range of activity.

These sarcodes can be utilized by chiropractors, acupuncturists and naturopaths. Here they only must know where the focus of disease is, or might be. This is safe, and there is no risk to patients. The doctor only needs to supply the sarcode needed for the tissue needing reconstruction. Thus the sarcodes and the life force of the body will slowly rebuild that area, and help to fortify those tissues.
SARCODES

BIOACTIVE PEPTIDES

Adrenoocorticotropic Hormone #S1
(ACTH; Corticotropin A)

Angiotensin I #S2

Angiotensin II #S3
(Hypertensin II)

Angiotensin III #S4

Angiotensin III Inhibitor #S5

Angiotensin-Converting Enzyme Inhibitor (pfs) #S6
(pGlu-Trp-Pro-Arg-P90-Gin-Ile-Pro-Pro)

Angiotensinogen #S7
(Fragment 1-14)

Renin #S8

Bradykinin #S9
(Arg-Pro-Pro-Gly-Phe-Ser-Pro-Phe-Arg)

Bradykinin Potentiator B (pfs) #S10
(pGlu-Gly-Leu-Pro-Pro-Arg-Pro-Lys-Ile-Pro-Pro)

Bradykinin Potentiator C (pfs) #S11
(pGlu-Gly-Leu-Pro-Pro-Gly-Pro-Pro-Ile-Pro-Pro)

CHEMOTACTIC PEPTIDES

N-Acetyl-L-Methionyl-L-Leucyl-L-Phenylalanine #S12

L-Alanylglucyl-L-Seryl-L-Glutamic Acid (pfs) #S13
(Eosinophil chemotactic factor of anaphylaxis)

N-BOC-L-Methionyl-L-Leucyl-L-Phenylalanine #S14
(Chemotactic peptide antagonist)

N-BOC-L-Phenylalanyl-D-Leucyl-L-Phenylalanyl-D-Leucyl-L-Phenylalanine (pfs) #S15
(Chemotactic peptide inhibitor)

N-Formyl-L-Methionyl-L-Leucyl-L-Phenylalanine Methyl Ester #S16

N-Formyl-L-Methionyl-L-Leucyl-L-Phenylalanine Lysine (pfs) #S17

N-Formyl-L-Methionyl-L-Leucyl-L-Tyrosine (pfs) #S18

N-Formyl-L-Methionyl-L-Phenylalanine Methionine (pfs) #S19

N-Formyl-L-Norleucyl-L-Leucyl-L-Phenylalanine #S20
(Chemotactic peptide)

N-Formyl-L-Norleucyl-L-Leucyl-L-Phenylalanyl-L-Tyrosine (pfs) #S21

L-Methionyl-L-Leucyl-L-Phenylalanine #S22
(Acetate Salt - Exhibits very weak chemotactic properties)

ValGly-Val-Ala-Pro-Cly (pfs) #S23
(Elastin chemotactic fragment)

L-Valylglycyl-L-Seryl-L-Glutamic Acid (pfs) #S24
(Eosinophil chemotactic factor of anaphylaxis)

Dynorphin A (pfs) #S25
(Porcine)

Dynorphin B (pfs) #S26
(Porcine)

\(\alpha\)-Endorphin (pfs) #S27
(B-Lipotropin 61-76)

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\(\alpha\)-Neoendorphin (pfs) #S29

Leucine Enkephalin #S30

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Enkephalinamide #S32

Methionine Enkephaline #S33
(Tyr-Gly-Gly-Phe-Leu-Lys)

[D-Trp\(^2\)]-Methionine Enkephalin #S34

Proenkephalin (pfs) #S35

Syndyphalin-20 #S36

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STIMULATION OF MOTILITY FACTORS IN NEUTROPHILS

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This study was performed in 1994 at the Hippocampus Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Hippocampus Clinic in Budapest, Hungary, and by the doctors listed above. This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

Abstract:

In 1987 a department of scientific research in Germany published the first part of this study [Studies: 5]. In this study a sample of patients' blood was taken by finger prick, and put onto an inverted slide. The inverted slide allowed for motility of the white blood cell underneath the cover slip. When viewing blood normally, using a non-inverted slide, the cover slip would produce pressure on the white blood cell and restrict its movement.

A sample of various bacteria was put into the blood sample, comprised of streptococcus. The mobility and motility of the white blood cell was then studied under the microscope. This was done using a dark field at 1500x to minimize the effects of excess infrared radiation. However, the temperature of the blood was always maintained within one degree of body temperature (98.6° F., 37.5° C.).

The speed of the white blood cell was then measured in seconds per 10 µm, as well as the ability of the white blood cell to produce phagocytosis around the bacteria. The baseline was thus established by observing multiple white blood cells in the patients. One group of patients was then given a placebo of water and alcohol (ten drops) orally, and another group was given a sample of a complex homeopathic designed to stimulate the white blood cell towards bacteria. Blood was taken thirty minutes after administration of the placebo or homeopathic.

In the treatment group there was virtually no change from the initial pre-test. In the homeopathic group there was an increase. In the homeopathic treatment group there was a thirty-five percent increase in the motility and mobility factors of the leukocytes.

This initial American study of 1987 has been duplicated using an additional ten subjects with fungus instead of bacteria, and fifteen subjects have recently been added to the study population from Hungary. This makes a sum total of thirty-five subjects who participated in our study.

Since the use of blood on the slide for testing white blood cell motility was an unnatural event, a second test was performed on four volunteers. This is the Rebuck Skin Window technique [Books: 22], in which a cover slip is applied to a wound, and then the number of neutrophils is calculated. Similarly to our first test, placebos and homeopathics were used, and an increase in neutrophil motility was observed in the homeopathic treatment group.

The conclusions of our study show that the homeopathic is capable of stimulating the motility and mobility factors; increased ability of phagocytosis was also noted. There seems to be a specific stimulus of this effect which is also discussed.

Background:

The development of antibiotics was propagated by the initial discoveries of Lister, Fleming and others who discovered that bacteria could be destroyed by various compounds. They noticed that certain fungi had the ability to conquer bacteria. They later discovered that there were elements in soil which were also capable of destroying bacteria. There was a balance in the natural world between bacteria, fungi and viruses.
There is a basic ability of certain viruses to destroy bacteria, certain fungi to destroy bacteria, certain viruses to destroy fungi, certain fungi to destroy or inhibit viruses, and certain bacteria that can inhibit both fungi and viruses. This is the natural balance that exists in the environment. If any one of these three were more powerful than the others, it could destroy them, consume food stores, and eventually die. Antibiotics capitalize on this process.

The theory of the antibiotic in the human was that by introducing a compound that would kill bacteria, their number in the body could be lowered when there was an increase in these pathogenic bacteria. It must be noted that many of these bacteria, such as streptococcus, staphylococcus, E.Coli and the like, are already present in the body. They are kept under control by the normal immune system and body chemistry.

When Louis Pasteur first experimented with various bacteria, he developed a process of sterilization. The medical profession was so antagonistic towards Louis Pasteur (who was not a doctor) that it actually made sterilization in the operating room illegal to counter his so-called heretical theories. Later, medicine embraced the germ theory, and embraces it exceedingly to this day [Books: 23].

On his death bed Louis Pasteur realized that it is the "flora, not the fauna", that is important. In other words, when a person is sick, the basic flora of his body changes, which allows the bacteria, or the fauna, to increase. Perhaps this is part of the defense mechanism. Louis Pasteur came to a realization that was never completely realized by the rest of medicine.

Now, with the use of antibiotics, we are seeing a proportional increase in iatrogenic diseases from these various compounds. Antibiotics are producing increases in fungus populations, as well as decreased defenses to various viral diseases. So we are seeing an increase of candidiasis, herpes, and other types of viral diseases because of antibiotic proliferation.

Indiscriminate use of antibiotics has produced another problem. When an antibiotic is used, it destroys a certain number of bacteria. But bacterial strains, which are resistant to the antibiotic, can now grow in larger numbers. So we are producing large numbers of bacteria that are antibiotic-resistant, and increasing problems for society and medicine. A recent Newsweek article expounds on the problems of antibiotics [Studies: 3].

Antibiotics were useful, but were not productive long term. Most antibiotics used in the 1950s are now no longer used because they are ineffective. Also, the answer is not in the millions of dollars that it takes to develop newer and newer antibiotics. A new system must be developed in a process of enhancing the immune system rather than defeating the bacteria directly. Scientists are now desperately seeking a new solution to infections. Perhaps we already have the answer in homeopathy.

It is the white blood cell's job to keep bacterial growth under control, and to not allow super-proliferation of any one of the species of infection. In light of this, we must develop some simpler techniques in medicine that can help control infections, rather than resorting to antibiotic use in such high numbers. Antibiotic use in the world today is measured by the box car load; there are almost enough antibiotics used on a yearly basis to fill the average football stadium in America. A new system must be developed that can find ways to stimulate the natural process of the immune system rather than external synthetic, chemical intrusion.

With this in mind, we can now turn our eyes towards the two-hundred-year-old technology known as homeopathy. This technology was used a century ago to defeat yellow fever epidemics, pestis, pseudomonas, and many other types of infections that were epidemic in Europe. Homeopathy involves using a small amount of a compound to induce some type of sensitization process in the body to help the body to deal with the infection effectively. Hahnemann observed that if he used various types of bacteria
that were involved with the infections people were experiencing, he could stimulate their immune systems to lower the amount of the bacteria in the body, and thus bring the infection under control. Some of the initial classifications were simply called bacteria remedies, because the technology was not present to find a way to classify each of the bacteria.

Later, bacterial homeopathics arose such as streptococcinum, staphylococcinum, pneumococcinum and many others. For over two hundred years, homeopaths have been using these homeopathic compounds to deal with bacterial and infectious problems.

In a recent study these homeopathics were shown to increase antibodies to various viruses [Studies: 2]. In another study we have shown the success of homeopathics in treating bacterial infection [Studies: 3]. Also, homeopathics have been shown successful in treating fungal infections [Studies: 4].

Jenner, who was perhaps one of the best in the field, observed that what causes a disease could be used to cure it. This allowed him to develop the concept of immunization; a concept which is exactly what homeopathy is attempting to accomplish. Many homeopaths have chosen to use high-x tinctures, and also dry compounds, such as lactose, in pill form. These have been inconclusive in their results, working only in certain conditions because of their inability to consistently transfer the energy from homeopathy [Books: 23].

In our studies we have shown that the liquid medium, the mid-range potencies between 12x and 16x, and also the use of our electrically-activated patented process, have produced a superior homeopathic, which has given us results like those in this study.

There is much debate about what occurs when a white blood cell encounters a bacterium. One theory is that there are receptor sites on the white blood cell that receive some type of chemical residue that exudes from the bacteria. The receptor site, once it is triggered by this chemical, can stimulate the white blood cell to move towards the bacterium, fungus, or other intruder [Studies: 4]. A more recent theory is that of the biophoton [Books: 1 - 5] which includes a process of how the white blood cell might actually have visual recognition or some type of sight receptors that can allow it to seek and destroy bacteria. The simple triggering of a receptor site is not adequate to show how the white blood cell can track in a positive direction towards the bacteria, in that convection currents can sweep these triggers to the back side of the white blood cell, which could then be stimulated to move in the wrong direction. But white blood cells are observed under the microscope to move in a more definitive manner. It is our hypothesis that both procedures of shape receptor stimulation and biophoton activity can be used to explain the dimensions of the white blood cell's ability to find its prey.

The hypothesis of this study, however, is that the homeopathic might have a positive effect on the motility and mobility factors of the white blood cell.

The white blood cell series can be divided by morphological appearance into granulocytes (polymorphonuclear leukocytes), monocytes and lymphocytes. The granulocytes and monocytes are phagocytic cells, where the lymphocytes are involved in a variety of immune mechanisms that involve antibodies, opsonation, and a variety of labeling techniques.

Granulocytes can be classified into further types by staining characteristics [Books: 22]. Neutrophils are numerous and stain violet-pink, eosinophils stain pale pink, and basophilic granulars stain dense blue or black. The basophilic granulars are also larger than the other two.

The neutrophil nucleus has two to five lobes, and the esenophils and basophils usually have bi-lobed nuclei. Monocytes and granulocytes are usually twelve to fifteen micrometers in diameter. The nuclei are oval, not horseshoe-shaped, as are the granulocytes. The nuclei of the monocytes have a purple-pink-staining chromatin. Their cytoplasm is slate-colored, with some lilac-colored granules.

In normal blood two forms of lymphocytes can be seen: the large lymphocyte, with a diameter of eight to sixteen micrometers; and a smaller form measuring seven to nine micrometers. They are round cells with a round nucleus and light blue cytoplasm. In the large lymphocyte the nucleus fills approximately half the cell; in the smaller lymphocyte it almost completely fills the cell.

Patients participating in our study exhibited normally appearing leukocytes with normal distribution of a white blood cell count.

Neutrophils are the phagocytic cells whose prime function is to engulf and destroy bacteria that gain access to the body's tissues. The likelihood of infection from a given organism depends upon the number, virulence, and state of the body's defenses. The primary defense is the integrity of the outer skin. The gastrointestinal tract also is designed to stop the intrusion of bacteria [Books: 10].

The skin and gastrointestinal tract are colonized by large numbers of bacteria. In normal circumstances they are harmless. Also in normal circumstances, if there is intrusion of the skin, the
neutrophils are prompt in controlling bacterial growth. Pathogenic bacteria have properties that enable them to invade tissues so that they can effectively be localized by the accumulation of neutrophils. This accounts for the production of pus. Thus the ability of a neutrophil to defeat the bacterial intruder depends upon the virulence of the bacteria as well as the neutrophil's action.

When there is injury or infection, a large number of neutrophils are moved to the site within a relatively short period of time. Under normal circumstances these migrating neutrophils in the bloodstream leave the circulation in random fashion, passing mostly into the body's cavities and into the gut. When injury occurs, there is initial local capillary constriction followed by dilation, and an increase in permeability that allows plasma to seep into the injured site [Books: 13]. Reflex arterial dilation increases blood flow to the area of injury, but the constriction of precapillary sphincters reduces flow to the injured site itself. This allows the migrating neutrophil an opportunity to make contact with and adhere to the vascular endothelium. Neutrophils move by amebic-like, pseudopod-type movements. Neutrophils move about in the tissues and blood by this movement. Tissue injury and infection activates complement, kinin, coagulation and fibrinolytic cascades. There is resultant production of C3A, C5, C6 and C7 complex, as well as plasminogen activator and kallikreins. These and other compounds act in a chemical way to stimulate and direct the neutrophil movement [Books: 22].

There has also been research on prostaglandins and substances released by the neutrophils themselves that allow other neutrophils to track and follow them into areas of infection or injury. Movement is directed along the concentration gradient, showing the strong ability of the chemicals to induce this movement, known as chemotaxis. The substances that produce this chemotaxis are known as chemotactic agents. This does not explain all the phenomena of white blood cells and neutrophils. We believe that there is a photon, or light-sensitive, agent that helps in the process as well [Books: 4].

In our study involving biophotons coming off bacteria [Studies: 2] we observed how homeopathics were capable of stimulating the amount of photon release from the bacteria in culture. This helps to reinforce our theory that homeopathics might perform in two ways: 1) they might increase the amount of photon radiation coming from the bacteria, increasing the white blood cell's ability to "see" the bacteria for opsonization, labeling, and later phagocytosis; and 2) homeopathics might increase the visual acuity qualities of the white blood cell or the abilities of the cytokins, the opsonizing agents, or the immunoglobulins to attach to the bacteria to increase the labeling effect.

For the neutrophil to ingest bacteria through the process of phagocytosis, the neutrophil must be close to its victim. This would seem impossible, as both do carry a net negative surface charge and should repel each other. However, there are receptors on the neutrophil's surface for various IgG and for complement CB3 which coat the outside surface of the bacteria through a process known as opsonization. These and other markers label the bacteria and assist in the process of motility recognition and phagocytosis [Books: 22].

The process of pseudophile movement as well as phagocytosis require a tremendous expenditure of energy, and need sources of glucose. In our study we see that the movement and motility factors of the white blood cell in the inverted slide are much less than what has been observed in the human body. This is partially because of the unavailability of proper glucose supply, as well as oxygenation and other unnatural entities acting in the slide which are not present in the bloodstream.

There are a number of methods that the white blood cells utilize upon phagocytosis to kill bacteria. Most of these involve the generation of hydrogen peroxide and reactive oxygen free radicals. This is known as the oxidative burst.

(It must be pointed out that this hydrogen peroxide should work inside the cell vacuole. By putting hydrogen peroxide into the system through injection or other means, it gets into the bloodstream and can successfully deal with bacteria. But the white blood cell must generate its own defense against the peroxide because of this unnatural action. Thus the immune system of the patient is weakened because of the negative effect of the hydrogen peroxide on the white blood cell. This is one reason why taking hydrogen peroxide systemically increases the risk of cancer. Using it is much like using antibiotics, in that it is trying to defeat the bacteria directly rather than stimulating the immune system. In fact, hydrogen peroxide is a powerful immuno-suppressant [Books: 24].)

The plasma membrane is perturbated during phagocytosis. This stimulates the membrane-bound heme-containing oxidized enzyme. As a result there is an electron transfer from reduced pyridine
nucleotides to molecular oxygen. Thus it reduces it to hydrogen peroxide and a super-oxide anion. The super-oxide anion can diffuse freely into the phagosome and is toxic to the bacteria.

Hydrogen peroxide toxicity is further enhanced by the enzyme mylperoxidase in the presence of a halite ion. In the acid pH of the phagosome super-oxide anion simultaneously dismutes to hydrogen peroxide and an oxygen ion. The oxygen ion is extremely excited electronically [Books: 3].

There are unpaired electrons in the two electron bonds. The two electron bonds in this ion spin in opposition rather than in parallel. Reversion of the super-oxide anion to the stable state is associated with the emission of a photon of light. This process is known as chemiluminescence, and is thought to be toxic to bacteria. Perhaps by the oxidation of substances such as fatty acids, any super-oxide that diffuses into the cytosol is effectively dismuted by the enzyme super-oxide dismutase. The hydrogen peroxide that is produced is detoxified by glutathione peroxide reductionase reactions in which glutathione peroxidase catalyzes the oxidation of reduced glutathione by hydrogen peroxide [Books: 1].

This results in the production of NAP\(^{+}\) and the electron transfer from NADPH acts as an electron acceptor in a rate-limiting fashion for the destructive process. Perhaps this beam of light (the photon that is released) also helps to act as a beacon to draw other white blood cells to follow this beam to the destructive point, contributing to our photonic immunity explanation [Books: 2].

Studies of neutrophil motility are often very complicated and difficult to perform. Many experiments have been done including radioactive tracing of the neutrophils, scintillation, and even chemiluminescence as possible ways to accomplish this.

Another test of neutrophil activity which lent itself very nicely to our study is that of the Re buck Skin Window technique. Here a scratch is applied to the skin which initiates a skin injury response. The body then activates neutrophils in this area, the number of which can be measured by applying a cover slip to the injury, and then studying the cover slip underneath the microscope to count the number of neutrophils. Over a certain period of time this can be an adequate measure of the body's ability to deal with external injuries [Books: 22].

Hypothesis:

The hypothesis of this study is that the homeopathic might have a positive effect on the motility and mobility factors of the white blood cell.

Methods:

The methods of our study were the same ones used in the 1985 study published in Germany. The German results are added to this study. A high-powered dark-field microscope is used that allows us to analyze the medium at 1500x. This allows us to examine the bacteria and to determine the speed of the white blood cell in moving towards those bacteria.

The dark field allows for a minimization of the infrared radiation, which might have derogatory effects on the white blood cell membrane. The slides used are thick, inverted drop slides, each of which has an indentation in it to allow motility of the white blood cell. These slides and the cover slips are kept at 37.5\(^\circ\) C (body temperature) until they are ready for use. Blood is taken from a finger prick and inserted on the bottom of the cover slip, which is then put in place in the inverted slide. Normal cover slips and slides produce a crushing effect and restrict the motion of the white blood cell. With the inverted slide it allows for motility factors.

Three-dimensional visualization is important, and it takes sophistication with the microscope to be able to utilize the proper oil immersion technique to attain the 1500x potency, to keep the oil out of the sides of the cover slip, and to get the proper amount of amplification to envision the white blood cells. A small drop of blood is best; the smaller the drop, the fewer red blood cells there are to inhibit our observation.

To study motility factors, we must place an intruder into the drop on the inverted slide prior to application into the indented slide. For this, a microliter of a bacterial compound was placed into the drop of blood, which would account for approximately fifty to one hundred bacteria. This was placed consistently on one side of the drop, so that we would be able to envision the movement of the white
blood cells. The microliter administration was placed just on the edge of the drop, and a slight touch would bring it into contact with the drop to discourage any type of insertion convection current flow.

The system was then put onto the microscope, the oil immersion added, and at 1500x we would then observed the motion of the white blood cell to surround and destroy the bacteria through phagocytosis. It is important to perform the procedure within the first five to ten minutes after taking the blood, so that the blood cells may be captured in their most natural state. Immediately upon taking the blood, it is then in contact with air, thus changing its chemistry and oxygenation capacity.

Also upon taking the blood, it is exposed to other types of pathogens from the environment which we attempt to limit as much as possible in doing this experiment in as clean an environment as possible. Thus we are observing the motility factors of the blood under an unnatural circumstance.

Calculations of the distances were consistent, and were made by mathematical analyses of the visual field within the system. The motility factors were then measured by determining how quickly the white blood cell maneuvers. Our samples moved at an average speed of about sixty seconds per ten micrometers.

Two compounds were administered. One was a placebo of fifteen percent of normal alcohol and water utilized for manufacture of the homeopathic, but without any type of homeopathic succussion or compounds. The homeopathic intervention was that of a multi-range combination of bacterial compounds.

Since there was a low motility factor inside the inverted slide observance of our white blood cells, another more accurate test was needed to determine our hypothesis. For this we chose the Reubuck Skin Window technique. This technique involves placing a cover slip onto a skin injury, and then counting the number of resulting neutrophils under a microscope. This provides an excellent and inexpensive way to judge how the body responds to an external infection [Books: 22].

For our study the only modification was that we scratched the surface of the skin of four volunteer subjects who were healthy. Then an infusion of streptococcus bacteria was massaged into the scratch. The scratch was approximately one half inch long and was made with a surgical needle. The scratch was made to perturb the outermost layer of skin and to provoke slight bleeding. After the infusion was applied we waited twenty minutes, and then applied the cover slip. From there we counted the number of neutrophils on the cover slip.

In our study three scratches were applied. All scratches were applied in the forearm regions of right or left arms. In one test, to establish the baseline, the scratch was made, the infusion was applied, and a cover slip was utilized. This would determine the baseline, or number of neutrophils, that the patient would normally have for this type of scratch.

Each subject was then given a full-range homeopathic for bacteria. A second scratch was applied to the opposing arm. An infusion of the bacteria was applied to this scratch. Within twenty minutes a second cover slip was applied to determine the number of neutrophils that rushed to the area of the second scratch. A week later, with the same four volunteers, a similar test was performed; this time with E.Coli in the infusion.

It can be argued in our first test that the response within the short period between the first scratch and the second might have induced an increase in neutrophil activity because the sensitization would exclude the homeopathic intervention. In the second test, the bacterial homeopathic for the E.Coli was given before the first scratch. The first scratch was made, and the infusion was applied to the scratch. The cover slip was applied and the number of neutrophils counted. The second scratch was applied one hour later, a cover slip applied, and the neutrophils counted. The homeopathic administration was done before the administration of the first scratch to determine any increase between the first and second scratches due to sensitization effects rather than homeopathic effects.

Subjects in the scratch test were two males and two females between the ages of twenty-five and forty-five. No abnormal problems in health were reported. The subjects were essentially in normal condition.

Immediately after the second scratch was tested for the skin window, a hydrogen peroxide wash and an antibiotic salve was applied to both wounds to reduce the risk of infection.

A third test was also performed, using a simple placebo, where no homeopathic was given. The first scratch was made, and a staphylococcus infusion was applied. The patient was then given a water and alcohol placebo much like the homeopathic, but involving no homeopathic succussion and containing no homeopathic entities. A hour later the second scratch was made and a staphylococcus infusion was applied. Then the cover slip was applied, and neutrophils counted.
Results:

In our study we were able to show, once in Germany, once in Hungary and twice in America, that white blood cell movement from healthy patients could be enhanced by a homeopathic intervention. The results are shown in Tables #1 - #3, which enhance the overall motility factors.

There was an observable increase in the homeopathic group of the phagocytic ability of the white blood cell on the various bacteria. It was observed that the white blood cell had an easier time forming vacuoles, and surrounding and destroying the bacteria in the test. But this was not a quantifiable observation, as it would have interfered with the procedures in the study.

In the fungus study a complex homeopathic was blended with various types of fungi and yeasts found in the human body (see formulas in Appendix).

The administration of the homeopathic fungus did nothing to stimulate the white blood cell movement towards bacteria, and the administration of the homeopathic bacteria did nothing to stimulate movement towards fungi. It appears that the homeopathic keys the white blood cell for certain directions based on whether it is bacterial, fungal or viral in nature. This is akin to our theories in homeopathy, expressed in the book “The Experimental Evidence of Homeopathy” [Books: 6].

In the placebo test with the staphylococcus, we can see that a baseline is established of how many neutrophils would come into an area for a bacteriological infection. There was virtually no increase from the first scratch to the second in this placebo event.

In the administration of the streptococcus homeopathic between the first scratch and the second there was a significant and statistical increase in the number of neutrophils that rushed to the area after the homeopathic was administered, especially after the second scratch.

The homeopathic for E.Coli administered in the beginning shows a greater number of neutrophils that were swept to the area of this scratch.

Conclusions:

In our scratch test of the Rebuck Skin Window technique we conclude from our observations that indeed homeopathy might account for stimulation of white blood cell activity. This stimulation was seen in the subjects and did not appear from placebo or from the homeopathic given before the scratches. This discounts the sensitization effect. From this study we might conclude that homeopathy is capable of stimulating the reticuloendothelial system.

Of course, the number of people involved in this study is low, and the study should be repeated by other practitioners in order to revalidate and further establish the hypothesis.

Our overall conclusion is that the homeopathic intervention was superior to the placebo in stimulating the white blood cells, or the reticuloendothelial system, of the subjects towards destruction of a bacterial intruder.

Thus we may conclude that there is a new type of procedure to successfully deal with small or subclinical infections. Subjects in our study were taken largely from a healthy population; people who were not under bacterial or fungal proliferation.

In Arthur Silverstien's "History of Immunology" [Books: 23] he talks about the dark ages of immunochemistry, and how during the fifty years between 1910 and 1960 immunology was handed over to chemists who looked for synthetic antibiotics and chemicals that would intrude directly upon pathogenic infections. He remarks that these years were the "dark ages" because of the negative iatrogenic side effects and the synthetic nature of this phenomenon. He ends his book with a plea for science to look in other directions. Perhaps homeopathy, stimulation of the reticuloendothelial system through nutritional techniques, exercise, behavioral medicine, naturopathy and the like will present a new direction for medicine, and also help to limit the iatrogenic effects of antibiotics. It must be pointed out that antibiotics are needed, and that the development of these compounds is extremely helpful against super-pathogenic and proliferative states. Stimulation of the immune system can be extremely helpful as well.

In light of the problems that are increasingly being noticed regarding antibiotics, perhaps homeopathy can now help answer the question by stimulating the immune system to do its job rather than depending on external intrusion.
TABLE #1  
All scores reported in seconds per micrometer (sec/10 µm)

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Placebo</th>
<th>Homeopathic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>59 sec/µm</td>
<td>62 sec/µm</td>
<td>47 sec/µm</td>
</tr>
<tr>
<td>2.</td>
<td>60 sec/µm</td>
<td>65 sec/µm</td>
<td>44 sec/µm</td>
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<tr>
<td>3.</td>
<td>70 sec/µm</td>
<td>65 sec/µm</td>
<td>53 sec/µm</td>
</tr>
<tr>
<td>4.</td>
<td>75 sec/µm</td>
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<td>60 sec/µm</td>
</tr>
<tr>
<td>5.</td>
<td>58 sec/µm</td>
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</tr>
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<td>6.</td>
<td>65 sec/µm</td>
<td>65 sec/µm</td>
<td>42 sec/µm</td>
</tr>
<tr>
<td>7.</td>
<td>62 sec/µm</td>
<td>60 sec/µm</td>
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<td>8.</td>
<td>78 sec/µm</td>
<td>80 sec/µm</td>
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<td>9.</td>
<td>75 sec/µm</td>
<td>79 sec/µm</td>
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</tr>
<tr>
<td>10.</td>
<td>79 sec/µm</td>
<td>81 sec/µm</td>
<td>55 sec/µm</td>
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$\Sigma x = 681$  $\Sigma x = 687$  $\Sigma x = 471$

$\Sigma x^2 = 46989$  $\Sigma x^2 = 47821$  $\Sigma x^2 = 22577$

$\sigma (N) = 7.83$  $\sigma (N) = 7.9$  $\sigma (N) = 6.27$

$\sigma (N -1) = 8.25$  $\sigma (N-1) = 8.3$  $\sigma (N-1) = 6.61$

Averages:  $\frac{\Sigma x}{N} = 68.1$  $\frac{\Sigma x}{N} = 68.7$  $\frac{\Sigma x}{N} = 47.1$
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</tr>
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<td>2.</td>
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</tr>
<tr>
<td>3.</td>
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<td>52</td>
</tr>
<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<td>10.</td>
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<tr>
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<td>640</td>
<td>498</td>
</tr>
<tr>
<td>Averages:</td>
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<td>64</td>
<td>50</td>
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All scores in sec/10 µm
# TABLE #3  Hungarian Population

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<th>Homeopathic Bacteria</th>
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</tr>
<tr>
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<td>63</td>
<td>63</td>
<td>55</td>
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<tr>
<td>3</td>
<td>70</td>
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<td>61</td>
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<tr>
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<tr>
<td>15</td>
<td>55</td>
<td>58</td>
<td>49</td>
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**Totals:** 889  886  725  

**Averages:** 89  89  73  

All scores in sec/10 µm
## Test #2  

**REBUCK SKIN WINDOW TEST**

### Streptococcus

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<thead>
<tr>
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<td>After Homeopathic</td>
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<thead>
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<th></th>
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<tbody>
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<td>4.</td>
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<td>5.</td>
<td>29</td>
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<td>Avg.</td>
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### E.Coli

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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
<td>48</td>
<td>47</td>
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<tr>
<td>Avg.</td>
<td>58</td>
<td>54</td>
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### Staphylococcus

<table>
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<table>
<thead>
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<tr>
<td>Avg.</td>
<td>36</td>
<td>Avg.</td>
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</table>

**BAC** (1 fl. oz.)

**Ingredients:**

Hydrastis canadensis 3x. Aloe socotrina 6x. Allum sativum 12x. Broad-based Bacillinum, Pyrogenium, Anthracinum, Delphinium staphisagria 16x-30x, 100x. Diphtherinum, Streptococcinum, Staphylococcinum, Pneumococcinum, Syphillinum, Botulinum, Tuberculinum 16x-30x. Eucalyptol 20x. Lac caninum, Lac vaccinum 30x.

**FNG** (1 fl. oz.)

**Ingredients:**

Colostrum, Isotonic Plasma 3x. Bovine glandulars: Thymus, Liver 5x, 12x. Allium sativum 6x. Bovine Spleen Tissue, Bovista 6x, 12x. Usnea barbata, Amanita muscaria, Saccharomyces, Ustilago maidis, Borax 6x, 12x, 30x. Albies canadensis, Apis mellifica 12x. Graphites 16x, 30x. Eight forms Candida, Blastomyces, Molds, Epidermiphytos, Chlamydia, Geotrichum 30x, 60x, 100x.

The above formulas are prepared through the patented process.
STIMULATION OF MOTILITY FACTORS IN NEUTROPHILS

--- BIBLIOGRAPHY ---

BOOKS


**ARTICLES AND STUDIES**

1. **A Practical Definition of Homeopathy.** Maitreya; Limerick, Ireland; 1993.


4. **The Biophoton Phosphorescence Effect of Homeopathics on Cell Culture** Maitreya; Limerick, Ireland; 1994

5. **Department of Scientific Research #2.** Reckeweg, KFT., Bensheim, Germany. 1987.
STRESS REDUCTION

Stress is the most incipient killer of people today. Stress is responsible for 70 to 80 percent of the disease in America. Stress reduction is a must in today's society for longevity, health and happiness. Below are some simple rules for fighting this unseen killer.

1. Stress awareness begins with recognition or awareness. Our stress inventory provides insight into the amount of stress in our lives. As we become aware of stress, we can begin to deal with it. The "ostrich" technique of stress reduction never works.

2. Humans resist change. Whether change occurs in the body, mind, social, spirit or environment, most humans will resist. To learn to relax, we must learn to break our old habits of stress reaction and substitute more productive reactions such as clear thinking, calm headed and relaxed understanding. To change requires perseverance, positivity, proper goals and beneficial rewards. Whether changing eating habits, exercise routines, stress reactions or social skills, change requires work, but the rewards of a healthy body and mind for you and your family are worth it.

3. Stop addictive behavior. Whether it is coffee, soda, sugar, heroin, cocaine, alcohol, etc. an addiction is an addiction. Addiction to stimulants will always rob health and always cause disease. If you care for your children, you would fight to stop them from using heroin. But so often we let them indulge in potato chips, candy bars, tobacco, etc. The seeds of addictive behavior stem from "stimulation dependency" in our youth. If we are to truly conquer drugs, then we must stop addiction to stimulation or depression early in life. To stop
addiction break its bond as early as possible. Just say no, if you really care.

4. Relax after meals. Allow at least 30 minutes after a meal to relax with comfortable music (not hard rock and roll), good spiritual books (not tax literature), good conversation (not argumentation), or some other relaxing diversion. Do not lie down. Sitting, standing or a light walk is recommended. Let your body focus on digestion for the best effect.

5. Allow one to two hours for worry or think time per day. Make this a quality think time to completely analyze your problems and concerns. Any more than 2 hours a day and your mind will distort the problem and not produce a solution. Excessive worry will produce more problems and more worry until this violent spiral results in disease. Use your quality think time to develop quality solutions you can act on to really help you solve your problems and concerns.

6. Take 30 minutes a day for relaxation and silent reflection. Concentrate on calmness, acceptance, relaxation, health, peace, stillness, etc. Save your active thinking for later. Let this still time be one for producing calmness. Wear comfortable clothing, find a quiet spot and let those around you know how important this time is to you.

7. During this quiet time, relax tense muscles. Breathe deeply and slowly. Calm and relax your mind as you detach yourself from the turmoil of the day. Let go of your troubles and fill your thoughts with positive thoughts. Use this daily experience to foster your mind and body develop your inner health.

8. Remember, laughter is the best medicine.

9. Learn the laws of good health.
CALCIUM BUILD-UP ON TENDONS
OF FOOT

THERE CAN BE CALCIFICATION OF ANY CONNECTIVE TISSUE, BUT MOSTLY IN FOOT, RIB, NECK OR SPINE. The BONE SPUR POWDER helps to remove the improper calcium build up in these areas.
Releases rigidity of personality and body

*Rx: hyperacidity balances all digestive organs*

Treats disorders of balance and tension.

Copyright © Malthea R. Magyar
① M-LE: 1 (Lineilng)
② M-LE: 4 (Zuxin)
③ M-LE: 2 (Muzhilihengwen)
④ M-LE: 3 (Qianhouyinzhui)
⑤ M-LE: 5 (Shimian)

Kidney 1

Hormonal energy reg.
This is an excerpt from the PROMORPHEUS book that explains the functions of the Quantum Med. These abbreviated excerpts are only brief tasters of the concepts addressed fully in the PROMORPHEUS. This book can be procured from the Academy press in Budapest, Hungary.

THE FUZZY ARITHMETIC OF UNCERTAINTY

"Fuzzy numbers" was developed as a way of dealing with the real world, where exact relationships do not often happen. In the field of fractal and chaos dynamics we found that certain biological processes, as well as other real processes, do not follow distinct, entropic or thermodynamic laws. Rather, through bifurcation points and period doubling, they have peculiar phenomena.

The field of fuzzy numbers has led to the development of superb video equipment that can focus in and more closely approximate the function of normal biological optics, which work on uncertainty, through receiving numbers and treating them as probabilities rather than exactitudes. Included in some of the initial work from over a decade ago on fuzzy numbers were the papers by Kaufmann, Tanaka, Mizumoto, Nahmias, Dubois and Prade. This allows for the autofocus functions.

Machines like the Bicom, Mora, Rife and others use direct non-autofocusing equipment. The odds of picking up a camera and having it focus first time are extremely improbable. These non-automatic devices are just as improbable and thus not only inaccurate but even possibly dangerous. The Quantum Med C.I. however uses an autofocusing technique that allows for precise energetic medicine therapy. By using the technology in this chapter we can perfect energetic medicine for the future. The odds of picking up a camera and being already in focus are about a million to one. The ability of a therapy without autofocus is limited. This system uses a
autofocus fuzzy technique to hone in on the perfect treatment for the patients' individual needs.

The basic concept of a fuzzy number is that it contains an integral as a special case. Fuzzy arithmetic subsumes integral arithmetic. The case in point is not merely that integral arithmetic is a special case of fuzzy arithmetic. We will develop the point that fuzzy arithmetic approximates more of a language that has a far greater expressive power than integral arithmetic. This is due to the gradation of membership in a fuzzy set. Thus a fuzzy number may be expressed in linguistic terms. Indeed, linguistics is itself a study of fuzzy arithmetic.

A fuzzy number can be an expression in linguistic terms, making it possible to compute with words rather than numbers. The fuzziness of a fuzzy number provides additional degrees of freedom for representing various types of uncertainty as nonuniform possibility distributions over the real line. One important property of fuzzy numbers is their closure under linear combinations. This allows for simplistic computation. If A and B are triangular numbers, a linear combination of them is triangular as well.

This property, which is similar to the closure property of Gaussian probability distributions, makes it possible to characterize fuzzy numbers by a small number of parameters. This leads to the theory of the so-called L and R numbers developed by Dubois and Prade.

As we have developed in all our books, we must include uncertainty in our definitions of biology, as well as in our definitions of all physics. With the environment of the world becoming more uncertain, this will promote the use of an uncertainty relationship in our relationship, which can be utilized through fuzzy number dynamics.

In the past, the world must have seemed much simpler. Scientists attempted to reduce all complex phenomena to its simplest projections. This reducti
onism robbed us of safety in our biology and
our medicine. Man's limited intellectual states caused him
to view things in simplistic ways as he
looked for push-pull, and ignored some of the uncertainty re
lationships or anything that didn't
quite fit into
his physics or cosmology. With present-day awareness, we ar
e starting to realize that complex situations
need complex analyses, and that uncertainty comes in. As Po
incar said, once we go past the
two-body problem into a three-body problem, permutations hav e some strange implications.

In analysis of biology, with its million-body problem,
we must develop different ways of analyzing. It is the point of this chapter to briefly summa
rize some of the fuzzy number formulas that can be utilized in transposing our biological matrices.

The reader may assume that this uncertainty leads into utter chaos; nothing could be further from the truth. The uncertainty of exactitude is what we are
talking about. We will find that through
this uncertainty there is an organization that expresses its elf and allows for the development of a physics and a biology that are not utterly random chaos, but have a large degree of precision in their outcomes.

As Einstein pointed out, God does not play dice with th e universe. God has some control over indeterminacy and its organization. We have outlined this i n the Quantum Biology section as the Nelson effect. There seems to be some type of virtual photo n or tunnelling effect of the photon in helping to control this indeterminacy. The simple fact is that in o rder for us to deal with any type of biological analysis, we must now enter into fuzzy arithmetic, and devel op quantic analyses. This is the purpose of this book. Let us return to fuzzy numbers.

Excerpts of this chapter are taken from Kaufmann and Gu pta's book, "Introduction to Fuzzy Arithmetic". In the book's preface, the question is asked:
"How, with very few words, would you be able to summarize the subjective construction of a fu
zzzy number?" The answer given is:
What is the smallest number given to this uncertain number? What is the highest? Further, if we were authorized to give one and only one value, what value should we give? Obviously, with these three values, different from each other, we can construct a triangular fuzzy number." We would look for the highest, the lowest, and some point in between. Later, if we wish, we may construct some refinements that are convenient or subjectively convenient to the fuzzy number. This is the development of a concept that allows us to understand the processes of biology, which are not under the dynamic control, but quantic control. They need to be analyzed with quantum physics, and can be adapted to a fuzzy number set.

The system of biology has developed a torus in which there are maximum and minimum values for every subset. In the Bio-Quantum Matrix section many of these maximum and minimum values are outlined, and the torus (special attractor) is the ideal level of these values. Thus for whole blood potassium, the ideal level of whole blood potassium should be approximately 31 equivalents. Low numbers representing life-threatening values around 10. High numbers representing life-threatening values are around 55. The ideal value for serum levels of potassium is around 4.5. Low values are approximately 1, and high values are approximately 15. Thus we have generated three numbers for each of these situations, all reflecting the blood level of potassium.

With this type of fuzzy number, we can start to understand how the special attractor of the body tries to balance the potassium levels, both in whole blood and in serum. Our fuzzy arithmetic is an ideal dynamics for understanding this type of process, as it suits the situation of biology, which has a
high and low number for everything, as well as an ideal. Also, biology develops in a quantic procedure, and must have uncertainty plotted into its dynamics.

Chapter 3

HYSTERESIS

This is an excerpt from the PROMORPHEUS on the science of energetic medicine

The state of any cell is determined not only by its instantaneous surrounding conditions but also by its past history. The conditions previous to those happening in the cell now set up an electro-chemical-physical system that shows hysteresis. The properties and reaction of any system are determined not merely by its present surroundings but also by the conditions in its environment and past history.

In our study of the central nervous system we will need to adapt some very complex forms of hysteresis study. We shall attempt to develop special mechanisms that will offer explanations for some of our quantic phenomena. This allows us to develop some of the different equations into a matrix.

The dictionary definition of hysteresis is: "The time lag exhibited by a body in reacting to changes in the forces, especially magnetic forces affecting it. The phenomena exhibited by a system, often a ferromagnetic or imperfectly elastic material, in which the reaction of the system to changes is dependent upon its past reactions to change." Our analysis of biology must embody the hysteresis of the past profile, and our embodiment of a new medicine would also need to take into account the past history of the patient.

Any system that is capable of several configurations of equilibrium for a given external set of sequences exhibits a pattern of hysteresis. The hysteresis pattern can have hills, valleys and geography, and
can consist of ups, downs and different trends. This type of hysteresis pattern allows the Academy program to chart the readings by looking at the hysteresis reactions of the patient and comparing them to average components.

If a disturbance brings the system from an equilibrium configuration A to another equilibrium configuration B, either may bring the system from a configuration C into a configuration D. Or it may be inadequate to displace the system from C. This depends on the relative stability of configurations A, B, C and D.

Let 1, 2, ..., n be the quantities that describe the configuration of the system, and let 1, 2, ..., m be those quantities that describe the external conditions. For instance, may be the concentration ratio of two reversibly-interacting substances which constitute the system, while may represent the external temperature. The equilibrium configuration is characterized by a minimum of some function, which we shall denote by G (for instance, the potential energy in mechanical systems, the negative of the entropy, or the free energy in thermodynamics, etc.).

This function G is a function of the i and k and the equilibrium is determined by n equations

\[ G_i = 0 \]

which determine the values of i for prescribed k. For stability of equilibrium it is sufficient that the matrix

\[ 2G_{ij} \]

be positive definite.

If equations 1) have s solutions,
satisfying conditions 2), then in the n + 1 dimensional space the hypersurface

\[ 0 = G(1, 2, \ldots, n, 1, 2, \ldots, m), \]

which depends on the m parameters \( k \), has relative minima for such values of \( i \) as given by equation 3.

If the parameters \( k \) vary continuously, the hypersurface (4) is deformed. In general, not only does such a deformation result in the change of the coordinates 3) of the minima, but those minima themselves may change by becoming more or less pronounced, owing to a change of \( \theta \). The situation is illustrated for the two-dimensional case by Fig. 1 (n = m = 1).

Let us now present to the subject a pair of stimuli \( S_i \) and \( S_k < S_i \), alternatively, and combine the stimulus \( S_i \) with an unconditioned stimulus, producing the response \( R \). Then \( R \) will become conditioned to the absolute value of \( S_i \).

However, if we present each time, during the process of conditioning, a different pair, \( S_m \) and \( S_r > S_m \), and always combine the stronger stimulus with the unconditioned stimulus for \( R \), then, since every time different neuroelements, \( N_m, N_r, \text{etc.} \), are involved, the absolute value of the stimulus \( S \) does not become conditioned to \( R \). But every time a stronger stimulus is presented after a weaker one, \( D \) is excited, provided that the difference between the stimuli is large enough. Hence, \( D \) becomes conditioned to \( R \).

If we now present alternately a pair of stimuli, \( S_p \) and \( S_q > S_p \), which were never used during the process of conditioning, then presentation of \( S_q \) after \( S_p \) will produce \( R \) via \( D \). But the presentation of \( S_p \) after \( S_q \) will not do that, since \( D \) then r
emains unexcited. We have here a response to the abstract relation "larger than". This simple scheme leads to the following consequences.

The presentation of a single stimulus of sufficient intensity is accompanied by an excitation of D. Therefore, an animal or subject trained to respond to a single stimulus Si, will, when presented alternately with two other stimuli, Sp and Sq > Sp, always choose the bigger one, Sq. In some cases this may perhaps actually be so. In cases when this does not hold, we must complicate our scheme somewhat. We may, for instance, assume that a spontaneously and constantly excited center excites an inhibitory pathway which normally inhibits D. A stimulus S, through a proper connection, may inhibit the inhibitory pathway and thus disinhibit D. If, however, the time which it takes to disinhibit D by S is longer than the interval during which -j > 0, then a continuous presentation of Si does not excite D, unless Si is repeated at intervals shorter than .

Several other complications and generalizations of this scheme are apparent and suggest a number of mathematical investigations to derive relations between the thresholds of discrimination, the interval between presentation of the two stimuli, etc.

Connecting the pathway A (Fig. 1) to a center F, through a pathway H of the ordinary inhibitory type, results in an excitation of F only when a weaker stimulus is presented after a stronger one. In this way we obtain a mechanism corresponding to the relation "smaller than".

Now, consider two centers, A and B, in a state of constant excitation with intensities EA and EB. Those excitations act as stimuli on the two pathways I and III, of which the first is an excitatory, the other an inhibitory, pathway and both of which lead to the connection s Fig. 3 with an excitatory pathway II. In a rather wide range of values of S we may then have, with good approximation,
Referring again to Fig. 3 and remembering that the role of $S$ is now played by $E_A$ and $E_B$, we have

\[ E = I \frac{h \log \frac{S}{h}}{h} \]

Let

\[ 1 = 3 = ; \quad I_1 = I_3 = I; \quad h_1 = h_3 = h. \]

At s pathway I gives

\[ ( - j)_1 = P I \frac{h \log \frac{E_A}{h}}{h} > 0, \]

and pathway III gives

\[ ( - j)_3 = Q I \frac{h \log \frac{E_B}{h}}{h} < 0, \]

The total amount of $- j$ at s is equal to

\[ - j = I \frac{h \log \frac{E_A}{h}}{h} - Q \frac{h \log \frac{E_B}{h}}{h}. \]

If, now, besides 4) we also have, in this particular case, $P = Q$, then

\[ - j = P I \frac{h \log \frac{E_A}{h}}{h} \]

\[ - j = P I \frac{h \log \frac{E_A}{h}}{h} \]
The intensity of excitation $E_2$ of pathway II being a function of $-j$ only is, as we see, a function of the ratio $E_A/E_B$ of the excitation of the two centers A and B and is independent of the absolute values of $E_A$ and $E_B$. If $E_A < E_B$, pathway II is, however, unexcited, $-j$ being negative. However, by considering a perfectly symmetric arrangement of another set of pathways, I', III', and II' (Fig. 3), corresponding identically with pathways I, III, and II, we shall find, by a similar argument, that the pair of pathways II and II' is always excited in the same way for a constant ratio $E_A/E_B$, regardless of the absolute values of $E_A$ and $E_B$.

**BIO-ENERGETIC-THERAPEUTICS**

To determine what energetic therapy is best for what condition takes some degree of difficulty. The Quantum Med C.I. uses various forms of therapy. These therapies are computer cybernetic loops of treatment patterns followed by signal monitoring in a continuous loop. The treatment differs in pattern intensity and other electrical variance. We can take this opportunity to describe the treatments realizing that the actual specifics of the loops and therapies must not be revealed to protect the proprietary nature of the work.

The system has been labeled as the CLASP program because
e of its ability to handshake with the patients body and thus self correct or adjust to the patient. The device self calibrates and alters its treatments to fit the patient. The system uses an autofocus technique to adjust it therapy and diagnosis to the individual patterns of the patient.

These programs use a variety of algorithmic mathematica l variations of cybernetic interaction. The Mathematical formulas outlined in this book from fuzzy numbers to harmonic resonance are all used in the computer program in analysis and treatment. I can assure you that the answers to all questions are in this text. Please read it all before you ask questions on how the Quantum Med C.I. works. But for a brief description:

ELECTROACUPUNCTURE

In this therapy we now the fuzzy band boundaries of the normal meridians and points on the meridians. This has been calculated from years of research. The factors of hydration, capacitance, inductance set the pattern in general. The computer must perform several fuzzy calculations to perform the function. The computer generates a sine or square wave signal that tests the meridians. The frequency should pass through the system and return unchanged to the computer. If the signal is absorbed by the system or is potentiated or amplified then the meridian or point is over or under charged. An improper point is then treated with resonance till the proper response is achieved. If any point is uncorrectable during the time limit or if an alarm response develops during treatment then the computer will record those uncorrected points and display them on a screen.

RIFE THERAPY

Rife developed the idea of using frequencies to treat the diseases of the body. He tested many frequencies and their effects on different diseases in people. He found that different infective organisms also could be destroyed o
r controlled by electrical frequencies. He postulated the possibility that viruses could be destroyed by certain frequencies. The perfect resonance would shatter the virus like a certain sound can destroy a glass. These harmonics frequencies also can be used to test the polarity of different glandulars. The Quantum Med C.I. starts at a low frequency and raises the frequency noticing the reactivity of the patient at each shift. Frequencies where the patient has excess reaction determines the polarity of the specific organs in the freq. band. The computer notes the excess reaction freq. and allows for correction of the aberration reaction. This happens through a stabilization pattern of harmonic frequencies in the near freq. areas. These harmonic related frequencies then can sedate high reaction. Direct freq. therapy on weak reactive points can correct them. This can detect and correct hysteresis disturbances and various inductive and capacitance disorders. The formulas in this chapter are utilized in the computer program. The principles of harmonics and fourier analysis are utilized as well.

COLOR THERAPY

The beneficial therapies of color have been utilized by the Germans for years. By using these frequencies, beneficial results can be achieved. This perhaps the softest and most noninvasive of all the therapies. Color reaction can be tested to determine the color which is most reactive to the patient.

SCALER

A scaler wave results from two equal but opposite waves interacting. The neutralization produces an infrared wave with nonhertzian components. These scaler waves have positive effects on biology and disease. By imputing a signal and a reverse equal signal the cancellation produces the null field or scaler function. Since the cancellation of the energy in normal space is transferred in to the other dimensions and since the chakra are connections to these other dimensions,
our scaler wave treatments can correct and treat the chakra. Our research has validated the hypothesis. In the International Journal of the Medical Science of Homeopathy we further analyze the scaler treatments. We refer you to this study for consideration.

ALLERGY DESENSITIZATION

The existence of an allergy seems to be connected with emotional stress. Allergens have distinct trivector fields, the reactive organs have distinct fields, as does the reactive symptoms. By using the electrical therapy to induce desensitization in the organs and the organism we can lower antibodies and mast cells reactivity. This is combined with NLP techniques of reprogramming stress reaction to deepen the effect. The end result is a powerful desensitization of allergic reaction. After 3 to 4 sessions allergic symptoms can be treated.

TRIVECTOR AND BICOM MORA LIKE THERAPY

There are a wide variety of frequencies running through the body. There are frequencies that are essential for life and necessary for health. Other frequencies are associated with cancer or other disease states. Some researchers have found that by using a band wave separator they could separate these frequencies. The healthy frequencies are amplified and the unhealthy frequencies are inverted. This is the basis of the Bicom or Mora type therapy. By charting these frequencies with the trivector field we can achieve a superior response over the mora and Bicom devices used in the past. This takes a fast acting response of a cybernetic loop within a computer to maximize the refined therapy. The units sold mostly in Germany in the past are one way treatments that are flawed by the lack of cybernetic interaction. Our cybernetic loop of check and double check allows for a self adjusting program that can more accurately treat the energetic dysfunctions.

NEURO-LINGUISTIC-PROGRAMMING
The science of NLP has snowballed for decades. It has gained tremendous popularity. The basis is the idea that emotional or physical traumas affect our neurology. The ideas and thoughts shape our minds and come out in our interaction. Using NLP techniques coupled with electrical stimulation for reshaping of neurology we can effect behavioral change. This allows us to maximize emotional and mental treatments.

SUMMARY

1. Phase space reaction is time dependent. The magnetic reaction of a body must be measured over a time phase for best measurement due to the hysteresis.

2. Using advanced mathematical algorithmic techniques such as outlined in this book we can assemble and direct an interactive computer module capable of treating and diagnosing the human body.
The measurement of action potentials with electrodes placed on the surface of injured or irritated tissue.

excerpt from the Promorpheus
(all figures and diagrams are in the Promorpheus)

Please e-mail us at QX Ltd for more details on purchase of your own copy of the Promorpheus.

In this report we review the detection and treatment of injured tissue. In our testing procedure we use measurements of multiple voltage potential, amperage potential, and resistance vectors. We can determine the potentials as normal or as diseased from the experiences of energetic medicine. Once detected the computer can then repair these injured tissue with proper electrical stimulation.

The potential difference seen by the potential indicator is zero. When the tissue has been excited electrically to the left of electrode A; when the wave of excitation reaches the region under electrode A, it becomes negative with respect to electrode B and the indicator rises. As the wave of excitation passes onward toward electrode B and occupies the region between the two electrodes, the region under A is recovered and that under B has not yet become excited. There is no voltage potential under these conditions. The first (upward) phase of the monophasic action potential is thus complete. While the wave of excitation occupies the region under electrode B, the excitation wave becomes negative with respect to A, and hence the potential indicator will fall. Recovery occurs as the wave of excitation passes B, the membrane potential is re-established. The potential indicator reads zero. The downward phase of the action potential is thus complete. The time between onset of the action potentials is set by the velocity of propagation in the tissue and the spacing interval of the electrodes. As we reduce the inter-electrode distance, the two monophasic action potentials will be closer to each other. The time factors are such that excitation occurs under electrode B before recovery is complete under A, so a smaller action potential results.

This applies also to an isolated single strip or bundle of irritable tissues having the same propagation velocity. If the tissue consists of a bundle of fibers having different velocities of propagation, then the waves of excitation will arrive under each electrode at varying times. So the wave form displayed by the recording instrument will be very complex. It must also be recognized that the activity of the tissues closest to the recording electrodes will contribute the most to the recorded potential. If we filter out interference, it becomes easy to diagnose traumatized or injured tissue.

Experimentally it is possible to provide verification for the preceding explanation for the wave form of potential variance, which is recorded by two electrodes on the surface of an isolated strip of injured tissue. The frog sartorius muscle consists of a bundle of very similar muscle fibers running parallel for the whole length of the muscle. The application of a stimulus to one end of the muscle (curarized) will cause a wave of excitation to travel along each fiber at the same
rate. The waves will reach the end of the muscle at the same time. By recording the response with two widely separated electrodes, the diphasic action potential can be obtained; a typical result appears. If the electrode spacing is reduced so that the monophasic action potentials overlap (i.e., excitation of the distal electrode occurs before recovery at the proximal electrode), the action potential is that predicted by the preceding analysis.

Our recorded diphasic action potential permits determination of the direction of the spread of excitation. When the electrodes are closely spaced, the direction of the initial deflection of the potential indicator still provides this information if its deflection is known in terms of the polarity applied to its terminals. The polarity convention chosen was such that when electrode A was negative to electrode B, the indicator of the potential-measuring instrument rose. So when excitation traveled from A to B, the first phase of the action potential would be upward. If the tissue were excited at its opposite end (i.e., beyond B), electrode B would become negative first and the initial deflection of the potential indicator would be downward. Electrically we can find foci of brain disturbance or heart dysfunction from multi-probed EEG or ECG channels.

We see that the meaning of the polarity of the potential difference between the electrodes has been devoted to the case of the spread of excitation being in the same direction as a line joining the electrodes. The orientation of the electrodes with respect to the direction of excitation and recovery is important. It can be shown by placing the electrodes opposite each other on the tissue and causing a wave of excitation to be propagated. If everything is symmetrical, dipolarization and repolarization will occur simultaneously under each electrode. The potential indicator will not be deflected as excitation and recovery pass. Acupuncture meridian cascade can also be demonstrated by multi-channel measurement of acupuncture points on a meridian.

Some tissue (especially cardiac muscle) will have excitation in all the tissue before recovery occurs under either electrode. Sometimes recovery does not travel in the same direction as excitation. Therefore, the action potentials recorded from a pair of electrodes on the surface of such tissue are expected to be different from those previously discussed (see "Cardiology", by Dr. Nelson).

In the Promorpheus we diagrams strips of isolated irritable tissue in which excitation occupies all the tissue before recovery occurs under either electrode. Assume that the tissue has been stimulated to the left of electrode A and that excitation advances and occupies the region under electrode A, making this electrode negative with respect to electrode B; with the polarity convention adopted, the potential voltage indicator rises. Excitation advances will occupy the region under electrode B. Recovery will not have occurred under electrode A and because both electrodes are now over active tissue, the indicator shows no potential difference, and the first upward phase of the action potential will result
irritable tissue is uniform, recovery will follow in the same direction as excitation, occurring first under electrode A.

Excitation and recovery propagated at right angles to the axis of a pair of electrodes on an isolated strip of irritable tissue. Under this condition, electrode B is negative with respect to A and the potential indicator falls. As recovery occurs under electrode B, the potential indicator reads zero and the second (downward) phase of the action potential is completed as shown in the Promorphes.

As we see, the two monophasic action potentials have special meanings. The peak of the first upward monophasic action potential indicates excitation under electrode A; the end of this action potential indicates that the whole tissue is active. A downward wave indicates recovery starting under electrode A and recovery under this electrode becomes complete when the peak of the downward action potential is reached. Completion of the downward action potential shows full recovery of the tissue.

If there exists a metabolic gradient in irritable tissue, the sequence of events will be different. If, when all of the tissue is active, recovery proceeds in the direction opposite that of excitation, the second phase of the action potential will be different. Recovery appears first under electrode B, resulting in electrode A being negative with respect to B (Fig. F). Thus the potential indicator will rise and the second phase of the action potential will be upward (i.e., in the same direction as the first). As the tissue covers under electrode A, the second (upward) phase of the action potential results.

As presented, the peak of the first upward phase described excitation under electrode A. At the end of the first monophasic action potential, when the indicator read zero, the whole tissue was active. The beginning of the second upward phase indicated the start of recovery under electrode B; total recovery occurred when the second upward monophasic action potential was completed. To summarize, in tissue that is totally occupied by excitation before recovery occurs anywhere, if the two phases of the action potential are in the opposite direction, excitation and recovery travel in the same direction. This implies general skin voltage readings, not acupuncture points. If the two phases are in the same direction, excitation and recovery travel in opposite directions. This can often be found in the heart of a cold-blooded animal and in homogenous tissue; the latter is characteristic of the mammalian ventricles. Acupuncture meridians show the characteristic voltage changes, but follow uncharacteristic impedance variance from other skin tissue. This phenomenon accounts for electroacupuncture.
Injured Tissue Effects On Action Potential

A surprising observation associated with the measurement of action potentials with extracellular electrodes, applied directly to injured tissue, is the appearance of wave forms that resemble, to a remarkable degree, those obtained with transmembrane electrodes. Many papers presenting such records usually state that one electrode was placed on uninjured tissue and the other was over injured tissue. This allows for the electrical location of trauma cases and a quantifiable means of rating the injury. Such a sophisticated instrument is manufactured by QXCI. This instrument can be passed down the spine to measure voltage, amperage, resistance, and temperature of the skin next to the vertebrae. From this we can measure spinal injuries quite accurately.

As we have demonstrated, if two electrodes are placed on the surface of a uniform strip of irritable tissue, a diphasic action potential is recorded when the tissue responds to a stimulus. Excitation and recovery under the first electrode are found in the first phase; the second indicates the same event under the second electrode. If the two electrodes are close together, the phases will be temporally closer. If one of the surface electrodes is advanced through the membrane into the cell, the membrane potential appears. If the cell is excited, the monophasic action potential will be recorded rising from, and returning to, the resting membrane potential. This shows two boundary conditions (i.e., both electrodes are extracellular), which give rise to the idealized diphasic action potential; when one electrode is extracellular and the other is intracellular, the idealized monophasic action potential results. Imagine a strip of irritable tissue, injured at one end (i.e., depolarized) by crushing at B as in Fig. G. The membrane potential is not fully maintained all the way to the site of injury.

Graham and Gerard (1946) used frog sartorius muscle and explored the potential along the membrane with transmembrane electrodes up to and within the site of injury. It was found that the potential between the exploring electrode was within 5 mm of the site of injury. As electrode B was moved toward the cut end, the potential decreased; at 2 mm from the site of injury, the potential was twenty-five percent of the membrane potential. Graham and Gerard placed one electrode on the intact surface of a muscle cell and another in the region of injury, comparing the potential difference so measured with the resting membrane potential. The injury potential was thirty to thirty-nine percent of the membrane potential. This accounts for electrical measurement of tissue.

At the site of injury the spatial distribution of membrane potential, whatever it may be, causes current to flow through the fluid environment. Thus in the fluid there will be established more electrical current, or amps.

This is necessary to provide greater electrical flow for rebuilding and reconstruction. Consequently, the potential measured between an electrode inside the cell and one at the site of injury will depend on the local conditions at the site of injury and the position of the electrode in the fluid environment. If this potential (the injury
potential) is measured under optimum conditions, it may amount to slightly more than one-third of the membrane potential. The same type of information developed by Woodbury and others (1951) demonstrated that if the diameter of an intracellular electrode is large with respect to the size of a cell, the potential measured is considerably less than the membrane potential and approached thirty percent of the true membrane potential. It is apparent that a typical injury potential may be about one-third of the membrane potential. This will allow us to measure the probability of injury in the body.

This situation has an important implication when an action potential is measured with one electrode on the surface of an irritable tissue and the other in an area of injury. Suppose that before excitation, the resting membrane potential is -70 mV, that electrode A is on the intact surface of the irritable tissue, and that electrode B is in the site of injury. Under this condition the potential difference between the electrodes may be thirty-five percent of the membrane potential and amount to about -25 mV. Now if the tissue is stimulated to the left of electrode A, when excitation reaches this electrode the potential difference measured between the electrodes will be the algebraic sum of the potentials at the two electrodes. For example, assume that the membrane depolarizes and reverse polarizes to +20 mV; the potential difference was -25 mV just before depolarization and +65 mV at the peak of reverse polarization. It will then return to -25 mV when the wave of excitation passes the surface electrode. This sequence illustrates that a fair representation of the wave form of the transmembrane action potential can be obtained by injuring the tissue under one electrode. Important to note that, although the magnitude of the reverse polarization of the membrane amounted to only 20 mV, in the record it showed up as a much larger potential of +65 mV. This situation probably serves to explain the considerable reverse potential observed by Bernstein (1871) when he measured the nerve action potential with the rheotome (see Hoff and Geddes, 1957).

There is another point to consider when the action potential is measured with one electrode on an intact membrane and the other in a region of injury. Before excitation there will be a standing potential difference (the injury potential), whose magnitude will depend primarily on the location of the electrode at the site of injury. If electrode B is over the injured area, an appreciable percentage of the membrane potential may be detected; if it is moved a short distance from the site of injury and is over-excitable tissue, the steady (injury) potential difference between the electrodes will be less. Now if the tissue is excited and excitation and recovery passes under the surface electrode, the usual monophasic action potential will occur, superimposed on a baseline of the injury potential. If the strip of irritable tissue is long with respect to the time of propagation of the impulse and the amount of tissue occupied by excitation is small with respect to the inter-electrode distance, excitation and recovery will take place under the first electrode before it enters the region of electrode B, which is near the area of injury. Electrode B may also be close to uninjured tissue, and therefore detect not only the injury potential but also an attenuated action potential as it advances toward the area of injury. Thus the
resulting action potential measured between the two electrodes will be diphasic, consisting of a large monophasic action potential superimposed on the injury potential, followed by a smaller monophasic action potential in the opposite direction reflecting what electrode B detects from the depolarization and repolarization of normal tissue near the site of injury. This is a factor used by QXCI machinery to find improper reactivity or to correlate proper reactivity.

If we move the electrodes together, or if the area of the tissue occupied by excitation is great compared to the inter-electrode distance, the smaller downward phase of the action potential will be moved towards the upward phase. A type of this waveform is often recorded when a needle electrode inserted into active tissue is compared to another electrode on uninjured tissue (see Quantum Biology).

Multiple Measurement of Irritable Tissues. Previously we analyzed the situation involving the potential expected from electrodes on the surface of a strip of isolated injured tissue. We can predict the anticipated potential from electrodes on a bundle of isolated irritable tissues. In particular, this line of reasoning has value in explaining the action potentials recorded from the surface of a nerve trunk and the effect of injury determining the action potentials recorded from myocardial tissue. Sometimes the analysis is better performed by use of the dipole concept.

The injury and monophasic action potential.

Imagine a bundle of irritable fibers with similar propagation velocity. Place on the surface of the bundle one electrode, and place the other electrode at the cut (injured) end. Without excitation there will be a standing potential difference (the injury potential) between the electrodes. If we stimulate the fibers at the end opposite the cut, all the propagated excitations will pass by the surface electrode at the same time. The surface electrode will preferentially detect the action potentials in fiber 1, which is immediately under it. The action potentials in the more distant underlying fibers will also be detected, but the more distant fibers will contribute less to the voltage detected by the surface electrode. In accordance with Fig. H, the resulting action potential will be a combination of all the action potentials of the local and distant fibers. Because all fibers were chosen to be identical, the action potential will be a smooth monophasic wave; no action potentials will be detected at the site of injury.

If we do not stimulate the individual fibers simultaneously, as for example in skeletal muscle by nerve stimulation, the action potentials of the individual fibers will not pass under the surface electrode synchronously. The potential between the electrodes reflects this situation and the action potential recorded. The potential will still be unidirectional and polyphasic. The form of the potential will reflect the temporal pattern of excitation and the spatial distribution and velocities of propagation of the various fibers.

This is by no means uncommon in the routine measurement of bioelectric events with local extracellular electrodes. In nerve trunks, a spatial distribution of
fibers has various diameters. Velocities of propagation are related to fiber diameters. Larger fibers propagate excitation much more rapidly than the smaller ones. When we stimulate all the fibers simultaneously, we induce a larger time separation between the action potentials of the rapidly and slowly propagating fibers. Sequential action potentials can then be detected by a surface electrode. This is how the variances in nerve conduction velocity were found by Erlanger and Gasser (1937). Their Nobel Prize-winning study and experiments with some sample oscillograms are found in Fig. I. The investigators employed injured tissue to obtain unit activity. They proved that the propagation velocity in nerve is related to fiber diameter. Erlanger and Gasser demonstrated that the wave form of the action potential recorded by a surface electrode placed on a mixed nerve trunk, in which all of the axons are stimulated simultaneously, will depend on the propagation velocities and the distance from the point of stimulation to the active (surface) electrode. The electrode can detect the action potentials of the fibers below it. Electrodes in the more distant fibers will contribute less to the recorded action potential.

Transmembrane potential and current changes in the giant barnacle muscle in response to square-wave stimuli. The graded response to an increase in stimulus intensity is shown in C1; local spike formations produced by first decreasing the intracellular concentration of calcium and then varying the extracellular calcium concentration (20, 84, 338 mM)

The action potentials of a nerve trunk containing a population of fibers having different diameters and therefore different propagation velocities: (a) recording method; (b) action potentials from the fastest propagating fibers (A…, , ), (c) action potentials B and C from the fibers with slower propagation velocity.

Action potentials of a mixed nerve recorded with a pair of surface electrodes during physiological activation of its neurones (or receptors) will reflect the asynchrony of activation of the axons. Also reflected are differences in their propagation velocities, and the electrode separation. Action potentials have a similar asynchrony as the activity of skeletal muscle is recorded. Here we demonstrate skeletal muscle where there is a spatial distribution of motor end plates. If all the axons were excited simultaneously by a single stimulus, all the muscle fibers would not be excited simultaneously. An electrode close to the end of the muscle will detect the action potentials of the individual fibers as they arrive at various times because of the distances from the end plates. Action potential recorded will be polyphasic. If motor neurones are activated physiologically, simultaneous excitation does not occur. There will be an added asynchrony to the arrival of the action potentials under the muscle electrode, and the electrical activity will consist of a train of action potentials.

Local potential changes under the cathode and anode with increasing stimulus intensity. Note that under the cathode, when the stimulus intensity reduced the local
potential to about 0.38 of the amplitude of an action potential, excitation occurred; excitation did not occur under the anode with increasing stimulus intensity.

**Electrophysical Interference**

Previously we have dealt with the case of electrodes placed on the surface of isolated active tissue and in regions of injury. When both electrodes are placed on the surface of a bundle of fibers or group of cells, the electrical potential measured will show the time change factors of arrival of excitation to each electrode. The distances of the individual fibers from each electrode are also revealed. Algebraic summation over time is often called the interference theory, originating with Burdon Sanderson (1879). They explained the genesis of the QRS and T waves of the ECG from the monophasic action potentials recorded by each electrode. If a pair of electrodes is placed on a bundle of similar uninjured fibers that are excited asynchronously, or on a bundle of dissimilar fibers excited synchronously, then interference theory says that the action potential appearing between the electrodes will be polyphasic and complex.

The interference theory has value in explaining some electrocardiographic wave forms. This theory is particularly handy in explaining the contribution of injury to the ECG. The true form of ECG action potential was first recorded with transmembrane electrodes much later by Coraboeuf and Weidmann (1949). Sanderson showed that the addition of two temporally displaced monophasic action potentials recorded from the ventricle of a frog gave rise to the R and T waves. The interference theory in ECG is also posited by Lewis (1925) and Hoff et al. (1941). The dipole concept is a better way of viewing the genesis of some of the electrocardiographic wave forms, particularly when recorded with a "monopolar" electrode, but the interference theory is still helpful and may be applied to the situation in which a pair of electrodes are placed on the surface of cardiac muscle. Modification of this with modern fractal theory (QXCI) can peak electrical reactivity for medical use.

Assume that a pair of electrodes is placed on the surface of intact cardiac muscle and that excitation and recovery of each of the cardiac muscle fibers will contribute a potential to each electrode. The effect diminishes with distance. Experience shows the amount of potential contributed by fibers at different depths to electrodes A and B. We know that active tissue is electronegative to inactive tissue plus active tissue under electrode A moves the potential indicator in one direction and active tissue under electrode B will cause the potential indicator to move in the opposite direction. Thus the contributions of potential to the active fibers under electrode B are drawn inverted. Injury to tissue will generate irregularities in the heart beat. Thus the entire field of electro-cardiology is indeed an established energetic medicine.

The interference theory states that the potential difference recorded between terminals A and B is the algebraic sum of the temporal development of voltages provided by the active fibers under each electrode. A typical summation of these
potentials appears, which diagrams genesis of the R and T waves of the electrogram of simple ventricular myocardium. If recovery occurs earlier under electrode B than A, the duration of the monophasic action potential under B will be less and the T wave will be upward.

The potentials from electrodes placed on the surface of cardiac muscle.

If some of the myocardial fibers under electrode B are now injured, such as by ischemia, the electrical activity detected by electrode B will be altered. Figs. K.A and K.B show tissue injury under electrode B at the level of the fibers corresponding to depth 2. There will be no excursion in membrane potential in the region, and there will be a standing injury potential. The growing excitation over the myocardial fibers under electrode A will thus produce normal monophasic action potentials. Excitation passing under electrode B will produce monophasic action potentials in the uninjured fibers and nothing but a standing injury potential from the area of injury. The temporal summation of action potentials under electrode B will be less (Sum B), and the potential indicator will reflect the sum of the action potentials detected by electrode A (Sum A), the sum detected by electrode B (Sum B), and the standing injury potential.

Action potentials of injured cardiac muscle idealized by use of the interference theory.

The fractal calculus sum of these three components over time reveals that the R wave starts at the level of the injury potential and rises and falls, reaching a plateau of zero potential when all the tissue is depolarized; this is the S-T segment. When the injured tissue recovers, the T wave will end at the level of the injury potential. The elevation in the S-T segment (actually a depression of the diastolic baseline) is the principle sign of injury to the ventricular myocardium. Whether it appears as an S-T segment elevation or depression depends, of course, on the proximity of the injury to one electrode or the other. (See "Cardiology" by Dr. Nelson).

We have demonstrated that when electrodes are placed on irritable tissue, the potential measured reflects the excitatory and recovery process in the individual tissues as the active tissues are excited and the electrodes are strategically located with respect to the electrodes. We will know the presence or absence of an injury potential in the tissues. Whether the action potential will have upward and downward components will depend on whether one electrode is located in an area of injury or not and the sequence of recovery. Multi-channel equipment, such as the QXCI technologies, is needed to analyze such disturbances. How could anyone do energetic medicine with just one channel?

Dipole Effect. In the practical measurement of a bioelectric event it is often impossible to place both extracellular electrodes directly on the irritable tissue; one may be nearby and the other at a considerable distance, constituting a reference or "indifferent" electrode. The principal difference between this method of measurement and that featuring electrodes directly in contact with the irritable tissue is that the potentials measured reflect the flow of current in the conducting
environment surrounding the active region of the irritable tissue. Bernstein’s pupil Hermann (1879) first presented this; it was later extended by Craib (1927), Wilson et al. (1933), and Macleod (1938) to include cardiac muscle. Verification of its applicability to human electrocardiography has been presented by Hecht and Woodbury (1950).

Whenever a source of potential (a volume conductor) current flows, a potential field is generated. This illustrates the manner in which the potential field is distributed. The iso-potential lines (of which there is an infinite number) describe the potential measured by a “monopolar” electrode located anywhere in the environment of the dipole when referred to another electrode in a region of zero potential (i.e., at an infinite distance or on the zero iso-potential line passing midway between the poles of the dipole). Imagine now that a monopolar electrode starts from a remote point and is moved along a line (d = 1) parallel to the dipole axis (the line joining its positive and negative poles); the iso-potential lines are encountered in an orderly sequence and the potential will first increase, then fall to zero (when the electrode is over the midpoint of the dipole), then reverse polarity and increase magnitude, and then decrease as the electrode is moved further away. It should be noted that the same sequence will be measured if the electrode is fixed and the dipole moves. If the procedure were repeated by moving the monopolar electrode along another line parallel to the dipole axis but more distant (d = 2), the same sequence of events would occur, but the magnitude of the excursion in voltage would be less (d = 2). Quantic derivatives are not much different. They involve indeterminacy, probability and hermitian matrices. See Quantum Biology for more details.

The dipole and its field of potential: (a) potential distribution; (b) potential encountered by exploring electrode moving along lines (d = 1, d = 2) parallel to the dipole axis.

The dipole concept is illustrated in Fig. L, in which a shows a long strip of irritable tissue at rest. “Monopolar” is the term for the potential Vp at a nearby point P, which is measured with respect to a truly indifferent electrode. An indifferent electrode is one at an infinite distance in the conducting environment, the potential will be essentially zero. When tissue is electrically stimulated, the active region (which is negative to the resting region) will cause current to flow in the conducting environment and to establish a potential field. Because the boundary between the active and inactive regions is characterized by charges of opposite sign, the wave front of excitation are equal to a dipole with its positive pole facing the direction of propagation of excitation. Whenever the active region is in a large segment of the irritable tissue, we find that the potential changes appearing at the point P are those displaying the dipole accompanied by its potential field as it moves by. The potential difference appearing between a nearby electrode and a distant reference electrode is clearly diphasic (positive followed by negative) as the wave of excitation passes the nearby electrode. Even if the polarity chosen for the indicator goes up or down, which is controlled by the convention adopted.
Similar reasoning can be used to even the recovery diagrammed in Fig. M. Since the active area is negative to inactive tissue, recovery can be similar to a dipole with its negative pole facing the direction of progressing recovery. Therefore, passage of recovery by the nearby measuring electrode will produce a negative-positive variation in potential. Of greater concern is the phenomenon of electrical reactance. Reactance is defined as a change in capacitance to an inductance field. This produces changes in resistance over time. Thus we can easily interrupt the phenomenon of medication testing. Since there is a proven virtual biophoton field around all items, this field can produce a change in the bioelectrical pattern of the body. This reactance peaks on the acupuncture meridians; mostly near the wrist, ankles, fingers and toes. These acupuncture points are near the peripheral points of the body. Voltage drops with volume of material. So the points near the periphery have peak voltage. The interaction of medication reactivity and electro physiology offers the world of medicine dramatic potentials.

From the foregoing it can be seen that when excitation goes by a nearby monopolar electrode a diphasic (positive-negative) potential change is recorded. If recovery passes in the same direction as excitation, a negative-positive diphasic potential change is measured. If the active region is small, the time between excitation and recovery will be brief. The two diphasic waves will be proximal and may indeed overlap, resulting in a complex positive-negative-positive wave form to signal passage of excitation and recovery. Fig. N clarifies this point by showing the effect of decreasing the width $S$ of the active region.

The field pattern surrounding an active region of nerve on a conducting plane and its relation to the dipole concept and the action potentials recorded from different points on the conducting plane. (Redrawn after Lorente de Nù, A Study of Nerve Physiology. New York: Rockefeller Institute, 1947, Part 2. Chapter 16.

Lorente de Nù found that the dipole concept could be measured in vivo by femoral exposure of a branch of the sciatic nerve of a frog measured by antidromical stimulation, and then recording action potentials with a metal microelectrode placed at sites on the adjacent muscle. Fig. O, which shows the recording he obtained, demonstrates the two theorem results of this theory: 1) that passage of the wave of excitation and recovery gives a triphasic action potential, and 2) that the recorded amplitude diminishes with increasing distance from the irritable tissue (nerve).

The applicability of the dipole concept to human electrocardiography was presented by Hecht and Woodbury (1950). They utilized a monopolar esophageal electrode to record the action potential in excitation of the atria. The researchers compared this potential with those obtained by moving a dipole past a local monopolar electrode in a volume conductor. The signal was deflected positively by an upward deflection of the potential indicator. Hecht and Woodbury pointed out that the equivalent dipole of excitation is actually a band of dipoles in which there is a spacing between the poles that represents the transition boundary layer between active (-) and resting (+) tissue. Similar electrical dipole reactivity patterns can be demonstrated along acupuncture meridians. These patterns show a neurological
similarity to an acupuncture meridian where no nerves exist. Acupuncture yields a
transfer of electrical patterns that moderate organ systems and make health
possible. Electroacupuncture, with its tens of hundreds of thousands of
practitioners, is indeed here to stay.
Extracellular action potentials recorded in situ from the stimulated (s) bullfrog
sciatic nerve (n) on the right side of the animal. The numbers on the recordings in
the vicinity of the nerve identify the locations of the monopolar metal microelectrode
(tip radius 20 μm); the "indifferent (ground) electrode was placed on the left leg.

Dipole theory outlines that excitation and recovery are viewed as traveling
dipoles. Recordings are made with a considerable spatial distribution of dipoles.
Depolarization is rapid and the transition between active and inactive tissue
occupies only a short distance. The wave form representing excitation usually
adjusts to that predicted by a traveling dipole. Recovery time is much less,
however, and it is unevenly distributed over a greater amount of tissue. The wave
form representing recovery is usually less in amplitude and greater in duration.
Macleod (1938) demonstrated this difference in studies using the dipole theory
explaining the recovery (T) wave of an ECG that was recorded with an electrode
pair. The pair consists of one active and one "indifferent" (reference) electrode.
Macleod described an application of the dipole concept to cardiac muscle. This
also explains why irritable tissue is to be considered in the practical application of
the dipole concept. Macleod wrote (1938):

Muscle does not become active instantaneously. The active process
spreads with a given velocity so that one length of muscle will be coming active,
another will be fully active, and a third will be regressing from the active state. The
lengths that are in transition are the distances over which the potential difference
which exists between resting and active muscle must be distributed. It is possible to
represent the potential difference either by a chain of doublets [dipoles] distributed
along the transitional region or by a single positive and a single negative pole
located at its beginning and end, respectively. Conversely the length of the doublet
chain or the distance apart of the positive and negative poles measures the length
of the transitional region.

The distances between the poles of the dipoles of excitation and recovery
are expected to be different.
The dipole concept predicting the potential recorded with a monopolar
electrode is obviously very greatly simplified. We must use caution in extrapolating
it to all in vivo situations. It is extremely complex. Consider what might happen if
both electrodes are in the environment of the active tissue (i.e., one electrode not in
a region of zero potential). Realize that the in vivo environmental conducting
medium does not extend to infinity in all directions and is constituted by
inhomogeneous tissue. Thus a relatively complex wave form, reflecting excitation
and recovery, can be detected by extracellular electrodes. Accurate prediction of
the wave form is impossible in many practical circumstances. But our theories generate an approximate "map" to guide us in our intervention.

Extracellular Potentials Across the Membrane. There is no easy way to relate the action potential detected by an external monopolar electrode (i.e., one paired with an indifferent electrode) to the transmembrane potential. No simple and constant relationship can be attained since there are environmental inhomogeneities of various kinds.

If an irritable tissue in a volume conductor becomes active, there is a current flow in the environment and a potential field results. A monopolar electrode detects the potential due to the flow of current through the resistance of the environmental material. The current surge starts the active region of the membrane, which experiences an excursion in potential. In the field theory (Lorente de Nú, 1947; Clark and Plonsey, 1968; Plonsey, 1969) and with the cable analog (Huxley and Stmpfil, 1949; Tasaki, 1959; Clark and Plonsey, 1966) we show that the membrane current does not have the same wave form as the excursion in transmembrane potential. The mathematical analysis puts forward the case of a cylindrical irritable tissue located in a uniform volume conductor, showed that the membrane current is proportional to the second derivative of the transmembrane potential.

Membrane Current $= \frac{d^2}{dT^2}$ (Transmembrane Volt.)

The cable analog for a long, cylindrical, irritable cell can be used to show that the external action potential detected by a nearby monopolar electrode in the environmental volume conductor is proportional to the second derivative of the transmembrane action potential. Allow the environment as a resistance having a value $r_1$/unit length; similarly, the resistance per unit length of the cytoplasm is designated $r_2$.

During activity there is a current flow in the environment $i_l$, in the cytoplasm $i_2$, and through the membrane $i_m$. In Fig. P the currents are identified, along with the coordinate system in which $x$ increase to the right. There is a decrement in current within and without the cell, and this decrement reflects the current $i_m$ flowing through the membrane. Because of the current flow, at any point there are potentials developed: at a point outside the cell, a potential $V_1$ will exist and within the cell a potential $V_2$ will exist.

Since the membrane current $i_m$ is the decrement in the cytoplasmic and environmental current,

$$i_m = \frac{\partial i_2}{\partial x} \text{ and } i_m = \frac{-\partial i_1}{\partial x}$$

Cytoplasmic and environmental potential gradients exist because there is current flow, therefore

$$\frac{\partial V_2}{\partial x} = i_2 r_2 \text{ and } \frac{\partial V_1}{\partial x} = i_1 r_1$$

from which
\[
\frac{\partial^2 V_2}{\partial x^2} \sim \frac{\partial^2 V_1}{\partial x^2} \quad \text{and} \quad \frac{\partial^2 V_l}{\partial x^2} \sim \frac{\partial^2 V_l}{\partial x^2} \]

Now
\[ r_{2}i_{m} \sim \frac{\partial^2 V_2}{\partial x^2} \quad \text{and} \quad r_{l}i_{m} \sim \frac{-\partial^2 V_l}{\partial x^2} \]

Therefore
\[ r_{2}i_{m} \sim \frac{\partial^2 V_2}{\partial x^2} \quad \text{and} \quad r_{l}i_{m} \sim \frac{-\partial^2 V_l}{\partial x^2} \]

In Quantum Biophysics we can quantify these readings and show that at the cellular level these functions are quantic.

Because the transmembrane potential \( V_m \) is the difference between the potential outside \( V_2 \) and inside \( V_1 \) the cell,
\[ V_{m} \sim V_{2} - V_{1} \]

Therefore
\[ \frac{\partial^2 V_{m}}{\partial x^2} \sim \frac{\partial^2 V_{2}}{\partial x^2} - \frac{\partial^2 V_{1}}{\partial x^2} \sim r_{2}i_{m} + r_{l}i_{m} \equiv i_{m}(r_{l} + r_{2}) \]

Now because the excursion in membrane potential is a wave that is propagated with a constant velocity \( u \) and without decrement, it can be represented by
\[ V_{m} \sim \left( t - \frac{x}{u} \right) \]

This expression satisfies the wave equation
\[ \frac{\partial^2 V_{m}}{\partial x^2} \sim \frac{1}{u^2} \frac{\partial^2 V_{m}}{\partial t^2} \]

The membrane potential can be transformed from the distance \( x \) coordinate to the time domain \( t \); which yields
\[ i_{m} \sim \frac{1}{u^2(r_{l} + r_{2})} \frac{\partial^2 V_{m}}{\partial t^2} \]

We thus have shown that the membrane current is proportional to the second derivative of the transmembrane potential with respect to time. Tasaki (1959) recorded simultaneously the membrane current and the transmembrane action potential of the squid giant axon. “The membrane current \( i_m \) was detected by forcing it to flow through a low value of resistance \( r \), connected to a small central pool of seawater 2 mm wide; on either side of this pool, and insulated from it, were two other pools containing electrodes joined together and connected to the other side of the resistor. The potential difference appearing across \( r \) was found to be proportional to the membrane current flowing during activity on the application of a stimulus (square wave) to one end of the nerve. The transmembrane potential of the central segment of the nerve was measured by inserting a micropipet into the axon.” The voltage appearing across \( r \) and that detected by the micropipet were applied to two amplifiers \( A_i \) and \( A_v \), whose outputs are shown in Fig. Q. The transmembrane...
potential is a monophasic wave, but the membrane current has an entirely different wave form, and is, in fact, decidedly triphasic.

Our cable theory predicts that the membrane current varies as the second derivative of the transmembrane potential; the study carried out by Tasaki allows analysis. Our quantum matrix will allow us to properly chart out the electrical patterns of health and disease, and furnish a true energetic medicine.

Our comparison of the second derivative of the transmembrane potential b with the membrane current c reveals that they have the same general contour. The difference is probably due to experimental limitations. In the theoretical derivation electrode size and cell dimensions were not considered; potentials and currents were said to exist at various points. Experimentally, neither the axon nor the electrode pair was infinitely small; nor did the volume conductor environment extend to infinity in all directions. Still, with these limitations, there is a reasonable similarity between the wave form of the membrane current and the second derivative of transmembrane potential.

Since the wave form of the membrane current is proportional to the second derivative of the transmembrane potential, the potential detected by a local monopolar electrode should also be proportional to the second derivative of the transmembrane potential. An experiment was designed so that a specimen (2 x 1 mm) of dog Purkinje fiber was placed in a 3-ml beaker of oxygenated Krebs-Ringer solution and connected to a tiny bipolar simulating electrode that was connected to a stimulator having an isolated output circuit. An electrode was placed in the solution about 15 mm distant, and the potential developed in the solution (when the specimen was stimulated) was measured with a 1-μ micropipet filled with 3M potassium chloride.

A single stimuli was administered as the tip of the micropipet was brought toward the specimen from a distance of about 3 mm and continuing until the tip of the micropipet penetrated the membrane of a Purkinje fiber F. A gentle increase in amplitude was obtained with almost no change in the wave form (A-E) until a cell membrane was penetrated. Then the transmembrane potential excursion could be measured (F), demonstrating a quite different wave form with a much larger excursion in potential. The second derivative of the transmembrane potential is very much like the extracellularly recorded action potentials A-E.

The membrane current is proportional to the second derivative of the transmembrane potential. Because the membrane current flows through the environment, the potential detected by a local monopolar electrode is believed to be proportional to the second derivative of the membrane potential. As the monopolar electrode is moved more distant, the wave form is the same, and the amplitude becomes diminished. However, reactance is released.
Reactivity, or reactance, is the key to medication testing. To maximize this phenomenon we must maximize the force of life in our patients. We must also analyze the variability and the indeterminacy of this process. There are statistical limitations to this phenomenon. To maximize medication testing, we must also:

1. Test substances singularly without energetic complications. Use QXCI technology.
2. Measure multiple channels.
3. Measure multiple electrical parameters beyond only resistance; i.e., voltage, amperage, capacitance, inductance.
4. Involve proper medical history and scientific reasoning.
5. Understand the flow matrix of quantic theory to chart out the electrical functions of the body.

As we have shown in other parts of our book, some of the factors of electromotive reactivity in the body have hormonal correlates. Catecholamines have a correlate with voltage, in that the different adrenaline-like compounds act as voltage stimulators, and thus, amperage regulators. The indolamines will act as amperage stimulators and voltage regulators. Thus the entire precept of the body in analyzing its hormonal and electrical components can be done through our quantic philosophy, as we understand how the cells unite to make multicellular organisms such as the human body.

When there are conditions of hypoadrenia, or deficiencies in the catecholamines, this will result in a parasympathetic dominance, a release of histamines, and a susceptibility to various swellings of the tissue that the histamines predominate. These histamines will cause alkaline shifts in the tissue, which is another electrical component; and thus accumulate water. So irritations of sinusitis, asthma, irritable bowel, hives, and other allergic symptoms can result. This involves voltage deficiency. Thus by adding volts to the body we do not correct the basic deficiency of the catecholamine weakness.

Depression is often a case of a deficiency of the indolamine compounds, which means that there could be a deficiency in the amperage quality of the body, and also voltage regulation. Thus by supplying amperage to the body we do not correct some of the deficiencies of the indolamine compounds. The inverse can happen in psychotic reactions, where there are too many brain hormones.

So here we can see some of the very basic diseases which can be detected by the overall measures of the human body, which also can detect and help to chart therapy courses for correction. The purpose of this book is to outline some of the basic science behind these technologies. Our further publications go into the correction factors of how these things must be dealt with in a medical setting. Let us recount that this book is to direct a new thought pattern away from the pure chemical
forces and into a chemical-electromagnetic, physiological, psychological, true, holistic medicine which can be analyzed from quantum physics.

The human beings have distinct electrical patterns. Each person has a trivector signature of voltage amperage and resistance profile. This sets up a band of capacitance and inductance bands for each person. The body has electron and subspace transport systems for communicating energy and information. The nerves are distinct control areas for the flow. Within the band of electrical dynamics of the nervous system the individual nerves act with more distinct electrical signatures. Thus if the parasympathetic system has a reactance band of 150 to 175 siemens, the vagus nerve might have a reactance band of 150 to 157. The resonant frequency of the nerve will also thus be more specific for each nerve versus the more general pattern of the nervous system it belongs to.

To measure these patterns we need to first measure the overall electrical pattern of the patient. This includes the resistance, impedance, voltage, amperage, capacitance, inductance, resonant and harmonic frequencies, pH, eh, reactance, polarity, evoked potential, etc. Evoked potential is the reactance pattern of a subject to an applied stimulus. Then we measure the individual nerval reactions of these patients in the context of the individual patterns. Then the specific nerval reactions can be measured in the same fashion. Attempts to measure just one parameter such as resistance or resonant frequency will be grossly inaccurate. Instead a fractal dynamics of non linear data analysis must be used for the best results. Then thousands of subjects need to be analyzed for pattern similarity. After 12 years of analysis a computer program capable of performing the vast numbers of individual analysis has been developed.

The end resulting computer program can now analyze and treat nerves and nerval systems. Only by systemic analysis of the electrical trivector signature can the patterns be best analyzed. The computer can set up an interactive handshake analysis. A cybernetic link can be established where the computer can treat check and retreat in a consistent loop till the energetic imperfection is abolished, corrected, or till the system refuses to respond. Any more therapy would be unwise. The old style systems where just one way therapies without cybernetic feedback. Simply put this computer can interact during therapy with the patient to adjust the therapy for individual needs. By using the mathematics in this chapter and the rest of this book anyone of superior intelligence and with 5 years of work could develop a device like the Quantum Med C.I.
SUMMARY

1. In this chapter we reviewed some of the uses and measurement factors of electro-medicine. We can see how some of the practical measures of electro-medicine have been used to develop electro-medicine systems. These and other analytical systems are now available in the Quantum Med C.I.

2. We further proved the need for an electro-medicine in biology to study the electrical factors of the human organism.

3. The allocation and need for development has been outlined for more research into the field of electro-medicine.

4. Outline of volts, amps, resistance, impedance, capacitance, inductance, and oscillation proves necessary for electro-medicine.

5. The varying electrophysiology of injured versus healthy tissue was reviewed. This was used in developing QXCI - related technology used in the Quantum Med C.I..

6. Reactance, or medication, has boundaries of measurement. There are ways to maximize the medication testing phenomenon.

For a more complete information review get a copy of the Pormorpheus.
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Foods as Medicine and Prevention

Appendicitis
**Best:** Use high-fiber foods like wheat bran that keep the stool soft and bulky. A British medical survey tagged peas, cabbage, cauliflower, green beans, brussels sprouts, and tomatoes as anti-appendicitis foods. Use vermifuge for a three-week period every year to clean out parasites.

**Avoid:** animal fat, low-fiber processed foods, sugar, and popcorn.

Arthritis
Rheumatoid: seafood high in omega-3 fatty acids such as salmon, sardines, lake trout, and mackerel may prevent or relieve the pain and swelling. Fish oils dramatically prevent lupus in animals. Use Lipid Liquitrophic daily. Osteo: dairy products, all allergy foods & sugar, potatoes.

Asthma
Coffee: a couple of strong cups can thwart an asthma attack. Also good bronchodilators - hot pungent foods such as chili peppers, garlic, onions, mustard, horseradish. Fish oils also dramatically relieve bronchial asthma. Avoid: dairy foods and all allergy-causing foods.

Cancer
For overall prevention: green leafy vegetables, with emphasis on these six - broccoli, spinach, cabbage, kale, brussels sprouts and leaf lettuce. Other high-fiber vegetables, fruits, grains, and legumes. Also, radishes, chard, tomatoes, citrus fruits, dried fruits (apricots, prunes, raisins), strawberries and fish high in omega-3 fatty acids may help prevent various kinds of cancer. Garlic, onions, kelp, olive oil, tea (especially green tea), as well as seed foods, such as legumes, nuts, rice, and grains, are rich in anticancer chemicals. Fresh and raw: plenty of vegetables, juices, and fiber are best.

**Bladder:** carrots, milk, broccoli, brussels sprouts, cabbage, cauliflower, coleslaw, kale, parsnips, turnips.
Breast: yogurt. Fruits and vegetables high in carotenoids.

Colon: green leafy vegetables, notably cabbage, broccoli, brussels sprouts. Also cauliflower. Acidophilus milk or yogurt, especially that made with acidophilus culture. Wide mixture of vegetable juices. Wheat bran.

Esophagus: green and yellow vegetables, apples, cherries, grapes, melons, onions, peas, beans, plums, pumpkin.

Larynx: green and yellow vegetables.

Lung: carrots, kale, spinach, broccoli, dark-yellow squash, pumpkin, sweet potatoes, apricot. All dark-green and dark-orange vegetables, red and yellow fruits high in carotenoids. If you have ever smoked, load up on these foods. They may help prevent lung cancer years later.

Pancreatic: Citrus fruits, carrots.

Prostate: yellow and green vegetables. Carrots, tomatoes, cabbage, sunflower and pumpkin seeds, peas, broccoli, brussels sprouts, cauliflower, bee pollen. Reduce stress.

Stomach: raw carrots, coleslaw, lettuce, cabbage, tomatoes, corn, eggplant, milk, onion, sweet potatoes, squash.

Avoid: high-fat and meat diets (which predispose to cancer), sugar, processed foods, overeating. Oriental herb formulas with Degex and Degex Liquescence enhance the results.

Cardiovascular System
For good cardiovascular nutrition, try fatty fish, garlic, ginger, melon, tree ear mushrooms, olive oil, onion, and kelp. Green tea, beer, wine, currants, blueberries, eggplant, and omega-3 fatty fish (salmon, sardines) will strengthen and protect arteries and capillaries from damage due to atherosclerosis or heart attack. Use Lipid Liquitrophic. Avoid: fat, sugar, excess alcohol, stress, processed carbohydrates and excess cholesterol.

Cavities
Tea is nature’s best proved anti-cavity mouthwash. Other foods good at combatting cavity-producing bacteria: grape and black cherry juice, milk, coffee, cheese (aged cheddar cheese, bleu, Brie, Gouda, Monterey Jack, mozzarella, and Swiss). Use with a
good cavity-fighting dental program. Avoid: sugar, raisins, processed carbohydrates.

**Cholesterol**

**TO REDUCE BAD LDL**

(LOW-DENSITY LIPOPROTEIN) CHOLESTEROL

Best are oat bran and guar gum. Use Lipid Liquitrophic. Next, oatmeal and dried beans, including plain old baked beans. Soybeans are great for adults and kids with genetically-induced high cholesterol. Grapefruit - segments and membrane, not the juice - drives down cholesterol. Also fresh oranges, apples, yogurt, skim milk, carrots, garlic, onions, barley, ginger, eggplant, artichoke, unripe plantain, shiitake mushrooms, olive oil. Substitute seafood, including shellfish, for meat and chicken. All fruits high in pectin, which includes strawberries and bananas. Use unsaturated margarine oils instead of butter (see better butter recipe). Avoid: processed or fried foods and cholesterol-rich foods, red meat, rich sauce.

**TO RAISE GOOD HDL**

(HIGH-DENSITY LIPOPROTEIN) CHOLESTEROL

Use strong, raw onions - at least half a medium onion a day - and garlic. Use Lipid Liquitrophic. Substitute olive oil for other vegetable oils or saturated fats. Alcoholic drinks, such as wine or spirits in moderation, one or two drinks a day - also boost HDLS. Radishes, horseradish and pepper help.

Added advice: cut back on total fat (especially saturated fats like animal-type fat, and coconut and palm oils). This enhances the effects of the above natural cholesterol-fighters. Don’t eat only cooked food; get fresh and raw foods into your diet.

**Constipation**

Drink five eight-ounce glasses of good water a day. Use wheat bran, nature’s most potent bulk laxative. If that doesn’t work, add pure juice. Dried beans work wonders on some people. Most high-fiber fruits and vegetables, like carrots, cabbage, and apples, are
bulk laxatives with about one quarter the effect of wheat bran. Soluble fiber foods, like oats and barley, can help. Also kelp, grapefruit parts and juice are helpful. Misconception: American-type rhubarb is not a true laxative. Oriental type medicinal rhubarb is.

**Diabetes**
Use foods that produce slow, steady increases instead of rapid rises in blood sugar levels. Such foods testing best on the “glycemic index” (a measure of how quickly foods raise blood sugar) are, in order: peanuts, soybeans, lentils, kidney beans, black-eyed peas, milk, chickpeas, yogurt, ice cream, apples, and baked beans. Avoid: all processed sugars.

**Diarrhea**
Comfrey pepsin helps. Try yogurt with live cultures (especially if the diarrhea is caused by prescription antibiotics, such as penicillin). Also blueberries, black currants, honey 1/2 not for infants, however, because of a botulism danger). For youngsters, more acidophilus whole milk may be a cure. Too little fat in the children’s diets promotes diarrhea and other intestinal infections. Soy milk or soybeans also may help fight diarrhea-producing bacteria. Avoid: allergy-causing foods.

**Diverticular Disease**
First, we encourage wheat bran. Also other foods high in fiber that give the stool bulk, such as legumes, oats, cabbage, carrots, and apples. If you already have the disease, check with a physician before loading up on high fiber.
Avoid: strawberries, popcorn and other foods with small seeds and shells that could aggravate the condition.
Use foods with solid A - D liquid bran. Solid grains, liquid fruit, vegetables in between.

**Emphysema and Chronic Bronchitis**
Chili peppers, pungent garlic, onions, mustard, horseradish - all kinds of hot, spicy foods. These help keep the lungs healthy by keeping mucus flowing and the bronchial tubes open. Drinking small amounts of milk has also been tied to lower rates of chronic
bronchitis. Fresh, raw fruits and vegetables, and juice are helpful. Avoid: milk in excess or with meals, smoking and smokers, all allergy-causing foods.

**Energy (Mental)**

Caffinated drinks stimulate mental performance. Coffee is the most potent. Also tea, colas, cocoa. Also boosting mental-energy brain chemicals are high-protein, low fat foods such as shellfish, lean fish, non-fat milk, and yogurt. Include avocado, starchy beans, sprouts, and fruit juices. Avoid: white sugar. It makes blood sugar fluctuate too much.

**Hemorrhoids**

Eat foods that produce a soft, bulky stool, reducing strain in bowel movements.


**High Blood Pressure**

One tablespoon of cream of tartar in eight ounces of natural lime juice once or twice a day is an excellent formula. Mackerel - a couple of cans a week - can depress blood pressure. Also oat bran and high-fiber fruits and vegetables of all types help. Shown also to push down blood pressure: olive oil, garlic, seaweed (kelp), yogurt, green tea, legumes, and milk. Surprisingly, coffee drinking does not cause or aggravate high blood pressure except, apparently, among smokers. It is shown in clinical experiments that diets rich in natural potassium and low in sodium, such as fruits, vegetables and paprika, are as effective as most medications.

**Hypoglycemia**

Tomatoes and potatoes can aggravate this condition, and thus should be avoided in extreme cases. Always avoid processed sugar. Eat complex carbohydrates, fruits and vegetables.
Infections (General)
Yogurt and garlic are recognized antibiotic superstars. Also potent in thwarting viruses and bacteria are orange juice, apples tea, grape juice, apple juice, honey, wine, blueberries, cranberries, grapes, plums, raspberries, strawberries, peaches, and figs.
Avoid: processed carbohydrates and sugars, stress, toxins, antibiotics.

Insomnia
A sure bet: fruit, sugar or honey. Eat yogurt before bed.
Misconception: milk does not put you to sleep; just the opposite, it wakes you up.
Avoid: stimulants such as coffee, tea, and heavy foods before bed.

Migraine Headache
Oils in fish (omega-3’s) can prevent the onset and severity of migraines in some cases.
Use Lipid Liquitrophic and Headache formula from Dr. Recommends.
Avoid: cold foods like ice cream, red wine, food with salycilates or other additives.

Motion Sickness
Take ginger root, about half a teaspoon powdered in capsules, in tea or another beverage about a half hour before exposure to motion.

Osteoporosis
Drinking milk when you are young makes stronger bones, less susceptible to osteoporosis in later years. Use Osteo Liquitrophic. Green, leafy vegetables and sprouts are excellent; better if juiced.

Psoriasis and Skin Inflammation
Seafood high in omega-3 fatty acids; salmon, sardines, herring, mackerel, etc., may relieve psoriasis. Also oatmeal packs reduce skin inflammation. Vitamin A-supplying fresh fruits and vegetables are good in raw or juice form.
Avoid: processed foods, fatty or fried foods, all processed sugars, allergy-causing foods.
Stroke
Fresh fruits and vegetables - even an extra serving a day, according to one study - may cut the risk of stroke-associated death by 40%. In animal studies, compounds from black currants and blueberries helped prevent disease of blood vessels in the brain. Brown seaweed has prevented strokes in rodents. See cardiovascular program and cholesterol program. Avoid: cholesterol-rich foods, processed carbohydrates.

Ulcers
Plantains (unripe, large and green, especially in concentrated powder form) combat ulcers. Whole milk and yogurt, which contain drug-like protective prostaglandins in the fat may prevent ulcers. Fresh cabbage juice heals or wards off ulcers in some people. Avoid: heavy spices, rich, hot stimulating foods; excess alcohol.

Urinary Tract Problems
Drink five glasses (eight ounces each) of good water every day. Cranberries, including juice, cocktail, and whole cranberries can prevent cystitis, help deodorize the urine, and help prevent kidney stones. Effective dose: half a cup to two cups of cocktail per day. Oniega-3 type fish oils may help prevent kidney diseases. Rice bran about two thirds of an ounce a day can prevent kidney stones. To prevent stones, take eight ounces of the following formula: 1/3 apple juice, 1/3 lemon juice and 1/3 juniper tea twice a day. Avoid: sugars, processed foods, too much spinach.
THE NATURAL SWITCH MADE EASY I.
The Switch to Natural Diet

Common Reasons for Not Eating Good Quality Foods

**Too Busy to eat.**
Result: Skip meals and/or binge when hungry.
Solution: Make time for yourself. Eat something even if it’s only a nutritious snack and not a complete meal.

**Too busy to prepare good food.**
Result: Eat nothing, or eat junk food or other snacks instead of complete meals.
Solution: Make time to eat properly by giving yourself good, quality foods.

**Indigestion.**
Result: Feel uncomfortable and bloated, experience gas after eating.
Solution: Chew your food well. You may also need „Digestive Enzyme Liquescence“. Obey rules of stomach.

**Craving specific foods.**
Result: Give in to cravings, then feel guilty afterward.
Solution: This often comes from food allergies. Consult your health care professional.

**Eating too fast.**
Result: Don’t chew food well, leading to indigestion.
Solution: Chew more thoroughly and completely. Relax and enjoy your meal.

**A history of taking antibiotics.**
Result: May have caused an imbalance in the digestive tract, affecting digestion. Can
cause a wide variety of physical and emotional symptoms.
Solution: Replenish intestinal bacteria, vitamins and minerals.

**Don’t like or know how to cook.**
Result: Feel clumsy and without talent.
Eat fat foods, junk foods and incomplete meals.
Solution: Ask a friend to teach you how to prepare a few dishes. Cook with someone else until you feel more confident to cook by yourself. Take a class in whole-food preparation. Eat at health food restaurants.

**Stress, Stress Reduction**

Stress is the most incipient killer of people today. Stress is responsible for 70%–80% of the disease in America. Stress reduction is a must in today’s society for longevity, health and happiness. Below are some simple rules for fighting this unseen killer.

Stress awareness begins with recognition. Our stress inventory provides insight into the amount of stress in our lives. As we become aware of stress, we can begin to deal with it. The “ostrich” technique of stress reduction never works.

Humans resist change. Whether change occur in the body, mind, spirit or environment, most humans will resist. To learn to relax, we must learn to break our old habits of stress reaction and substitute more productive reactions such as clear thinking, calm-headed and relaxed understanding. To change requires perseverance, positivity, proper goals and beneficial rewards.

Whether changing eating habits, exercise routines, stress reactions or social skills, change requires work, but the rewards of a healthy body and mind are worth it.

Stop addictive behavior. Whether it is coffee, soda, sugar, heroin, cocaine, alcohol, etc., an addiction is an addiction. Addiction to stimulants will always rob health and cause disease. If you care for your children, you will fight to stop them from using heroin. But so often we let our children indulge in potato chips, candy bars, truly conquer drugs, then we must stop addiction to stimulation or depression early in life. To stop addiction, break its bond as early as possible. Just say no, if you really care.

Relax after meals. Allow at least thirty minutes after a meal to relax with comfortable music (not hard rock and roll), good spiritual books (not tax literature), good conversation (not argumentation), or some other relaxing diversion. Do not lie down. Sitting, standing or a light walk is recommended. Let your body focus on digestion for
the best effect.

Allow one to two hours for worry or "think time" per day. Make this quality time to completely analyze your problems and concerns. If you spend any more than two hours a day on this, your mind will distort the problem, and not produce a solution. Excessive worry produce more problems and worry, until this violent spiral results in disease. Use your quality time to develop quality solutions.

Take thirty minutes a day for relaxed prayer and silent reflection. Pray for calmness, acceptance, relaxation, health, peace, stillness, etc. Save your active prayers for later; the ones concerning needs, other people, etc. Let this still time be one for producing calmness. Wear comfortable clothing, find a quiet spot and let the family know the seriousness of this time.

You need the family to help provide you with this setting. This teaches them independence and maturity. At first, it may be that at this time that your family will try to demand your attention back to their needs. If your children or spouse are not mature enough to help you with your prayer time, then include them in it. Let the family pray together, share the peace, transcend the turmoil, and abound in health.

During this quiet time, relax tense muscles. Breathe deeply and slowly. Visualize God’s love flowing from within, surrounding you and your family and filling the universe with respect and love. Feel the magic of life in yourself and others. Calm and relax your mind as you detach yourself from the turmoil of the day. Give your troubles to God and fill your heart with joy and laughter. Use this daily experience to foster your mind and body to the health within.

Make a joyous noise unto the Lord. Sing, dance and share the joy of living as one of God’s creatures.

Healthy Skin

Your skin is the largest organ of the body. It has two major functions:
1) to protect delicate tissues from being exposed to dirt, bacteria, and the elements; and
2) to eliminate toxins not disposed of through the kidneys and colon. Your skin condition tells you several things about your body. It lets you know how well you are eliminating wastes, and it may indicate a need for specific vitamins. Some skin problems are caused by an accumulation of waste products that have no other way to leave the body. Boils and blemishes are examples of a need for internal cleansing. A change of diet and an
increase in water intake frequently can eliminate these problems. Dry skin, acne, dermatitis (like eczema), and even wrinkles may be your body’s way of asking for vitamin A, vitamin E, biotin, niacin, zinc, or essential fatty acids.

Many skin problems can be aided with a diet that avoids fried foods, refined foods, caffeine, alcohol, additives, and preservatives. Since your body can’t use them for growth or repair, it must eliminate them. Daily servings of fresh fruits, vegetables and whole grains supply some of the vitamins and minerals needed for healthy skin; while nuts, seeds, and cold-pressed vegetable oils give it essential fatty acids for moisture.

A good diet, however, may not be sufficient if you have a skin problem that is the result of having too little vitamin A, not enough essential fatty acids, or fat malabsorption. You may be eating enough of the right foods, but are still unable to get the nutrients into your cells. Fat malabsorption is a common problem, caused by a lack of pancreatic enzymes that, along with bile, breaks down fat-soluble vitamins. It may be caused by food allergies, which can produce an inflammation in the cells of the small intestine, where most nutrients are absorbed.

Use these basic protective food supplements daily:

_A-Z Formula:_ 2 tablets per day. Provides many trace elements and protective factors not found in ordinary foods. If there is Iodine sensitivity, use the A-Z Formula minus Iodine. A-Z Mega may be used for the severely deficient person.

_Amino Acid Mineral Liquescence:_ 2 teaspoons per day. Provides all amino acids and minerals needed for life and detoxification.

_Fatty Acid Liquescence:_ 2 teaspoons per day. This contains all fatty acid components needed for life. Compensates for loss of nutrients from hybridization and cooking.

_Phosphatydyl Choline:_ 1-2 tablets per day. Provides essential fatty acids and helps keep cholesterol under control, while stimulating brain performance.

_Yogurt:_ 1-2 cups per day (or use buttermilk, kefir, etc.). These fermented dairy products provide beneficial bacteria for colon health.

_B-Complex and Brain Formula:_ 1-2 teaspoons per day (use a natural RDA potency). Amounts above what can be obtained from food have preventive and protective value. Also A-Z Formula, A-Z Formula minus Iodine, or A-Z Mega in severe nutritional deficiencies.

_Vitamin C Liquescence:_ 2 teaspoons per day. A basic protective water-soluble vitamin.

_Vitamin A & E:_ 5,000 IU and 100 IU respectively per day. These are two basic protective fat-soluble vitamins.
VIR: 1 bottle in the flu season as a preventative measure.

Beautox: 10 drops 3 times a day. Exposure to beauty shop toxins.

Algin: 10 drops once each day. For radiation exposure.

**Tips on Food and Eating**

Eat slowly, in a relaxed atmosphere. This will aid digestion.

Eat small quantities of protein and vitamin-rich food instead of large helpings of over-refined food.

Eat a good breakfast. Include fruit juice or raw fruit, wheat germ, and whole meal bread. Refrain from eating a large meal at the end of the day before retiring.

You will sleep soundly if you avoid stimulating foods such as tea and coffee.

Try to cook sufficient food for one meal only. Reheated food has little nutriment value.

The human body needs a certain amount of salt in order to function properly. Few of us are aware that most vegetables contain salt and that when cooked correctly they require little, if any. There are vanities of salt available which have been extracted from vegetables. These are beneficial to our health.

Store food correctly in sealed containers. Keep perishable food in the refrigerator and non-perishable food in a dark, dry cupboard.

Use stainless steel or pyrex glass saucepans rather than aluminum ones, as the latter leaves traces of aluminum in the food.

Always rinse eating utensils with clear water after washing with detergents.

Eat raw, fresh fruits and vegetables whenever possible. Buy in small quantities, as they lose their vitamin content quickly.

When using frozen ingredients, follow instructions on the packet. This will ensure that food does not lose valuable nutriments.

Whenever possible, leave outer leaves and skin on vegetables and fruits, as these often discarded parts are a valuable source of vitamins. When vegetables are peeled, remove
immediate skin only.

Use water in which vegetables have been cooked, for home-made soups and stock.

Home-made soups are nutritious. Simmer until ingredients are tender and eat immediately.

Do not boil for hours or reheat several times.
Eat raw sugar and honey instead of refined sugar. Avoid over-dosing on any sweets.
Eat whole meal flour, whole meal spaghetti and brown rice instead of refined varieties.

Use polyunsaturated oils whenever possible.

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**Tips on Grocery Store Shopping**

Read labels.
Buy sodas that contain fructose (Corr’s, Hansen, etc.) instead of sucrose. Buy unsweetened juices, and dilute.
Buy snack foods that contain no preservatives.
Buy foods low in sodium, or salt-free.
Buy whole wheat bread products, instead of white bread, buns, etc.
Buy brown rice instead of white rice.
Buy herbal tea instead of tea containing caffeine.
Buy decaffeinated (water processed) coffee or coffee substitute, instead of coffee containing caffeine.
Buy frozen foods that are not stored in aluminum containers.
Buy deodorant instead of antiperspirants that contain aluminum.
Buy chicken or turkey instead of beef. This includes chicken and turkey hot dogs and turkey ground meat.
Buy natural cereal.
Avoid sugared cereals.
Avoid nitrates, bisulfides, salicylates, additives, and insecticides. Avoid palm oil, coconut oil, coffee whiteners or other saturated fats. Look for the “Health Mark” signs in your grocery store.

**Suggested Foods**

**Foods That Can Be Eaten Daily**

*Eggs:* can be eaten daily if rotated with several species or cheese. Eggs are rich in lecithin, which can help to control cholesterol.

*Meat, Seafood, Poultry:* eat once daily, rotate freely, trim off excess fat, restrict fried foods, and eat complex protein in the morning and early afternoon. Protein does not have to include animal protein.

*Fruit and Fruit Juices:* use unsweetened and rotate daily.

*Vegetables:* eat four or more servings a day and rotate freely. Eat two servings raw a day, and avoid canned if on a low-sodium diet. Canned vegetables also contain fewer vitamins. Tomato juice can help digest meals that contain meat.

*Bread and Cereals:* eat four servings a day of whole grain foods. Avoid processed and chemical-laden flour.

*Nuts and Seeds:* these contain essential fatty acids are necessary in our diet. All seed products contain enzyme inhibitors and should be germinated before eating.

*Water:* drink a quart and a half of water a day, use thoroughly-filtered spring or well water, or reenergized distilled water. Chemicals in city water may lead to severe problems if used over long periods of time.

**Foods To Be Eaten Moderately**

*Fat:* animal fat should be kept to a minimum. Excess fat can increase cholesterol.

*Salt:* everyone can benefit from reduced salt intake. Excess salt can aggravate nerves, cardiovascular functions, the immune system, and kidney and blood conditions.

*Coffee and Caffeinated:* Tea: may cause or aggravate nervous conditions. Never use with meals; use two hours after or one hour before meals.

*Cheese:* eat unprocessed natural (free of preservatives) cheese, unless you have respiratory problems.

*Milk:* try not to drink pasteurized. Natural milk can help bowel flora. Milk can produce mucous, and should be avoided if a respiratory condition is active. Only use small
quantities; never with meals. Rotate all foods. Don’t eat any food every day. The body likes weekly variation.

Foods To Avoid (Avoid all processed foods)

**Refined Sugar** - most harmful, can cause overweight, diabetes, hypoglycemia, dental cavities, periodontal disease, kidney stones, urinary infections, cardiovascular disease, intestinal cancer, di-verticulosis, indigestion, hormone disorder and mental illness.

*White Flour*-even enriched flour is still robbed of needed amino acids, minerals and vitamins. This can cause malnutrition and cancer.

**Hydrogenated Fat** *(saturated)*-oleo, margarine and coffee whiteners should be avoided. Limit and rotate all cooking oils. These products can cause heart problems and may provoke allergies.

**Sodium Nitrite and Sodium Bicarbonate**-frequently used in meats and meat products. These combine in the body to produce nitrosamines that can cause cancer.

**Artificial Colors and Flavors** -avoid synthetic additives, and preservatives. Our bodies cannot handle them. May cause hyperactivity, nervousness and anxiety.

Food Combination Rules

To reduce gas and improve digestion, remember that to digest protein the stomach needs to be acid (taking antacids is a definite don’t). to digest fruit, the stomach needs to be more alkaline. Remember that fats, carbohydrates and proteins require different intestinal preparation and should not be mixed inappropriately. Also excess liquids dilute stomach digestive fluids.

The three simple rules are:

**Fruits alone**  **Melons alone**  **Fluids alone**

Leave at least one hour between these; two hours for large protein meal.

Other Suggestions
Enemas and laxatives, even natural ones, can overstretch the bowel muscles and make them weak by robbing needed potassium.

Prolonged use can lead to dependency and even greater problems. Only use natural stimulants when absolutely necessary. If you have any questions, consult your doctor. While mixing in saliva and pytalin, your teeth can masticate the food thoroughly and savor the natural flavors. Don’t rush through meals, celebrate them. JUICING The recent glut of juicer salesmen on TV is not without reason. Juicing works. It does improve the absorbability of the vitamins, minerals, and life factors of fruits and vegetables. I heartily recommend purchasing a juicer and experiencing its beneficial effects. Juicers are inexpensive, don’t wait. Your best juicers, however, are your teeth and gums. The following is a list of fruits and vegetables good for juicing. Bon apetit!

Suggestions for Meals

High Volume, Low Fat, Sodium and Preservatives
(Avoid processed foods and synthetic preservatives)

When dining out, always look for a restaurant of similar philosophy and attitude to your own. Make sure the owner and cooks appreciate the value of natural, organic, and unprocessed foods. Ask if hidden lard, MSG, sulfides, animal fats or oils are used. Express concern over irradiated and synthetic foods. Make sure the restaurant has passed civil cleanliness inspections. Make sure there is a protected nonsmoking section, not just a token one. Make sure the staff and eating environment are happy, friendly and harmonious. Express concerns quickly, with respect and care. Many health food restaurants attract employees with low resistance to strange ideas. These employees often resist order, timeliness, and altruism. Help the owner by expressing your concerns with compassion and care.
Breakfast

Eating Breakfast at Home (Always rotate)

Whole grain toast or muffins with Better Butter or apple butter
Whole grain pancakes with a little pure maple syrup, unsweetened applesauce, or jam made with pure fruit (no honey or sugar)
A poached or boiled egg with whole wheat toast or muffin
Scrambled egg with sauteed onions and mushrooms
Cold cereal with soy milk or low-fat milk
Oatmeal with raisins and almonds
Millet with raisins and almonds
Rice cakes with almond butter
A piece of fruit
Baked yam
Do-It-Yourself Protein Drink (Nature Knows Protein Powder)
Unsweetened yogurt with fruit or cereal

Eating Breakfast Out

Oatmeal with low-fat milk or apple juice
Omelet (spinach and mushroom, sauteed vegetable, ratatouille, Spanish)
Grape nuts or other low-sugar cereal with low-fat milk or apple cider
Fruit (always a winner for breakfast)
Bran muffin (usually too sweet, but an emergency breakfast with some beneficial ingredients)
Lunch

Eating Lunch at Home or Bringing It To Work

Salad with beans (pinto, red, garbanzo) and whole grain roll
Salad with a small amount of chicken, turkey, tuna, egg, or sardines
Salad with a little low-fat cheese (a nice occasional treat)
A hearty soup, like lentil or bean, with whole grain crackers and a salad
Vegetable slaw with chicken on corn tortilla
Chicken breast and marinated vegetables
Steamed or sauteed vegetables with brown rice or millet
Pasta Primavera (cold pasta salad)
Hummus (garbanzo bean dip) with whole grain crackers and salad
Tabbouli (cold cracked wheat salad) and Hummus with raw vegetables
Raw vegetables
Occasionally, cottage cheese
Lightly-steamed vegetables

Eating Lunch Out

Salad with tuna, egg, or chicken
Salad bar with bean salad and/or garbanzo beans, and bread or crackers (a little cheese occasionally)
Chicken or fish with salad or cooked vegetables
Tuna, chicken, turkey, or egg-salad sandwich with coleslaw (get the best bread available)
Soup, salad, and a roll or crackers
Chinese vegetables with chicken and a little rice (no MSG)
Vegetable omelet with roll or crackers
Avoid salyciate- or sulfide- using restaurants
Dinner

Eating Dinner at Home

Spicy Chinese Vegetables and Soba noodles
Sauteed vegetables with brown rice, kasha
Steamed vegetables with millet or brown rice
Lentil and barley soup with salad
Whole grain pasta with marinara sauce and salad
Chicken breasts in wine and tamari sauce
Broiled fish or chicken with salad or vegetables
Curried vegetables with tofu and brown rice
Vegetable soup with whole grain noodles or rye crackers
Corn tortillas with beans and hot sauce (salsa) and salad
Corn bread and baked beans with salad
Spanish rice with vegetables or salad
Whole grain pasta with steamed vegetables and tomato sauce
Salad and baked potato

Eating Dinner Out

Broiled fish or chicken with vegetables and salad
Chicken or fish dishes with sauces on the side (use sparingly), with vegetables and salad
Chinese food (no MSG) with chicken or bean curd (tofu) and a little rice (no pork or shrimp)
Italian food: veal, chicken, or fish, with salad and side of pasta
Chicken enchilada or chicken tostada (no cheese) with salsa
Soup and salad
**Snacks**

Homemade cookies using maple syrup or sorghum and whole grains Whole grain bran or corn muffins with „better butter”
Nuts and seeds (8 to 12 nuts, small handful of seeds)
Small amounts of dried apples, apricots, figs, or pears
Whole grain crackers with nut butter (almond, cashew, and so on)
Corn chips made with sunflower or other acceptable oil (a few)
Whole wheat pretzels with sesame seeds instead of salt
Cold sliced yam
Raw vegetables
Fruit Lightly-steamed vegetable

**Beverages**

Good water with a little fresh lemon juice
Bottled water with lemon juice or a little fruit juice
Herb teas, hot or iced (sweetened with licorice root)
Coffee substitutes (natural, not synthetic)
Decaffeinated coffee (water processed)
Fruit juice Vegetable juice
Natural sodas (or seltzers)

Don’t eat unless you are truly hungry. Eating for simulation, pain relief, stress relief, sociability, habit, or for any reason besides hunger is maladaptive. Listen to body communication (don’t overeat). Eat for nutrition, not for stimulation. Celebrate each meal with love, friendship, sunshine and harmony. Relax and allow your body to focus on recovering the nutrition God has granted it.
How to Make the Switch to Natural Cooking

How you can prepare a meal or snack that recommends a processed or unhealthy food?

You may need a conversion sheet to help you switch to natural food. Take out highly-refined ingredients you don’t want, and replace them with whole, unrefined counterparts. You also will find unnatural, unhealthy items that you would rather not buy.

This is your chance to learn how to substitute natural foods that meet your own needs. If, for example, you are trying to reduce the level of fat in your diet consider using one of the sour cream alternatives recommend here. If you were to choose yogurt instead, the result would be a 33% reduction of fat, and additional bonus of 335 calories saved per cup. If the artificial saturation of the fat and the chemicals added to margarine make this product objectionable to you, but you are still eager to improve your ratio of unsaturated to saturated fats, some of the butter substitutes will be of interest to you.

You might also want to take advantage of the high nutritional quality of fresh produce in season, when the cost is low to boot, and you can do so if you know how to substitute fresh for canned in cooking. Likewise, if you wish to use more nutritious food stuffs to replace such refined ingredients as white rice and sugar in your effort to maximize the vitamins and minerals your body receives, let the ingredient exchange which follows serve as your guideline for making foolproof changes.
BETTER BUTTER

For those of you who are not ready to give up the taste of butter, this is an excellent way to reduce your saturated fats. It combines the saturated fats in butter with the polyunsaturated fats in sunflower oil. By using coldpressed oil, you are giving yourself the essential fatty acids your body needs so much. If you eat the same amount of Better Butter as plain butter, you are cutting your saturated fat intake by half.

\[
\begin{align*}
&\frac{1}{4} \text{ pound butter at room temperature} \\
&\frac{1}{3} \text{ cup cold-pressed sunflower oil} \\
&1 \text{ tablespoon VFP “Fatty Acid Liquescence”}
\end{align*}
\]

Blend with a fork and refrigerate. Makes \(\frac{1}{4}\) pound.

WHOLE GRAIN PANCAKES

These pancakes are wheat-free and can be made with a variety of grains. One grain should be sticky, such as oats. You can change the recipe by adding millet or buckwheat, ground into flour in a small seed grinder, a little rye flour, or anything else that happens to be around. A few whole grain pancakes in the morning makes a delicious breakfast of unforbidden food. They contain no added fats and, if you eat them with a little unsweetened jam or a few tablespoons of pure maple syrup, are no different than eating toast. However, the psychological freedom that comes from eating pancakes can be exhilarating to someone who is used to dieting.
Mix together:

2 cups of whole grain flours (either the ones suggested here or our variations):
1 cup corn meal, or add or mix cat tail pollen for an extra culinary treat (put a paper bag over a cat tail this pollen season. Shake vigorously. The pollen will be released into the bag.) Mix with grain.
½ cup brown rice flour
½ cup oat flour (grind oatmeal in blender)

Add:

1 ½ cups of low-fat milk or soy milk
1 egg
½ teaspoon baking powder (use Rumford brand or other brand without aluminum)

Serves a hungry family of four. Save any leftover batter in the refrigerator for another breakfast. Use natural fruit compost in a blender, and sorghum or maple syrup for topping.

Eggplant Pancakes:
Use the same batter as above. Cut off and slice skin of eggplant into circles. Dip circles into batter and fry in sunflower oil till brown.

OATMEAL WITH APPLE JUICE

Try this if you like hot cereal and want to avoid both cow’s milk and soy milk. It is a pre-sweetened, moist cereal without sugar or honey that cooks while you are dressing in the morning. Nothing could be simpler to prepare or more beneficial to help eliminate cholesterol buildup, keep blood sugar level, and provide natural fiber. Besides, it tastes good.

¼ to ½ cup of dry rolled oats (oatmeal)
Cover with apple juice diluted by half with water. Bring to boil and simmer, covered, 5 to 10 minutes. Add more juice if additional moisture or sweetener is desired. Add a small quantity of berries or fruit to taste. Makes one serving.

SOY MILK

When you want to cut back on dairy products to prevent calcium overkill or because of a dairy sensitivity, soy milk is an excellent substitute both in cooking and with cereal.

DO-IT-YOURSELF PROTEIN DRINK

Germinated seeds and nuts are added to soy protein for this variation of the standard protein-powder and juice drink. To germinate, simply soak the nuts and seeds overnight. Their protein content is increased and their fat content decreased through germination. Rinse and refrigerate any extra to be used later in the week. The refrigerated nuts and seeds should be rinsed once a day to keep them fresh. Soy milk or tofu can be used in place of more expensive protein powder, which often contains unwanted sugar. Use Nature Knows Protein Powder—it contains no unwanted sugar.

Blend together:
½ cup soy milk or 1/6 pound tofu
¼ cup apple juice
½ cup berries or ½ piece of fruit (banana, peach, or other)
6 germinated almonds
1 tablespoon germinated sunflower seeds
Makes one serving. For added B vitamins and energy, add brewer’s yeast powder or flakes. Begin with ½ teaspoon and gradually build up to 2 tablespoons. If you begin with too much at first, you could get gas. A gradual increase avoids this problem.
MILLET CEREAL

May be served for supper as a side dish instead of potatoes. May be served in stews, pilaf, puddings, etc. and as a filler in meat loafs, etc.

1 cup millet
2 cups cold water
1 teaspoon sea salt

Mix ingredients and bring to a gentle simmer. Cook for about 20 minutes in covered saucepan, stirring occasionally. Serve in bowl with milk and natural sugar. Dried or fresh fruit may be added.

APPLE AND BROWN RICE CEREAL

3 1/2 cups cooked brown rice
16-ounce can apple juice concentrate (no sugar added)
plus a 6-ounce can water
1 1/2 cups chopped apple
1 teaspoon cinnamon
1/2 cup chopped walnuts natural sugar, if desired

Place first four ingredients in a saucepan. Bring to a boil. Reduce heat to medium high. Cook 5-8 minutes or until liquid cooks down and apples are tender. Stir constantly. Pour into four bowls. Top with walnuts. Serves four.
HOT BROWN RICE CEREAL

4 cups cooked brown rice
2 cups skim milk
1 teaspoon cinnamon
4 tablespoons raisins

Place all ingredients in a saucepan. Bring to a boil. Reduce heat. Simmer 1 minute, stirring constantly. Remove from heat and put into bowls. Serves four.

MUSHROOM ONION SCRAMBLE

8 egg whites
½ cup skim milk
4 tablespoons Parmesan cheese
1/8-¼ teaspoon pepper
½ cup low-fat cottage cheese
1 cup finely sliced fresh mushrooms
4 tablespoons chopped onion

Place first four ingredients in a bowl. Whisk together until mixture is a little frothy. Whisk in cottage cheese. Spray a large nonstick frying pan with oil. Heat skillet to medium high. Add mushrooms and onion to egg white mixture. Mix. Pour mixture into frying pan. Using a rubber spatula, stir mixture as it starts to set. Cook until completely set, stirring constantly with spatula. Serves four.
SPA OMELET
(For intestinal cleansing, once or twice a month)
1 ripe tomato
2 tablespoons shallots, minced
2 teaspoons sunflower oil
12 egg whites
1 tablespoon fresh parsley, chopped
2 tablespoons grated Parmesan cheese

Garnish:
4 kiwi slices
4 orange slices
4 melon slices

Mix tomato and shallots together. Drizzle sunflower oil over them. Heat small nonstick skillet until very hot. Add ¼ of mixture to pan and stir until shallots are clear. Add 3 eggs whites, slightly beaten. Mix all herbs and Parmesan cheese in small bowl. Sprinkle about 1 teaspoon herb mixture over omelet. Place under broiler to cook inside. Remove from broiler and fold.

Garnish with thin slice of kiwi, orange, and melon. Repeat 3 more times. Yield: four servings. (This recipe violates our melonalone diet dictum, but only slightly. It can be used every two weeks as an intestinal stimulant. It shouldn’t be used more often than that.)

PASTA PRIMAVERA (Cold Pasta Salad)

By combining whole grain pasta, lightly steamed vegetables, and a dressing made with cold-pressed sunflower oil, you make a healthy and satisfying dish. Use it as a starting point and create interesting variations by adding artichoke hearts, black olives, and chunks of chicken or white meat tuna packed in water for an elegant main course. The pasta and vegetables can be cooked in advance. Refrigerated, and mixed before serving.

½ pound whole grain pasta (rice and soy, whole wheat, buckwheat and wheat, or other) lightly cooked.

Add:
2 cups lightly-steamed vegetables cut into ½ inch pieces (carrots, mushrooms,
cauliflower, broccoli, crookneck squash, green or red bell peppers)

**Mix with:**

½ cup parsley

1 scallion, finely chopped

fresh garlic to taste

Dress with Italian oil and vinegar, or oil and lemon juice (use cold-pressed sunflower oil) dressing. Serves four to six.

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**ICED CANTALOupe SOuP**

1 large cantaloupe

1½ cups low-fat milk

2 tablespoons maple syrup

¾ teaspoon ground cinnamon

¾ teaspoon ground coriander

½ cup nonfat yogurt

Remove the seeds and rind from the cantaloupe. Cut the flesh into cubes. In a blender, combine the cantaloupe, milk, maple syrup, cinnamon, and coriander. Blend well. Transfer to a large bowl. Cover and chill for 1 hour. While the soup is chilling, spoon the yogurt into a cheesecloth-lined sieve. Let drain over a bowl to thicken. Whisk the yogurt into the soup. Serves four.

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**CREAM OF CARROT SOuP**

1 large onion, sliced

1 teaspoon canula oil

2 cups stock

4 ounces carrots, sliced

1 large potato, cubed

½ teaspoon dried thyme

¾ cup skim milk

In a 2-quart saucepan, sauté the onions in the oil until softened, about 5 minutes. Add the stock, carrots, potatoes, and thyme. Simmer until tender, about 25 minutes. Puree in a
food mill or blender. Stir in the milk. Serves four.

**TOMATO BISQUE**

1 large onion, thinly sliced  
1 tablespoon olive oil  
4 large tomatoes, peeled, seeded, and chopped  
5 cups chicken stock  
2 sweet red peppers, diced  
1 cup corn  
1 teaspoon dried basil  
¼ cup water  
2 tablespoons cornstarch  
¼ cup minced fresh parsley

In a 3-quart saucepan over medium-high heat, sauté the onions in the oil until soft, about 3 to 5 minutes. Stir in the tomatoes. Let simmer for a few minutes. Add the stock, peppers, corn, and basil. Bring to a boil, then reduce the heat and simmer for 1 hour. In a cup, mix the water and cornstarch until smooth. Add to the soup and stir over heat until thickened. Let cool for about 5 minutes. Puree in batches in a food processor or blender. Serve sprinkled with the parsley. Serves four to six.

**ICED LEEK AND ORANGE SOUP**

5 leeks  
4 cups stock  
1 ½ cups orange juice  
½ cup minced shallots  
8 scallions, chopped  
2 oranges, sectioned  
1 bay leaf  
1 tablespoon minced celery
Remove and discard the tough green leaves and root end of the leeks. Cut the leeks in half lengthwise.

Wash well to remove any dirt from between the layers, then chop coarsely.

In a 3-quart saucepan, combine the leeks, stock, orange juice, shallots, scallions, oranges, bay leaf, and celery. Bring to a boil. Reduce the heat and simmer until the vegetables are tender, about 30 minutes. Let cool 5 minutes. Discard the bay leaf. In a blender, puree the soup in batches. Transfer to a large bowl. Chill before serving. Serves six.

**SOUTH AMERICAN SQUASH SOUP**

4 ounces flank steak, trimmed of all visible fat
1 tablespoon olive oil
1 small butternut squash
1 large onion, diced
2 cups beef stock
1 1/2 cups pureed tomatoes
2 teaspoons low-sodium soy sauce
1/4 teaspoon dried marjoram
1/4 teaspoon dried thyme
1/4 teaspoon hot-pepper sauce

Cut the steak into 1/2-inch cubes. In a 3-quart saucepan, brown the beef in the oil. Remove the beef from the pan. Peel, seed, and cube the squash. Add to the pan, along with the onions. Cover and cook over medium-low heat for 15 minutes. Add the beef, stock, tomatoes, soy sauce, marjoram, thyme. Simmer until the squash is tender, about 15 minutes.
BLACK BEAN SOUP

1 large red onion, chopped  
¾ cup thinly sliced celery  
1 teaspoon dried minced garlic  
3 cups defatted chicken broth  
1 tablespoon Worcestershire sauce  
2 teaspoons tamari soy sauce  
1/8 teaspoon pepper  

3 15-ounce cans black beans, rinsed and drained  

Brown onion. Add celery and garlic. Cook one more minute. Add rest of ingredients except one can of the black beans. Simmer 15 minutes. Remove from Dutch oven and puree in a food processor or blender. Return to Dutch oven. Add remaining can of beans. Simmer 30 more minutes. Serve over brown rice and top with chopped onion. Serves four to six.

LENTIL BARLEY SOUP

1 cup lentils  
1 cup barley  
1 16-ounce can tomatoes, chopped  
1 cup sliced celery  
1 cup chopped onion  
¾ cup sliced carrot  
2 tablespoons tamari soy sauce  
½ teaspoon pepper  
1 teaspoon dried dill weed  
1 teaspoon garlic powder  
10 cups defatted chicken broth  

Place all ingredients in a large saucepan. Bring to a boil. Cover and reduce heat to simmer. Cook 50 minutes, stirring occasionally. Add water if soup becomes too thick. Serves six to eight.
MAIN-DISH ANTIPASTO

MARINADE

1/3 cup olive oil
2 tablespoons rice-wine vinegar
2 tablespoons herb vinegar
1 tablespoon minced fresh parsley
1/2 teaspoon dry mustard
1/2 teaspoon dried oregano
1/4 teaspoon paprika
1/8 teaspoon black pepper

ANTIPASTO

1 cup cooked chick-peas or kidney beans
1 onion slice
1 clove garlic, halved
1 sweet red pepper
24 green beans, trimmed
2 large carrots, julienned
12 mushrooms
2 large stalks broccoli
12 asparagus spears
8 cubes part skim mozzarella cheese
4 black olives
1 can (7 1/2 ounces) water-packed tuna
To make the marinade:

In a small bowl, whisk together the oil, ricewine vinegar, herb vinegar, parsley, mustard, oregano, paprika, and pepper.

To make the antipasto:

Place the chick-peas or kidney beans in a small bowl. Add 3 to 4 tablespoons of marinade and toss to coat. Top with the onion and garlic. Cover and refrigerate until needed.

Broil the pepper 3 to 4 inches from the heat until chaffed on all sizes. Wrap the pepper in a damp dish towel and set aside for 5 minutes. Peel off the blackened skin and discard the seeds. Cut the flesh into thin strips. Set aside.

Arrange the beans in half of a large steaming basket. Arrange the carrots in the other half. Cover and steam over 1 inch of boiling water for 4 to 5 minutes, or until crisp-tender. Rinse under cold water to stop the cooking; pat dry, and set aside.

Steam the mushrooms for 8 to 10 minutes, or until cooked through. Pat dry and set aside.

Peel the tough skin away from the broccoli stems. Cut the broccoli into florets, leaving 2 inches of stem intact. Steam for 2 to 3 minutes, or until crisp-tender. Rinse under cold water, pat dry, and set aside. Trim the woody ends from the asparagus. With a vegetable peeler, remove the scales from the spears. Steam the asparagus for 3 to 5 minutes, or until crisp-tender. Rinse under cold water, pat dry, and set aside. When ready to serve, remove and discard the onion and garlic from the beans. Toss the beans with their dressing, then drain and save the marinade.

For a decorative presentation, arrange the vegetables on a large serving platter in this order broccoli, mushrooms, carrots, green beans, peppers, asparagus. Spoon the marinade from the beans over the vegetables. Whisk the remaining marinade and drizzle over the platter. Add the cheese, olives, and chick-peas or kidney beans. Open the can of tuna and press out excess liquid with the can lid. Invert the can and turn the tuna out onto the platter in one piece. Serve the antipasto at room temperature. Serves four.
STIR-FRIED VEGETARIAN MIX

1 teaspoon olive oil or sunflower oil
1 teaspoon low-sodium soy sauce
1/4 cup broccoli
1/4 cup carrots
1/4 cup onions
1/4 cup peppers
1/4 cup snow peas
1/4 cup mushrooms (you may substitute based on availability of ingredients)
4 ounces tofu, diced fine
Seasonings: choose from fresh ginger, basil thyme, oregano, parsley, cilantro, scallions, garlic, shallots
Stir fry in very hot skillet. Serve over 2/3 cup rice or pasta. Makes one serving.

BUCKWHEAT PIZZA CRUST

Add beans, raw vegetables and fruits to your pizza.
1 tablespoon active dry yeast
1/4 cup warm water
1 1/2 cup hard whole wheat flour
1/2 cup buckwheat flour
1 teaspoon sea salt or herbal salt substitute
1 tablespoon cold-pressed vegetable oil


WHOLE WHEAT PIZZA
½ cup lukewarm water (about 110° F)
1 tablespoon canola oil
1 teaspoon quick-rise active dry yeast
½ teaspoon honey
1 ¼ cups whole wheat flour
¼ teaspoon garlic powder
¼ teaspoon onion powder
½ cup thick tomato sauce
1 cup shredded part-skim mozzarella cheese

In a large bowl, combine the water, oil, yeast, and honey. Stir to dissolve the yeast. Add the flour, garlic powder, and onion powder. Mix thoroughly. Let the dough rest for 5 minutes. Coat a 12-inch pizza pan with nonstick spray. Place the dough on it and shape into an 11-inch round. Spread on the sauce, leaving a ½-inch border. Sprinkle with the cheese. Bake at 475° F for 12 minutes. Serves two.

Variations
Make a Hawaiian pizza by topping the tomato sauce with unsweetened pineapple (crushed and drained), halved seedless grapes, and raisins. Replace the tomato sauce in the basic recipe with Mexican salsa. Top with sliced hot peppers and shredded low-fat Monterey Jack cheese. For a dessert pizza, omit the tomato sauce and top the crust with sliced fruit, chopped nuts, and a mild cheese, such as low-fat Muenster or Havarti.

SPICY CHINESE VEGETABLES AND SOBA NOODLES

This recipe also makes an excellent cold pasta salad. Soba noodles (buckwheat) can be found in many health food stores. If you live near an Oriental market, you can find them there as well. If you cannot find soba, substitute another whole-grain pasta.
½ pound soba or whole grain pasta, lightly cooked
2 to 4 cups vegetables, lightly sauteed in a little vegetable oil
The following are particularly good in this recipe:
Onions or scallions, mushrooms, broccoli, bean sprouts, Chinese snow peas, cabbage, Chinese cabbage, bok choy, water chestnuts, zucchini

Mix together:
2 tablespoons Chinese hoisin sauce (contains a little sugar)
1 tablespoon Chinese chili sauce (no sugar added) or other hot sauce
1 tablespoon tamari sauce
Toss noodles, sauteed vegetables and sauce together. Serves four.

CHICKEN BREASTS IN WINE AND TAMARI SAUCE

For a hot entree or cold lunch, this recipe proves that chicken without the skin does not have to be dry and tasteless. White wine and tamari sauce provide both flavor and moisture. The alcohol in the wine is cooked out during the baking, leaving only the flavor. Tamari is a natural soy sauce made without sugar or preservatives. Many commercial brands are unsuitable because of these additives. Because it is salty, add 1/3 cup water to the bottle of tamari. Here, you will dilute it in the pan. You can add fresh garlic, onions, carrots, potatoes, and other vegetables before baking for a one-dish meal.
4 chicken breasts, skinned and placed breast down in pan.

Add:
4 tablespoons dry white sauce
3 tablespoons tamari sauce
1 tablespoon water
Cover and bake 1 hour at 350° F. Serves four.
MICROWAVE CHICKEN WITH CHICK-PEAS

1/2 cup chick-peas, soaked overnight
4 cups water
1 cup finely-chopped onions
2 tablespoons olive oil
1/2 cup almonds
3 cloves garlic, minced
1/2 teaspoon ground cinnamon
1/2 teaspoon ground ginger
1/8 teaspoon turmeric
1/8 teaspoon saffron
1 cup thinly-sliced onions
2 1/2 cups stock
3 tablespoons lemon juice
1 chicken (3 pounds)
1/2 teaspoon paprika
1 1/2 cups uncooked bulgur

Drain the chick-peas. Place in a 2-quart saucepan with the water. Cover and cook over medium heat for 1 hour. Drain. In a large nonstick frying pan, sauté the chopped onions in the oil until wilted, about 5 minutes. Add the almonds and garlic. Sauté for 3 minutes. Do not let the garlic brown. Stir in the cinnamon, ginger, turmeric, and saffron. Coat a 5-quart casserole dish with nonstick spray. Add the onion mixture. Top with the chick-peas and cover with the sliced onions. Add 1 cup of stock and the lemon juice. Bring to a simmer on top of the stove.

Remove the skin and all visible fat from the chicken, especially the neck and cavity areas. Split the chicken in half along the breast and backbone. Lay the pieces over the onions, skin side up. Sprinkle with the paprika. Cover and bake at 350° F for 1 to 1 1/2 hours or until the chicken is tender. In a 1-quart saucepan, bring the remaining 1 1/2 cups stock to a boil. Add the bulgur, cover, remove from the heat, and let stand for 20 to 30 minutes, or until soft. Fluff the bulgur with a fork and transfer to a large serving platter. Using a slotted spoon, cover the bulgur with the chick-pea and almond mixture, adding enough liquid to moisten the bulgur. Lay the chicken over the top. Serves four.
BROWN RICE CASSEROLE

1 cup long grain brown rice
2 ½ cups beef broth or water
½ cup slivered, unblanched, unroasted almonds
2 teaspoons apricot kernels, ground
2 tablespoons chopped onion
2 tablespoons chopped bell pepper
3 tablespoons raw butter
3 tablespoons chopped parsley

Brown vegetables, almonds, and rice in the butter. Place in casserole with water, cover and bake at 350° F for 1 ¼ hours. Sprinkle with ground apricot kernels and parsley.

COUSCOUS WITH CHICKEN AND VEGETABLES

chicken

2 ½ pounds chicken thighs
1 large onion, coarsely chopped
1 tablespoon olive oil
2 ½ cups water
1 tomato, coarsely chopped
¼ cup minced parsley
½ teaspoon ground ginger
½ teaspoon ground cinnamon
1/8 teaspoon black pepper

vegetables
1 pound carrots, cut into 1-inch pieces
1 pound small turnips, quartered
2 cups cubed peeled pumpkin
2 cups water
2 green peppers, cut into 1-inch pieces
2 cups cooked chick-peas

couscous
1 pound couscous

sauce
2 tablespoons lemon juice
¼ teaspoon red pepper
¼ teaspoon ground cumin
¼ teaspoon paprika

To make the chicken: Remove and discard the skin and all visible fat from the chicken. Pat dry with paper towels. In a 6-quart pot or Dutch oven over medium-high heat, brown the chicken and onions in the oil, turning frequently, for 5 to 10 minutes. Add the water, tomatoes, parsley, ginger, cinnamon, and pepper. Bring to a boil, reduce the heat, and cook for 30 minutes, or until the chicken is tender. Remove the chicken from the pan, cover and keep warm. Keep the pan with the cooking liquid on the stove.

To make the vegetables: Add the carrots, turnips, pumpkin, and water to the pan. Bring to a boil, reduce the heat, and simmer for 10 minutes. Add the peppers, chickpeas, and cooked chicken. Simmer for 5 minutes. Keep warm.

To make the couscous: Strain 2 cups of stock from the vegetables. In a 1-quart saucepan, bring the stock to a boil. Remove from heat and add the couscous. Cover and let stand for 5 minutes, or until all the liquid has been absorbed. Fluff with a fork. Transfer to a serving platter and keep warm.

To make the sauce:
Strain 1 cup of stock from the vegetables. Place in the 1-quart saucepan. Add the lemon juice, red pepper, cumin, and paprika. Bring to a boil. Transfer to a small serving bowl. Use a slotted spoon to place the vegetables and chicken atop the couscous. Moisten with some of the remaining vegetable liquid. Serve with the sauce. Serves six.
SPAGHETTI SAUCE WITH LENTILS

1 stalk celery, chopped
2 tomatoes, chopped
1 onion, chopped
1 clove garlic, minced
2 tablespoon vegetable oil, cold-pressed
1 ½ cup orange lentils
4 cups beef stock or water
1 teaspoon oregano
1 teaspoon basil
2 cups tomato puree
1 tablespoon honey or sorghum molasses
1 teaspoon sea salt
1 pound whole wheat or buckwheat spaghetti
1 cup parmesan cheese
red chili pepper seeds (optional)

Brown vegetables lightly with oil in heavy kettle. Wash lentils. Add them to vegetables along with stock, herbs, honey, puree, and salt. Cook until lentils are tender, about 2 hours. Cook spaghetti in salt water. Drain well. Place on large platter. Ladle sauce over spaghetti. Sprinkle cheese on top. Serve chili seeds on the side. Serve with garden salad or “root” salad.

MILLET STEW

1 cup millet
1 onion, chopped
1 stalk celery, chopped
1 carrot, chopped
1 teaspoon sea salt
5 tablespoons corn oil
5 cups stock or water
½ cup skim milk
1 tablespoon miso or tamari soy sauce

Brown millet in a dry skillet. Remove and add the oil and onion. Brown lightly, adding
the celery and carrot near the end. Add stock and millet, and cook covered for about 40 minutes. Serve with green salad. Serves four.

**DILLED CARROT BREAD**

- ¼ cup lukewarm water
- 2 teaspoons honey
- 1 tablespoon active dry yeast
- 1 ¼ cups shredded carrots
- ¾ cup dry-curd cottage cheese
- ¼ cup egg substitute
- ¼ cup grated Parmesan cheese
- 1 tablespoon olive oil
- 1 teaspoon dill seeds
- ½ teaspoon caraway seeds
- ½ teaspoon salt (optional)
- 1 ¾ cups whole wheat flour
- 1 ¼ cups unbleached flour

In a large bowl, combine the water and honey. Sprinkle on the yeast and stir to combine. Set aside for 10 minutes to proof (the yeast will become foamy). Add the carrots, cottage cheese, egg substitute, Parmesan, oil, dill, caraway, and salt (if used). Stir in the whole wheat flour, using a wooden spoon. Add enough of the unbleached flour to form a sticky dough that comes away from the sides of the bowl. Coat a large bowl with nonstick spray. Add the dough and turn to coat all sides. Cover with plastic wrap and towels. Place in a warm, draft-free spot and let rise Bake at 375°F for 40 to 45 minutes, or until the bread sounds hollow when tapped. Cool in the pan for 10 minutes. Turn out onto a wire rack. Cool completely before slicing. Makes one loaf.
BANANA PANCAKES

1 1/3 cups whole wheat flour
1 1/2 teaspoons baking powder
3/4 cup cooked barley
1/2 cup mashed bananas
2 egg whites
2 tablespoons maple syrup
2 tablespoons canola oil
1 tablespoon all-fruit preserves
2 cups orange segments

In a medium bowl, sift together the flour and baking powder. Stir in the barley. In a small bowl, whisk together the milk, mashed bananas, egg whites, and maple syrup. Pour the milk mixture into the flour. Stir to combine, but do not overmix.

Coat a well-seasoned cast-iron or nonstick frying pan with nonstick spray. Heat over medium-high heat. Add half of the oil. Spoon in 1/4 cup of the batter for each pancake. Cook until bubbles form on the top. Then flip and cook the other side for another minute.

Transfer to a platter and keep warm. Repeat with the remaining oil and batter.

Transfer to the platter. Add the preserves to the frying pan. Stir to melt. Add the bananas and oranges. Heat for 2 to 3 minutes, occasionally flipping the pieces with a spatula.

Serve over the pancakes. Serves four.

POTATO-CHEESE BREAD

2 1/4 cups chicken stock
1/3 cup grated Sapsago or Parmesan cheese
2 tablespoons olive oil
2 tablespoons honey
1 teaspoon dried thyme
1 teaspoon dillweed
2 tablespoons active dry yeast
1 1/2 cups mashed potatoes
2 3/4 cups whole wheat flour
2 ¾ cups unbleached flour

In a 3-quart saucepan, heat the stock to lukewarm. Remove from the heat. Add the cheese, oil, honey, thyme, and dill. Gently stir in the yeast. Stir in the mashed potatoes. Set aside for 10 minutes to proof (the yeast will become foamy). In a large bowl, mix the whole wheat flour and unbleached flour. Gradually stir 4 cups of flour into the potato mixture.

Turn the dough onto a floured surface and knead in the remaining flour. Knead for about 10 minutes, or until the dough is smooth and elastic. Lightly oil a large bowl. Add the dough and turn to coat all sides. Allow to rise in a warm, draft-free place for 30 to 40 minutes, or until doubled in bulk. Punch down the dough and knead for 1 minute. Divide into two portions and form into loaves.

Coat two 8½ x 4½-inch loaf pans with nonstick spray. Add the dough, cover, and let rise for 30 minutes, or until doubled in bulk.

Bake at 350° F for 30 to 35 minutes, or until the loaves sound hollow when tapped. Allow the loaves to cool on wire racks for 30 minutes. Makes 2 loaves.

**INDONESIAN STIR-FRY**

3 hot green chili peppers, seeded and minced
2 tablespoons peeled, minced ginger root
4 cloves garlic, minced
1 tablespoon canula oil
1 cup diced, sweet red peppers
1 cup thinly-sliced scallions
2 cups stock
½ - ¾ cup peanut butter
2 tablespoons low-sodium soy sauce
1 tablespoon lemon juice
1 teaspoon honey
½ teaspoon red-pepper flakes
2 cups cubed tofu
3-4 cups hot cooked rice

In a large nonstick frying pan over medium heat, sauté the chili peppers, ginger, and
garlic in the oil for 5 minutes. Add the red peppers and scallions. Stir for 1 to 2 minutes or until the scallions are limp. Add the stock, stirring to loosen any bits of seasonings from the bottom of the pan. Add the peanut butter, soy sauce, lemon juice, honey, and pepper flakes. Cook over medium heat, stirring constantly, until the sauce thickens and begins to simmer. Add the tofu. Cover the pan and reduce the heat to low. Cook for 10 minutes, or until the peppers are just tender. Serve over the rice. Serves six to eight.

**GREEK GARDEN KABOBS**

1 cup non fat yogurt  
¼ cup minced fresh mint  
4 cloves garlic, minced  
½ teaspoon dried oregano  
1 large eggplant, cut into 1 ½-inch chunks  
20 cherry tomatoes

In a shallow baking dish, combine ½ cup yogurt, 2 tablespoons mint, half the garlic, and a pinch of oregano. Add the eggplant and toss to coat well. Cover and allow to marinate to 30 minutes. Thread the eggplant and tomatoes onto skewers. Broil or grill about 4 inches from the heat for about 2 minutes on each side. In a small bowl, combine the remaining yogurt, mint, garlic, and oregano. Use as a dipping sauce for the kabobs.

**EGGS WITH CHILI SAUCE**

1 large onion, minced  
3 cloves garlic, minced  
1 tablespoon olive oil  
1 ½ cups shredded romaine lettuce  
3 hot or mild chili peppers, chopped  
¼ cup chopped fresh coriander  
½ teaspoon dried oregano  
1 ½ cups egg substitute  
4 flour tortillas
1 avocado, thinly sliced
1 cup nonfat yogurt
1 cup alfalfa sprouts
1 cup diced tomatoes

In a large nonstick frying pan, cook the onion and garlic in the oil until limp. Add the lettuce, chili peppers, coriander, and oregano. Cook for about 3 minutes, or until the lettuce has wilted. Transfer to a large bowl. Clean the frying pan and coat with nonstick spray. Add the egg substitute and cook over low heat until lightly scrambled. Divide among the tortillas. Top with the chili mixture. Serve flat topped with the avocados, yogurt, sprouts, and tomatoes.

BEAN AND BARLEY STEW

2 cups lima beans, soaked overnight
1/2 cup unpearled barley
1/2 cup carrots, grated
1/4 cup onions, chopped
1/4 cup sprouted mung beans
1/4 cup celery, diced
2 tablespoons tamari soy sauce
2 teaspoons sea salt
1 bay leaf
1 cup grated cheddar cheese, raw

Cook all the ingredients together, except the cheese, for about 2 1/2 hours. Serve in individual bowls with cheese sprinkled over the top.

MEDALLIONS OF BEEF TENDERLOIN

2 three-and-a-half ounce beef tenderloin medallions
1 teaspoon olive oil
1 teaspoon fresh rosemary, chopped
¼ cup vermouth
Pinch of fresh garlic, chopped
1 artichoke heart, drained
Rub medallions with olive oil or brush on with pastry brush. Place on waxed paper and sprinkle both sides with rosemary.
Pour vermouth in shallow medium-size bowl, add garlic and medallions. Cover and marinate overnight in refrigerator, turning once to insure coverage of all medallions. Broil 6 to 9 minutes on each side to desired doneness. Garnish with half an artichoke heart and a sprig of rosemary.

CHICKEN ITALIANO PINOT GRIGIO

1 tablespoon olive oil
4 three-and-a-half ounce boneless chicken breasts, cut into strips
1 teaspoon fresh garlic, minced
¼ cup Pinot Grigio white wine
pinch of oregano
pinch of basil
2 red peppers, julienned
2 green peppers, julienned
½ medium onion, diced
1 medium tomato, peeled, seeded, and diced
¼ cup chicken stock
¾ cup low-sodium tomato sauce
Lightly spray large skillet with nonstick spray. Add oil and heat. Add chicken and garlic, and sauté until chicken turns white. Add white wine, oregano, basil, peppers and onion. Cook until vegetables are crisp but tender. Add tomato, chicken stock, and sauce. Let simmer about 5 minutes.

SALMON DIJON

4 ½ ounce salmon steak
¼ cup white wine
½ teaspoon fresh dill, minced dash of black pepper
¼ teaspoon prepared horseradish
1 teaspoon coarse Dijon mustard
Place steak in covered glass dish. Add wine and place in 350°F oven for 14 minutes. Meanwhile, mix condiments in bowl. Turn steak and add Dijon mixture. Recover and bake an additional 10 minutes, or until done. Makes one serving.

BAKED BARLEY

1 large onion, finely chopped
½ pound mushrooms, sliced
2 cups defatted chicken broth
2 tablespoons tamari soy sauce
1/8 teaspoon pepper
1 cup dry barley

Brown onion in pan. Add mushrooms and cook 2-3 more minutes. Preheat oven to 350°F. Mix chicken broth, tamari, and pepper in a large bowl. Add barley, onion and mushrooms into a lightly greased casserole. Cover and bake 50 minutes or until liquids is absorbed.

STUFFED MUSHROOMS

½ pound mushrooms (rinsed and dried)
½ cup whole wheat bread crumbs
½ cup chopped walnuts
1 tablespoon tamari soy sauce
1/8 teaspoon garlic powder
1/8 teaspoon pepper
¼ cup chopped onion
1 tablespoon chopped fresh parsley
1 egg white


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SOME RECIPES FOR HEALING

**Prof. Nelson’s SALSA:** take one cup (mixed germinated soybeans, jackbeans, peas, snow peas, red kidney bean) and one cup onion, two cups tomatoes, and one cup of sprouts. Put into a food processor and mix into a salsa. Use corn chips unless there is candida or fungus (candida grows best on or with corn meal). Use oat or wheat bran crackers to eat this nutritious and immune stimulating meal.

**Prof. Nelson’s salad Oil:** to get all of your fatty acids you must use cold processed oils of many types. Blend sesame, safflower, soybean, sunflower, olive, and avocado oil in equal parts, to get some of the high end fatty acids soak finely crushed nutmeg, cloves, mustard seed and parsley in canola oil or sesame oil. Let it sit in the sun for 2 days. Blend this into the oil and this will make a fine source of all your fatty acids. If you can get nutmeg, parsley, mustard, or clove oil all the better then you won’t have to make it.

This is important for all diseases and for maintaining health. Any nervous disease, degeneration, and immunity disease will respond much better if the patient takes some of this oil. A small quantity is all that is needed. Just put some on bread, or a salad

**Prof. Nelson’s better butter:**

For those of you who are not ready to give up the taste of butter, this is an excellent way to reduce your saturated fats. It combines the saturated fats in butter with the polyunsaturated fats in sunflower oil. By using cold pressed oil, you are giving yourself the essential fatty acids your body needs so much. If you eat the same amount of Better Butter as plain butter, you are cutting your saturated fat intake by half.

¼ pound all natural butter at room temperature
1/3 cup cold-pressed oil combo from above

Blend with a fork and refrigerate. Makes ¼ pound. It will soften quick in the heat.
WHOLE GRAIN PANCAKES

These pancakes are wheat-free and can be made with a variety of grains. One grain should be sticky, such as oats. You can change the recipe by adding millet or buckwheat, ground into flour in a small seed grinder, a little rye flour, or anything else that happens to be around. A few whole grain pancakes in the morning makes a delicious breakfast.

They contain no added fats and, if you eat them with a little unsweetened jam or blend fruits (blueberries, grapes, strawberries etc) into a compote for a syrup. However, the psychological freedom that comes from eating pancakes can be exhilarating to someone who is used to dieting.

Mix together:

2 cups of whole grain flours (either the ones suggested here or our variations):
1 cup corn meal, or add or mix cat tail pollen for an extra culinary treat (put a paper bag over a cat tail this pollen season. Shake vigorously. The pollen will be released into the bag.) Mix with grain.
½ cup brown rice flour
3 tablespoons of wheat germ
½ cup oat flour (grind oatmeal in blender)

Add:

1 ½ cups of low-fat milk or soy milk
1 egg
½ teaspoon baking powder (use Rumford brand or other brand without aluminum)

Serves a hungry family of four. Save any leftover batter in the refrigerator for another breakfast. Use natural fruit compost in a blender, and sorghum or maple syrup for topping.

Eggplant Pancakes:
Use the same batter as above. Cut off and slice skin of eggplant into circles. Dip circles into batter and fry in sunflower oil till brown.

OATMEAL WITH APPLE JUICE

Try this if you like hot cereal and want to avoid both cow’s milk and soy milk. It is a pre-sweetened, moist cereal without sugar or honey that cooks while you are dressing in the morning. Nothing could be simpler to prepare or more beneficial to help eliminate cholesterol buildup, keep blood sugar level, and provide natural fiber. Besides, it tastes good.

¼ to ½ cup of dry rolled oats (oatmeal)

Cover with apple juice diluted by half with water.
Bring to boil and simmer, covered, 5 to 10 minutes. Add more juice if additional moisture or sweetener is
desired. Add a small quantity of berries or fruit to taste. Makes one serving.

**SOY MILK**

When you want to cut back on dairy products to prevent calcium overkill or because of a dairy sensitivity, soy milk is an excellent substitute both in cooking and with cereal.

**DO-IT-YOURSELF PROTEIN DRINK**

Germinated seeds and nuts are added to soy protein for this variation of the standard protein-powder and juice drink. To germinate, simply soak the nuts and seeds overnight. Their protein content is increased and their fat content decreased through germination. Rinse and refrigerate any extra to be used later in the week. The refrigerated nuts and seeds should be rinsed once a day to keep them fresh. Soy milk or tofu can be used in place of more expensive protein powder, which often contains unwanted sugar.

**Blend together:**

- ½ cup soy milk or 1/6 pound tofu
- ¼ cup apple juice
- ½ cup berries or ½ piece of fruit (banana, peach, or other)
- 6 germinated almonds
- 6 germinated sambucca seeds
- 3 tablespoons of wheat germ
- 1 tablespoon germinated sunflower seeds

Makes one serving. For added B vitamins and energy, add brewer’s yeast powder or flakes. Begin with ½ teaspoon and gradually build up to 2 tablespoons. If you begin with too much at first, you could get gas. A gradual increase avoids this problem.

Prof. Nelson’s immune cookie

Prof. Nelson’s immunity building soup and dip
BEAN SOUP or BEAN DIP

1 large red onion, chopped
3/4 cup thinly sliced celery
1 teaspoon dried minced garlic
3 cups defatted chicken broth
1 tablespoon Worcestershire sauce
1 tablespoon kelp
2 teaspoons tamari soy sauce
1/8 teaspoon pepper
1/8 teaspoon ginger
45-ounces of beans, rinsed, germinated and drained
use kidney bean, jack bean, black bean, soybean, pea, snow pea, lentil, sesame seed


LENTIL BARLEY SOUP

1 cup germinated lentils
1 cup germinated barley
1 cup of beans, rinsed, germinated and drained
use kidney bean, jack bean, black bean, soybean, pea, snow pea, lentil, sesame seed
1 16-ounce can tomatoes, chopped
1 cup sliced celery
1 cup chopped onion
3/4 cup sliced carrot
2 tablespoons tamari soy sauce
1/2 teaspoon pepper
1 teaspoon dried dill weed
1 teaspoon garlic powder
10 cups defatted chicken broth

Place all ingredients in a large saucepan. Bring to a boil. Cover and reduce heat to simmer. Cook 50 minutes, stirring occasionally. Add water if soup becomes too thick. Serves six to eight.

Prof. Nelson’s cocktail:
**Prof. Nelson’s sorbet:** use no white sugar and only natural fruit, mix pineapple and papaya, possible to use berries in the mix, or use melon separately. For extra sugar you can use some fructose or honey. Mix into puree and freeze while stirring regularly. Chop and blend after into a sorbet. This makes an excellent enzyme rich desert.

**Prof. Nelson’s stir fry:**
1 teaspoon olive oil or sunflower oil
1 teaspoon low-sodium soy sauce
¼ cup broccoli
¼ cup carrots
¼ cup onions
¼ cup peppers
¼ cup peas
¼ cup red kidney bean
¼ cup soybean
¼ cup snow peas
¼ cup sprouts
¼ cup mushrooms (you may substitute based on availability of ingredients)
4 ounces tofu, diced fine

Seasonings: choose from fresh ginger, basil thyme, oregano, parsley, cilantro, scallions, garlic, shallots
Stir fry in very hot skillet. Serve over 2/3 cup rice or pasta. Makes one serving.

**BUCKWHEAT PIZZA CRUST**

Add beans, raw vegetables and fruits to your pizza.
1 tablespoon active dry yeast Use germinated seed flower if possible
¼ cup warm water
1 ½ cup hard whole wheat flour
½ cup buckwheat flour
3 tablespoons of wheat germ
1 teaspoon sea salt or herbal salt substitute
1 tablespoon cold-pressed vegetable oil

Prof. Nelson’s sprout salad:

¼ cup broccoli
¼ cup carrots
¼ cup onions
¼ cup peppers
¼ cup sprouted peas
¼ cup sprouted red kidney bean
¼ cup sprouted soybean
¼ cup sprouted snow peas
¼ cup other misc sprouts
lettuce, kale,
¼ cup mushrooms (you may substitute based on availability of ingredients)
4 ounces tofu, diced fine

Seasonings: choose from fresh ginger, basil thyme, oregano, parsley, cilantro, scallions, garlic, shallots

use the oil combo from above with vinegar as a dressing
Foods as Medicine and Prevention

Appendicitis
*Best:* Use high-fiber foods like wheat bran that keep the stool soft and bulky. A British medical survey tagged peas, cabbage, cauliflower, green beans, brussels sprouts, and tomatoes as anti-appendicitis foods. Use vermifuge for a three-week period every year to clean out parasites.

*Avoid:* animal fat, low-fiber processed foods, sugar, and popcorn.

Arthritis
Rheumatoid: seafood high in omega-3 fatty acids such as salmon, sardines, lake trout, and mackerel may prevent or relieve the pain and swelling. Fish oils dramatically prevent lupus in animals. Use Lipid Liquitrophic daily. Osteo: dairy products, all allergy foods & sugar, potatoes.

Asthma
Coffee: a couple of strong cups can thwart an asthma attack. Also good bronchodilators - hot pungent foods such as chili peppers, garlic, onions, mustard, horseradish. Fish oils also dramatically relieve bronchial asthma. Avoid: dairy foods and all allergy-causing foods.

Cancer
For overall prevention: green leafy vegetables, with emphasis on these six - broccoli, spinach, cabbage, kale, brussels sprouts and leaf lettuce. Other high-fiber vegetables, fruits, grains, and legumes. Also, radishes, chard, tomatoes, citrus fruits, dried fruits (apricots, prunes, raisins), strawberries and fish high in omega-3 fatty acids may help prevent various kinds of cancer. Garlic, onions, kelp, olive oil, tea (especially green tea), as well as seed foods, such as legumes, nuts, rice, and grains, are rich in anticancer chemicals. Fresh and raw: plenty of vegetables, juices, and fiber are best.
**Bladder:** carrots, milk, broccoli, brussels sprouts, cabbage, cauliflower, coleslaw, kale, parsnips, turnips.

**Breast:** yogurt. Fruits and vegetables high in carotenoids.

**Colon:** green leafy vegetables, notably cabbage, broccoli, brussels sprouts. Also cauliflower. Acidophilus milk or yogurt, especially that made with acidophilus culture. Wide mixture of vegetable juices. Wheat bran.

**Esophagus:** green and yellow vegetables, apples, cherries, grapes, melons, onions, peas, beans, plums, pumpkin.

**Larynx:** green and yellow vegetables.

**Lung:** carrots, kale, spinach, broccoli, dark-yellow squash, pumpkin, sweet potatoes, apricot. All dark-green and dark-orange vegetables, red and yellow fruits high in carotenoids. If you have ever smoked, load up on these foods. They may help prevent lung cancer years later.

**Pancreatic:** Citrus fruits, carrots.

**Prostate:** yellow and green vegetables. Carrots, tomatoes, cabbage, sunflower and pumpkin seeds, peas, broccoli, brussels sprouts, cauliflower, bee pollen. Reduce stress.

**Stomach:** raw carrots, coleslaw, lettuce, cabbage, tomatoes, corn, eggplant, milk, onion, sweet potatoes, squash.

**Avoid:** high-fat and meat diets (which predispose to cancer), sugar, processed foods, overeating. Oriental herb formulas with Degex and Degex Liquescence enhance the results.

**Cardiovascular System**
For good cardiovascular nutrition, try fatty fish, garlic, ginger, melon, tree ear mushrooms, olive oil, onion, and kelp. Green tea, beer, wine, currants, blueberries, eggplant, and omega-3 fatty fish (salmon, sardines) will strengthen and protect arteries and capillaries from damage due to atherosclerosis or heart attack. Use Lipid Liquitrophic. Avoid: fat, sugar, excess alcohol, stress, processed carbohydrates and excess cholesterol.

**Cavities**
Tea is nature’s best proved anti-cavity mouthwash. Other foods good at combatting cavity-producing bacteria: grape and black cherry juice, milk, coffee, cheese (aged

**Cholesterol**

**TO REDUCE BAD LDL**

(LOW-DENSITY LIPOPROTEIN) CHOLESTEROL

Best are oat bran and guar gum. Use Lipid Liquitrophic. Next, oatmeal and dried beans, including plain old baked beans. Soybeans are great for adults and kids with genetically-induced high cholesterol. Grapefruit - segments and membrane, not the juice - drives down cholesterol. Also fresh oranges, apples, yogurt, skim milk, carrots, garlic, onions, barley, ginger, eggplant, artichoke, unripe plantain, shiitake mushrooms, olive oil. Substitute seafood, including shellfish, for meat and chicken. All fruits high in pectin, which includes strawberries and bananas. Use unsaturated margarine oils instead of butter (see better butter recipe). Avoid: processed or fried foods and cholesterol-rich foods, red meat, rich sauce.

**TO RAISE GOOD HDL**

(HIGH-DENSITY LIPOPROTEIN) CHOLESTEROL

Use strong, raw onions - at least half a medium onion a day - and garlic. Use Lipid Liquitrophic. Substitute olive oil for other vegetable oils or saturated fats. Alcoholic drinks, such as wine or spirits in moderation, one or two drinks a day - also boost HDLS. Radishes, horseradish and pepper help. Added advice: cut back on total fat (especially saturated fats like animal-type fat, and coconut and palm oils). This enhances the effects of the above natural cholesterol-fighters. Don’t eat only cooked food; get fresh and raw foods into your diet.

**Constipation**

Drink five eight-ounce glasses of good water a day. Use wheat bran, nature’s most potent bulk laxative. If that doesn’t work, add pure juice. Dried beans work wonders on some people. Most high-fiber fruits and vegetables, like carrots, cabbage, and apples, are bulk laxatives with about one quarter the effect of wheat bran. Soluble fiber foods, like oats and barley, can help. Also kelp, grapefruit parts and juice are helpful. Misconception: American-type rhubarb is not a true laxative. Orientaltype medicinal
rhubarb is.

**Diabetes**
Use foods that produce slow, steady increases in stead of rapid rises in blood sugar levels. Such foods testing best on the “glycemic index” (a measure of how quickly foods raise blood sugar) are, in order: peanuts, soybeans, lentils, kidney beans, black-eyed peas, milk, chickpeas, yogurt, ice cream, apples, and baked beans. Avoid: all processed sugars.

**Diarrhea**
Comfrey pepsin helps. Try yogurt with live cultures (especially if the diarrhea is caused by prescription antibiotics, such as penicillin). Also blueberries, black currants, honey 1/2 not for infants, however, because of a botulism danger). For youngsters, more acidophilus whole milk may be a cure. Too little fat in the children’s diets promotes diarrhea and other intestinal infections. Soy milk or soybeans also may help fight diarrhea-producing bacteria. Avoid: allergy-causing foods.

**Diverticular Disease**
First, we encourage wheat bran. Also other foods high in fiber that give the stool bulk, such as legumes, oats, cabbage, carrots, and apples. If you already have the disease, check with a physician before loading up on high fiber.
Avoid: strawberries, popcorn and other foods with small seeds and shells that could aggravate the condition.
Use foods with solid A - D liquid bran. Solid grains, liquid fruit, vegetables in between.

**Emphysema and Chronic Bronchitis**
Chili peppers, pungent garlic, onions, mustard, horseradish - all kinds of hot, spicy foods. These help keep the lungs healthy by keeping mucus flowing and the bronchial tubes open. Drinking small amounts of milk has also been tied to lower rates of chronic bronchitis. Fresh, raw fruits and vegetables, and juice are helpful.
Avoid: milk in excess or with meals, smoking and smokers, all allergy-causing foods.

**Energy (Mental)**
Caffinated drinks stimulate mental performance. Coffee is the most potent. Also tea,
colas, cocoa. Also boosting mental-energy brain chemicals are high-protein, low fat foods such as shellfish, lean fish, non-fat milk, and yogurt. Include avocado, starchy beans, sprouts, and fruit juices.
Avoid: white sugar. It makes blood sugar fluctuate too much.

**Hemorrhoids**
Eat foods that produce a soft, bulky stool, reducing strain in bowel movements.

Best: wheat bran. Other high-fiber fruits and vegetables. Radishes help liver involvement.
Avoid: liver burdening foods, fried and fatty foods, and alcohol.

**High Blood Pressure**
One tablespoon of cream of tartar in eight ounces of natural lime juice once or twice a day is an excellent formula. Mackerel - a couple of cans a week - can depress blood pressure. Also oat bran and high-fiber fruits and vegetables of all types help.

Shown also to push down blood pressure: olive oil, garlic, seaweed (kelp), yogurt, green tea, legumes, and milk. Surprisingly, coffee drinking does not cause or aggravate high blood pressure except, apparently, among smokers. It is shown in clinical experiments that diets rich in natural potassium and low in sodium, such as fruits, vegetables and paprika, are as effective as most medications.

**Hypoglycemia**
Tomatoes and potatoes can aggravate this condition, and thus should be avoided in extreme cases.
Always avoid processed sugar. Eat complex carbohydrates, fruits and vegetables.

**Infections (General)**
Yogurt and garlic are recognized antibiotic superstars. Also potent in thwarting viruses and bacteria are orange juice, apples tea, grape juice, apple juice, honey, wine, blueberries, cranberries, grapes, plums, raspberries, strawberries, peaches, and figs.
Avoid: processed carbohydrates and sugars, stress, toxins, antibiotics.

**Insomnia**
A sure bet: fruit, sugar or honey. Eat yogurt before bed.
Misconception: milk does not put you to sleep; just the opposite, it wakes you up.
Avoid: stimulants such as coffee, tea, and heavy foods before bed.

**Migraine Headache**
Oils in fish (omega-3’s) can prevent the onset and severity of migraines in some cases. Use Lipid Liquitrophic and Headache formula from Dr. Recommends.
Avoid: cold foods like ice cream, red wine, food with salycilates or other additives.

**Motion Sickness**
Take ginger root, about half a teaspoon powdered in capsules, in tea or another beverage about a half hour before exposure to motion.

**Osteoporosis**
Drinking milk when you are young makes stronger bones, less -susceptible to osteoporosis in later years. Use Osteo Liquitrophic. Green, leafy vegetables and sprouts are excellent; better if juiced.

**Psoriasis and Skin Inflammation**
Seafood high in omega-3 fatty acids; salmon, sardines, herring, mackerel, etc., may relieve psoriasis. Also oatmeal packs reduce skin inflammation. Vitamin A-supplying fresh fruits and vegetables are good in raw or juice form.
Avoid: processed foods, fatty or fried foods, all processed sugars, allergy-causing foods.

**Stroke**
Fresh fruits and vegetables - even an extra serving a day, according to one study - may cut the risk of stroke-associated death by 40%. In animal studies, compounds from black currants and blueberries helped prevent disease of blood vessels in the brain. Brown seaweed has prevented strokes in rodents. See cardiovascular program and cholesterol program. Avoid: cholesterol-rich foods, processed carbohydrates.

Ulcers
Plantains (unripe, large and green, especially in concentrated powder form) combat ulcers. Whole milk and yogurt, which contain drug-like protective prostaglandins in the fat may prevent ulcers. Fresh cabbage juice heals or wards off ulcers in some people. Avoid: heavy spices, rich, hot stimulating foods; excess alcohol.

Urinary Tract Problems
Drink five glasses (eight ounces each) of good water every day. Cranberries, including juice, cocktail, and whole cranberries can prevent cystitis, help deodorize the urine, and help prevent kidney stones. Effective dose: half a cup to two cups of cocktail per day. Oniega-3 type fish oils may help prevent kidney diseases. Rice bran about two thirds of an ounce a day can prevent kidney stones. To prevent stones, take eight ounces of the following formula: 1/3 apple juice, 1/3 lemon juice and 1/3 juniper tea twice a day. Avoid: sugars, processed foods, too much spinach.

General Detoxification and Prevention

1. Procure a good source of water. Ordinary tap water must be double-filtered to remove most chlorine and fluorine. Activated charcoal filters are inexpensive and work well (change filters once every four months to forestall bacteria buildup). Water processed by reverse osmosis is best, but daily output (on most available units) is limited. Distilled water is not recommended for long-term use because it is “dead” and may
chelate and hasten excretion of essential metals. The addition of wetting agents to water makes a water that is helpful for cleansing and healing. Spring water can be good, but be sure to have questionable sources checked for pollutants. A whole-house filter system, which provides good water for baths, showers, cleaning and cooking, is a good idea.

2. **Avoid air pollutants.** Make every effort to live and work away from the denser smog areas. If this is not possible, try to get away for several weeks a year (preferably to the mountains or to a clean ocean) to rebuild lung tissue. Use air filters or air ionizers in the home and office. If you exercise outdoors, do it during relatively lowpollution times such as very early in the morning or well after rush hour at night. If you don’t smoke, keep away from smokers. If you smoke, stop.

3. **Avoid commercialized foods.** Buy produce, grains and other staples from health food stores and coops at which the likelihood of obtaining foods grown in good soil is greater; and grow your own in healthy soil. Carefully wash produce from supermarkets: use natural soapy water or 2.oz. hydrochloric acid to three quarts of water. Place produce in the water for five minutes, then rinse well. Grains, beans, vegetables, fruits, nuts, sprouts and other simple foods are the best dietary staples; they are inexpensive, healthful, tasty, easy to prepare and ecologically sound. Seed products are best when slightly sprouted. Cover with a damp cloth for twenty-four hours, then dry. This washes away enzyme inhibitors.

4. **Curtail the use of chemical sundries in the home.** This includes cleaning fluids, insect repellents, garden sprays, air fresheners, detergents, dry cleaning fluids, etc. Try to obtain natural cleaners and solvents, and natural garden supplies like Botanagro.

5. **Improve your eating style.** This means, in addition to eating the right foods, avoiding overeating (under-eating is better). Eat at the right times. The bulk of the day’s food should be eaten before the early after-noon (avoid big dinners after 6:00 p.m. - they do not digest properly). Also, relax before and after meals. If you are upset or very tired, it is best to skip the next meal. Never eat or drink foods or beverages that are very hot or cold (if your hand cannot tolerate the temperature, neither can your stomach). Drink fluids alone, and eat fruits alone, or melons alone. (Fresh and raw are your base guidelines.) Eat foods very low in fat and sodium. Eat foods rich in vitamins, minerals, amino acids, fatty acids, and complex carbohydrates.
6. **Exercise!** Everyone needs regular exercise - at least fifteen to twenty minutes three times per week (every day is better). Start with an easy program and build up. Jogging and swimming are good, and mini-trampolines are excellent if you are very much out of shape or need something for indoors during the bad weather.

7. **Embark** on a basic supplementation program after consulting with your doctor, nutritionist or natural-oriented physician. Avoid synthetic supplements.

8. **Reduce stress daily:** take time to relax after meals, and try to reduce stress and tension in your daily routine.

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**An Editorial from Dr. Nelson**

In pursuing the switch to a healthier lifestyle, many people find it difficult to persuade their family members to cooperate with the nutritional change. We must point out that what we are often dealing with here is addiction. Addiction to white processed sugar, processed carbohydrates, fast food, and other improper nutrition are just as binding an addiction as are cocaine, heroin, and other addictive drugs. White processed sugar is very similar in its chemical structure to cocaine.

With this in mind, we must work with entire family dynamics to truly make the natural switch possible. In this book there are a host of recipes, suggestions and guidelines that allow people to make the natural switch easily.

One frequent problem, however, is that a family member doesn’t want to give up his food addiction; he still wants those candy bars, those hamburgers, and those animal and doesn’t care about other people’s health. He wants his own needs met in lieu of others. We must sit down and talk to this person, treating this as if it were a cocaine or heroin addition. If sugar were cocaine, would we go out and buy it for our children just because they wanted it? Of course not! But an addiction to sugar can be just as deadly.

Recently a parent came to see me with two kids who had cancer. As she walked through the door, she offered each of them a candy bar in return for their good behavior during the medical interview. Just the opposite happened; during the interview, these children were incredibly illbehaved. When she offered the candy bars.
I stopped her and said: Listen; these children have cancer. We know that the white blood cell is needed in handling this type of cancer. We know that this type of processed sugar interferes with the white blood cell’s ability to react. If we’re going to work with these children in a natural way, we’re going to have involve nutrition, and not give the children candy bars. We’ll have to try to switch them to some type of natural fruit sugar of safe type of sweetener.

After arguing and presenting all the facts, including articles from the New England Journal of Medicine, and showing dramatic evidence that this processed sugar does suppress the immune system, the mother finally told me that she could not ask these children to do away with their candy bars because she felt that she’d rather see the children die than do without candy bars. Life wouldn’t be worth living, she said, without candy bars. To this concern I must say that for certain people the natural switch is difficult.

But for others we must also work with the family dynamic, recognizing the reality of a family necessarily being made up of more than one person. A thoughtless person who is self-motivated can interfere with the health needs of another. With this in mind, we need to help our patient deal with the entire family dynamic in making this natural switch.

To deal with food cravings and addictions, there are some simple rules and techniques that can help.

1. Don’t buy unhealthy foods (processed wheat and sugar; fat-rich, sodium-rich, or synthetic vitaminenriched foods).
2. Buy natural fruits, vegetables, and other good-quality foods.
3. Prepare foods well, with attention to flavor and easy access.
4. Realize that men have a greater tendency for blood sugar instability. Not having “dinner on the table at 5:00” has been the cause of many problems! Try to have some popcorn, healthy carrot chips, or some healthy appetizer or snack available if you know the meal is going to be a little late. This will help everyone to resist eating junk food or unhealthy snacks to satisfy their hunger.
5. Don’t give in to rationalizing addiction. Many people think it’s okay to have simple daily addictions. But daily miscues of nutrition such as sugar, smoking, and fat are the primary killers of people today. To have a treat once a month or once a week is not so bad, but don’t let it become a daily habit.
6. Don’t eat because of stress or boredom. Let good nutrition be an enjoyable, relaxing and pleasurable pursuit.
7. Don’t overeat. Eat smaller portions, and eat multicourse meals to stretch out the meal and to allow the blood sugar to stabilize. Eating fast, large meals contributes to food addiction and obesity.
8. Make the meal time a positive emotional event filled with love and thanksgiving. Negative emotions should be discussed at another time, after digestion.
9. Discuss resistance to a natural lifestyle with the food addict in the family. Let him or her understand that everyone’s health is at stake, and let love and understanding take their course.

Sometimes the switch is made gently and easily; sometimes it is made quickly; overnight. These different cases must be dealt with by counselors, practitioners, and the family in trying to change the dynamic. If any one person in the family is holding up another from making the switch, I often suggest that all of them come in for a family interview so that I can talk to everybody, tell them about the addictions, and the health they might be able to have. Ultimately it is all about choice, and we must deal with this in helping these families to make healthy choices.
Introduction

This is the second in our series of books on making the Natural Switch. An increasing number of people today are realizing that their health, vitality, well-being and longevity depend on a more natural lifestyle than what they had previously accepted. They want more natural forms of medicine, food, and health care. In this product line, one of the most important factors of natural health care is exercise and exercise physiology.

This book is dedicated to teaching people how to put exercise into their lifestyle simply and easily. There are many different types of exercise suggested in this short book for the treatment of various diseases. We’d like readers to know that there are many other books they can access to develop exercise into their way of life. Today there are videos, self-help books, health clubs, golf courses, skating rinks and so on that can help people to introduce exercise into their way of life.

Please make the effort to put exercise into your life, and let this book help you with that goal! There are many different types of exercise which we will discuss in this book. Many people think of exercise as just sweat-and-grunt activity meant to push their bodies to the maximum. This is really not true picture of exercise. Exercise should be enjoyed; something we look forward to as a meaningful part of our lifestyle.

Some good exercises include:
Aerobic Exercise
Anaerobic Exercise
Stretching
Coordination
Mental Stimulation
Social Activity
Music
Exercise

Perhaps you would add others to this list. We have found these to be our primary exercise categories. Under aerobics, we are pushing the body to use oxygen. Thus every aerobic exercise tests how well the body uses oxygen. Many have said that perhaps wellness is best defined by how well oxygen is used by the organs of the organism. So oxygen is indeed important, and doing aerobic exercise is important for health and vitality.

In our section covering aerobic exercise we will show simple ways a person can quickly and easily put aerobic exercise into his or her lifestyle.

Aerobic exercise can be subdivided into three categories of high, medium and low activity. In the “high” category, the person works as hard as possible to move oxygen and muscle mass through a distance. Here we discuss the medium- to long-distance runner who moves as fast as possible to move oxygen into the tissues. In the “high” category, the person is running so fast or exercising so hard that he won’t have time to talk to somebody beside him. This is thought of as actual running.

This type of activity is meant for athletes or people in very good condition who want to maintain or improve their condition. This is not always suggested by physicians for the average person.

The average person needs a more enjoyable, less painful type of exercise. Here we talk about the “medium” level of activity. At a medium level, a person can talk to someone beside them. So if two people are jogging, they can maintain a conversation. This medium activity should definitely cause a sweat within the first ten to fifteen minutes, and should tax the body, as their will be definite burden on oxygen utilization.

But it should be a causal burden. It has been found that fifteen to twenty minutes of medium-level exercise four to five times a week is excellent for maintaining health and helping a person in dealing with health disorders.

The third category is the “low” level. Here we recommend a basic walking
campaign, in which people develop a very causal exercise that is not meant to be painful or exhaustive, but is meant to bum oxygen. It has been said that a three-mile walk or its equivalent every day is enough to turn up the metabolic flame, so that many different health problems can be evaporated. A person who does this is able to eat normal, or even slightly excessive, meals and still bum calories sufficiently. Many housewives think they might be under-taking the equivalent of a three-mile walk by doing their housework, but sometimes their attitudes or variations in their procedure in doing the work inhibit the true cardiovascular effects they would get from a three-mile walk. A true three-mile walk is an excellent exercise. In our section on “Walking” we show how anyone can put walking into his lifestyle as a meaningful way to exercise.

The next category is that of anaerobic activity. Here there are also subdivisions. Sprinting is one, in which the athlete uses a muscle mass in weight-lifting or running, but for very short distances. Thus the oxygen utilization is not overdone. This type of exercise is something that lasts less than five minutes, and is a tremendous challenge to muscles but is not so much of a challenge to the cardiovascular or pulmonary system of the lungs and heart.

Anaerobic activity is a measure of the muscle activity and not a good measure of the oxygenation. As we mentioned before, oxygenation is a measure of health. So anaerobic exercise alone is not a true developer of wellness. In order to maintain wellness we must use aerobic and anaerobic activity to get the most out of oxygen utilization.

One benefit of anaerobic activity is that it can help to break up fat. It also can build good, solid muscle mass that is beneficial to circulation, structure and general health. The best procedure is to involve all these different forms of exercise to your lifestyle on a weekly basis, and not to over-concentrate on any one area.

Another type of anaerobic activity is that of resistance work. Many years ago much was made of athletes who did a type of isometric calisthenics; they pushed against walls, and did other things in which they pushed their muscle mass against immovable objects. Isometric exercises have proven very helpful, especially for people who fly, sit behind desks, or are in confined spaces due to lifestyle limitations. Thus there is a definite need to develop techniques of exercise that can be utilized by people who frequently find themselves in constricted spaces.

Another type of general exercise category is that of stretching. Yoga has developed for centuries as a stretching science that helps to bring flexibility, mobility, circulation, relaxation, oxygen, nutrition and more to the muscles and nerves by stretching the spine, muscles, cartilage and ligaments.
One great physician said that in order to teach people total health, we should start with stretching. It is very important to teach people these simple exercises that can start their day. We wake up with our spines tight and tense; we wake up at a moment of inflexibility. Many people rush off to work before they have had a chance to build the flexibility into their ligaments, cartilage, muscles, and bones, and thus the little stresses of walking or stepping off a curb improperly can do damage, because the body has not reinforced its own natural elasticity for protection against these minor types of trauma.

It is very important to work a nice stretching routine into your lifestyle. At least ten minutes every morning should be dedicated to stretching the back. You have probably seen your pet cat or dog when it gets up from sleeping and stretches its back in various ways, and shakes its body to bring back flexibility. This is the type of work we can put into our own lifestyle. Stretching is very important, and there is a section of this book dedicated to teaching basic stretching techniques. But there are yoga and stretching classes taught in many places in the country. Some are done in swimming pools for people who need low-tension exercises. The YMCA is another place that can give advice on developing your stretching routine.

The next category is that of coordination. There is hand-to-eye coordination in small, sometimes large, muscles. This type of challenge can be seen in tennis, basketball, volleyball, or other activities that apply a coordination of skills. In golf, we are using the basic procedures of a low-aerobic activity. The average golfer will walk three miles during nine holes. It is also a coordination activity; it moves a large muscle mass to strike the ball. This act of coordination does not over-burden the muscles. Coordination exercises are very important in helping to develop the link between the mind, senses, and muscles. Thus the senses of the eyes, ears, balance and all other senses come together to help build a blend of holistic expression of the human being.

Coordination exercises should be done at least once a week to help the person unite the various sub-factors of his being, and help to release tension and build confidence in himself. In this book there is a section on choosing proper coordination exercises for you. Sometimes just a simple ping-pong game can really help to get people more in touch with their basic sensory, muscular and neurological connectedness. Pool and billiards are other activities that use hand-to-eye coordination.

The next category is that of mental stimulation. Here there are exercises such as chess, checkers, and billiards there is mental stimulation in golf, basketball, football, and baseball. Mental stimulation means that there is a mental aspect to the game. It isn’t just a mindless activity. Even people who do weight-lifting testify that they bring in a mental
aspect to determine when to work a muscle, when to challenge themselves, and how to build. It is very important that we work mental stimulation into our weekly routine. We must have games and challenges that stimulate our mental activity. Tennis can be a mental game.

Professional tennis is said to be a very intellectual game. A leading golfer on the pro circuit recently said that he used to think that golf was ninety-percent mental, but that now he realizes he was wrong; golf is ninety-nine percent mental. If we bring in this mental stimulation factor, we can see that there is nutritional gain in stimulating our mental cells. Social activity is very important as an exercise. We are all social beings, and we must have social connectedness. Many studies have shown that people who have social networks have much less illness and longer lives than those who have no social networks. It is very important for people to have good friends, intimate others, and social relationships that can help them to release stress and unburden them from time to time by sharing some of their most intimate thoughts.

So social activity is a type of exercise. Some exercises such as jogging, weight-lifting, and others can be done by one person completely alone. ‘Those are beneficial exercise, but do not satisfy our social needs. Everyone has the need for social activity. In fact, the greatest form of punishment ever rendered is isolation from other people.

Solitary confinement is the stiffest punishment anyone can endure. We wish to develop social activities (such as dancing) that can work aerobically, anaerobically, in mental stimulation and coordination. The social interaction of a chess game or card game is very good, because they release stress and help in many ways to build health. A list of social activities is given in this book, which will help you to build social net-works.

Learning to play a musical instrument is also a very nice form of exercise. If you don’t want to learn to actually play, perhaps just singing, humming, or enjoying the stress reduction that results from listening to good music would be a very useful part of your exercises routine.

Music can be combined with all the other types of exercise we have talked about. Music can also be utilized as a stress reducer, an expression of creativity, or as a learning event. Mental stimulation can be piqued by music, as can coordination and aerobics. Doing stress reduction or relaxation techniques to music is very important. Learning to play an instrument without judging your performance can also be very powerful. The hardest thing to overcome in starting an exercise program is the mental and physical inertia known as homeostasis.
The body seeks to bring itself into balance with its environment. This has to do with the adaptability of the body. In making any type of change the body puts up resistance, even if the change is positive. If the body has developed a preference to a certain body weight or activity level, the body will put up resistance to change in these areas. This resistance must be overcome. Gradually the body will prefer its new level of exercise, and find that by turning up the metabolic activity, health and vitality are promoted.

Will power must be developed for sticking to a routine. Many people can start routines that attest to the amount of profitability most health clubs enjoy.

People are more than happy to come into a health club, put down their money and start on a program. New Year’s resolutions fill these health clubs with attendees who usually, by the end of February or March, find excuses not to return. They gradually change their visits from three or four times a week to perhaps once a month. Health clubs know this, count on it, and try to sell memberships.

In order to overcome this resistance, we must develop will power, and we must also develop the mental acuity to stick to a program once started.

Social networking factors can help. You should make people in your life realize that his activity is very important not only to your health but also to your social interaction. In other words, you will be a better wife, a better husband, a better person if you can get into an enjoyable exercise routine and stick with it.

Don’t set goals that are too high. By setting goals that are too high you may bring about frustration, and turn an enjoyable activity into an unsatisfactory one.

I’ve seen many people set up exercise routines with their friends and neighbors. As an example, I knew some men who set up a weekly tennis match. These tennis players enjoyed their Saturday evening game, which would last an hour. Afterward, they would enjoy a casual drink and socialize for another hour. Then they would return home to their spouses. But the spouses increasingly resented this tennis game, which seemed to be held in a place of preference over them, and thus they sought to destroy the game. When a person has put an activity in a place of priority over his or her mate, sometimes the mate will try to challenge that priority to see if it is greater than he or she. This is then an inappropriate and sometimes harmful activity that can rob a person of the chance to get involved with a weekly exercise routine.
Thus we must work with the family network to help them all to realize that they need to encourage participation with an exercise regime in any way they possibly can, and not to confront it with antagonism.

Another way to help fight resistance is to set up a reward system, so that if you stick to your exercise regime for a month, or three or four months, you may reward yourself with a vacation, or a certain type of beneficially stimulating reward.

Try to make specific date book plans. Tell your fellow workers, your family and friends. Make specific plans that you will adhere to. Once you’ve made these plans, stick to them.

Many times we wake up in the morning, and say, “I don’t feel like exercising today.” On those days you must exercise. You must tell yourself that only on the days you really want to exercise can you decline. In other words, on the days you want to, you should, and on the days you don’t want to, you should even more. Make sure the exercises you choose are right for you. Try to choose exercises that make you feel good and happy, and also use this as an opportunity to set up other social networks and ways of meeting new people. If you are shy, take it slowly. Tell people at the health club that you want to slowly be introduced to a new environment rather than being thrust into something that might make you feel uncomfortable. Feel free to express yourself in any way to the people working there; they want you to have the most powerful and positive experience, as well.

Work with a significant other or a friend who can help to motivate you. If you are feeling like you don’t want to perform call someone who will talk you back into your performance. This is very helpful.

Use affirmations and put notes around your home: on the bathroom mirror, in the kitchen, on the refrigerator door, etc., telling you not to snack, to exercise regularly, to stretch and get that blood flowing. Use good, positive messages that can help you to remember, or to stimulate you back into an exercise program. This is very important. Affirmations can help you, as well.
Exercises

Exercising the Muscles of the Inner and Lower Abdomen

Dr. Kegel developed a series of muscle-tightening exercises that have helped people for years. These exercises are designed to strengthen a number of internal muscles including the pubococcygeus, the pelvic floor, and the muscles surrounding the bladder, vagina, and anus. They have helped people with incontinence problems, excess gas and flatulence, and have helped also to stimulate the intermuscular sheath that controls the area of the lower abdomen and stops spillage from these organs away from their natural positions.

Most animals walk on four legs, and thus their organs hang from their spines. In humans, however, who stand erect, the organs pile on top of each other. If the muscles around the inner and lower abdomen start to become weak, then a problem can develop in which the internal digestive organs start to push outward, crush each other, and eventually disturb basic digestion. The body stores more fat, loses more control, and gets less nutrition. A wide variety of health concerns may begin.

Dr. Kegel developed a series of exercises that can be done simply and easily, in the office or at home, to help to fortify these muscles. This is extremely powerful for women who may be experiencing the early stages of allan uterus, or other internal disturbances. These types of exercises can also enhance sexual pleasure for women, as well as for their partners, because friction in intercourse will be increased.
If the muscles are extremely weak, a biofeedback specialist might be called in to help the patient to work on developing these muscles. But many people can use these Kegel Techniques to develop tightness without the need of a specialist.

If you find that these techniques are not successful in achieving the results you desire, then you should call a consultant who might help you further.

To defeat incontinence, notice the muscles that are used just at the end of urination. The muscles that help to get rid of this extra urine also help bring about tightness. These are the muscles we want to focus on. If you exercise the muscles of the vaginal area, by inserting the finger slightly into the vagina you can see just which muscles you need to strengthen, and which muscles apply pressure to the finger.

This procedure can be used in order to control the muscles of the anus, as well. There is a small elevator right at the base of the buttocks; as you sit erect in a chair, try to raise that elevator by pulling the muscles up. Imagine raising the elevator three floors, each “floor” being $\frac{1}{4}$ inch to $\frac{1}{2}$ inch. Pull those muscles gradually tighter, hold the contraction for twenty seconds, and relax.

Start at “ground level”, go up a floor, and hold for ten seconds. Go up one more floor, feeling tighter, and hold for ten seconds, and then go to the final floor, and hold for twenty seconds. Then relax for thirty seconds. Repeat this exercise as many as five times at the beginning, and later work up to ten. Doing this exercise twice a day is excellent in helping to build the muscles in this area. These exercises can be done in the office, on a plane or in the car.

Other exercises to tighten the inner abdomen can be done by placing the fingers on the lower abdomen, tightening in all the muscles as tight as possible, and holding that contraction for twenty seconds. As you become more proficient at this, you might be able to hold the contraction for thirty seconds. This will help to build up the muscles. Keep in mind that this is more of an anaerobic activity than an aerobic one, and must be coupled with aerobic activity to achieve the best results.

**Good Nutrition**
As you develop your exercise routine, realize that good nutrition is a dramatically important part of achieving the goals you wish to achieve, even if your only goal is good health. In our first book, The Natural Switch Made Easy, there is very good advice on how to attain good nutrition.

Keep in mind that ELIXIR Corp. also has a wide range of products that are very helpful for you to get the most from your exercise routines. Substances like Herbal Liquid Bee Pollen have been shown to increase oxygenation in studies involving various athletes.

Fatty Acid Liquescence supplies some of the fatty acids your cells require. The Protein Powder helps to supply protein for building muscle mass. Kidney and Liver Liquescence help the major detoxification systems to work. Digestive Enzyme Liquescence can help to stabilize digestion and allow you to get the most out of what you eat.

The Natural Heights products offer a wide variety of nutritional support for body builders and exercise physiologists, for both the professional and the amateur who just wants to achieve a better health status, and also more stability in his life. If you have questions, you may wish to contact ELIXIR Corp. Their representatives can put you in touch with a health consultant or wellness consultant in your area. ELIXIR Corp. may be contacted by writing to 5260 E. 39th Street, Denver, Colorado, 80207, or calling 36209343440 in Hungary.

Building a Better Back
Why wait until moving day to build up your back? If you stay in shape with regular exercises that are properly done, you will help save your back from injury whether you’re getting out of a car, picking up grandchildren, or just chasing butterflies. The exercises presented here will help you safely stretch and strengthen the muscles that support your back. Flexible muscles are less likely to tear. When doing any kind of back-stretching exercise, carefully ease out of position.

Carpal Tunnel Syndrome
From typing to gardening, knitting to driving nails, wringing out clothes to wrenching off rusty bolts - any lengthy, repetitive activity during which the forearm and hand are not kept straight can cause a number of arm, elbow, and wrist problems. One of the most
prevalent problems is carpal tunnel syndrome.

The carpal tunnel isn’t a new public works project through the Carpathian Mountains. It’s the passage for the main nerve and tendons that govern finger motion. The bones in the back of the wrist form the floor and walls of the tunnel; the carpal ligament, spanning the wrist from below the lower knuckle of the thumb, serves as the roof. Inside the channel run the median nerve which leads from the neck down into the hand, and the tendons that produce palm and finger movement.

Certain kinds of movements can translate into carpal tunnel pain - working with the wrists sharply bend up or down long-term gripping or clutching, holding tools that vibrate or cause sudden jolts, and continually pinching or squeezing the fingers. The repetition, strain, and impact, coupled with insufficient rest from the activity, in effect rob the wrist of lubrication. Friction of the tendons causes swelling, which fills up the tunnel and causes compression. The good news is that the right kind of movement and the right kind of exercise can help prevent and relieve the stresses that cause carpal tunnel syndrome.

Women are five times more likely than men to develop carpal tunnel syndrome, according to Susan Isemhagen, a Duluth, Minnesota, physical therapist and an ergonomic consultant to industry. (Ergonomics is a science that involves designing healthful work environments.) Women are more slightly built, she says, so there is less room inside the carpal tunnel for the tendons and nerve to move.

Because of hormonal ebb and flow, women are much more prone to fluid retention and swelling, which intensifies wrist pressure. Many women, in fact, acquire carpal tunnel syndrome while pregnant, and the symptoms disappear after the give birth. Finally, women also have traditionally had jobs requiring repetitive hand motions, Isemhagen says:

In the early stages of carpal tunnel syndrome, the compression on the median nerve causes numbness and tingling in the hand, specifically the thumb and the index finger, middle finger, and part of the ring finger. Initially the sensation often appears only at night, and sleeping with the wrists bent and the hands curled can aggravate the problem, says Janna Jacobs, physical therapist and certified hand therapist with Baltimore Therapeutic Equipment Company in Maryland.

The symptoms soon appear during the day and intensify into more pronounced pain. People find themselves little clumsier than they used to be, according to Jacobs. They drop things and cannot hold on to smaller objects. If the condition is left untreated, the median nerve and the muscles it controls eventually atrophy, causing permanent damage.
and loss of use of the hand.

“It’s a shame so many people let it go that far,” Isemhagen says. “The truth is, you don’t have to get to that stage. For the most part, carpal tunnel syndrome is preventable.”

Testing for Tingling

To determine whether you’ve acquired carpal tunnel syndrome, doctors normally perform several tests, two of which you can try yourself. To do Phalen’s maneuver, put both elbows on a table with your forearm and hand in the air. Flex your hands down without forcing and hold for a minute or so. If tingling or pain develops, chances are you’ve got carpal tunnel syndrome. For the other test, called Tinel’s sign, hold your hand palm up and tap lightly on the middle of your wrist (that’s where the median nerve is located). If your fingers begin to tingle, you may have carpal tunnel syndrome.

Exercise Handiwork

Prevention depends on many factors, including good posture (see “Posture Training” on page -) and work environment. But, says Isemhagen, stretching and strengthening exercises are equally important, to build up the muscles in the wrists and forearms and just to give your hands a break. As a preventive measure and during the early stages of carpal tunnel syndrome, Isemhagen recommends “pause breaks” for a minute or two every hour.

These stretching and strengthening exercises should be done two or three times a day for five to ten minutes, says Jacobs. Both therapists also stress the importance of doing these movements as a warm-up before beginning hand-demanding activity.

Even for sitting in front of a computer terminal all day, “your need substantial muscle strength and endurance” in your upper body, arms, and hands, according to
Jacobs. Before beginning a long session of crocheting or drilling, “you should be like an athlete warming up,” she says. “Get the tissues and muscles of the hand, wrist, and arm more pliable and ready to work.”

You should also do the exercises as soon as carpal tunnel symptoms manifest themselves. None of these exercises should cause any discomfort. All can be done discretely and in any order.

*Move your elbow.* If your elbows are bent for a good part of the day, you should always try to take a break and straighten your arms. Stretch them in front of you or let them hang at your sides. Then rotate your forearms, alternately turning the palms around and back.

*Wrist stretches.* Press both palms together at chest level, as if praying. Slowly lift your elbows up and away from the sides of your body as far as they can comfortably go and hold for several seconds. For a variation, spread out the palms but keep the fingertips touching and press in.

*Shoulder exercises.* Intertwine your fingers behind your head with your elbows pointed out. Gently move your elbows back and feel the stretch in your shoulders.

*Finger stretching.* Several exercises can strengthen the fingers and provide relief from cramping. First clench the hand into a tight fist, then release, stretching the fingers as far as they can go.

Now flex each finger across the palm to touch the tip of the thumb. Repeat by curling the humb over to touch the base of each finger. Finally, raise your arms over your head and stretch at the fingers as though attempting to touch the ceiling.

*Knit One, Curl, Too*

Certain resistance exercises can also help strengthen the fingers, wrists, and
forearms. These muscles are particularly important, Isenheim says, for people who have to grasp a tool for a long time or repeatedly pinch something between their fingers.

Wrist curls should be done without weight at first, Jacobs suggests. Eventually light dumbbells or a barbell can be incorporated into the exercise. Isenheim recommends that the wrist movement in the curls be limited to a short arc - never fully flexed or stretched back.

To perform the curl, rest your forearms on your thighs with your palms up and your hands extending beyond the knees. Drop your hands slightly below the straight position and slowly curl up to just beyond even alignment with the forearm. Perform three sets of ten repetitions, then rotate your forearms so your palms are facing the floor and repeat the curling motions.

Curls also can beef up the fingers. With your forearms still on your thighs and a light-dumbbell or barbell in your hands, let your wrists hang down over your knees. Slowly relax your fingers, letting the bar roll down almost to your fingertips. Just as slowly, curl it back up to your palms. (Make sure you don’t drop the bar.)

**When Not to Exercise**
People who have advanced carpal tunnel syndrome when numbness or pain may be constant - should not perform these exercises. “At that point,” Isenheim says, “it could be counterproductive. It’s best to see a physical or occupational therapist to be evaluated.”

For treatment, wrist splints and injections of antiinflammatory medications may reduce the swelling and decrease the compression on the median nerve. But an operation may be inevitable.

Various procedures exist but the surgeon usually cuts the carpal ligament to allow for more room in which the nerve and tendons can move. Following the operation, though, exercise assumes a new importance. “If you’ve had surgery,” Isenheim says, “one of the best ways to get function back in the hand is rehabilitation.” Rehabilitation involves using the same routines that can help prevent carpal tunnel syndrome and treat its very early stages. “The earlier a doctor prescribes rehabilitative exercises,” she says, “the more recovery you’ll have.”
TMJ, TMD, and Bruxism

A few years ago Liza Frenette’s life seemed an endless cycle of jaw pain, muscle inflammation, and headaches so severe that sometimes, in desperation, she headed to the emergency room for pain relief.

The Albany, New York, journalist was suffering from temporomandibular disorder (TMD), apparently triggered by stress-induced clenching of her teeth at night. Today she stays relatively symptom-free by avoiding getting overtired and by doing exercises prescribed by her physical therapist. “If I feel a little bit of a headache coming on, I get down on the floor and do my exercises,” she says. She also finds that gentle swimming is tremendous help.

While treatments for TMD vary greatly, many professionals are now steering sufferers towards exercises for both treatment and prevention. “Exercise is a vital first step,” declares Bernadette Jaeger, D.D.S., associate professor of orofacial pain and occlusion at UCLA’s School of Dentistry and former director of the head and neck pain program in UCLA’s Department of Anesthesiology.

Small Joint, Big Problems

You may be more familiar with the term TMJ, short for temporomandibular joint disorder. But because the problem so seldom involves only the joint itself, it is more correctly called TMD, for temporomandibular disorder, says Andrew S. Kaplan, D.M.D., director of Mount Sinai Hospital’s TMD/Facial Pain Clinic in New York City. “It’s a group of disorders,” he explains, “that affect both the temporomandibular joint and the muscles that surround it.”

The temporomandibular joint is a complex apparatus that connects your lower jaw with your skull. What’s particularly distinctive is that it moves in two directions: up and down, like a hinge, and also from side to side. When the system is less than perfect - such as when your teeth and your temporomandibular joints don’t fit together quite right - your jaw muscles may make minor corrections. In effect, your jaw “limps”, and most people get through life just fine with their jaws limping a bit, says A. Richard Goldman, D.D.S., director of the Institute for the Treatment and Study of Headaches and Facial Pain, in Chicago.

For some people, however, the system goes hay-wire. Muscles go into cycle after
cycle of painful spasm. ‘These can spread to the neck, shoulders, back, or legs and, because of the intricate interlocking of the body’s muscles and nerves, can even cause earaches or numbness in the feet and hands, according to Dr. Goldman.

TMD can be triggered by teeth clenching and an overstressed life, as in Liza Frenette’s case. Other triggers can be a blow to the jaw, whiplash, misaligned teeth, teeth grinding (bruises), poor posture, muscles that aren’t coordinated, or ligaments and tendons that are too lax. In most cases, TMD results from a combination of causes, explains Dr. Kaplan, author of The TMJ Book.

Exercises, say TMD experts, may help in a number of ways. They can improve posture, help build connective tissues and in some cases retain uncoordinated muscles of the jaw. They can also relieve the stress that causes clenching, grinding, and muscle tension, which in turn can lead to TMD problems.

Making the Right Moves

Because what triggers TMD can be so different from individual to individual, you need to have a health care professional design an exercise treatment program tailored to meet your individual needs.

Everything that moves in your body works together, so your whole musculoskeletal system must be considered in creating such a program, notes physical therapist Mariano Rocabado, director of the Head, Neck, and Maxillofacial Dysfunctions Program of the Dental School at the University of Chile, and coauthor of Exercise and Total Well-Being for Vertebral and Craniomandibular Disorders. Exercises based on Rocabado’s system have become s d treatment for TMD throughout the United States.

Rocabado and physical therapist Terri Antoniotti are co-directors of the International Fundamental Orihopedics Rocabado Center in Tucson, Arizona, where they make extensive use of exercise in treating TMD. They’ve also designed a program to identify people with TMJ problems and treat them with exercise before the symptoms become apparent. “We’re seeing TMD,” says Antoniotti, “in two types of people: in very
loose-jointed people with a genetic problem that can be managed through exercises, and in people who aren’t loose-jointed but who clench their teeth.

**Adjusting the Jaw**

If you visit a physical therapist who uses a Rocabado or Rocabado-based system, you’ll learn a variety of exercises, including a simple series you can do on your own throughout the day. These “6 by 6” exercises are held for six seconds at a time and performed six times a day.

It’s also possible that your dentist or therapist may prescribe jaw exercises to train muscles to manipulate the joint smoothly and without “limping”. TMD is not so much a problem of muscle weakness as it is a lack of coordination, says A. Joseph SentiesWban, Ph.D., vice president for education for Healthmark, Inc., and director of physical therapy at the Therapy Works, Inc., in Indianapolis. “It’s more training the muscles to open at the same time and to relax at the same time,” he explains. Other exercises you might get from the dentist or therapist are designed to increase the mobility of the joint. And certain jaw-stretching exercises can help counteract the effects of bruxism.

Jaw exercises in particular are specific to each patient, and TMD sufferers shouldn’t try them unless directed by a professional.

**Easy Does It**

Stressed out? Want to exercise your troubles away? Reconsider before you lace on a pair of running shoes or sign up for an aerobics class. Some exercises can actually trigger TMD outbreaks or worsen them.

Richard Goldman, D.D.S. author of TMJ Syndrome: The Overlooked Diagnosis, cautions against any types of exercises such as biking, jogging, aerobic dance, or roller skating that might cause you to clench your teeth. “When people tense their muscles, they tend to clench their teeth together, which has the potential of re-triggering some of the problems,” he points out.

Other TMD experts don’t rule out specific exercises, but they restrict the activities of some patients. They might tell swimmers, for example, to use a snorkel and mask so that
they don’t rotate in the water to breathe. (Just make sure you don’t clench down on the snorkel.)

 Bernadette Jaeger, D.D.S., has a patient with an unstable temporomandibular joint. This woman opens her mouth so wide when she slings that she gets a sore jaw, so Dr. Jaeger limits her singing to a half hour at a time. Terri Antoniotti, co-director of the International Fundamental orthopedics Rocabado Center in Tucson, Arizona, steers patients away from pounding, high-repetition exercises such as running and aerobic dance and toward gentler activities such as bicycling, swimming, and cross-country skiing.

 Many people who have TMD are overly flexible/hypermobile, with too-lax connective tissue and joints that already have increased movement and range of motion, she says. They should be screened by a knowledgeable physical therapist before beginning a stretching program. “Flexibility exercises may not be good in all people,” she points out.

 Some common sense is also involved, says Dr. Goldman. You should avoid activities that aggravate your condition. If you have neck-muscle spasms, aerobics will likely make those sore muscles hurt even more. It’s better to try an alternate activity, or wait until the pain has subsided.

 If any exercise or activity causes you pain, bring it to the attention of your doctor.

**Tackling TMJ at Home**

 While many TMJ exercises must come from a medical professional, there are a number of exercises that are safe for you to do on your own. However, it’s prudent to clear any exercise program with your doctor or therapist before starting. Posture correction is an important part of many therapies. “If you have poor posture, then you’re setting yourself up for problems,” says Dr. Jaeger. “I’ve had people come in with chronic headaches, and all I did was teach them correct posture and their headaches went away.

 (See “Posture Training” on page - 55.
 Dr. Jaeger also suggests these exercises.

**Squaring the shoulders.**
Stand with your feet four inches apart with your arms at your sides and your thumbs pointing forward. Tighten your buttocks, then turn your thumbs out and back. Now squeeze your shoulder blades together and down. Raise your chest and breathe in deeply. Hold for six seconds and repeat six times.

**Neck and upper back stretch.**
Sit in a straightbacked chair. Inhale; then as you exhale, drop your head forward and try to touch your chin to your chest, keeping your mouth closed. Breathe regularly as you hold for six seconds, then slowly raise your head as you exhale. Repeat six times.

**Positioning your tongue.**

Say the letter N with your teeth slightly apart. Now close your lips and breathe through your nose. Try to keep your tongue in this position any time you are not eating or talking. During the exercises regularly throughout the day is more important than doing many repetitions at one time, explains Dr. Jaeger.”

**Deflating Stress**

Because so many TMD patients suffer from stress that can trigger flare-ups, Dr. Jaeger also recommends general fitness activities. “Aerobic exercise is good,” she says. “it gets your heart rate up and increases your sense of well-being.”

It may be a good idea for some people with TMD to avoid certain exercises that involve jarring movements.

Antoniotti and Rocabado encourage their patients to do aerobic exercise for fifteen to forty-five minutes, four to five days a week. Good activities are bicycling, hiking, swimming, and gentle walking. You could also use exercise equipment: a rowing machine, stationary bicycle, stair-climber, or cross-country skiing machine.

For additional stress relief you might also try yoga or relaxation exercises.
“Relaxation exercises are very beneficial,” says Dr. Kaplan. Some people, he notes, don’t have a good feel for their body and don’t know when they’re over-stressed. If you fall into this category, working with a therapist may prove helpful.

Many people are surprised to team how many things they can do on their own to help treat TMD, says Dr. Jaeger. “TMJ problems don’t lend themselves to passive therapy.”

Just remember, she adds, whatever exercises you do, it’s important to incorporate them into your lifestyle.

**Varicose Veins**

You’ve seen them in science textbooks. Those time lines that show an evolutionary parade of humanity with its ever-improving posture - from the knuckle-to-ground shuffle of our apelike ancestors to the proud, erect march of the Modern Person. There’s just one small feature those charts always leave out. The Modern Person’s various veins.

Yes, we may have opposable thumbs, but we’ve paid the price. Scientists say that the change from all fours to all twos didn’t do our legs much good - blood that used to move easily from heart to legs and back again now has to fight gravity harder. And in some of us, blood loses that fight - it pools in the vessels of the leg, resulting in ropey, bulging veins. Or tiny, ever-filled blood vessels grow and expand, forming spidery, blue fireworks. In either case, you’ve got a “varicosity”. What’s a Modern Person to do? Take the next step in evolution. Walk faster.

**No New Veins, No Old Pain**

“Think of exercise as preventive maintenance,” says Luis Navarro, M.D., director of The Vein Treatment Center in New York city. “Though you can’t get rid of the varicose veins you already have - only medical treatment can do that - exercising on a regular basis can keep you from aggravating the situation and might help you stave off getting new ones. At any rate, exercise can help you eliminate any discomfort you feel.” (Not a small matter, since varicose veins can throb and ache.)

Dr. Navarro recommends brisk walking, jogging, bicycling, or swimming - anything that keeps your muscles in gear for twenty minutes or more. This extra dose of activity
helps prevent varicosities for two reasons. It strengthens the muscles in your legs that push blood toward the heart, and it strengthens the heart itself, so that blood moves more quickly through your body, giving it less chance to pool in the legs.

“If you have large varicose veins, exercise without a graduated elastic stocking may make them worse,” says Mitchell Goldman, M.D., assistant clinical professor of dermatology at the University of California, San Diego.

Your physician can fit you with the appropriate type, he says. The stockings cost anywhere from $40 to $80. Once you’re properly equipped, the right kind of movement can be helpful. “Exercise pumps the blood out,” he says. “If you’re just standing, the blood doesn’t get pumped out and continues to collect in the legs. I strongly believe that exercise is important.”

Besides brisk exercise, Dr. Navarro recommends specific movements to strengthen the legs. Here are four he finds particularly useful.

**The Curtsey**

Stand with your feet shoulder-width apart and your hands on your hips. Now take a great big step forward with your right leg. Your right leg should now be bent and your right foot flat on the floor. Your left leg should be straight out behind you, and you should be up on the ball of your left foot. This is the starting position for the exercise. Lower yourself by bending the left knee, then return to an upright position. Move your left knee as close to the floor as possible before straightening up again.

In the advanced form of the exercise, the knee almost touches the floor. Don’t be concerned if you can lower yourself only a couple of inches - you’ll still benefit from the exercise. Remember, the knee behind you is the one that’s going up and down. Your front knee will bend somewhat but should never push forwards past your toes. Repeat the movement ten to fifteen times. (If you tire before ten repetitions, just do what you can.) Then stand up, step out with your left leg, and repeat the exercise another ten to fifteen times, this time dropping your right knee toward the floor.

**Sitting leg raise.**

Sit on the floor with your legs extended straight out. Bend your right knee,
placing your right foot flat on the floor beside your left knee. Now, without pointing your toes, raise your left leg up as high as you can without bending the knee. (It’s okay if you can lift it only a couple of inches.) Lower it slowly without touching the floor. Repeat ten to fifteen times. Now switch legs and repeat. You can either keep your hands flat on the floor or wrap your arms around the bent leg to brace yourself. Try to keep your back straight throughout the exercise.

**Standing calf raise.**
Stand on a telephone book or on a two-by-four. Your toes and the balls of your feet should be planted firmly on the book or wood block, with your heels hanging over the edge. Your feet should be comfortably apart, and your toes pointed straight ahead. Hold on to the back of a sturdy chair to help you keep your balance. Now lower your heels until they’re below your toes. The lower you can make your heels go, the better.

Then, keeping your legs straight, raise yourself as high as you can be standing on your toes. Then lower your heels slowly to the starting position. Repeat fifteen to twenty times.

**Wide calf raise.**
This exercise is particularly good for the calf muscles. Stand facing the back of a sturdy chair. Hold on with both hands to help you keep your balance. Now spread your legs as far apart as you can and point your toes out. Lower your buttocks toward the floor by bending your legs until your buttocks are slightly higher than your knees. Raise your heels as high as you can, then lower them back to the floor. Repeat fifteen to twenty times.

**Posture Training**

Jane Meryll clearly remembers her first lesson in posture training:

“I want to that session in pain and walked out forty five minutes later feeling like I was floating,” she says. “I know there was a possibility that may back pain could be controlled.”

She was in her early thirties then, a professional pianist diagnosed with two degenerated disks in her lower back. “I couldn’t work. I was flat on my back, in the
hospital, on painkillers,” she says. Her doctor recommended surgery. But she was looking for anything else that might help her.

What she found was a posture training program. Using its concepts, Jane learned a better way to breathe, stand, walk, sit at a piano, sing, and do everything else she needs to do. The training taught her a way of thinking about her body during daily activities that helps keep her back correctly aligned, with muscles working efficiently to create less tension. Poor posture is the source of many aches and pains, says physical therapist Deborah Caplan, author of “Back Trouble: A New Approach to Prevention and Recovery” and a teacher of the Alexander Technique, the posture training program that Jane Meryll used to alleviate her back pain. And for many people, getting rid of chronic pain is simply a matter of learning how to breathe, sit, stand, and walk correctly.

Learn from the Leaning Tower of Pisa

Think poor posture doesn’t have anything to do with your aches, pains, or fatigue? Try this easy, at-home experiment. Take a mop or broom. Hold it upright by the end of the handle, with the business end up in the air. Notice how little effort this takes, as long as it remains perfectly upright.

Now allow the mop or broom to lean slightly to one side and try to hold it in that position. Feel how much tighter your grip becomes? Feel how your arm muscles tense up? Feel how your whole arm starts trembling? That’s how much harder your back muscles must work when you slouch or over-arch your back, says physical therapist Tom Loffen, director of rehabilitation services at the Texas Back Institute in Plano, a suburb of Dallas. “Your body really wants to be efficient. Poor posture makes the muscles work so much harder.”2 No wonder they get tired; no wonder they rebel or just plain quit. Unlike an injury, back damage from poor posture can take years to develop, Caplan says. Over time, ligaments supporting the back stretch like an old girdle; muscle tone fades. “The whole support system of the back is undermined,” she says. Then one day, when you lift something heavy, turn over in bed, sneeze, or get up after a long train or plan ride, you suddenly have severe pain in your back muscles.

Poor posture contributes to backaches in two other ways, says Charles Steiner, D.O., chairman of the Department of Osteopathic Sciences at the University of Medicine and Dentistry of New Jersey in Statford.
It reduces the space between the vertebrae, the bones of the spine, putting the squeeze on the cushioning disks between them. As anyone who has had a herniated disk literally one that has been partly squeezed out of place can tell you, it hurts.

And poor posture can lead to the painful compression of spine-stabilizing bony projections called facets. Good posture, on the other hand, helps maintain adequate space between facets.

The facets help to keep the spine stacked in place by resting one on top of another, but they also need to glide across each other when you twist and turn, Dr. Steiner explains. Facets are covered with cartilage, just like other joints, and they are lubricated with your spine’s specially produced lubricant - the synovial fluid. When facets get jammed together because of poor posture, your vertebrae lock, which can throw back muscles into painful spasms.

Not Just Back aches

Many doctors think poor posture can also contribute to certain kinds of headaches. Muscle tension headaches, which can creep up the base of your head, can start from overwrought neck muscles. Disk problems in the neck can also cause nerve pain that radiates into the head, says Dr. Steiner. Learning to maintain your head upright without taxing your neck muscles is a major part of posture training, Caplan says. Balancing your head properly while consciously letting go of the tension in your neck muscles can do wonders for this kind of headache, she says.

Jaw joint pain - temporomandibular disorder (TMD)- sometimes finds its source in poor posture. Dr. Steiner says, “ne position of your head on your spine affects how your jaw hands,” he explains. If you drop your head forward from your shoulders, the slight change in the position of your jaw can be enough to cause muscle tension and jaw and neck pain.

“Improved head/neck/spine alignment is beneficial to TMD whether the cause is structural or related mainly to muscle tension,” Caplan contends. And some doctors believe fatigue is related to posture. Poor posture directly interferes with our ability to breathe efficiently, which means it inhibits our ability to provide oxygen to all parts of our body, including our oxygen-demanding brain. “Efficient breathing is not characterized by being able to blow the chest up and take in a lot of air,”

Caplan explains. “It’s characterized by the degree of difference between breathing
in and breathing out - by lung expansion and contraction, just like a bellows. The more
the bellows move to open and close, the more movement of air occurs.

If you are sitting or standing slumped over, your rib cage cannot move as freely on
the sides and the front, your diaphragm cannot freely move up and down, and thus your
lungs cannot fully expand and contract.

“And if you’re sitting up too straight, with your back overarched, your rib cage in
back cannot move as freely, either, so that stance also interferes with breathing,” Caplan
says. Correct posture allows maximum lung movement, at rest or when you’re walking,
biking, or running. And deep, slow, effortless breaths lead to instant relaxation. Muscle
tension can lead to poor posture, and when muscles go into spasm they consume energy
and take away vitality, maintains Dr. Steiner. The vicious cycle of muscle spasm, pain,
and loss of motion is reflected in the slumped look of a person in pain, he says.

No wonder the simple act of straightening up like the graceful dancer whose head
and body seem to be held by an unseen force makes us feel so much better, says Dr.
Steiner.

The Perfect Complement to Sit-Ups

Exercise that stretch or strengthen your backsupporting muscles may help relieve
your back pain. But don’t think doing these exercises automatically leads to better
posture, Caplan says.

Your can have the shoulder muscles of Johnny Weismuller or an abdomen like Bo
Derek’s and still look like Quasimodo if you haven’t straightened up your act. “If you
want better posture, you have to learn and practice better posture. You don’t get it doing
sit-ups,” Caplan insists.

In fact, posture training can be the perfect comple complemenent to an exercise
program, because it helps you learn to move in a way that doesn’t injure, or reinjure, your
back. (Once injured, a back is much more prone to reinjury, experts say.)
Posture training can help you walk in a way that eases back and neck pain and tension, for instance. And good posture is imperative for people who life weights. Over-arching during a heavy lift can lead to painful injuries. “Too often, people begin an exercise program with little instruction and end up getting hurt,” Caplain says.

Good posture minimizes strain on back ligaments and muscles and enhances an exercise program. Poor posture, on the other hand, can undo even the most ambitious back-building program, tiring out some muscles while allowing others to weaken, says Caplan. If you do stretches to relieve tense neck and shoulder muscles but then spend many hours hunched over reading a book or with the phone squeezed between your head and shoulder, your tension will be right back.

Strong, flexible muscles can help you maintain good posture. Most people have weaker front muscles than back muscles, so strengthening abdominal muscles becomes a major component of most back exercise programs.

Basic Training

If all of this sounds like a lot to tackle on your own, take heart. There are a number of health care professionals who can give you special training and coaching in the basics of good posture.

Jane Meryll improved her posture and achieved pain relief with a program that has been popular for a number of years with singers, actors, and other stage performers.
Jane’s “good posture” resembles more the stance of a dancer than that of a soldier. With the Alexander Technique, a popular form of posture training, you learn how to “release” your head upward and hold it as though it’s floating or being drawn upward by a string, Caplan explains. You learn to allow your torso to elongate and to let your shoulders “widen” outward in a way that allows the whole body to be comfortably erect without excess muscle tension. The result, says Caplan, is a graceful, fluid way of moving, perhaps even a slimmer, taller, more composed look. Now in her mid-forties and a composer and music teacher, Jane still practices daily what she learned. Whenever her back pain returns, she does her prescribed posture exercises and finds quick relief, she says. For a referral to a certified teacher of the Alexander Technique, contact The North American Society of Teachers of the Alexander Technique (NASTAT), PO. Box 3992, Champaign, IL 61826-3992.

Posture training is also taught by osteopaths, chiropractors, physical therapists, and physiatrists. Back schools - intensive back rehabilitation programs, for instance - usually include training in posture, movement, and correct ways to lift and bend.

**Posture Perfect**

Poor posture does more than just make you look sluggish - it makes you feel sluggish, too. When your posture isn’t up to par, it can contribute to backache, headache, and jaw pain. To start you on the road to better posture, practice balancing a folded towel on the top of your head. This balancing act will teach you the basics of good posture. You will be forced to relax your shoulders, hold your head high, and bend without straining. Try
the towel trick for a few minutes each day as you go about your normal routine. The following set of exercises is designed to help improve your posture by strengthening your upper back and shoulders.

Each exercise should be done using the “6 by 6” nile: Hold each for six seconds at a time and do them six times a day. You will need an elastic exercise band or bicycle inner tube to perform these exercises.

**Water Exercise**

Ever watch a baby kicking and splashing in her bath? Or kids jumping, running, and shrieking in a backyard pool? They are having a great time - and are completely unaware they’re also getting a great work-out. Adult water exercise may be a little more structured and perhaps less noisy - than the exercise that kids get playing “sharks and minnows”, but the idea is the same. You’re working out in water - and having a great time doing it.

Do you have trouble associating the word “exercise” with having a good time? Rest assured: Water exercise is a kinder, gentler form of exercise. “Let’s face it - when it comes to land-based exercise, most people don’t enjoy all the sweating, straining, and pounding,” says Jane Katz, Ed.D., world masters swimming champion, professor of physical education at the City University of New York, and author of The W.E.T. Workout.

“The magic of water is that it leaves you refreshed, not fatigued, exhilarated, not exhausted.”

And no special skills are required. You don’t need to know how to swim; you don’t have to be in good shape. All you need is a swimsuit and a pool.

Water exercise covers a wide range of activities - just about everything except swimming. It can be water aerobics with your Y class, supervised sessions prescribed by a physical therapist, or running or doing jumping jacks in your backyard pool. It can be done with your head completely above water or can include bobbing underwater. It can be done in deep water or shallow, in a regular pool or a heated therapeutic facility. The common ingredients are movement and water.

**What’s Special About Water**
Water is a superb workout medium, says Dr. Katz. The natural buoyancy of water aids movement, letting you do exercises that might be too painful or stressful on land.

Unconvinced? Think about it. Water effectively reduces your body weight by ninety percent. So if you weight 150 pounds, in water your limbs only have to support ten percent of that, or 15 pounds. Stress on your joints, bones, and muscles is kept to a minimum.

But water has other advantages. It helps cool you off as you exercise, and in many cases any stiffness or pain you may be feeling will decrease in water. In heated or therapeutic pools there’s little or no cooling effect, but the warm water helps relieve the pain of stiff joints or injured limbs. And because water provokes resistance to movement, pushing to move through it can tone and strengthen muscles and improve your range of motion.

Who is suited.

All this means that water exercise is great for people who are pregnant, obese, or recovering from injuries and for those with arthritis, musculoskeletal problems, or multiple sclerosis. Plus, of course, anybody who just wants to get fitter.

Athletes at the University of Texas in Austin regularly work out in the pool, both to help rehabilitate injuries and to improve fitness levels.

“We use it for just about every injury you can think of,” says Spanky Stevens, head athletic trainer. “There are guys who think exercising in the water is for wimps. It’s not. But it is one of the best ways for anybody to keep fit and healthy.”

Perhaps you’re overweight or out of shape and uncomfortable exercising around others in a gym or on a track. In a pool you don’t have to be as conscious of how your body looks.

“Water is a very forgiving medium,” says Dr. Katz, “I’ve seen women climb into the pool wearing layers upon layers of clothing so that no one can see their shape. But once they’re in shoulder-deep water, they’re thrilled. They feel light as a feather.”

For older people who fear painful falls on land, exercising in water can be the perfect solution. And for people with painful rheumatic diseases such as arthritis, moving in water may be the only way they can exercises notes physical therapist Roxane McNeal,
How much exercise do you get in water? That depends, of course, on your level of activity. If you’re putting in an intense workout, you’re burning about the same number of calories as you would in an intense workout on land - and getting similar benefits - but without the jarring and pounding.

Studies have shown, for example, that running in either deep or shallow water makes similar metabolic demands on the body as running on land.

Doing gentle, slow exercises in water, on the other hand, may not burn off lots of calories or produce an aerobic training effect, but it will improve your muscle tone and range of motion - which may be just what you’re looking for when you climb into the pool.

**Off and Splashing**

Ready to start? Check with your doctor first, advises Dr. Katz, particularly if you have any health problems or haven’t been exercising for a while. Once you’ve got the go-ahead, you can sign up for a class at the community pool or create your own workout. (If you’re under the care of a physical therapist, your therapist will design your program for you.) Whatever your program, start out slowly and listen to your body. Spend five minutes warming up to the pool to get your body ready. Some good warm-up exercises.

- Sit on the edge of the pool with your feet in the water and your hands next to your hips for support. Move your feet in circles. Then move your legs up and down in a flutter kick.
- Stand in chest-deep water. Inhale, then bend your knees slightly until your chin is at water level. Exhale, then bob underwater and continue exhaling. Repeat this movement several times. In water that comes to your shoulders, stand with your back against the pool wall. Press your back, head, shoulders, buttocks, and heels against the wall. Step away from the wall, retaining your posture, then step back to the wall and check your position. Stand in chest-deep water with your side to the pool wall. Place one hand on the wall; push your shoulder against the wall for thirty seconds.

Change sides and repeat. For other warm-ups, you can jog in place or in circles, or pretend you’re jumping rope. You can also do shoulder shrug.
A good beginning workout, says Dr. Katz, might include a five-minute warm-up, a fifteen- to thirty-minute main set, and a five-minute cool-down, three times a week. (See the illustrations.) Another workout you can do on your own is pool walking or jogging. After a warm-up, spend ten to twenty minutes traveling back and forth across the pool. To introduce variety, try walking sideways or backward. If the slippery pool bottom makes you uneasy, try a pair of rubber-soled water socks (you can find them at sporting goods stores).

**Extra Equipment**

Although you can complete most water aerobics classes with nary a bit of paraphernalia except your suit (and a swim cap if you want to protect your hair), you may enjoy using some equipment to vary your work-out. A flotation vest can help ease your mind about being in the water if you’re a nonswimmer and also is a safety device for deep-water exercises.

If you’re pool-running, for example, it will keep you upright with your head above water as you run so you don’t have to struggle to keep your balance. Or you can use it while “running” in deeper water to keep an injured foot or ankle completely off the pool floor.

**Hot Enough for You?**

Pause before you plunge into the pool. Water temperature is an important consideration. You don’t want to vigorously exercise in a pool that’s toasty warm, nor do you want to be shivering as you do gentle movements in a frigid pool.

Many pools are kept at 80° to 83° F, which requires that you keep moving to stay warm. In pools less than 84°, you may begin to feel like a polar bear if you can’t exercise vigorously. For most pool exercises, a good range is 82° to 86°.

Therapeutic pools are kept warmer - from 92°-98°. Pools this warm are for pain relief and gentle range-of-motion exercises, however, and aren’t safe for exercise.
programs. Because the water is so hot, you won’t be able to lose the heat you generate from exercise.

You could over-stress your heart or even pass out. Water temperature affects your heart rate as well. As with other sports, for aerobic benefits your exercise goal should be to reach a target heart rate zone. But when you’re in cool water -in the 70° to 80° range-your heart rate is ten to fifteen percent lower than while doing a workout of the same intensity on land. This means you figure things a bit differently when gauging the intensity of your workout. To calculate your maximum heart rate, subtract your age plus 13 from 220, and multiply this number by 85, (220-age+13)x.85= target heart rate)If you’re exercising in warm water (86° to 88°), however, you can figure your heart rate range the same as if you were on dry land.

Other devices that may be useful.

A waterproof watch with a second hand: You can time yourself to make sure you do each exercise for the specified time.
A swim cap: This will help keep your hair dry and protect it from the ravages of chlorine.
A pull-buoy and kickboard: These are Styrofoam floats you can use for drills or to push through the water for added resistance.
Fins: You can use these to vary lower-leg exercises and kicks.
Hand paddles: While these aren’t recommended for swimming because you can strain shoulder muscles, it’s okay to use them to increase resistance for arm exercises
Floats: These inflatable vinyl pouches that can be worn on your arms or legs make it easy to stay afloat.

A Splashing Good Routine

Looking for a no-sweat exercise routine? Then try this one, originally designed for
senior citizens. Don’t be fooled, though.  
Part of the “Top of the Hills” program put together by the YMCA, these water exercises are challenging enough to give people of all ages a good workout.  
The exercises don’t require a lot of fancy equipment - a bathing suit and a kickboard are all it takes. (Goggles and bathing cap are optional.) If you can’t find a kickboard at your local sporting goods store, you can use the lid of a large Styrofoam cooler. It should be about twelve by eighteen inches.  
As with any exercise program, it’s important to warm up before you start the exercises and cool down afterward. Stand in chest-deep water with your feet comfortably apart for all the exercises. To start the warm-up series, do a few simple neck and shoulder stretches. Turn your head from side to side, then tilt it from shoulder to shoulder. Then roll your shoulders forward and backward.  
Once you’ve completed the routine, let yourself cool down gradually. Prop your elbows on the edge of the pool and stretch your legs out in front of you. Do two minutes of simple kicks, scissor kicks, the bicycle, and rocking your bent knees from side to side.

Finish up with head turns and tilts and shoulder rolls as before.  
Get your doctor’s okay before you dive in - and be prepared for a refreshing workout!

Neck and Shoulder Pain

Remember the kid in grade school who could never sit still? The one who wriggled and cavorted and always found some excuse to leave his desk? Chances are he’s not going home from work every day with an aching neck and sore shoulders (assuming he’s still a fidgeter). Health care professionals agree that sitting still or working in one position all day is a major cause of neck and shoulder pain.  
“One of the biggest problems is that we’re trained as children that the proper thing to do is sit still, says physical therapist Philip Tygiel of Tygiel Physical Therapy in Tucson, Arizona, “We train people to deny the natural urge to move around.  
From keyboard operator to draftsman to truck driver, many of us are guilty of blithely carrying out those lessons we learned too well as schoolchildren. We sit or stand
in one position all day - restricting our movements and wreaking havoc with our muscles, joints, and ligaments. The result is often a stiff, sore neck and aching shoulders.

Many people suffer neck pain simply because they hold their necks in one position all day, says James Richards, M.D., an orthopedic surgeon at Matthews orthopedic Clinic in Orlando, Florida. “As you go through the day those neck muscles don’t relax, and that means they’re going to get sore and stay sore,” he says.

Muscles that aren’t regularly moved tighten and shorten, and they also become tired under the constant strain. The muscles of your neck and shoulders are particularly vulnerable because they’re hard at work holding up your head all day (unless you have the habit of nodding off at your desk). “They’re not like the muscles of the arms and legs that are resting when you’re not using them: they’re continuously being used,” says Edward A. Rankin, M.D., professor of orthopedic surgery at Howard University and chief of orthopedic surgery at Providence Hospital, both in Washington, D.C.

There are several things you can do to avoid those pains in your neck. First, take a close look at how you use your body in your day-to-day routines; you can probably make a number of small adjustments in how you move and work that will ease the strain on your neck and shoulder muscles. Also, take care of your muscles and joints by taking frequent stretch breaks and by exercising regularly to maintain flexibility and strength.

**De-Stressing Your Routines**

Stress on the neck starts early in the day, according to David R Fardon M.D., an orthopedic surgeon at Knowville Orthopedic Clinic in Knoxville, Tennessee, and author of “Free Yourself from Neck Pain and Headache”.

To spare yourself the strain of leaning over the sink to shave or apply makeup, use a hand-held mirror or one that extends out from the wall. When you shave, don’t throw your neck back; instead, use your fingers to pull your skin taut.

Okay, now you’re in your car driving to work. While you may not think of driving as a neck-straining activity, it is. You have to hold your head erect and fairly rigid there’s a limit to how much you can waggle your head while driving. What you can do is make sure you don’t lean forward excessively.

Dr. Fardon recommends moving your seat forward so your knees are bent and your shoulder blades touch the seat back. If your steering wheel is adjustable, move it low and
close to your body. Work, however, is the real danger zone for many of us. People who work at video display terminals (VDTS) are at high risk for neck and shoulder pain because they hold their heads and necks in precise positions for long periods of time. Altering your desk setup may help: You can move your keyboard so you don’t have to lean forward, and elevate one foot on the rung of your chair or other object. Using arm supports may also help reduce muscle strain.

But it’s not just VDT operators who suffer neck and shoulder pain. Anyone who sits or stands in one position can suffer, whether barber, writer, dog groomer, or nurse. Incorrect posture takes its toll, because standing or sitting incorrectly puts a lot of stress on your neck and shoulders (see “Posture Training” on page 55).

Holding a phone receiver cradled against your shoulder so you have both arms free also strains the neck. Use a headset, or hold the receiver in your hand. You should also avoid stooping or bending, which can be tough on your back and neck.

**Keep it Moving**

Although eliminating undue stress and strain in your daily routine helps, what’s crucial in maintaining healthy muscles and joints is motion. “Joints require movement for life; muscles require activity to remain viable,” says Tygiel. Studies have shown that VDT operators experience fewer problems when they take exercise or stretch breaks, and experts agree that we’re all better off moving around.

You say you’re at a high-pressure job with no time to walk around or take exercise breaks? Tygiel recommends these easy exercises to prevent neck and shoulder pain - and you can do all of them sitting right at your desk. You should do these at least once a day, and up to three times a day if you’ve been experiencing stiffness, says Tygiel.

While flexibility is more crucial than muscle strength in avoiding neck and shoulder pain, well-conditioned muscles may help you resist injury. To strengthen shoulder muscles, you can do “shoulder shrugs” against resistance. While seated with your feet flat, hold approximately equal weights in each hand (a couple of books will do) and slowly lift the weights by shrugging your shoulders.

**What to Avoid.**
If you have seriously limited shoulder motion (say you can’t raise your arm up past your shoulder) or are in pain, you shouldn’t try exercises on your own, Tygiel warns. “If you use the wrong exercise, it can aggravate the condition,” he says. What you need are specific exercise prescribed by your doctor or physical therapist. And stop if you experience dizziness while doing exercises, Tygiel advises.

Realize that sharp pains or severe stiffness in your shoulders may result from other problems, such as tendinitis, bursitis, or arthritis. In general, if your problems persist past a week or ten days, seek professional advice.

One symptom you should always get checked out immediately, however, is pain in your left shoulder that appears for no discernible reason. Some heart problems refer pain to the left shoulder. “It’s worthwhile to have a doctor check it out,” says Tygel.

Most of your day-to-day neck and shoulder aches and pains, however, have a simpler origin and can be prevented— if you’ll forget those childhood “sit still” lessons and just keep moving around.

**Eyestrain**

It can creep up on you at work when you least expect it that stinging sensation in your eyes that makes them water, the persistent ache that starts in your head and spreads to your neck, shoulders and back.

By midday the images on your computer screen appear blurry or even doubled. It has become difficult and painful to follow words across the screen. And at the end of the day during your drive home, you notice that the buildings, signs and trees you saw clearly that morning now appear fuzzy and out of focus.

If you experience these symptoms, you may be among millions of Americans struggling with eyestrain. Although more than seventy-five percent of people who use computers on the job experience eyestrain from long hours of staring into the video terminal, any activity or job that calls for intensive close-up work can cause this problem.

“A proofreader, an accountant, anybody with lots of paperwork can get it,” says Lowell D. Glatt, O.D., of the American Optometric Association in Hicksville, New York. “Take the poor little clerk who’s doing the books. For eight hours a day, he’s poring over papers a foot away from him. Sure, the boss may read for an hour or two, but then he’s
in a meeting. He gets to relax his eyes while his clerk is seeking double.” Actually, it’s not the eyes themselves that are being strained but the two sets of muscle systems that help the eyes function - the ciliary, or focusing, muscles, which control the focusing mechanism, and the eye movement muscles, which point the eyes towards whatever you are looking at.

“When you read, the ciliary muscles tense up and contract, turning the lens into a ball-like shape,” explains R. Anthony Hutchinson, O.D., author of “Computer Eye Stress”. “When you look at the horizon, the ciliary muscles relax, and the lens is flattened. With close-up work such as might be found in an office or factory, the ciliary muscles are always tense and tire out very quickly.”

**Tiny Muscles Make Big Problems**

Close-up work also taxes the eye movement muscles that control the position of the eyes. When your eyes focus on a close object, they must turn inward and converge. “The muscles that control the eye movement, when focused to stay in one position for sustained periods of time, may give us fatigue and stress symptoms,” says Dr. Glatt. So working up close requires a continued effort that may cause fatigue. And eyestrain itself causes even more eyestrain as your brain tells your eyes to correct the blurry vision. Says Dr. Hutchinson, “If you’re reading along and suddenly what you’re seeing is very blurred, your brain will say, “Hey wait a minute eye muscles, try to point both eyes at that line a little better. Ciliary muscle, let’s get that word in better focus. Let’s even try squinting a little and fuffowing the brow to see if that helps make things any clearer.” So all of these muscles work a little harder on the blurred image.

**Ease Your Eyes**

So how do you solve the problem of eyestrain - particularly if your job involves lots of close-up work? For starters, make sure your office is well lit. And if you use computer, the screen should be free of glow.
And remember to do a very basic eye exercise blink! Normally, you blink once every five seconds. But sometimes you can concentrate so intensely on what you’re doing that you “forget” to blink. The longer you go without blinking, the drier and more painful your eyes become, says Dr. Hutchinson.

Optimally, 9-to 5 folks who do close-up work all day long should spend fifteen minutes each hour relaxing the eye muscles by looking at something far away - out a window, across the room. Obviously, that’s not practical or even possible for most workers. But Dr. Hutchinson insists that you should take a fifteen-minute break every three hours. Some, eye-care experts recommend that as soon as you feel your eyes beginning to tire or burn, you should stop for a moment, focus your sights on something, anything, off in the distance - the tree outside the window, the wall on the other side of the office, anything that is beyond what you’ve been staring at. You’ve been exercising your eye muscles doing all that close-up work.

Staring off into the distance helps them relax - and helps you get back to work without pain or discomfort. (And your boss thought you were goofing off!) Dr. Glatt suggests this exercise to help “stretch” your eye muscles. Print two or three letters or four index cards. The print should be large enough so that when you put the cards on the wall across the room they are easily read-able. The cards should be placed at the 12, 3, 6 and 9 o’clock positions on the wall. Now sit down at your desk and circle your eyes around the clock of cards a few times, then change direction. This should help alleviate some of your eyestrain.

Incontinence
Do you dribble when you giggle? Leak when you lift? Urinary incontinence - the inability to control a leaky bladder - is coming out of the closet. More people than ever are seeking help for this embarrassing problem.

But an increasing number of people, often with their doctor’s advice, first try an exercise to strengthen the muscles that control the flow of urine.

They do “Kegels” - pelvic contractions that tighten the muscles around the urethra, vagina, and anus and actually build and strengthen the sling of crisscrossing layers that includes the pubococcygeus (PC) muscles.

Like a sling, these muscles extend from the pubic bone to the tailbone, supporting organs within the pelvis, like the bladder and uterus. If these muscles stretch and sag, the bladder, uterus, or vagina can drop uncomfortably low.

Although Kegels are also known by other names, such as pelvic floor or PC exercises, they can be done correctly only one way (see “Kegel Exercises” on page 68). They are the only exercise proven to help control urinary incontinence, although overall fitness - and being lean can also help control incontinence. (Kegels are also used to control fecal incontinence, improve vaginal tone, enhance orgasm, and, in men, help control ejaculation.)

Studies show that one very common type of urinary incontinence is most likely to be helped by Kegel exercises: stress incontinence (leaking urine when you sneeze, cough, laugh, bear down, or lift). This kind of incontinence is related to weak muscles around the neck of the bladder, where a ring of muscles, the external sphincter, helps retain urine.

Expect an Improvement
Studies evaluating the effectiveness of Kegel exercises for urinary incontinence vary tremendously, showing improvement rates in anywhere from thirty to ninety percent of participants. But the studies do consistently show improvement, and studies done in the last five or so years support the observation that Kegel exercises can work well for many people - if they’re properly taught and faithfully done, says Katherine F. Jeter, Ed.D., director of Help for Incontinent People (H.I.P.), a nonprofit patient advocacy organization. If the problem is weak sphincter muscles, the exercises are considered safe and effective and won’t do any harm, she says. A good candidate - one who is motivated and alert - may find that Kegels are all that’s needed to get dry and stay dry, says Mimi Gallo, R.N., co-director of the Urodynamics and Incontinence Center at Beth Israel Hospital in Boston.

A good candidate should expect to see results in about six weeks, although he or she may not reach peak strength for several months, Gallo says. Someone who is motivated but has very weak muscles may take up to three months to see much improvement.

(Improvement does not necessarily mean cure, therapists point out. But for more serious cases it may mean you are able to switch from adult diapers to panty liners, or go from four accidents a day to one.)

Even people who are overweight, who’ve had bladder surgery that failed to fix their problem, or who’ve been incontinent a long time can get some benefit, as long as they are able to properly identify the muscle to exercise, Gallo says. Those with problems that affect their minds, such as Alzheimer’s disease, may have difficulty performing Kegel Exercises successfully, says Jeanette Tries, director of the Biofeedback Center at Sacred heart Rehabilitation Hospital in Milwaukee.

Depending on the extent of their mental impairment, people with head injuries, spina bifida, or multiple sclerosis or those who’ve had a stroke can often successfully use biofeedback with Kegel exercises to improve urinary incontinence. “It’s definitely worth an evaluation,” she says. Insomnia

**Tuning in to Better Control**
Some people have PC muscles that are so weak they can’t feel them, or can’t tell if they are contracting during exercise. As a result, they can seldom learn to do Kegels on their own. Often, however, they can benefit from a biofeedback-based exercises program, many therapists say. In biofeedback, a person is connected to a machine that helps them recognize their muscle performance.

“People can’t see these muscles,” says Kathne Wallace, a Seattle physical therapist and H.I.P. advisor who specializes in the treatment of urinary incontinence, “Biofeedback helps the person perform the exercise correctly.” Biofeedback can also show small but encouraging improvements in strength, something neither therapist nor patient may be able to detect, Wallace says.

According to the National Institutes of Health, using biofeedback to teach better muscle control results in complete control of incontinence in twenty to twenty-five percent of people and provides important improvement in another thirty percent.

Good training is important, therapists emphasize. “If you don’t learn how to do this exercise right, you can see little benefit,” Wallace says.

Some doctors recommend the use of weighted cones, which are inserted into the vagina to train the PC muscles. When cones of the appropriate weight are placed in the vagina, the woman must contract the pelvic floor muscles to keep them from slipping out. Most practice this exercise for two fifteen-minute sessions each day, with cones weighing from one to two and a half ounces. One study done in Great Britain shows that using cones may prove effective. Electrical stimulation may also be used as part of a treatment program. Its use helps people become aware of how it feels to activate these muscles.

Kegel Exercises

They may bear his name, but Kegel exercises were around long before Arnold Kegel, MD, was even born. There’s evidence that women have been doing these pubic muscle-tightening contractions for at least one hundred years. But it was Dr. Kegel, a gynecologist from Los Angeles, who popularized the exercises when he found they had medical merit in the 1940s.

Kegel exercises are designed to strengthen a number of muscles, including the pubococcygeus (PC), or pelvic floor, muscles - a sling-shaped set of muscles that goes from the pubic bone to the tailbone, with openings for the urethra (bladder opening), vagina, and anus.

These are the muscles that allow both men and women to stop the bow of urine and
squeeze off gas. They also permit women to tighten the vagina.

Gaining Control

The exercises are often prescribed to help control urinary incontinence, which is related to weak urinary sphincter muscles. They are also used before and after delivery of a baby to help restore vaginal muscle tone, prevent urinary incontinence, and hold the uterus in its proper position.

Women can also use Kegels to enhance sexual pleasure for both themselves and their partners by creating a “tighter fit” that increases friction.

It is possible for many people to learn to do Kegels on their own, but doctors say that people whose muscles are so weak they can’t stop the flow of urine can benefit greatly by working with a biofeedback specialist, physical therapist, or nurse who specializes in teaching Kegels. Such teachers are most likely to be associated with an incontinence clinic or a urology department at a major hospital.

Getting medical help means that if you have urinary incontinence, you’ll first get a proper diagnosis. If you are a candidate for exercise therapy, you’ll then be referred to a therapist, who will work with you for weeks or months.

“My sessions start off with an anatomy lesson,” says Kathe Wallace, a Seattle physical therapist who specializes in Kegel training. “Lots of women don’t even know that these muscles exist, much less what they look like or what they do.”

Next, the therapist helps you identify and contact the PC muscles without using other muscles. She may insert a finger into the vagina or anus and lay her hand on your lower abdomen to feel if you are doing the exercise right.

Or she may use a biofeedback machine to measure pressure or muscle activity within the vagina. (Biofeedback is a training technique that helps people gain conscious control of muscles or bodily functions.)

Once you’ve learned how to identify the correct muscles, the therapist will evaluate your muscle strength and design a daily strengthening program for you. Then you’ll do a set of Kegel exercises as best you can with the therapist acting as coach. (You may need electrical stimulation to help you gain awareness of the muscles to be moved.) You may get a biofeedback machine to use at home, especially if your muscles are very weak.

The machine can help tell you whether you are doing the exercises correctly.

If you want to try to do Kegel exercises at home, Wallace, an advisor with Help for
incontinent People (H.I.R) suggests this procedure. First you need to locate the muscles to be exercised. Once you’re about half finished urinating, try to stop or slow the urine without tensing the muscles of your legs, buttocks, or abdomen.

(It’s important not to use these other muscles, because only the pelvic floor muscles help with bladder control, and tightening the stomach muscles can increase pressure on the bladder, making an accident more likely.)

If you are able to slow or stop the stream of urine, you have located the correct muscles. Feel the sensation of the muscles pulling inward and upward.

When you have located the correct muscles, set aside several times a day for exercising: morning, midday, and evening. There are two ways to exercise the muscles: a short contraction followed by a relaxation, and a holding contraction (work up to ten to fifteen seconds) followed by a relaxation. Both are important for pelvic muscle floor strength. Complete ten sets during each of your daily exercise sessions.

If you’re not used to doing these exercises, perform them after you’ve finished urinating.

Practice Pays Off

In a few weeks, you should be able to increase the amount of time you are able to hold the contraction and the number of repetitions you are able to do. Your goal should be to work up to ten-second contractions, followed by ten seconds of relaxation, and to complete as many repetitions as you can.

Like all other muscles, these muscles need to be challenged in order to gain strength. Each person responds differently. If this routine seems too easy for you, ask your therapist to help you develop a program that will provide a greater challenge.

In the beginning, check yourself frequently by looking in the mirror or by placing a hand on your abdomen and buttocks to ensure that you do not feel your belly, thigh, or buttock muscles move. There should be no visible movement. (In a man, though, the penis will lift slightly.)

Insomnia
Night falls, but you don’t. You’re still awake, fantasizing an ancient Aztec kaleidoscope of colors behind restless lids. Sleep extends an open palm, curls a quiet, inviting forefinger, and beckons. You cuddle the covers, punch the pillow, snuggle your head deep in the down. Struggle as you may to will weariness, you cannot heed the beckoner’s call.

Every night, millions of people fall short when it comes to falling asleep. Some resort to alcohol or sleeping pills, which may only complicate the problem and increase daytime tiredness.

And they all suffer sleeplessness unnecessarily, because there is an easy, effective answer to sleep’s call: Fitness fights fittfulness.

Regular workouts - any exercise, actually can improve sleep, leaving you feeling more at ease at night and more vigorous during the day. And in the long run, the permanent weight reduction that follows regular exercise may offer relief for those who suffer from the throat-choking, breath-sapping effects of another fairly common sleep disorder - sleep apnea.

As an outlet for reducing muscular tension and stress, exercise “ordinarily will help you fall asleep and sleep better,” according to Richard N. Podell, M.D., author of “Doctor, Why Am I So Tired?” and associate clinical professor in the Department of Family Medicine of the University of Medicine and Dentistry at New Jersey, Robert Wood Johnson Medical School.

A Way Out of Insomnia

Virtually everyone has some difficulty getting to sleep at one time or another, and up to a third of Americans complain about what they perceive as a sleeping problem. For some, insomnia is being unable to float off to sleep after shutting off the lights. For others, it’s the inability to remain asleep during the night. And for others, insomnia means awakening in the predawn hours and being unable to get that last hour or two of shut-eye.

Needing a half hour or more to fall a sleep is considered abnormal. And while most people quite normally wake up anywhere from fifteen to twenty times a night, remembering five or more of those episodes or being unable to fall back to sleep for thirty minutes or more is also deemed problematic.
Insomnia is not in itself a disease, researchers say; another problem sires the symptom. Sometimes that problem is medical, such as an illness, sometimes it’s chemical, such as use of certain prescription drugs or excess consumption of caffeine or alcohol. But more often, insomnia is psychological— the result of stress, tension, or drastic schedule changes.

Move More, Sleep Better

Exercise affects sleep in many ways. It wrestles restlessness to the ground and preps the body for slumber. It elevates the body’s levels of epinephrine and endorphins, two chemicals associated with sensations of contentedness and well-being. And it also helps increase the amount of time physically fit people spend in the more restful stages of slow-wave sleep, according to Gary Zammit, Ph.D., director of the Sleep Disorders Institute at St. Luke’s/ Research Hospital Center in New York City.

Of the five sleep stages people drift through over the course of the night— stages one through four and the dream state of REM (rapid eye movement) - the slowbrain-wave periods of stages three and four are often considered the soundest, most restful, and most regenerating, explains Dr. Zammit. During these slow-wave stages, body temperature drops, metabolic rate drops, and breathing becomes regular. It is more difficult to awaken someone from slow wave sleep than from the other phases, Dr. Zammit says. If aroused during stage three or four, a sleeper likely would report a more placid, more serene mental state than the often surreal dream experiences of the REM phase.

Slow-wave sleep for most people occurs predominantly during the first half of the night. As the sleeper waifs through several sleep cycles over the course of the night, the slow-wave phase tends to fade away, and most of the time is spent in the more easily erasable, less restful states, Dr. Zammit says.

While researchers know exercise improves sleep, they’re still trying to figure out how much exercise is enough. “There seems to be a confusion between the effects of exercise and the effects of fitness,” says Michael Vitiello, Ph.D., associate director of the Sleep and Aging Research Program at the University of Washington in Seattle. “Anyone can run out and exercise on a given day.”
And they will feel tired and fall asleep more easily, lie says. But the evolving pattern in sleep/exercise research favors overall fitness. “Regular, moderate exercise improves general physical fitness,” he says, “and with that, there’s an improvement in sleep quality.

Fit exercises with leaner body mass and an improved cardiovascular system do, in fact, seem to rest more easily than out-of-shape, unfit people just beginning an exercise program. People new to exercise may even have some initial disturbance of sleep as they start to work out, particularly if it’s later in the evening, says Dr. Zammit.

That’s no real cause for concern, he says, and it should not discourage people who already have sleep problems and want to exercise.

The sleep disruption “may go away after time,” says Dr. Zammit. “If it doesn’t after a short period, you can try exercising at an earlier time of day.”

To increase your chances of nodding off at night, most sleep experts recommend working out in the afternoon or early evening. Time your sessions for mid- to late afternoon, maybe between 3:00 and 7:00 p.m. as a general rule,” Dr. Vitiello says. People should experiment with different times to decide which is best for them, he advises.

One group of people may want to take special note of the beneficial effects that exercise has on sleep. Sleep for people in their sixties, seventies, and beyond often becomes fragmented, marred by frequent awakenings. This pattern restricts the amount of time they spend in the deep, restful, rejuvenating slow-wave stages of sleep.

Dr. Vitiello has been studying the effects of two kinds of exercise: aerobics and stretching on people sixty and older. Although his research is not finished, he believes that both kinds of workouts may affect sleep quality and quantity. Although, particularly, may increase the amount of slow-wave sleep an elderly person gets, he says.
When Snoring Gets Serious

Maybe getting to sleep isn’t your problem, but what happens afterward is. Snoring puts the snorer at loggerheads with his or her bed partner of night, and in extreme cases, with his own body.

That’s because snoring is the chief symptom of obstructive sleep apnea - a severe disruption of nocturnal breathing that leads to a number of health problems and can even prove fatal. Researchers can’t even guess at how many people suffer from sleep apnea, which can affect anyone but seems to occur primarily in middle-aged and overweight men. Fewer women appear to be afflicted, but those who are usually are older and overweight.

Snoring, in which the upper airway is only partly obstructed, “can be benign,” Dr. Zammit says. “In and of itself, snoring is not a problem.” But when a person has apnea there is so much relaxed tissue in the throat that it mostly or completely closes off the airway, and the sleeper cannot breathe. People with apnea may stop breathing for several seconds or even minutes before the lack of oxygen arouses them, and they awaken with a sudden jolt and a loud snort. Apnea sufferers choke and arouse themselves repeatedly throughout the night, perhaps as frequently as four hundred times, and they may or may not remember the awakenings.

But the disruptions certainly take their toll, for the log-sawer by night just lumbers around by day. ‘The net result is that the person is very, very sleepy during the next day,” Dr. Zammit notes. “He may have problems performing in social and occupational settings or just zone out and nap.” Many report a decreased ability to think, concentrate, and remember. Mood changes, headaches, and irritability are common. More serious mental problems, such as psychosis and depression, are also possible.

About forty-two percent of the apnea patients in one study also complained of impotence or decreased sex drive. If the apnea is not treated, sufferers are at far greater risk of developing high blood pressure, heart problems, even stroke. Exercise cannot cure apnea, sleep experts assert, but losing weight may make a significant difference. Because the correlation with obesity is too strong, people who lose weight through dieting and exercise often find their apnea has decreased along with their waist size.

While there’s “good evidence” to suggest loss of body weight will very often result in an improvement, it is unlikely to make sleep apnea entirely disappear, Dr. Vitiello
Yoga-Stretching of Muscles, Ligaments, Cartilage and Facia

Yoga

Does the word “yoga” conjure up images of phenomenally fleible Eastern yogis sitting around in poses only a pretzel could manage Not for you, you say. Not interested in being able to put your feet behind your head or balance yourself in a handstand while you to a split?

Yoga does seem to have a bit of a public relations problem. But before you decide it’s not for you, make sure you’re not already doing yoga! This five thousand year-old discipline is the mother of many forms of exercise. Just about every stretch mirrors a yoga pose that does the same thing. Many relaxation exercises- both breathing therapies and progressive muscle relaxation, for example are taken from yoga techniques. So are range-of-motion exercises stiff is joints and some commonly prescribed back pain-relieving exercises. Even the famed Kegel squeeze, prescribed to tone muscles around the bladder and vagina, has its counterpart in sexually energizing yoga.

Another commonly held impression that yoga is only slow and relaxing- is a half truth. While yoga can provide the ultimate in relaxation and flexibility, forms of it can be quite vigorous, building muscle strength and endurance as effectively as most fitness programs. And it’s plainly untrue that only limber people can do yoga. It is true, though, that yoga inevitably limbers you up? Yoga can be done in a chair, in a wheelchair, or even in bed. Yoga can be modified, sometimes with pillows or benches, to accommodate people with arthritis, multiple sclerosis, heart disease, or even partial paralysis. A good yoga instructor can teach just about any willing person, selecting and modifying poses based on a student’s physical limitations.
Designed for Fitness

Even though they often provide fitness as a bonus, many forms of exercise were developed primarily for fun (like tennis), transportation (like walking), or proof of one’s competitive prowess (like football). The type of yoga that concentrates on the body, however, was designed strictly for fitness, says Patricia Hammond, a yoga instructor in Sarasota, Florida, and a spokesperson for the American Yoga Association.

“In yoga philosophy, these exercises were done to make the body perfectly healthy so you could sit perfectly still to meditate,” she says. ‘That’s because it’s hard to concentrate on anything that’s going on in your mind if your body is ill, tired, stiff, or in pain, because the body has such strong put on our attention.” Each yoga pose supposedly has particular health-restoring effects. One pose may stimulate the thyroid gland in the neck, for instance. Another may impress breathing or give the heart a bit of a rest. And many affect the whole body. But are these claims true? Can yoga make your body perfectly healthy- or at the very least heal whatever’s ailing it?

Yoga masters over the centuries have contended that a yoga program, faithfully follow, can cure just about any health problem: asthma, diabetes, heart disease, arthritis, back pain, and mental disorders such as nervousness or depression, to name just a few.

And certainly more than one student of yoga had experienced its curative potential. But there’s not much in the what of what Western medical practitioners call “scientific proof “ to back those claims. ‘There’s no study, for instance, that compares the insulin requirements of diabetics who do yoga with those of diabetics who do not practice yoga.)

On the other hand, there’s little doubt that yoga’s blend of stress-management techniques and flexibility training, along with dietary advice that sounds like it’s straight out of the Pritikin Program (veggies and more viggies) and a spiritual orientation that reduces hostility and nurtures acceptance, incorporates most of the lifestyle strategies thought to help prevent every disease from atherosclerosis to cancer. That’s one reason doctors like Dean Omish, M.D., author of Dr. Dean Omish’s Program for Reversing Heart Disease and director of the Preventive Medicine Research Institute in Sausalito, California, include the practice of yoga in their research programs.

“Everyone does at least one hour and fifteen minutes of yoga a day, but some do it twice a day,” says Barbara Musser, a yoga instructor helping Dr. Omish’s research.

“Although the study was not designed to determine this, it seems that those who are getting the most heart disease reversal are those doing the most yoga.”
Some studies, mostly from India, have examined the physical aspects of yoga - the poses, or asanas - separate from yoga’s dietary and spiritual aspects. These studies benches show that yoga poses can change the way the body functions, at least temporarily.

**The Pose That Refresh**

Take blood pressure, for instance. One study showed, not too surprisingly, that the so-called corpse pose- which calls for lying flat on the floor, relaxing all the muscles, and breathing slowly and deeply - leads to a temporary drop in blood pressure. Other exercises, such as the bellows, breath which calls for rapidly pumping the diaphragm, taking in quick, short breaths-have been found to lead to a temporary increase in blood pressure. And some, such as the headstand or shoulder stand, can cause regional variations in blood pressure in the body blood pressure drops in the feet and rises in the head or neck.

“Those findings are not surprising, since blood pressure is affected by the body’s position and by breathing rate,” Hammond says. They support the theory that yoga can be used to redirect or increase blood flow to particular organs or parts of the body.”

The heart disease patients in Dr. Omish’s program practice a shoulder stand, according to Musser. “We have found it very beneficial,” she says. “It allows blood to flow freely to the heart and brain.” People in the program who have back problems must do a modified version of the shoulder stand- they lie with their legs up against a wall, or with their feet up on a chair.

Several studies also show that people with high blood pressure who do a general yoga program that includes quite, meditative poses experience a drop in pressure. One U.S. study looked a people aged fifty-five and older with mild to moderate high blood pressure. These people participated in the “Easy Does It Fitness” program: sponsored by the American Yoga Association. (Some of the exercises for this program are included in this chapter.) Every single one of the participants had a decrease in blood pressure (average drop, about five points) that held constant throughout the twelve-week program and during a twelve-week follow-up period, reports Hammond, who coordinated the program.
“We think it worked mostly by relaxing people,” she said. “If you can relax your body, mind, and breath, the muscles that control the diameter of blood vessels are also relaxed, so dilation occurs, and blood pressure drops. Relaxation also means less stress hormones are being produced in the body. Your overall ability to return more quickly to a steady-state level is improved.”

And some studies have found that certain yoga poses change the amount of pressure within cavities such as the colon.

Poses that put a squeeze on the abdomen were found to raise colon pressure. Some forms of advanced breathing exercises, called locks, may increase or decrease pressure in the colon and even change its position slightly.

Even less vigorous poses can provide beneficial stimulation to organs and glands, Hammond says. The shoulder stand, for instance, is said to stimulate the thyroid gland by increasing pressure on the gland,” she says.

Newcomers to her yoga classes report an immediate improvement in intestinal problems, she says. “Exercises that put pressure on the lower abdomen, both pressing forward and stretching back, or twisting, get the intestines moving,” Hammond explains. “Most people get gas, constipation, or bloating simply because they are not moving. The knee-to-chest press is the best, but any pose that motivates the intestines to move gets the system going again.”

Studies also show that yoga increases flexibility, a benefit that becomes apparent to most yoga students after only a few weeks of practice. One researcher found that only three weeks of regular yoga practice produced significant increases in strength, coordination, and stamina.

**Back Basics**

Yoga’s impact on flexibility and muscle strength makes it useful in the treatment of back pain, says Hammond. “Yoga addresses both the stiffness and weakness associated with most back pain.” Yoga exercises work on back and stomach muscles, both important for back support. And yoga helps you maintain good posture throughout the day, with both poses and booty awareness, she says. “Once posture improves, many aches just disappear.”
Yoga stretches differ from many kinds of stretching because they are so gentle and held so long, sometimes for minutes, Hammond says. “Because there is no forcing or bouncing,” she says, “You’re less likely to injure muscles.” Her “Easy Dose It” students especially enjoy the back-soothing knee-to-chest squeeze, one in a chair or on the floor (see below illustrations). “We do several of those, alternating one leg and both legs, and we even suggest that people who wake up in the morning with a backache do that stretch in bed before they get up,” she says.

Gentle yoga exercise - such as the sacral rock and yoga sit-ups- are beneficial because they help your back relax and they strengthen the abdominal muscles to provide back support from the front, says Mary P. Schatz, M.D., a certified yoga instructor and author of Back Care Basics: A Doctor’s Gentle Yoga Program for Back and Neck Pain Relief.

Here are two yoga poses adapted from Dr. Schatz’s book. To do the sacral rock, lie on your back on a firm surface with a folded towel or blanket under your head and neck, with your knees bent and your feet on the floor a few inches from your buttons. Keeping your knees together and your feet on the floor, move your knees slowly to the right about six to eight inches, then back to the starting position, then slowly to the left.

After you’ve done that a few times, you can clasp your knees toward your chest and rock slowly from side to side for a few minutes, massaging your back muscles against the floor. Get up carefully, Dr. Schatz warns. Roll to the side and push yourself up to a sitting position with your arms and hands.

To do the yoga sit-up, lie on your back with your calves resting on a chair seat. Cross your arms in front of your chest and place your hands on your shoulders.

As you exhale, flatten your lower back against the floor and raise your shoulders only six to ten inches off the floor.

(Do not come all the way up into a sitting position.) Continue exhaling and lower your shoulders back to the floor. Inhale deeply once again. Then as you begin a long, slow exhalation, flatten your lower back against the floor, raise both shoulders of the floor, lower your right shoulder to touch the floor, raise it back up, and, still exhaling, lower both shoulders to the floor. Repeat the exercise, this time dropping your left shoulder.
Continue the sequence until your abdominal muscles feel warmed up. Then do one or two more and stop, Dr. Schlatz directs.

For those who have had back surgery or an injury, even scar tissue in and around the back muscles and spinal ligaments can be stretched if a yoga pose is held from ninety to one hundred twenty seconds, Dr. Schatz says. “This promotes a return to more normal mobility in areas where movement is restricted by scarring,” she explains. If you have had surgery on your back, or if you have a back injury, you should work only with a yoga instructor who has had training in therapeutic work, advises Dr. Schatz.

There are Treatments or unspoken family rules that seem absurd to your adult mind. No one is born believing “Frankly, I don’t deserve a successful career-loving relationship happy sex life. “ Yet many of us were sent negative messages from our families such as: “You can be happy some of the time, but not always”; “There is just not enough love [or good jobs, or wealth] in the world to go around”; “So many people are worse off than you are, you should be happy with what you have “ and so on. Affirmations are a gentle way to uncover that “poverty programming “ and help defuse its power
THE POWER OF REPETITION

The idea of writing “I now desire only healthful foods, and only when I’m hungry” 20 times a day may smack unpleasantly of writing “I will not talk in class” 20 times on the blackboard. But we all have thousands of thoughts a day most at crosscurrents with each other, so “we get jammed up and accomplish very little. Simply taking time to put your goals on paper, and refining them, makes you focus on what’s really valuable in your life, “ says Jarow.

Writing down your affirmations repeatedly, so that you see and feel as well as hear them, improves that focused connection.

The power in repetition is acknowledged in every culture in which songs or religious litanies are chanted, a repeated request is thought to carry more weight with the gods or God, and the very rhythm helps put people into a meditative, receptive state. A frightened child isn’t immediately relieved by a one-time explanation that there are no monsters lurking in the closet,- she needs to hear it several times, in a loving voice, so as to calm herself and sleep again comfortably. Even as adults, our “inner child” needs the same patient reassurance.

Every assertiveness-training course includes the “Broken-record” technique: repeating, for example, “I understand the story’s policy, but I still expect you to replace this defective item, “ no matter how many excuses the salesperson gives. Calmly repeating yourself, rather than arguing, is a far more powerful way to stay in control and communicate that you won’t take no for an answer. And you can persuade yourself the same way.
REPROGRAMMING EARLY BELIEFS

By keeping your affirmations in the present tense, you make it easy to discover your early mental programming. Children frequently develop erroneous, often fear-drive, ideas about life that still profoundly affect them as adults. Lucky children constantly hear “You’re lovable and smart just the way you are... Every problem has a solution, and I’ll help you find it. “ But few of us were blessed with such perfect parents.

Children from dysfunctional families often hear destructive messages like “You’re just stupid.. You’ll never amount to anything.” Other messages the child hears - spoken to her or others - sound loving but in fact limit: I used to be concerned that Sarah was shy, but her brother’s gregariousness was worse - the worried me to death darting off and talking to every stranger he met. “ The mother’s disapproval of her son’s outgoing behavior reinforced Sarah’s reticence. Shy children may be cute, but they often turn into withdrawn adults who don’t understand why they’re unable to achieve successes in career or love.

These negative childhood messages are like errors in the brain’s basic software; no matter how hard we try to succeed, the program (“She’s just like her father” or “Women can have a career or a husband, but not both”) keeps leading us to another tyrant boss or unfaithful lover. Affirmations help you go in, identify, and eliminate the unseen “computer virus” in your mind that has kept you from freeing yourself to achieve the life you truly want.
MY FRIENDS AND I WERE

AS SKEPTICAL as anyone about affirmations, but over the past few years we’ve used them successfully to achieve all kinds of goals - from landing assignments to meeting Mr. Right.

Lisa met her husband within weeks after affirming “I, Lisa, am now willing to meet a man who’s right for me.” “Rob struck up a conversation when Lisa admired his dog.

People often ask if it wasn’t just coincidence that they met and clicked. “Not at all,” Lisa maintains. “Using affirmations, I was finally able to let go of my ‘Men just can’t be trusted’ belief. I wouldn’t have even talked to Rob before doing affirmations. But when I realized I could trust myself to choose only decent men, my whole attitude changed I know that Rob and I wouldn’t have found each other otherwise.”
Stress, Airplane, Exercises & Walking

Stress

The cat’s sick. Why did he have to start hacking up hairballs tonight of all nights? It’s been difficult enough to concentrate on practicing for the recital and organizing the rest of the program, what with the mortgage problem and all. Now the headache’s coming back, too, and your hands are starting to feel like cold chicken cutlets fresh from the fridge. Another night of restless sleep, probably. And will that nightmare return again? The one where you...

Don’t even start to think about it. You’ll be tired enough as it is when you go to work in the morning to tackle that new project. “Success” isn’t doing you much good, either, when you’re paying for it with high blood pressure, a high-idle pulse, and frayed nerves. At the slightest noise, you jolt from your seat as if it were. The Chair at San Quentin. Wouldn’t it be great to throw out the entire old wardrobe of woes and begin a new? Wouldn’t it be great to free yourself from stress?

Good Stress, Bad Stress

Stress is any challenge to the body or mind. Things as minor’ as missing a meal or almost running a stop sign count as stress, as does the loss of a job or the death of a spouse. But oddly enough, how we cope with stress seems to depend on how often we endure a healthy form of physical challenge - the enjoyable, deep-breathing, noncompetitive workout.

“I’ve spent most of my career studying stress and ways of modifying it,” says David S. Holmes, Ph.D., professor of psychology at the University of Kansas in Lawrence, “and I have never run across any stress-relief method as strong as aerobic fitness.” Counteracting stress by improving the cardiovascular system and stimulating certain chemicals in the brain through exercise has “much more impact than psychotherapy, meditation, stress management, and biofeedback,” he maintains.

Dr. Holmes likes to use himself as an example to prove his point. “,„Say I’ve been at the computer all day,” he offers. “I’m burned out, and the chapter I’m working on is
looking old. So I go for a run. When I come back, my body’s refreshed, and my mind is revived up. I’m going to have all kinds of mental energy to draw on.”

**Fight, Fight-or Fit**

The body and mind experience a primitive response to stress called the “fight or flight response”. This same powerful reflex allowed our prehistoric forbears to confront real physical dangers - marauding cavemen, growling gorillas, whatever.

When faced with such a challenge, the body girds itself for action. Stress hormones are secreted. Blood sugar rises. Muscles tense up. Heart rate increases. Respiration becomes rapid and shallow. Circulation to the skin diminishes, as does blood flow to the digestive system.

Ideally, once the challenge is met, the body returns to its normally relaxed state to repair itself and rest, until the next threat - more gorillas, more cavemen. Now that condos have replaced caves and beating the time clock has supplanted escaping the gorilla, many stressors are mental.

The body’s reaction remains the same - the fight or flight response - but because punching a time clock usually is more figurative than literal, you never actually flee or fight that immediate stress. That’s where exercise comes in. It provides the perfect physical outlet for all that physical “readiness” that our modern society never puts to use.

**Why Exercise Smooth Out Stress**

Let’s look at some of the physiological details of why exercise reverses stress. For one thing, when you exercise you deepen your breathing, and this deep breathing alters the shallow, quick breathing pattern that is characteristic of stress, according to Bonnie Berger, Ed.D., professor and director of the sports psychology laboratory at Brooklyn College of the City University of New York.

The activity need not be conventional aerobic exercise such as walking, bicycling, or swimming, she says, because other exercises such as yoga and circuit weight training also have proven helpful in deepening breathing and reducing stress.

Vigorous exercise also relaxes muscles by helping to eliminate any tension-causing stress hormones that may be surging through the bloodstream. In addition, it helps replenish brain levels of norepinephrine, an important emotion-stabilizing hormone. “If there’s anything we know,” says Dr. Holmes, “it’s that stress lowers norepinephrine
levels in the brain and that exercise increases norepinephrine in the brain.”

Above All: Enjoy

The physical changes that exercise brings about are not the only factors in overcoming stress, however. There is also the sheer pleasure of exercise to consider.

“One overriding requirement for stress relief and exercise is that the activity has to be enjoyable,” Dr. Berger says. Running on a miserably humid afternoon or swimming in water that is too cold may train your body, but it doesn’t do much for your well-being. “It’s not going to have a great psychological benefit that day,” Dr. Berger says. Other aspects of exercise also need to be considered.

Competition, for example, can be counterproductive to stress reduction. Emphasis on winning and performance is a stressor, Dr. Berger says.

While some people thrive on competition, others (especially if they are sore losers) find that the drive to win and fear of failure create more stress.

No matter what exercise you choose - competitive or noncompetitive- the idea is to stick with it. While a single exercise session can reduce tension temporarily, improving your overall fitness level is the best method of stress control.

Shifting Perspectives

Over time, as exercise produces noticeable physical changes, your entire perspective should improve, making you even more resilient to stress. Women in particular seem to derive marked gains in emotional outlook. “And that may be related to achievement,” Dr. Berger says. “We like to think there are no sex and gender roles, but they do exist. Women may experience even more stress reduction than men,” she says, when they discover that developing a stronger body builds confidence and gives them a feeling of control over their lives.

For older people, “the psychological effects are as great, if not greater, than for younger age groups,” Dr. Berger says. Those between the ages of sixty-five and eighty-five become encouraged when they see the benefits of exercise and what they still can accomplish, she explains. They can drive a car, walk to the store, carry a load of laundry up the basement steps-regular activities that grow increasingly difficult with age. Not
having to worry about being able to accomplish such tasks automatically decreases stress in older people’s lives, says Dr. Berger.

Exercise pays off in anti-stress benefits for both young and old, men and women. And it seems that almost any vigorous, enjoyable activity will do. You can run away from stress, walk away from stress, dance away... you get the picture.

**Diseases/Conditions**

**Aging**

Aging can be helped with any type of exercise. But a total anti-aging exercise program should include an aerobic program of at least bi-weekly exercises, an anaerobic program of at least four times a week, a daily stretching program, a coordination program of at least twice a week, a mental stimulation program of at least three times a week, and a weekly social program. We suggest these exercises and programs to maximize anyone’s health, and also to help with aging problems.

**Alkaline Blood Conditions**

In order to help get oxygen into the blood and to create pH balance, an excellent exercise for breathing control is recommended. This exercise is known as the bellows, where we try to move oxygen in and out of the chest.

**Alkalizing Spondylolysis**

Patients who have alkalizing spondylolysis have a problem in flexibility of the spine that prohibits breathing. Thus they don’t get enough oxygen into the blood to buffer the blood, and they start to have pH imbalance. The bellows can be very painful for them at first, but once oxygen has flowed into the blood after a few days, the pain will be diminished, and gradually the patient can improve.

To accomplish the bellows, sit in a comfortable chair, with your legs crossed (optional). Exhale, expelling the air as much as you possibly can in five seconds, then intake as much air as possible in five seconds. Do this for fifty breaths. After fifty breaths, relax, and let the body restore its balance.
Wait three minutes then repeat the fifty breaths. It is important during the fifty breaths to inhale and exhale as completely as possible. If you can go from five seconds to six, seven or eight seconds with each breath, this is even better because it allows you to move more oxygen with each breath.

Try to keep a continuous gentle movement. Use gentle, relaxing music. This fifty-breath exercise should be done two or three times to accomplish all the benefits we want. Once a day is sufficient.

**Allergies**

Many people have allergies because they cannot produce enough adrenaline and natural antihistamines. By reducing stress we can help to ease the burden on the adrenal gland (increasing our natural adrenaline), and thus decrease the effects of allergies.

To deal with allergies we must work with some desensitization. We should perhaps consult a doctor practicing desensitization therapy who will prescribe ELIXIR Corp. products.

We also must reduce stress by gradually building up aerobic activity while stimulating the mind for gradual stress reduction. Social networking is very important in stress reduction.

Consider doing the types of exercise that stimulate the muscles in the abdominal area. These exercises help with digestion and improve the quality of nutrition. This also helps to reduce stress.

**Angina**

Angina (chest pain as a result of heart disorders) usually results from a lack of good blood flow. Any gentle exercise program that is gradually increased will help to lower problem hormones, effect relaxation, and stimulate circulation of the heart. We suggest developing a gradual, anaerobic stretching program, which will aid all heart problems, to help with angina.
Asthma
Asthma is a disease in which too much air may be caught in the lungs. It seems as if the person cannot get enough air, but the truth is that he cannot get rid of excess air. By teaching the patient to compress his chest and exhale three times in a row, thus squeezing the chest cavity and getting all the air out, we can help him to get rid of the excess air.

Next we teach the patient a mental stimulation exercise in which he relaxes the bronchial tree by imagining that he is taking air directly into the lungs. Imagine that you have a mouth right at the base of your neck where the bronchial tree is. Here we have a notch between the scapulae and at the top of the septum. If we imagine that there is a mouth at the base of the neck, and that the air is coming directly into and going directly out of the lungs as we breathe, this has the effect of relaxing contractions of the bronchial tree. Coupled with the expulsion of air, the patient should do this every ten to fifteen minutes, and go back to the relaxation exercise. This will help the patient to relax the contractions of the bronchial tree and gradually reduce the asthma.

Asthma also has emotional components. Stress reduction and gradual increase of oxygen capacity are helpful in treating any asthma case. Many asthmatic children grow up to be fine athletes because they learn to control asthma through exercise.

Back Pain
We include in this book a very helpful section addressing back pain: “Building a Better Back”. As a general rule, however, back pain can be avoided by learning proper technique at work and proper exercise. Building basic anaerobic muscle strength, as well as aerobic conditioning, can also help with back pain. The key here is to always progress slowly. Too rapid a disturbance can promote back pain, and can undo some of the beneficial effects of our exercise regime.

Cancer
By increasing the general well-being of the system, we can help with many types of cancer. A gradual increase in oxygenation increases the overall wellness of the system and stimulates the overall immunity factors of the body itself. Thus to beat cancer, exercise should be part of any type of regime. Mental stimulation also must be incorporated.

Much research has shown that good mental meditation exercises not only reduce stress, but affect the body. A patient imagines and visualizes the white blood cells inside
his own body eating up diseased tissues. This also has been shown to have positive effects on cancer patients.

This is known as the Simonton method, which includes different meditation exercises that stimulate the immune system. It has been long known that there is psychoneurological link. These types of exercises are very powerful.

Our next magazine will be devoted to mental exercises, in which we will cover in more detail the Simonton work.

**Cardiovascular Disturbances**

All types of cardiovascular disturbance can be improved by gently improving conditioning. If we try to accomplish a rapid change it can be disturbing to the cardiovascular system. So in developing an exercise program for any cardiovascular problem, make sure that it is gentle, and gradually increased, but not dramatic.

**Chronic Fatigue**

There is much evidence showing that good exercise can defeat chronic fatigue. But here the problem is often in resistance and will power. Many people feel that they can’t start an exercise program.

Much will power must be exerted. If we do this in a gradual and gentle way, we can increase the oxygen and metabolism, and often defeat chronic fatigue before it starts.

We must realize that there are many diseases that are spirals; inactivity can make the problem worse. Thus exercise can help to break this downward spiral, bring us out of the vicious cycle and turn us back towards health.

**Depression**

Depression can be controlled by the release of various hormones. Many people are depressed because they have low cortical hormone levels and low levels of various hormones in the brain. Inactivity makes for fewer hormones. Thus the patient gets into an ever-increasing downward spiral of inactivity, depression, inactivity, depression. This can only be escaped through activity.

Gradual and positive exercise programs are very important. Social networking, mental stimulation and positive work that doesn’t frustrate the patient can be very
powerful in an anti-depression routine.

**Diabetes**

It has been shown that diabetics who start exercise programs realize dramatic improvement in any exercise program they start versus diabetics who do not. In fact, twenty-five minutes of exercise a day is vital for insulin control. Through exercise diabetics can defeat some of the disturbances caused by excess glucose in the system. In exercise that involves aerobic and anaerobic activity should be done at least five times a week for at least thirty minutes each time to achieve the best results.

**Earache**

For a child’s earache, the exercise for cold and flu is very good. When coupled with massage, it works even better. These techniques also apply to the adult patient. Face the child infected with earache. With your middle finger, touch the back of the child’s ear and draw down into the neck through the saliva gland area just underneath the jaw. Draw down, about four or five inches, into the neck area. As you do so, press in firmly, but not so firmly that you cause great pain. If you cause pain to the child, then press in very lightly and draw over the skin. If you can press firmly but gently, this helps to stimulate release through the eustachian tube and lymphatic drainage of the neck. Do this forty times.

Next we work on the tittle flap of skin in front of the ear, called the tragus pump. Hold both index fingers over the top of the tragus, and gently push them back so that they cover the ear openings. This will basically block hearing. With your fingers, pump on both sides at the same time, about fifty times. This applies pressure inside the ear, which also helps to stimulate release through the eustachian tube.

The next step is to apply the fleshy part of the palm (closest to the thumb) over the ear opening. Pushing into each ear opening, pull the ears in every direction along sides of the head. This helps to free some of the cartilage and promote blood flow into the area. Gradually you will work air out of the ear. Then apply another fifty pumps to the ear. This will further push the unneeded byproducts into the eustachian tube, promoting drainage.

All three of the above techniques should be done to the level of pain, and not very much beyond. We do not want to hurt the child; we want to gently encourage drainage and circulation.
Eyestrain

General well-being and health are very important. The exercises on page 63 are also very beneficial.

Hair Loss

Hair loss has been shown to occur because of a buildup of androgen or testosterone factors in the skin which choke off the hair follicle. Deep massage in the scalp will promote redness. This redness reflects the release of histamine, which has been shown to fight the testosterone complexes. So a good, vigorous massage is very helpful.

Lettuce juice massaged into the scalp is also powerful in its ability to break up excess testosterone in the skin, as well. The lettuce juice should be applied, and left on for about three minutes before being washed off.

Headache

Improving the circulation is indeed helpful for any type of headache (or migraine headache), which usually results from a circulatory imbalance. Any type of exercise program can be valuable. A full, quality exercise program will usually bring the best results.

An exercise that can be utilized for this is the carotid tap technique. Place both index fingers above the adam’s apple. Move them apart and back until you feel the carotid arteries pulsating. At this point is a network of nerves and muscles known as the carotid sinus. This helps to regulate blood flow. If you feel both arteries, you can often sense that more blood is flowing on one side than on the other. This is usually the signature of an approaching headache or a headache in course.

By tapping on both carotid sinuses ten to fifteen times, we can help to awaken and balance blood flow. Tap ten extra times on the carotid sinus that has the least blood flow. This will wake it up further, and restore circulatory balance.

This carotid tap can be done once or twice a day, but should not be done more than twice a day as it can overstimulate the carotid sinuses.
**Hiatal Hernia /Gastric Reflux**

To cure hiatal hernias and gastric reflux, exercise is vitally important. This is a combined condition of the muscles in which the muscles covering the abdomen split, and allow the stomach to extrude. This is a serious problem which can be cured through exercise.

The patient sits on a backless chair and braces his feet. He bends his head backward and looks not just straight up, but to the wall behind him, and then places his fingers vertically into the area of pain just under the septum, above the navel and into the stomach area. Then he gradually bends forward; first with the lower stomach muscles, then with the upper stomach muscles, then with the chest, and finally the head. This slowly pulls the muscles, and activates them from below to above.

Pushing into this area can help to “zip up” the muscles in the hiatal hernia area. Thus the muscles can be brought together, and the stomach can be pushed back into position with the fingers. By pulling the muscles from below to above we “zip” the muscles back up. It is important not to do this from above to below because this will not cure the problem. It must be done from below to above.

Other abdominal exercises are very important to cure hiatal hemia, but we especially need to concentrate on muscles that work from one side to the other. So we need to do twisting stomach exercises, and not merely ordinary sit-ups.

Ordinary sit-ups just pull the straight muscles and do not help with the hiatal hemia. For hiatal hemia we need to do ordinary sit-ups, but also sit-ups where the left elbow touches the right knee, and where the right elbow touches the left knee. This type of crisscross activity is also very helpful in dealing with the hiatal hemia.

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**High Blood Pressure**

High blood pressure can be improved by gently improving conditioning. If we try to accomplish to rapid a change it can be disturbing to the cardiovascular system. So in developing an exercise program for high blood pressure, make sure that it is gentle, and gradually increased, but not dramatic.
Incontinence

The exercises on page 64 and page 65 (Kegel work) are helpful.

Insomnia

Stress reduction is the key to insomnia problems. See page 67.

Learning Disabilities

Stress reduction is very important in this area. It is also very important to stimulate both hemispheres of the brain. We must learn the cross-crawl techniques of exercise that stimulate both sides of the brain rather than just one side.

By working the left foot and the right arms simultaneously, we can develop better integration of the brain hemispheres than if we worked the right foot with the right arm.

A good exercise is to stand in a room with good music at a fairly rapid tempo that the patient enjoys. Next the patient brings up the left knee to touch the right elbow. If the patient is not flexible enough to touch knee to elbow, he should try to come as close as possible. Then the patient lowers the left foot, and raises the right knee to touch the left elbow. Again, if the patient can’t touch, he should come as close as possible.

The patient should do this repeatedly for three to five minutes as a basic anaerobic exercise to help the brain, or for fifteen minutes if he chooses an aerobic challenge to build oxygenation.

At the same time, the patient is also working to stimulate the connection between brain hemispheres; while he is working one side with the other, he is stimulating both sides of the brain.

Many exercises, such as jumping jacks, are done contralaterally (right with right, left with left). This type of exercise can be harmful in some cases, as it is not truly integrative of the brain. In order to achieve brain integration we must realize that cross-crawl activity is very powerful. By working the left with the right, we can realize more mental and emotional benefits.
Maximum Health Benefits

Maximum health benefits can be achieved with any type of exercise. But a total exercise program should include an aerobic program of at least bi-weekly exercises, an anaerobic program of at least four times a week, a daily stretching program, a coordination program of at least twice a week, a mental stimulation program of at least three times a week, and a weekly social program. We suggest these exercises and programs to maximize anyone’s health.

Mental Fatigue

Stress reduction is very important in this area. It is also very important to stimulate both hemispheres of the brain. We must learn the cross-crawl techniques of exercise that stimulate both sides of the brain rather than just one side. By working the left foot and the right arm simultaneously, we can develop better integration of the brain hemispheres than if we worked the right foot with the right arm.

A good exercise is to stand in a room with good music at a fairly rapid tempo that the patient enjoys. Next the patient brings up the left knee to touch the right elbow. If the patient is not flexible enough to touch knee to elbow, he should try to come as close as possible. Then the patient lowers the left foot, and raises the right knee to touch the left elbow. Again, if the patient can’t touch, he should come as close as possible.

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By working the left with the right, we can realize more mental and emotional benefits.
Migraines
(See Headache) 89.

Muscle Plain
Often a muscle causes pain because of a lack of oxygen. If we overuse the muscle, we might disturb the lactic acid cycle and deplete enough of the oxygen to produce pain.

Gentle exercise can gradually help to bring back the oxygen and relieve the pain. In dealing with muscle pain it must be realized that when we experience a sharp, stabbing pain, we should not exercise but should see a physician. If the pain is dull and throbbing, often light exercise is very productive. If the pain persists, also always seek a physician’s advice.

Neck and Shoulder Pain
See pages - 60.

Pregnancy
Pregnancy is no excuse to stop an exercise program. In fact, people who are pregnant sometimes need to start an exercise program if they haven’t started one before. But the key is to do this under a doctor’s advice, and to work on this slowly and gradually.

By working with a good physician and developing a gradual exercise program that involves all of our criteria, maximum health can be achieved for the mother and child.

Sexual Problems
Doing the Kegel exercises is very important for sexual problems, as well as for overall health. If stress is reduced, and if there is an increase in oxygenation and general wellness, then many sexual problems can be abated and controlled.

Stress Reduction
Overall programs of health conditioning are very powerful for stress reduction. But one factor that is also helpful in stress reduction is an exercise known as alternate nostril breathing. This helps to unify the brain, and also helps to stimulate blood flow and oxygen to the brain.

To do alternate nostril breathing you need a relaxed environment, preferably with relaxing music. First, hold the right nostril and inhale through the left nostril for six or seven seconds.

Hold your breath for six or seven seconds, then exhale through the right nostril. Now inhale through the right nostril for six or seven seconds. Hold your breath for six or seven seconds, and exhale through the left nostril. Inhale through the left nostril, etc. Repeat this for seven to ten minutes, as this helps to reduce stress and stabilize the brain by promoting oxygen intake and gentle stimulation of the olfactory nerve.

Another good exercise to get blood flow to the brain (helpful for stress reduction) is to gently massage the scalp. Take hold of the hair, and move the skin on the scalp back and forth as far as possible over the head. The scalp should have some play, and should be able to go back and forth as much as half an inch. This helps to bring blood to the area, diminish hair loss, increase blood flow to the brain, and reduce fatigue.

**Sore Throat/Inflammation (Eyes, Nose and Throat)**

These problems can be prevented by a good exercise program, but when these problems occur (as they do in us all sometimes), we must get some extra blood into the problem area.

Blood brings along the extra heating factors of the white blood cell, as well as the oxygenation factors of the red blood cell. To stimulate the blood, we can do a stretching or yoga exercise known as the lion. Stick the tongue out as far as possible, flex all the muscles of the face and neck, and make the ugliest face you possibly can. Hold this for thirty seconds, then relax for thirty seconds. Do this three times in a row. This helps to bring blood into the area to perform its healing action.
Stimulating Creativity

Overall programs of heath conditioning are very powerful for stimulating creativity. But one factor that is also helpful is an exercise known as alternate nostril breathing. This helps to unify the brain, and also helps to stimulate blood flow and oxygen to the brain.

To do alternate nostril breathing you need a relaxed environment, preferably with relaxing music. First, hold the right nostril and inhale through the left nostril for six or seven seconds. Hold your breath for six or seven seconds, then exhale through the right nostril.

Now inhale through the right nostril for six or seven seconds. Hold your breath for six or seven seconds, and exhale through the left nostril. Inhale through the left nostril, etc. Repeat this for seven to ten minutes, as this helps to reduce stress and stabilize the brain by promoting oxygen intake and gently stimulation of the olfactory nerve.

Another good exercise to get blood flow to the brain (helpful for stimulating creativity) is to gently massage the scalp. Take hold of the hair, and move the skin on the scalp back and forth as far as possible over the head. The scalp should have some play, and should be able to go back and forth as much as half an inch.

This helps to bring blood to the area, diminish hair loss, increase blood flow to the brain, and reduce fatigue.

Substance Abuse

Dependencies on different substances such as cigarettes, alcohol, drugs and so on can be very successfully treated through exercise. Exercise stimulates the release of positive serotonin, positive adrenaline and endorphins, which help to reduce the craving for these artificial compounds.

A good exercise program, treatment by a good holistic physician, and positive social networks can go a long way towards treating this problem.
Eight Ways to Build a Better Brain

You make investments in your body, so why not in your mind? Achieve high performance marks in memory, motivation, and creativity by taking these eight steps to brilliant brain potential.

The past several years have seen a quiet revolution in the way we maintain our bodies, as we’ve learned of the remarkable changes we can make in our appearance, strength, and stamina through regular exercise and proper nutrition.

A second revolution, this one involving the mind, is under way. Just like a muscle, the mind will stow down and even atrophy if it is not exercised frequently; now there is evidence that the brain grows stronger—even physically larger— with regular challenging activity. Remarkable new studies in neuroanatomy suggest that the adult brain sprouts new connections between cells in order to meet the demands placed upon it by a stimulating environment.

Here are eight ways to build up your brain power.

Mental Challenges

There is no one set of magically effective calisthenics for the mind, but you can establish your own regimen by planning new beginnings, whether it be volunteer work, memorizing poetry, or learning a new language.

Almost any activity can help, as long as it requires you to make decisions and to take action. When the activity becomes automatic, then it’s time to find another project. Reading is perhaps the most useful activity for keeping mental skills sharp.
Also beneficial are activities that draw on your problem-solving skills, such as puzzles, Scrabble, and interactive computer games. Even square dancing can help, because it’s an activity that forces you to engage in a complex pattern of motion.

**The Power of Positive Thinking Revisited**

Self-help books of the past extolled the value of positive thinking. They portrayed ambitious young people pulling themselves up by their emotional bootstraps to become captains of industry and esteemed leaders.

Today, a widely used variation of positive thinking is guided imagery, also known as visualization. By forming compelling, positive images in the mind, a person overcomes anxiety and self doubt.

Visualization can be put to work in any number of ways. Memory specialists employ vivid and often absurd mental images to help people remember bland names and numbers. Psychologists counsel clients to imagine themselves coping with situations that have overwhelmed them in the past. The objective of an imagery session may be simply to relax, to reduce muscle tension, or to perform better on the job. Imagery is also applied in highly focused ways in the hope of acquiring cars, jobs, salary increases, and even love partners.

If you are troubled by some aspect of daily life—such as speaking in public, talking on the phone, or writing a paper—you can make use of rehearsing a successful performance in your imagination. A first step may be to begin by casting in the starring role a person you know to be at ease in the situation. Then, after a few trial runs, the understudy—you—can stand in. Give your brain a break by providing it with the right food, enough sleep, fresh air, exercise, and relaxation, and cultivate a positive outlook—you’re bound to succeed.

**Food for the Brain**

“You are what you eat.” A variation on that saying might be “You think what you eat,” because foods have psychoactive powers. Just as athletes watch their diets when training, you can learn to alter your diet to increase your mental output.

Protein can help to keep the brain alert. Some studies suggest that for breakfast to
carry you effectively through a lunch, it should serve up a full fifteen grams of protein - about the amount in two and a half medium eggs. A healthier protein source is blender drinks made with yogurt or cottage cheese plus milk with fruit added for flavor.

The brain’s performance is also affected by choline, a B-complex vitamin that has been identified as a key to memory function. Choline is found in egg yolks, beef liver, fish and legumes.

The B vitamins work in the body to help convert proteins, carbohydrates, and fats into fuel and in the brain to help synthesize mood-controlling chemicals. A B-vitamin deficiency often manifests itself in extreme muscle weakness and in psychiatric problems ranging from mild irritability to full-blown psychosis.

A marginal deficiency of thiamine (vitamin B1) may cause a feeling of lassitude. Insufficient niacin may cause depression, emotional instability, or confusion.

Less dramatically, a low intake of vitamin B12 has been linked with impairment of memory. People who eat no meat, fish, or dairy products are at risk, because vitamin B12 is the one vitamin not present in plant foods.

The body employs vitamin C (ascorbic acid) in dozens of ways. It helps stimulate our fight-or-flight responses to danger, and a deficiency of vitamin C can cause mental sluggishness. Vitamin C also helps the body to absorb another nutrient particularly important to brain function: iron.

The brain requires a great deal of oxygen if it is to function effectively, and dietary iron plays a vital role in getting it there via the bloodstream. Iron is most plentiful in meats and fish. Vegetarians can choose from a wide selection of foods, relatively rich in iron, including blackstrap molasses, lima beans, soybeans, sunflower seeds, spinach, and broccoli.

**Exercise for the Brain**

Some people exercise to shed pounds; others do it to shed stored-up anxiety, depression, and guilt. They are all benefiting from the ability of exercise to renew their creativity.

These benefits aren’t imaginary. The mental effects of regular exercise are profound and extensive, touching our intellect, memory, and emotions.
At Washington University in St. Louis, thirty-two subjects were given a battery of tests of mental functions and personality traits. After they took part in a ten-week program of jogging, calisthenics, and physical recreation, they were tested again. The researchers noted significant improvements in intelligence, speed of performance, learning and brain function. On top of this, they observed decreased depression and anxiety among the group.

Other studies have shown that benefits extend to memory, attention span, and motivation. Lump all these abilities together and you have a pretty good definition of intelligence. In other words, exercise is good for the brain.

Do you feel more optimistic after a swim or a brisk walk? There are plenty of good biochemical reasons why this should be so. Exercise influences the ebb and flow of the body’s own psychoactive chemicals in ways that can lift one’s mood. It seems that the more depressed a person is, the greater the benefits are of regular exercise. In fact, jogging was judged to be at least as effective as conventional psychotherapy in a study of twenty-nine people seeking help for depression.

How does exercise aid the brain? Just like any other organ, your brain relies on blood to provide it with oxygen and essential nutrients. The blood also carries away carbon dioxide and other waste products of the brain’s busy, round-the-clock metabolism. With regular aerobic workouts, the heart is more efficient, pumping a greater amount of blood to the brain with each beat.

Also, exercise raises levels of high-density lipoproteins in the blood, and these are thought to clear cholesterol from the blood vessels, making it easier for a steady flow of oxygen to reach the brain.

Sleep for the Brain

Sleep is important for the brain, because sleep is more than just a mental vacation. When we drift off into unconsciousness each night - a process that happens in stages - our brains go through a series of psychological processes that restore both mind and body. At sleep stage three or four, for example, memories may be consolidated, and in dream sleep, the brain may be working out resolutions to unconscious conflicts. When any of a number of factors intrude - the use of alcohol or drugs, a noisy bedroom or uncomfortable bed, stress carried over from the day - the progressive stages of normal sleep are upset and the mind misses its nightly regeneration.
A poor night’s sleep can make itself felt in the workplace, especially if mental clarity is necessary for getting the job done well.

Clean Air for the Brain

Fresh, unpolluted air (characterized by high negative ion levels) may cause a lift in spirits and mental performance. In experiments with rats at the University of California, Berkeley, Marian Diamond, Ph.D., and others found a connection between levels of negative ions in the air and a sense of well-being.

Diamond also reported that rats exposed to negative ions developed larger brains. Other studies show that animals learn better and have less anxiety in negative-ion atmospheres. These results support the experience of people who simply feel and work better when bathed in negative ions. Healthful, invigorating, mountain air and the atmosphere just after storms are more highly charged with negative ions than is the oppressive, dead air in a windowless room or closed vehicle.

Meditation for Brain Power

Meditation includes many different practices, ranging from taking a moment of collect one’s thoughts to highly structured forms of Eastern meditation. The mind-body benefits claimed by meditators include reduced stress, faster reaction time, and greater perceptual ability. Studies of meditation have pointed to changes in causes in the central nervous system.

The mind works more efficiently when it has less ongoing mental chatter. In a study comparing the effects of three methods of reducing anxiety - transcendental meditation, biofeedback, and muscle relaxation - the results were similar for all.
Your initial examination indicates certain areas of weakness in the musculature and ligamentation of the spine. The following exercises are designed to strengthen these specific areas. These exercises are an integral part of the correction and maintenance for your spinal problems. Additionally their correct and diligent application will reduce your recovery time, as well as help relieve your symptoms and pain. An understanding of the reasons for these exercises will be developed by the exercise therapist or your doctor.

**WARNING!**
Do these exercises only in the manner instructed. Done improperly they may be harmful, or impede your progress. Ask for clarification FROM YOUR THERAPIST OR DOCTOR if you are in doubt.
LUMBAR TWIST
The purpose of this exercise is to establish freedom of movement and effect cleansing processes of the spinal structures in the morning and evening.
Directions:
1. Sit up straight with your feet on the floor and your elbows elevated to shoulder height with both fists together just below the chin.
2. Rotate your body completely to the right.
3. Rotate your body completely to the left. Turn the shoulders and the head in each direction as far as can be done without undue stress.
4. This exercise should be done with a continuous, fluid movement twenty-five times each morning and evening.
INCREASE TO: 50 times after 1 week TO: 75 after 1 month

SPECIFIC CERVICAL EXERCISE
To strengthen the lateral (side) muscles of the neck.
Directions:
1. Invert your right hand (thumb pointing down) and place it just above the right ear, cupping the ear. The palm of the hand is always against the side of the head. The elbow is up and back.
2. Flex your head to the right (bring your right ear down to your shoulder).
3. Resist the movement of your head with your hand.
4. Return your head to a full upright position.
Do this exercise first with your chin tucked into your chest, then with your head level, and then with your chin pointed upward. Repeat this movement 5 times, 2 times a day. Switch hands and sides, and repeat all motions on the left side 5 times, 2 times a day. Remember: Do not rotate your head while doing this exercise. Look forward while going through the full motion. After 1 month increase to 10 times 2 a day. These movements should not involve the trunk or shoulders. Practice this exercise in front of a mirror to insure its proper application.
CERVICAL EXTENSION EXERCISE

To strengthen the back of the neck and upper back muscles.
Directions:
1. Starting with your chin level, place both hands behind your head and interlock your fingers. Your elbows will be pointing up.
2. Keeping your elbows together, exert a slight pulling pressure as you raise your chin as high as it will go. The resistance should pull; you should feel it in the lower neck and upper back. Repeat this exercise 15 times, 2 times a day.

ATLAS ROTATION EXERCISE

To strengthen Obliquus Capitis Superior muscle
Directions:
1. Turn your head to the right, and place your right hand on the right side of your head and face.
2. With your hand, resist the movement of your head as your head turns towards midline (face forward).
3. Keep the motion (rotation) of this exercise within a ten-degree range of motion. Remember to start with your head turned to the side.
4. Repeat this exercise starting with your head turned to the left, using your left hand against your head and face. Repeat this exercise on each side 10 times, 2 times a day.
AXIS SPINOUS EXERCISE
To strengthen Rectus Capitis Post and Major and Obliquus Capitis Inferior muscles.

Directions:
1. Place your right hand on the back of your head. Your forearm should be parallel to the ground, just above the ear, and up against the head. Your elbow will be pointed directly out in front of your eyes.
2. This exercise requires you to do two exercises at the same time. First resist against your head as you tip your head straight back (pointing your chin to the sky). Continue to resist, but do not allow your head to move past the point where your chin is pointed up about thirty degrees.
3. At the same time, resist the motion of your head with your forearm as you turn your head to the right. Again, do not allow your head to turn. It should continue to point straight ahead. Remember to simply attempt to turn your head to the right while you are tipping it back, but keep your head facing the same direction with your hand and forearm.
4. Switch hands and reverse motions on your left side. Continue to resist for a count of 20, and relax for 10 seconds. Repeat this exercise 2 times, 2 times a day.

SPECIFIC LUMBAR EXERCISE
To strengthen the Quadratus Lumborum muscle.
Directions:
1. Lie on your back on the floor or on a bed with your arms extended at your sides for stability (hands palm down as braces).
2. Walk your legs together on your heels, to the right, and cross them at the ankles.
3. Exerting some pressure downward against the floor, drag both legs at the same time in an arc across the floor, to your left, as far as possible.
4. Walk your legs back to your far night side and repeat the motion. 5. Now switch to starting with your left side. Drag your legs to the right and walk them back to the left. Repeat this motion 15 times in each direction, 2 times a day.
LUMBAR HIP FLEXOR EXERCISE

To strengthen hip flexors, and to increase flexibility in the lower back, hips and buttocks.
Directions:

**Part I**
1. Lay on your back on the floor or on a bed.
2. Flex both legs so that your knees are elevated about six to ten inches off the floor or bed. Keep your feet on the floor or bed.
3. Place both hands on your right knee.
4. Raise that knee towards your right shoulder. Continuously apply pressure against that knee with both hands as you raise it. Relax your lower right leg, allowing it to hang bent as you go through this motion. Bring your knee as close as you can to your shoulder without undue pain.
5. Return your knee to the starting position. Repeat this motion 20 times, 2 times a day for each leg.

**Part II**
1. Remaining in the same position, lock both hands behind your right knee and raise that knee towards your shoulder (try to touch the shoulder one time!).
2. Now push the knee back towards the starting position as you resist the movement with your hands.
3. Finish the motion, bring the knee back up, and then again push down against your hands. Repeat this motion 15 times, 2 times a day.
CERVICAL FLEXION EXERCISE

To strengthen the front of the neck.
Directions:
1. Raise your chin as high as it will go.
2. Place your fingertips on your forehead, just above your eyebrows. Keep your elbows together.
3. Applying a slight pressure with your fingers against your forehead, tuck your chin towards your chest, bringing your elbows down as you do. Keep your elbows together as you go through the motion.
4. Bring your chin down as far as it will go. Continue applying pressure with your fingers, and push your head back to the starting position resisting the pressure of your fingers as your head moves back. Repeat this motion 15 times, 2 times a day.

CHEST EXPANSION/BREATHING EXERCISE

To reestablish Thoracic Kyphosis.
Directions:
Part I
1. Stand comfortably with your back straight. Put your palms together (praying hands). Bring your hands to the center of your chest at heart level an inch or two in front of your body, chin lowered to chest.
2. Take a deep breath while you raise your chin, and move your hands (still together) upward in front of your nose, extending them high above your head. Press your palms together as you breathe in.
3. Exhale as you bring your hands down to the starting position. Continue to press your palms together, and lower your chin back to your chest.
Part II
1. Take another deep breath and hold it while you push your palms together as hard as you can.
2. Lift your chin up and arch your shoulders forward (rotate your shoulders in front of your chest as if you are trying to touch them together). Hold this position for a count of eight. Relax, exhale and repeat part I. Repeat this exercise (parts I and II) 10 times, 2 times a day.

LYING ON ROLLED TOWELS

Directions:
1. You need one standard-sized bath towel and one smaller face towel for this exercise. Lay each towel in front of you so that it lies lengthwise from right to left. Take the right edge of each towel and fold it over neatly to the left edge (fold each towel in half; it should make a near square). Now fold the top and bottom edge over towards the middle of the towel so that the edges come together at the center line running right to left. Starting from right to left (lengthwise), roll each towel to the other side.
2. Lie on your back on the floor or on a bed. Place the large rolled towel under your neck, resting snugly along the top of your back and shoulders. Place the smaller rolled towel under your lower back just above your hip bones. Lie on these for twenty minutes each morning and each evening.
LUMBAR CURVE FLEXION
To strengthen the front muscles of the lower back and pull the lumbar curve forward.
Directions:
1. Sit on a bench or chair with your feet on the floor, your hands on your knees, your head pointed straight ahead, and your back straight.
2. Arch your lower back forward (push your stomach outward using with your lower back). While you are doing this, keep your arms straight and push them into your knees. Lift your ankles up (keep your toes down). Tilt your head back, pointing your chin up. Use your arms to resist against lifting your legs.
3. Hold this position for five seconds, then relax. Repeat this motion 15 times, 2 times a day.
Suppression and Obstruction to Cure

Suppression and Obstruction to Cure Form

Samuel Hahnemann, the father of modern homeopathy, outlined the doctrine of vital force and described vitalism as the life energy of a living organism. Human beings have a life energy which has been shown to be a negentropic set of energies that promotes life and encourages homeostasis. Maintenance and balance of this energy is needed for homeopathy to move a patient toward healing and cure. If the patient is robbed of this life energy by any means, he will be less responsive to natural methods of healing.

In allopathy, treatment comes from outside the patient’s body and suppresses the natural life force. Fever, for example, elicits an anti-pyretic response from the body naturally. If a synthetic anti-pyretic drug is administered, the bodies’ natural anti-pyretic mechanism is suppressed. This reduces the vitalism in the body. In the case of infection, administration of an allopathic, synthetically manufactured antibiotic may kill the challenging bacteria, but it does so without using or stimulating the patients immune system. The antibiotic becomes an immuno-suppressant as it inhibits the functioning of the immune system and the vital force of the patient. Thus, the process of allopathy interferes with the life force and its ability to respond.

This type of ‘cure’ that suppresses the vital force and natural energy of a patient was described by Hahnemann in his doctrine of suppression to cure. He also extended this to include many different lifestyles and behaviors that inhibit and obstruct the process of cure.

To assist in evaluating the degree of suppression and obstruction to cure, we have developed a mathematical formula that takes these conditions into account.

By assigning values to the variables that obstruct life force in our patient, we can more accurately determine the probability of success with homeopathic treatment. Many of the patients who opt for homeopathy have already been treated by a number of allopathic physicians. They come to us with mercury fillings, previous surgeries, missing organs, or
a history of allopathic medications and other failed conventional treatments. Complicating matters further, habits such as smoking, street drugs, poor diets, non-hygienic behavior, emotional stress, and excess physical strain inhibit the curative process. Hahnemann also identified biological obstructions such as contracted pelvis, birth defects, and hereditary conditions.

These patients who come to us often get results because homeopathy can indeed spark the remaining life force that exists. In patients who don’t respond well to complimentary medicine, it is likely the lack of life force that impedes the healing process.

I. INTRODUCTION

There are many factors in our lives that can slow or even block your body’s ability to cure itself. Toxins, stress and injury are some of the obvious ones. Even synthetic drugs can complicate healing. This form is intended to give your health professional necessary information to determine how much natural healing affinity you have remaining. The information obtained from this form will serve two purposes:
1. To help your practitioner determine the most effective course of treatment for you.
2. To help you understand some of the behaviors and conditions in your life that make healing more difficult. Please answer the following questions honestly.

II. QUESTIONNAIRE

1. Number of organs removed from your body (including, but not limited to, tonsils, adenoids, appendix, spleen, gallbladder, uterus, ovaries, etc.).
   15 pts each

2. Number of mercury/silver amalgams or metal fillings in your mouth
   5 pts each

3. Geopathic Stress (if where you live affects your health negatively).
20 points

4. Number of allopathic (synthetic) drugs taken in the last six months (including but not limited to antibiotics, pain killers, contraceptives, etc.). Double score for steroids.
   10 pts each

5. Number of different types of “street drugs” taken in the last year.
   10 pts each

6. Rate your personal stress level from 0-10 (0 being none, 10 being extreme).
   Double total

7. Number of major stresses experienced in the last year. Please circle the applicable events: Divorce, Marriage, Firing, New Job, Business Dissolving, Final Exams, Major Test, Death in Family, Major Family Argument, Major Accident, Creating a New Business
   25 pts each

8. Number of doses of white processed sugar per day (including but not limited to soft drinks, candy bars, desserts, etc.).
   5 pts each

9. Number of processed food items eaten daily (including but not limited to processed cheese, white flour, etc.).
   5 pts each

10. Number of cups of coffee/chocolate per day.
    5 pts each

11. Number of packs of cigarettes smoked per day.
    15 pts each

12. Number of toxic exposures during the last three years (including but not limited to insecticides, industrial toxins, bad water, bad air, etc.).
    10 pts each
13. Number of alcoholic drinks per day.  
5 pts each

14. Are you 10 kilograms (22 lbs) or more overweight?  
15 pts if yes

15. Do you exercise (bike, walk, jog, etc.) at least twice a week?  
15 Pts if no

16. Do you have an inherited disease (score higher if extreme)?  
15 pts if yes

17. Do you maintain a negative attitude towards your own health?  
10 pts if yes

III. SCORING
0-100: Excellent. Cure is usually easy. Almost always very responsive to homeopathic treatment.

100-200: Good. High quality homeopathy should cure these patients within two weeks. There is some slight reduction in the life force, but still adequate to respond well.

200-300: Average. This patient’s condition is more serious. There is a need for good quality homeopathy, nutrition, and exercise, as well as behavioral changes. Results should be seen after a month of treatment. If there is no change in behavior and lifestyle, this patient may exhibit nagging illnesses and problems.

300-400: Below Average. Life force in these patients has been seriously compromised. Cure may take in excess of three months. Often the symptom picture is clouded so correct diagnosis and treatment is difficult.

Over 400: Poor. There are a number of problems, and there may not be sufficient life force remaining to effect a cure naturally. At this point, the patient may be a candidate for allopathic crisis management. Hopefully, through taking this test, patients can better understand the factors that effect their health and healing, and learn to avoid those that suppress their own natural life force.
THE NATURAL SWITCH MADE EASY III.

Introduction

In The Natural Switch Made Easy we talked about making the natural switch to a more healthy lifestyle, including more natural foods, cooking, dining out, and basic nutrition. The Natural Switch Made Easy II was a short book dedicated to physical therapy, exercise, and treating various diseases physically. Now, in The Natural Switch III, we wish to discuss the mental components of disease.

There is indeed a mental component in all diseases; people have a mind and a psychology that affects every operation of their being. So no disease can exist without a mental component, even if it is only a mental interpretation of the existence of the disease.

Many human diseases have causative factors primarily resulting from mental outlook or ideas. Sometimes a very sensitive child might unconsciously develop asthma in an attempt to avoid interaction with other children. Sometimes interaction can be difficult or embarrassing. If a child (or adult) is hurt by an emotional attachment to somebody or something, there can be a psychological desire to not be attached again. Thereby the body produces some type of physical ailment to protect the person. I (the author) had a personal experience in which I was raised with cats and dogs. I had a very special cat that I was very attached to.

One day I watched as the cat ran into the street; I saw a truck run over the cat’s head. I walked over and picked the cat up, and it died in my arms.

Since that time I’ve developed a physical allergy to cat hair, which is possibly an attempt of my subconscious to prevent me from becoming
attached to another cat that could die, which would hurt me as badly as the other cat’s death. This type of thing happens to all of us in a variety of ways that can cause disease.

As we start to look at all of our diseases, whatever they may be, we will begin to see that working with mental components is extremely valuable. Often there are causative factors, as we have pointed out, that must be alleviated. These can best alleviated through positive affirmations, counseling, psychological intervention, or sometimes introspection. Meditation, stress reduction, and other components are very important in helping the patient to overcome the mental aspects of disease.

In this book we will examine various affirmations, diseases and their probable mental causes, and some of the mental treatments for them. We will also discuss stress reduction and other mental factors that will help us to relieve the mental involvement with our diseases.
Psychological and Mental Components Of Disease

Treating the Mental Elements

It is held by some that mental disturbance is the cause of all disease. This notion assumes a segregation of mind and body, which we now know is artificial.

The mental state is critical in the treatment of disease, and the physician who does not account for it may be eclectic, but he is very far from being truly holistic. As ever, to be truly effective the physician must heal himself first, cleansing and healing both the mind and the body. This brief passage will touch on one aspect of mental healing: the overcoming of negative thought patterns. Anger, greed, hate, doubt, anxiety, sloth, envy, fear and many other feelings are pathogenic. Certain specific feelings can induce specific physical disorders (or imbalances of specific meridia).

As a rule, the more resistance the patient has to the idea that his problems involve mental disorder, the greater the role of mental disorder in that patient’s problems.

The in the appendix there are reprints from a handout by Louise Hays, and provide some clues as to the feelings underlying various health problems. Most important, they give suggested “new thought patterns” that can be adapted to the patient and used as affirmations - a powerful way to alter the mental state. Instruct patients to repeat the affirmations several times daily until they feel they have internalized them.

Reprint these pages for patients and post them in your waiting room (the latter alone sometimes induces patients to start thinking about possible mental factors in their illnesses). If a patient ignores the posted material, use your judgment about bringing it up.

Develop rapport with local psychologists and other counselors: find the best ones to which to refer your patients who need more help.
Stress

Stress is probably the largest cause of disease in America today. Stress has its impact on digestion. If we are unable to digest our food, we are interfering with all of our living systems. We must be able to metabolize. We have to be able to eat, excrete and reproduce. For example, if you have just finished eating and a panther comes through the window, the autonomic nervous system will switch to the (turn-on part). The body says, “I need more energy for the eyes, muscles, etc.,” thus decreasing the energy needed for digestion. Another example: you are eating and all of a sudden you get a phone call from the IRS; you are going to be audited. The foods you were eating are no longer going towards good nutrition. Stress will shut down the physiology of the body and digestion will be limited. Stress is a major factor inhibiting nutrition. This causes disease. Stress can also cause a subluxation, causing nerve flow to the bones and muscles to be reduced. If left untreated, the nerve pinch will cause further damage to the organs involved.

Stress is not all bad. Everyone needs some stress. Hahn Selye found what he called “eue stress”: good stress that a person needs to stimulate his body to enjoy life. An executive needs a certain level of stress to maintain sharpness of mind and body, as does an athlete who enjoys the thrill of performance and competition.

This type of stress is eue stress. But when a person gets too much or too little, he becomes sick. If a “race horse” type person who enjoys high levels of stress should be put into a group of “tortoises” (people who do not have as high a level of stress), the “race horse” person will get sick. If a “tortoise” type person, who performs well only at a low level of stress, is put into a group of “race horses”, that person will get sick.

The body likes to have its own certain level of stress. We have to realize that stress is an individual issue.

The key word in treating stress is suffering. How do you suffer? You suffer by wanting things to be different from the way they are. The more you want things to be different, the more you suffer. Everyone suffers. To get rid of suffering, start accepting
things the way they are, and allowing and guiding them to gradually change.

Exercise is extremely important for those people who are suffering from stress. Exercise, along with good nutrition, is one of the best modalities for treating stress. Good quality exercise will help relieve built-up stress. Good networks are also very good for relieving stress. People who do not have meaningful others to communicate with can not relieve their stress properly. In a study performed in California it was found that in every instance of death, there were a least one hundred percent more deaths of people who had no meaningful others to talk to, versus people in meaningful relationships. One of the main rules of biology is that you can’t nourish your body until you have cleansed your body. This also holds true for the brain. We all suffer from stress, conflict and desire. There emotions will build up inside of us unless we can express them to meaningful others. We all need intellectual nourishment, along with spiritual nourishment.

**Stress Reduction Techniques**
1. Build networks
2. Foster awareness
3. Foster Enthusiasm
4. Exercise
5. Quieting, reflex training
6. Biofeedback
7. Religion

**Stress Reduction**
Stress is the most incipient killer of people today. Stress is responsible for seventy to eighty percent of diseases in America. Stress reduction is a must in today’s society for longevity, health and happiness. Below are some simple rules for fighting this unseen killer.

1. Stress awareness begins with recognition of awareness. Our stress inventory provides insight into the amount of stress in our lives. As we become aware of stress, we can begin to deal with it. The “ostrich” technique of stress reduction never works.
2. Humans resist change. Whether change occurs in the body, mind, social aspect, spirit or environment, most humans will resist. To learn to relax, we must learn to break our old habits of stress reaction and substitute more productive reactions such as clear thinking and calmheaded and relaxed understanding. To change requires perseverence, positivity, proper goals and beneficial rewards. Whether changing eating habits, exercise routines, stress reactions or social skills, change requires work, but the rewards of a healthy body and mind for you and your family are worth it.

3. Stop addictive behavior. Whether it is coffee, soda, sugar, heroin, cocaine, alcohol, or whatever else, an addiction is an addiction. Addiction to stimulants will always rob health and cause disease. If you care for your children, you would fight to stop them from using heroin. But so often we let them indulge in potato chips, candy bars, tobacco, etc. The seeds of addictive behavior stem from “stimulation dependency” in our youth. If we are to truly conquer drugs, then we must stop addiction to stimulation or depression early in life. To stop addiction, break its bond as early as possible. Just say no, if you really care.

4. Relax after meals. Allow at least thirty minutes after a meal to relax with comfortable music (not hard rock and roll), good spiritual books (not tax literature), good conversation (not argumentation), or some other relaxing diversion. Do not lie down. Sitting, standing or a light walk is recommended. Let your body focus on digestion for the best effect.

5. Allow one to two hours for worry or “think time” a day. Make this a quality time to completely analyze your problems and concerns. Any more than two hours a day will cause your mind to distort the problem and not produce a solution. Excessive worry will produce more problems and worry until this violent spiral results in disease. Use your quality “think time” to develop quality solutions you can act on to really help you solve your problems and concerns.

6. Take thirty minutes a day for relaxed prayer and silent reflection. Pray for calmness, acceptance, relaxation, health, peace, stillness, etc. Save your active prayers for later; the ones concerning needs, others, etc. Let this still time be one for producing calmness. Wear comfortable clothing, find a quiet spot and let the family know the seriousness of this time. You need the family to help provide you with this setting. This
teaches them independence and maturity. At first, it is this time that your family will try to demand your attention away from your relaxation and prayer back to their needs. If your children or your spouse are not mature enough to help you with your prayer time, then include them in it. Let the family pray together, share the peace, transcend the turmoil and abound in health. During this quiet time, relax tense muscles. Breathe deeply and slowly. Visualize God’s love flowing from within, surrounding you and your family and filling the universe with respect and love. Feel the magic of life in yourself and others. Calm and relax your mind as you detach yourself from the turmoil of the day. Give the troubles to God and fill your heart with joy and laughter. Use this daily experience to foster your mind and body to the health within.

7. Make a joyous noise unto the Lord. Sing, dance and share the joy of living as one of God’s creatures.

8. Learn the rules of health.

**Mental Factors**

Mental factors include the mind, the spirit, and the social context. The human body is totally aware of, but incapable of controlling, the full spectrum of human emotions such as anger, lust, greed, delusion, jealousy, joy, and hatred. As human beings we experience all of these emotions. These emotions become causes of disease when we get caught or snagged by one or all of them for any length of time.

The acupuncturist will tell us that fear causes kidney disturbance. If we get caught in fear, fear will weaken the kidney. Too much anger will weaken the liver, just as too much joy or sadness will weaken the heart. The idea is “moderation in all things”. We are allowed to have these different feelings but do not get caught up in them. For example, someone might hit your car. It is a natural reaction to become angry. It is okay, but it is a wrong reaction to carry it with you. These feelings should touch you, then leave after you have expressed them.

Here is a little story. Two monks were walking across Korea during the rainy season. They came to a muddy road and a woman in a beautiful kimono was standing there. She could not get across the road.

One monk picked her up, carried her across the road, and put her down. The two monks then continued walking. Two miles down the road the other monk finally asked, “How could you do that? We are not even allowed to think about beautiful women, let
alone touch one.” The other monk replied, “I put her down two miles back. Why are you still carrying her?” This is what happens we get caught carrying our conflicts. We need to let go of these destructive forces.

**Pain Associated With Mental Factors.**

We must look at pain, become aware of it, and then treat the cause of the pain. We must find the cause. Pain is always a sign from nature, from your body, that something is wrong. We need to increase our awareness of pain and deal with its cause.

No pain, no gain. The entire growth of our body deals with pain. All our growth is around pain. When pain comes into the body, our reaction is one of hurt, then grief. We usually start by denying the hurt. We then blame others for the hurt, and then we start to bargain with the hurt. After the bargaining comes denial, then negative acceptance. Negative acceptance is expressed as “Okay, I give up.” Finally total negativity!

What happens with pain? The more you hide pain, the more you fight it, the more negative you get. Pain is not just emotional; it is also physical. Emotions that are not properly dealt with can get “caught” in the body. For example, a fifteen-year-old girl was trying to “feel her oats”. Suddenly her mother said, “You can’t do that.” The girl became aware of pain. This pain then promoted anger. This anger towards her mother might have affected her thyroid gland, and if not dealt with, might have disrupted her thyroid function. Pain must be felt and then released.

Two key elements for health are enthusiasm and awareness. Enthusiasm means light within. We must have positive acceptance and balance. As we increase our non-judgmental awareness of ourselves and the universe around us, we find the peace and perfection of God’s natural world.
The following is a general plan for basic psychological disturbances.

1. Treat all nutritional needs (vitamin, mineral, amino acid, fatty acid, love, respect, friendship, communication, networking, etc.).
2. Use affirmations to treat spiritual imbalance.
3. Apply Christ’s Cure for lack of forgiveness (seven times seventy).
4. Brain Liquescence, two teaspoons a day.
5. Limbic System, ten drops three times a day.
6. Subliminal tapes, as needed.
7. Anti-Stress, ten drops three times a day.
9. Imponderable homeopathics, as needed.

In our treatment of holistic therapy we will see that we must work with the entire body, not just one part of it. Often allopathy works only on the pain in the knees rather than on the entire body. Pain in the knees can happen as a result of trying to start something but being unconsciously hesitant. It is the knees that usually move first when you start to go towards something.

If you are unconsciously hesitant, you might develop a pain in the knees as a further unconscious technique to prevent you from doing what you might want to do. With this in mind we must work with the mental component, not just a painkiller. The painkiller might put a further burden on the kidney, liver or other part of the body; since it is not dealing with the true cause, it might actually produce a deeper disturbance.

This is what is wrong with the practice of allopathy, as it is often too physical. We must be able to involve the mental components of our diseases to be able to deal with them, as well. It is the point of this book to attempt to deal with these components.

Often women have trouble with their mothers when they grow up. Their resentment and other negative emotions can build up and produce a problem that affects the thyroid.
A weak or sluggish thyroid can then result in weight gain. Often by dealing with the true cause (e.g. resentment of the mother) we can then correct the thyroid function and restore the patient to happy metabolic balance. Then sometimes the weight will simply drop off. These are some of the factors we must consider in dealing with mental aspects.

Many patients who read this book, or doctors who relate to patients, will find that patients are resistant to mental probing. If they do not want to have mental probing, then we should not force it on them. If the patient is open-minded enough to look at the mental aspects of his disease, then it is indeed worthwhile. We should also caution the patient not to over emphasize the mental, and realize that there is a physical component that must be worked with as well. Often people feel that everything is of the mind, and that working with the physical body is senseless. This is a false assumption. We need to work with all the facets to be truly holistic. We must work with exercise, nutrition, behavior, relaxation, mental aspects, spirit, social networking, and all the factors we have covered in our books.

In this small book on the mental aspects of disease, we hope that the patient will be able to uncover some insights about himself and deal with these mental aspects in a positive manner. Also, by dealing with safe, natural medications; behavioral medicine, homeopathics, chiropractic, or naturopathy, we hope that the patient can truly receive not just an amelioration of his own symptomatology, but an actual increase in his enjoyment of himself and others, to be a better person.
Gestalt-Therapy

Gestalt therapy is the idea that a person’s basic mind set regarding the world is a reflection of their own interpretation of themselves. A simple experiment can help to tell us this, and bring insights about ourselves. Write down five adjectives to fill out the following sentence:
Nature is __________. Next, complete the thought:
Nature has elements about it that I don’t like:
Nature is __________. Write five more adjectives for that sentence.
By looking at these adjectives, we can now see that the real sentences we are completing are: I am __________, and have elements about me that I don’t like __________. This is applicable because the viewpoint one has of nature is a reflection of the viewpoint one has about himself.

People’s ideas of the world and how they would describe it is another factor that helps us to understand how they see themselves.

So as we deal with ourselves, and write down some of these ideas, we start to understand. Many patients say that nature is green. When I ask them if they’re starting something new, the answer is that they are; we have the idea of green being connected with something new and young. Gaining an insight into our deeper perspective can be very helpful. However, it is very difficult for us to do on our own, because often our own ideas can be over-analyzed by us. This is where we must point ourselves to a connection with various therapists who can help us to deal with various types of therapy. A therapist, as an objective analyst, can be very effective in helping us to understand ourselves and can pick up certain things that we are not complete aware of. This type of emotional and social feedback is very important. The therapist need not be a professional, although he should be someone who cares and will help, and not hurt. Finding a good psychologist or counselor is extremely difficult, as I believe that over ninety percent of those practicing do damage to patients more than they help them.

In looking for a therapist, look for those who do not work with drugs or synthetic
medications; look for therapists who believe in minimal intervention to the patient who can otherwise help himself, and also ones who will not give complete judgments about what actions to take. Look for therapists who will not build dependency, ones who have helped others, ones who haven’t had trouble with other people. By networking with local groups, you may find someone you feel comfortable with. If after the second visit you haven’t started to build a rapport with your therapist, then look for another therapist. It is very important that you feel comfortable with your therapist.

Addictions

Many of the health problems in the world today are associated with addictive profiles, as people become addicted to a wide variety of substances and behaviors. Many people are addicted to coffee, sugar or cigarettes, or in some cases the harder substances such as cocaine, heroine, barbiturates and amphetamines. There also are addictive behaviors to sex, anger, fear, and other types of life patterns. Alcoholism is yet another extremely addictive behavior pattern that can cause tremendous problems.

In dealing with alcoholism and other addictions, one of the finest programs in the world today is the twelvestep program authored by Alcoholic’s Anonymous. This twelve-step profile can be used for a wide variety of addictive patterns. For further information and help, we heartily recommend that you seek out Alcoholic’s Anonymous, Gambler’s Anonymous, or whatever agency is applicable for the type of addictive problem your client has. Group therapy can be extremely helpful for clients to overcome addiction and the negative aspects that addiction produces.

Step 1. Self-realization. The client needs to realize that he has a sickness and an addiction. Your client must first accept the fact that there is a problem before he can seek help to overcome his problem. If the person does not accept that there is a problem, it will be hard for him to get help. The first step is for him to realize that he actually has a problem. Often relatives come to this realization, but the person involved does not. It is our job as consultants to help this person to make this realization, and after this realization is achieved, to direct him to proper groups and professionals who can then help him to break his addictive pattern.
**Step 2.** The client realizes that there is a power greater than himself. Recognizing this higher power in whatever terms one wishes allows the client to tap into the grand powers of the universe, to heal and direct him away from negative behaviors and into more positive aspects of living. Sometimes it is wrong to spoon-feed an entire cosmology or philosophical belief to a client who does not share such a background. Sometimes it can be productive. Often it is up to the professional to make this type of judgment. He should recognize that there are limitations to the human conditions that led to the addictive behavior. Investing all his energy in himself only to rid himself of this problem is, most of the time, futile. He must direct his energy and tap into the energy of God, nature and the universe.

**Step 3.** The client makes the decision to turn his health and addiction situation over to his higher power, tap into that power, and let it participate in and control the healing process. This can best be done in groups with competent professionals who share a similar type of higher-power idea.

**Step 4.** The client is asked to direct himself in probing inquiry and soul-searching criticism of his life to find the sources of negativity, analyzing behaviors that have led to problems, and defining emotional insecurity. These often take place in bad relationship patterns, fear, anxiety, jealousy, anger, rage, mistrust, misunderstanding, delusions, excess worry, sadness, negativity, and a host of other environments. The client is asked to pursue these questions in an in-depth process to uncover the little flaws in his character. This process brings issues into awareness so that they might be dispelled.

**Step 5.** The client is now asked to share these problems and the nature of his wrongdoings with himself, other people, and his higher power in a directive that is verbalized to allow other people in a family or professional health group to help him to overcome these disabling patterns.

**Step 6.** This step necessitates the action of initiating the process of this healing higher-power direction. Realizing that perfection cannot be attained and that this is an ongoing process throughout the rest of his life, he is able to deal with the negativities as they arise.
in his life. This is not thought of as a goal, but as a process that will continue forever and ever. By recognizing the lack of perfection through humility, he now seeks to notice the negative aspects of his behavior and life, and to deal with them on a daily basis.

**Step 7.** The client asks God’s his higher power’s) help to remove his shortcomings and to help him fight against negativity. In a day-to-day process he must realize, in a humble way, the limitations of the human spirit and the superiority of the higher power. He must ask for the strength to help him each day of his life.

**Step 8.** The client makes a list of all the people he has harmed. He must be willing to make amends for the harm. We also recommend that the client make a list of all the people who have harmed him, and be willing to make forgiveness a key factor in his life - to forgive the people who have harmed him. Here he ask to make amends for his transgressions and to forgive those who have transgressed against him.

**Step 9.** The client tries to reach out to the people he has hurt to try to make amends, talk to them, ask their forgiveness, and do whatever is necessary as long as he is not hurting, injuring or bothering these people. He now forgives the people who have hurt him. He reaches out and finds ways to heal the hurts and negativities that have occurred in his life. For some of the people who are hard to forgive (parents, teachers, or self), we ask to employ the forgiveness technique that was directed by Jesus, who said, “Do not forgive others seven times, not seventy times, but seven times seventy.” Ask the client to write, “I forgive “ seventy times for seven days on a piece of paper. This will have a healing and cleansing aspect on the soul. After four hundred ninety times, he really can forgive.

**Step 10.** This is the client’s commitment to look at the negative aspects of his life; not just once, but for the rest of his life, as an ongoing process. When he is wrong, he should promptly admit it and make amends when he can with his fellow human beings. As this expands, he can start to examine the key factors of his motives and increase his understanding of himself and others. This is process of joy and compassion in processing the factors of his life.
Step 11. This step involves the client’s commitment to learn to pray, meditate, and communicate with his higher power, making this a daily part of his life and realizing the superiority of that Force or Power. He should learn how to “make a joyful noise unto the Lord”, and deal with negativity in a joyful way.

Step 12. Finally having had some spiritual awakening through this process, the client seeks to help others as well as himself on a daily basis. He must realize that the fruits of his actions are produced in the seeds of his thoughts. He must seek to work with his thoughts as well as his actions, and try to make his actions and thoughts more positive for himself and others. He must come to the realization that his mind, body, spirit, society and environment are one, and that he does at times have negativity in his life which he must deal with in a positive way. He must not succumb to this force of negativity. There is a force more powerful than he is that can help him to find the positivity, joy, compassion, and happiness to make his life on this planet a joyous and prosperous one.

In going through these twelve steps, often professional counseling is needed. We must emphasize that most people cannot complete this process alone. They will need group support, clergy support, counseling support, psychologists and the like. Often in groups such as Alcoholic’s Anonymous, addictions are transposed with coffee, sugar, and other substitutes. This can also be an addiction process: One addiction process done not mend another. Substituting a weaker addiction might be part of the pathway to healing, but sometimes it can be detrimental. We hope that the people who have addictions (we believe this represents ninety-seven percent of the population) can deal with them in very positive ways. We also heartily recommend professional intervention at every level.

I prefer to use the house-tree-person test, where the patient draws a house, a tree and a person, all on separate pages. By analyzing this, I can get a good perspective on some of the patient’s unconscious ideas, and how he is involved physically as well as mentally. We also must try to avoid becoming too analytical or understanding too much. Life should be lived more than understood. It is helpful for us to analyze certain things, restructure ideas and so on, but we should resist the danger of over-analysis. The more we think about our digestion the more we hurt our digestion. We should let nature take
its course in balancing digestion subtly, and forget about something we’ve eaten once we’ve eaten it. This is very important.
Three of the most powerful defects of the mind that need to be conquered are:

1. GREED  
2. ANGER  
3. DELUSION

Many cultures and religions discuss the need to diminish the hold these forces have on the human mind. One of the largest problems is the tendency for the deluded mind to think that it can duplicate nature. This force is so uncontrollable that it makes the human develop synthetic chemicals for medicine. The chemical company will say that the chemical is the same thing as the natural, when all evidence says that this is not true. No study has ever been done to prove that the synthetic is the same or even close to the real item. After years of use of the synthetic forms versus the natural compounds have shown great side effects from the synthetic. IT IS SIMPLY NOT THE SAME AS THE NATURAL. But if you talk to some one whose income is derived from the use or support of these synthetics, they will argue these points. Greed is a powerful force. Tobacco companies swear in court that the cigarettes are not addictive, when all evidence points to the contrary. Only greed can produce such a violent dispersion of intellect. Greed can blind one to seeing clearly.

But this force of greed extends deeply into the alternative natural market as well. Many homeopaths use duplicators. This is because of their inability to resist the tendency to play GOD. They believe that they can duplicate nature with their duplicators, when all evidence points to the contrary. These homeopaths value greed and convenience over patient results. It is known that the real homeopathics work better than the synthetic duplicated ones.

When we ask the allopath why does he use the synthetic chemicals, He will respond „Because They work“. When we ask the homeopath why does he use the synthetic homeopathics, He will also respond „Because They work“. Both are true, but patients often want the increased efficacy of the natural compounds, and patients definitely deserve the truth. If you don’t want to share with your patient the fact that you are synthetically using a man made device to duplicate synthetically a homeopathic, look at your frame of mind. Is it fostered in greed or convenience. If you had a real homeopathic on the shelf, would you expect more and would you use it over the duplicate? Do you value the pocketbook of your patient or your own finances over results? Are you deluded into thinking that your duplication of nature is in some way different than the tendency of the chemical companies to play GOD and try to duplicate nature? Then why do we only get debate from the doctors who use these devices. Delusion greed and anger are deeply profound mental obstacles. The bible says that the healing of the nations will come from the Leaves of the ground. It does not say that the healing will come from electrical duplication devices.

New studies have shown that the effects of antibiotics has been primarily placebo. A new revolution has developed in all of medicine with a new reverence for the natural. Life and medicine is diminishing the delusion of the synthetic process. The following study will show that duplicators work. Not as well as real homeopathics but there is an undeniable effect. If used honestly and openly it is a powerful healing effect. But to hide the truth and or delude the patient is not healing and can complicate your own karma. We have put a duplicator here into our program on the Homeopathic Activation screen. In fact since we use a trivector (more than just magnetic) signal, our test show that our duplicator is better than others. But it is not presented as being the same as real homeopathy. It clearly is not as good. It might be enough. it might not. But please use it in truth and clarity, not because of greed, profit, or convenience.
A STUDY ON
Duplicated Remedies and Homeopathic Information Transfer (FROM THE PROMORPHEUS)

As we have discussed, there are several possible modes of information transfer. Duplicators work on a supposed magnetic transfer. In mode number 1 which involves chemical action, magnetics would not work for information transfer. In modes number 2 and 3, the mechanical force of succussion could change electron or molecular quantic states. Magnetics cannot effect this change. If magnetics could indeed do so, then homeopathy would be useless. The magnetic interference from a T.V. set or a telephone unit would change the information. Transport of a homeopathic through the magnetic lines of the earth would change the information and nullify homeopathic effectiveness. Homeopathy can not be transmitted by magnetic action.

As mentioned, duplicated remedies show no change in freezing patterns or in Kirlian photography. Duplicated remedies are probably advanced placebo at best. To test this supposition, an experiment was performed with double blind capacity. There is no change in the liquid crystal effect of the homeopathic.

Procedure: 35 patients were chosen from a Naturopathic Doctor’s practice. All patients were using certain homeopathics on a regular basis and knew what results to expect. Some patients used a Candida nosode to control bloating or other body symptoms; others used Belladonna or Lachesis for symptoms. All were familiar with their remedy’s effect.

Each patient was given either a regular homeopathic or a duplicated remedy. Each patient was also given either a placebo sugar pill, or a pill with 5mg. Narcan (Naloxone). Naloxone is used to block endorphin response and has been found to block the placebo effect in placebo responsive patients. Patient profiles were chosen to exclude those with symptoms of pain as Naloxone can increase pain perception. The test was double blind with neither patient or practitioner knowing which formula was given. Patients were given questionnaires to evaluate the efficacy of the remedy. Results of the effectiveness are shown in the accompanying diagram.

Results: The test show that the duplicated remedy performed significantly lower than the real remedy with the placebo (63% is approximately the predicted placebo effect). The placebo blocking Narcan pill significantly lowered efficacy.

Perhaps the information transfer of mode number 4 (multi-dimensional transfer) could account for the transfer of duplicators, the Narcan with its endorphin blocking action might also block other dimensional information transfer. This could account for a duplicated remedy’s identification with E.A.V. equipment. Even so, the study shows a markedly decreased efficacy with the duplicated remedy. Radionic remedies have no pharmacology, quantic state or polymorphic state; thus, they are not homeopathics and homeopathy is continually blamed for radionic remedies that fail.
DUPLICATION STUDY

PLACEBO-----DUPLICATED (IMPRINTED)-----REAL HOMEOPATHIC

PLACEBO   52%-----------------65%------------------------97%

NARCAN    10%-----------------14%----------------------96%

CONCLUSION to study: Real homeopathy is indeed a viable medical therapy that works on many levels. The duplicated remedy does NOT work as well as real homeopathy. The duplicated remedy does indeed work better than simple placebo. It could indeed be called a super placebo. The power of intention and the mind is indeed profound and should be used in all of medicine. However to not use real medicine for the sake of profit, convenience, or greed is a major insult to the purpose of medicine.

POSSIBLE MECHANISMS OF HOMEOPATHIC INFORMATION TRANSFER

Homeopathy is a medical art used for centuries to treat illness. But what are the ways in which a homeopathic can work? At this time, we can speculate on the list below:

1. Pharmacology: Low potency products which in dilute form follow two laws:
   - Arundt Schultz Law: A very small dose of a poison has reverse effects of the larger megadose, i.e., homeopathic belladonna relieves the redness and dryness that raw belladonna produces
   - Law of Initial Values: As the quantity of substance is proportionately reduced the potent effectiveness can elevate, paradoxically reverse, or reduce depending on the substance itself.

2. Imprinting of a message into the polymorphic structure of the carrier water and alcohol mixture. Here the clath rate structure of water is changed to receive a message transfer this message to a patient. The receptors for this message would be on the cell membrane and be similar to olfactory receptors of the nose. This might explain the ability of strong odors to block homeopathy.
3. Quantic storage of information in the quantic states of the electrons, atoms and molecules of the carrier fluid. This transfer would be disrupted by sunlight, x-ray, or other photon or particle release. Homeopathics are sensitive to the same. Energy is needed for this shift and possibly could be supplied by succussion. (There seems to be a minimum of times a product needs to be succussed, 10 to 15 times.)

4. Liquid crystal effect of the water and alcohol. An electrical trivector field has been discovered that holds the water and alcohol of homeopathy into a shape that causes effects on shape receptors in the human.

5. Storage might take place in dimensions beyond the 1st, 2nd, 3rd, and 4th. Some shift of matter in dimensions 4, 5, and 6 and the subspace of the consciousness of the universe might be a possible place for memory storage of a homeopathic. This might explain in the imponderables of homeopathy or the power of energy healing.

In mode number 2, we speak of the memory ability of water and alcohol. This phenomena can be studies through photon scattering tests, nuclear magnetic resonance and simplest of all, freezing. If the water holds a plastic amorphous memory in liquid form as it enters solid form, this shape should have some effects on the ice patterns. A freezer that maintains -5c within 1 degree was used to crystallize the substances. The homeopathics used were less than 5% alcohol to allow proper freezing. They were put into 1 in. circular 1/8 in. deep trays, then allowed to cool in the refrigerator for 2 hours at +5c before insertion into the freezer at -5c. After 12 hours the disks were frozen and allowed investigation. Patterns would form on the homeopathics. There was indeed some shape transfer even beyond 25x where probabilities of product existing are minuscule. More research is needed to further validate the hypothesis.

Another easy way to measure energetic homeopathics is through Kirlian photography. This involves simply placing the product in a highly charged electrical field over a piece of photographic paper. The electric charge alters the paper, but the homeopathic acts as a prism to direct the charge and each homeopathic produces its own fingerprint or pattern of colors to identify it. These charged particles will be enhanced by the polymorphic shape of the water, the quantic states of the submolecular bodies and perhaps by the quasi dimensional memory. It is also interesting to note that so called duplicated remedies show no fingerprint under freezing or Kirlian photography.

**CONCLUSION TO FILE:**

It should be pointed out that any processing of an herb or other natural product is a synthetic process done by man. As such it is important to see that man tries to improve nature and often does not. We should thus try to minimise the synthetic processing and try to maximise the natural. With this in mind choose your therapy wisely and honestly. If your duplication is not getting results then try more natural ones. Follow your heart and diminish greed anger and delusion.
THREE PARTS OF NUTRITION

1. There are some basic essential elements of nutrition that have been misunderstood and lacking in our diets.

2. We know the need for vitamins, enzymes, and co-enzymes factors that allow for the development of energy, neurological function and other factors of life.

3. We also know our need for protein, but actually protein is broken up in the digestive system and what our body really needs is amino acids.

4. What we don't realize is our need for fatty acids. Fatty acids are building blocks for cell membranes. These fatty acids and many of the amino acids are heat liable and are destroyed by over cooking. In our society, over cooking and processing of our foods is very common.

5. A three-part program was developed to supply the body with these basic elements of nutrition. 1) *FATTY ACID LIQUESCENCE supplies the essential fatty acids for health, 2) *AMINO ACID MINERAL LIQUESCENCE supplies the basic amino acids and minerals for health, and 3) *A-Z VITAMIN supplies the vitamins and coenzyme factors needed for health.

6. Fatty acids, amino acids and minerals, and vitamins are the key ingredients that are often missing in our present diet due to over cooking and processing of foods. With good simple nutrition and these additional products, nutritional balancing can occur. This allows for an increase in health and maximizes the body's ability to cure itself.
THYMUS DISORDERS

1. The thymus is a gland residing in the chest which helps to control certain parts of the immune system. At birth the thymus is the largest gland in the body. It does not grow. The body should grow up around it.

2. The thymus gland should not grow and it should not atrophy. But it can atrophy in extreme cases of stress or toxicity.

3. Thymus hormones help to stimulate the white blood cells and their overall control of bacteria and fungus and degenerative tissues. The thymus hormone is cataloged by many as an anti-aging hormone as it helps the body to deal against the intruders that the body is more susceptible to as it ages.

4. *THYMUS LIQUESCENCE contains various hormones, minerals, vitamins, and thymus tissue to help stimulate the release of thymosin as well as to provide an external source of thymosin.

5. Use of *THYMUS LIQUESCENCE in the elderly, past the age of 80, can be helpful in a daily dose. For younger patients it should be used only for a month or two of therapy, then switch to the homeopathic sarcode of *THYMUS/THYROID/PARATHYROID.

THYMUS LIQUESCENCE helps to supply thymus hormones while encouraging the rebuilding of Thymus function.
TIPS ON FOOD AND EATING

1. Eat slowly in a relaxed atmosphere, this will aid digestion.

2. Eat small quantities of protein and vitamin-rich food instead of large helpings of over-refined food.

3. Eat a good breakfast. Include fruit juice or raw fruit, wheatgerm, and wholemeal bread.

4. Refrain from eating a large meal at the end of the day before retiring. You will sleep soundly if you avoid stimulating foods such as tea and coffee.

5. Try to cook sufficient food for one meal only, reheated food has little nutriment value.

6. The human body needs a certain amount of salt in order to function properly, but few of us are aware that most vegetables contain salt and that when cooked correctly, they require little, if extra. There are varieties of salt available which have been extracted from vegetables, these are beneficial to our health.

7. Store food correctly in sealed containers. Keep perishable food in the refrigerator and non-perishable food in a dark, dry cupboard.

8. Use stainless steel or pyrex glass saucepans rather than aluminum ones, as the latter leaves traces of aluminum in the food.

9. Always rinse eating utensils with clear water after washing up with detergents.

10. Eat raw, fresh fruits and vegetables whenever possible. Buy in small
quantities as they lose their vitamin content quickly.

11. When using frozen ingredients, follow instructions on the packet, this will ensure food does not lose valuable nutrients.

12. Whenever possible, leave outer leaves and skin on vegetables and fruits as these often discarded parts are a valuable source of vitamins. When vegetables are peeled, remove immediate skin only.

13. Use water in which vegetables have been cooked, for home-made soups and stock.

14. Home-made soups are nutritious. Simmer until ingredients are tender and eat immediately, do not boil for hours or re-heat several times.

15. Eat raw sugar and honey instead of refined sugar.

16. Eat wholemeal flour, wholemeal spaghetti and brown rice instead of refined varieties.

16. Use polyunsaturated oils whenever possible.
TREATMENT OF HYPOCHLORHYDRIA WITH A COMPLEX HOMEOPATHIC SARCODE

This study was performed in 1985 at the Survival Center Clinic in Ravenna, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeodagnostica Clinic in Budapest, Hungary, and by the doctors listed above.

TREATMENT OF HYPOCHLORHYDRIA WITH A COMPLEX HOMEOPATHIC SARCODE

Abstract:

Twelve patients in a medical practice were taught to evaluate their hydrochloric acid by using the beet juice test. All twelve patients displayed symptoms of low hydrochloric acid that included belching and bloating after meals, itchy rectum, and craving of liquids and sweets during the meal. These are usually signatures of hypochlorhydria. To further validate this, patients were evaluated on the beet juice test, and then they were given Digestive Enzyme Liquescence or Propepsia and told to take one teaspoon after meals.

At the end of one month, patients were re-evaluated for improvements of symptoms, and retook the beet juice test to determine whether there was an improvement in stomach acid. The study showed conclusively that we were able to control hypochlorhydria with the product.

Key Words:

Hypochlorhydria, stomach acid, digestive disturbance, indigestion, Digestive Enzyme Liquescence, Propepsia, sarcode.

Methods and Materials:

The administration of beet juice is used to measure hypochlorhydria. The normal stomach acid should metabolize four ounces of beet juice. This test is reviewed in the RWC (Registered Wellness Consultant) Book. If we take four ounces of diluted beet juice, within the next twenty-four hours we should not see red in the urine. If we do see red in the urine, this is an indicator that the stomach was not able to metabolize the four ounces of beet juice. Thus the patient probably has hypochlorhydria. If no red is seen, then the patient is either normal or has hyperchlorhydria; too much stomach acid. By taking a ten-ounce glass of beet juice, patients should see red in their urine. If they still do not see red in their urine, then this may indicate a hyperchlorhydria state. All patients involved in this study were found to be hypochlorhydric, not only from their symptoms but also from the beet juice test.

The test was performed once at the beginning to define the parameters of participation. There were eight females and four males in the study, all ages thirty to fifty. The Digestive Enzyme Liquescence (or Propepsia) is a blend of herbs and enzymatic factors that are not meant to supplement enzymes but to stimulate the enzyme and hydrochloric acid production of the patient. These bitters and other herbal factors have been used for centuries to stabilize and digestion, and have been brought into an Americanized form for simple, gentle use. There seem to be no contraindications, other than alcohol sensitivity.

Results:

The results of our test show conclusively that the Digestive Enzyme Liquescence was able to control the hypochlorhydria symptoms in a measurable way and helped to stabilize digestion.
Discussion:

The combination homeopaths, blended with sarcodes, offer a new type of homeopathy that is not based solely on symptomatology. By adding sarcodes, we can help to restructure organic conditions and bring about a lasting change for the patient.

The conclusion of our sarcode work has shown that the sarcodes help to stimulate the production of good-quality tissues. Thus over short periods of time the homeopathic not only can work with symptomatology, but also can work to improve organic quality.
TREATMENT OF HYPOCHLORHYDRIA WITH A COMPLEX HOMEOPATHIC SARCODE

--- BIBLIOGRAPHY ---

BOOKS


ARTICLES AND STUDIES

Title:

UNDERSTANDING HOMEOPATHIC INFORMATION TRANSFER WITH ALGEBRAIC TOPOLOGY

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This study was performed in 1994 at the Homeodagnostica Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Selye Janos Clinic in Budapest, Hungary, and by the doctors listed above.

UNDERSTANDING HOMEOPATHIC INFORMATION TRANSFER WITH ALGEBRAIC TOPOLOGY

Abstract:

Homeopathy is a two hundred-year-old process of producing medical treatments for patients. In developing these homeopathics, the most active carrier is a water and alcohol mixture. It is theorized that some of the information of an herb or medicine can be transferred into the water and alcohol mixture. The homeopathic is then made more and more dilute in a process of succussion which transfers some type of information into the water and alcohol.

This process has not been well-described scientifically until now. It is the purpose of this article to show that the study of algebraic topology offers us a fine description for the transmitting of information in the process of homeopathy.

This article discusses topics such as homeomorphism, homotopy, and other methods of mathematical analysis which allows us to understand the process of homeopathy. The article discusses liquid crystal effects, polymorphic shape transfer, and other parts of the science of homeopathy in the context of a mathematical, algebraic topological model.

Introduction:

Homeopathy as a form of medicine has existed for centuries. It is a globally-recognized system of medicine that has not been given due press or research time in America. However, the FDA (Food and Drug Administration) was started by a homeopath, Dr. Clayton, in an attempt to save homeopathy. Homeopathy is thus a legal manufacturing technique within the realm of the FDA. In fact, on the first page of the FDA Act, there are remarks about the Homeopathic Pharmacopeia of the United States and how it can be used to develop safe and effective medications for the American people. Europe has also recognized homeopathy in its new homeopathy act within the European economic community.

The process of homeopathy is usually accomplished by taking some type of herb or medicament and diluting it in water and alcohol. The water and alcohol mixture is then diluted at one part to ten, repeatedly. At each level of dilution the item is succussed by striking the vial containing the compound
ten to fifteen times firmly onto a book. This action of succussion is thought to imprint some type of information stage into the ever more dilute water and alcohol carrier [Books: 1-5].

The field of science has often not fully understood the science of homeopathy; until recently, little research has been dedicated to homeopathy, and most research has been dedicated to synthetic chemistry. It is the purpose of this article to explore the mathematical shape transfer process that seems to occur in homeopathy with an algebraic topological model.

In our research on quantum quality control we have found that there can be techniques in analyzing the polymorphic shape structure of a homeopathic. Thus it seems that the water and alcohol mixture of the homeopathic can be imprinted with some type of shape, which thereby can be communicated to the body.

The first form of homeopathy used by Samuel Hahnemann (the father of homeopathy) was used when he took different types of dilute medicines, put them onto cotton balls and instructed his patients to inhale the vapors. He found that he could influence biological actions, and he observed clinical and medical effects with certain compounds. He realized that using homeopathic onion, which causes runny eyes and runny nose in its raw form, reduced or blocked the same symptoms in its dilute form.

Thus homeopathy was utilized by stimulating the shape receptors in the nasal pharynx area, and thereby allowed the homeopath to fool the body, and turn on and off different processes. A compound such as Belladonna, in its pharmacological state, makes one "red as a beat, dry as a bone, mad as a hatter". In its homeopathic form, the shape of the Belladonna could be imparted into the water and alcohol mixture, and thereby the shape could trigger the neurotransmitter receptors in the nasal pharynx, which in turn could trigger the brain, and fool it into thinking that real Belladonna has intruded to the body. If the brain thought that real Belladonna was intruding, the brain might want to compensate by turning on its anti-redness, anti-dryness, anti-madness mechanisms.

This is the basic form of homeopathy, whereas these dilute quantities of various medicines were utilized to have reverse effects. It is now well documented that not all homeopathy is reversal, and that there is a full science and study of homeopathy that is outlined in the quantum biology books, or the other research in our Bibliography. However, the purpose of this article is to explore the mathematical, topological methods of a process of shape transfer.

With a little more background, let us now explore the concept of liquid crystals. Liquid crystals have led to the discovery of liquid crystal displays which we see on our computers and on our watches. It was found that liquid crystals can have effects on photons, and thus can be used for display purposes. The person generally given credit for discovering liquid crystals is a botanist from Austria named Reinitzer.

Reinitzer was studying the function of cholesterol plants. In 1888 he observed a duel melting point in cholesterol. He found that as he heated cholesterol to 145.5° Centigrade, it melted into a cloudy liquid. At 178.5° C. this cloudy liquid turned into a clear liquid. He described this as a duel melting point phenomenon.

In its solid form cholesterol has a crystalline structure. Reinitzer found that it also had a liquid crystalline structure at temperatures above 145° C. When it was at 178.5° C, the thermal agitation destroyed the liquid crystal effect, and it went into more of a true liquid phenomenon.

We have observed the same thing in our analysis of water. We have found that water at room temperature actually is closer to a liquid crystal than it is to a true liquid. The dipole effect of the water molecules has a magnetic action which can allow water to adhere to some type of shape. This accounts for some surface tension effects, and also the liquid crystal effect of water. At 140° F. (60° C.) water loses its liquid crystal effect, and thereby becomes a true liquid. At temperatures of 100° C. or 112° F. water loses its liquid structure altogether, and turns into a gas known as steam. Thus water also has a duel melting point.

In his book on "Liquid Crystals" [Books: 12] Collings further describes these liquid crystal effects. From Sands's book, "Introduction to Crystallography" [Books: 13], we know that parts of crystals must have positional order, as well as directional order. The positional and directional components then make up the structure of a solid crystal. The solid crystal has rigid directional lines and positional components that account for its solid structure. In a liquid crystal, however, there is no positional component. The liquid molecules slide over each other and do not allow for rigid formation. There is, however, a directional component in some items that have the liquid crystal effect. It must be understood that not all liquids have liquid crystal effects, and that different liquids have different effects.
The components of cholesterol, as pointed out by Collings [Books: 12], such as cholesterol 
mysterate and others, have extremely profound liquid crystal effects. However, water has a relatively 
weak one. Yet water does have a liquid crystal effect.

In the liquid crystal effect the directional components are often a little more soft, and thus are 
referred to as orientational components. The components inside the liquid crystal of water and alcohol 
then are made up of orientational components. They try to orient themselves within the magnetic fields 
that surround them.

The liquid crystal effect of water accounts for the formation of the six-part snowflake; snowflakes 
always have six parts to their structure. The vast difference among snowflakes is attributed to water's 
great amount of flexibility, as the liquid crystal of water has an infinite number of assumed shapes. With a 
touch of alcohol (three percent or more) it was found that water can have an even greater number of 
potential shape structures that it can take on [Books: 14, Studies: 1].

Another group of substances with profound liquid crystal effects is the phospholipids (one of 
which is lecithin), which make up much of our cell membranes and the glial structures within the brain. In 
fact, it could be hypothesized that part of memory in the brain, and conscious phenomena, might be 
possible through some type of shape memory in the phospholipids.

There are several forms of liquid crystal that can be briefly discussed at this time. First is the 
noematic liquid crystal. Here molecules that possess intermolecular forces and stay parallel to one 
another form the noematic liquid crystal phase. Molecules with intermolecular forces that favor alignment 
between molecules at a slight angle to one another form a slightly different phase. In this liquid crystal 
phase the director is not fixed in space as in the noematic phase, but rotates throughout the sample. 
Cholesterol is the most common example of this type of phase. This is known as the cholesteric liquid 
crystal phase. A third liquid crystal phase is known as the smectic, from the Greek word for soap. Soap 
also has a type of liquid crystal effect.

All of these various effects have what is known in the business as a fingerprint texture, or the 
ability to assume different shapes and orientational processes. The most flexible of all these is the 
noematic crystal, which is in the water and alcohol mixture. Homeopathy deals more with the process of 
noematic crystals. Noematic crystals have the most flexibility in shape organization, but they also have 
the most instability. The flickering effects of water can disturb some of the liquid crystal effects.

Liquid crystals have their own fields, and also interact with external fields. A field applied to a 
liquid crystal can occupy, from the fingerprint texture, a type of memory to allow it to "remember" certain 
types of orientational positioning factors. It is the theory of homeopathy that this type of memory then can 
occur from many types of stimuli, and thereby stimulate different electrical and neurological receptor sites 
in the patient, to accomplish certain actions.

Also, we have found from our research that these various homeopathics seem to have an 
electrical vector component, which we (for the sake of brevity) refer to as the trivector system. There are 
actually more than three vectors if we include photon reactivity. But by applying an electrical process, 
and checking the conductance, magnetic and static fields along the lines of the right-hand rule of 
electricity, we have been able to find an electrical trivector signature effect in homeopathics.

Thus it seems that we have all the components of:

1. A clinical background of homeopathy that has existed for two hundred years and is currently 
in use by millions of patients throughout the world

2. A liquid crystal effect of water and alcohol

3. An electronic conformity effect of the hydrogen bonding principles of water and alcohol 
   [Studies: 2, 3]

4. An electronic vector capacity
Now what is needed is to put all of this together as a mathematical treatise on the capacities of this information and/or shape transfer. Just such a mathematical analysis is laid out firmly in the book, "Topology" [Books: 15]. In this book the science of topology is a mathematical treatise on the algebraic components of the possibility of this information or shape transfer to the water and alcohol.

Topology is a study of various types of shape transfer mapping effects and limit point concepts. They are important mathematical topics that depend entirely on the properties of limit points. The very definition of a continuous function is an example of this dependence. We also know that in any type of geometric figure the connectiveness or structure is also dependent on topological analysis. Thus topology is a very good way of analyzing the mathematical properties of homeopathic information transfer.¹

There are some basic topics for which we must offer definitions. One that is referred to in "Topology" [Books: 15] is the precept of homomorphism. This is an analog of an isomorphism in algebra. A homeomorphism is a conformal mapping in analysis, in geometry. The less restricted classes of continuous transformations are analogous to the homomorphisms in algebra. It is also known from algebraic topology that the analysis of functions or projections onto a lower dimensional subspace in geometry makes up the homeomorphism. A transform of

\[ f:S \rightarrow T \] is continuous, provided that if

- \( p = \lim f(p) \) is a limit point, or a point of
- \( f(x) \).

The transformations that underlie the study of topology through the analysis of such sets as

- \( S \)
- \( S \) and \( T \) being topologized sets, a homeomorphism of
- \( S \) onto \( T \)
- \( f:S \rightarrow T \), which is onto and such that a point \( p \) is a limit point of a subset \( X \) of \( S \) if and only if \( f(p) \) is a limit point of \( f(X) \). We see the condition of the homeomorphism preserved in the limit points of the condition that is expected in a study of limit points. If a homeomorphism of \( f \) is one to one and its inverse \( f^{-1} \) is also a transformation, then the homeomorphism is reversible.

Quoting from the "Topology" book [Books: 15]: "Insofar as topology is an abstract form of geometry and fits into the Klein Erlanger program, its basic transformations are the homeomorphisms." In studying our abstract system of topologized sets, we must consider the transformations of general one-to-one equivalents and reversibility factors. The requirements that a transformation be one to one and reversible are dropped, and we retain the sole requirement that the basic structure is to be preserved. A transformation is also called a function, or mapping. The function or mapping of a biologically-active compound can thus be transferred to the vectorial components of the water and alcohol and allow for a topology or homeomorphism mapping transfer into the liquid crystal effect of the water and alcohol.

Another integral factor of explanation is that of subspace topology. Subspace topology is often referred to as the relative topology. A subset \( \Lambda \) of a subset \( X \) of a space

¹ It should be pointed out that we are referring to the ultra-high dilution events of homeopathy (going past 23x), where there is no longer much probability of any real mass involved. When we do this in homeopathy, we are talking more about information than actual chemistry. Homeopathics can exist at low potency, where there is still pharmacological action of the herbal or other medicament. But in order to explain the phenomenon of homeopathy past the 23x barrier of Avogadro's number, we need a mathematical, topological analysis of the liquid crystal effect of homeopathy.
S is open relative to X and closed relative to X if
A is open, closed, etc. in X in the subspace topology.
A subset X of a space S is separated, we have implied, if there exist two open sets U and V of S, such that
U and V are disjoint and nonempty, and such that
U \cap X and V \cap X are disjoint and nonempty, and such that
U \cup V = X. We cannot assume that
U and V are disjoint in S, however. Consider a space S consisting of three points a, b, and c, with the open sets being
S, \{a,\} \{a, b\} \{a, c\} \{a, c, b\} and
a \cup b. Then
b \cup c is not connected subset of S, but there are no disjoint open sets in S, one containing b and the other containing c. This allows us to understand the phenomenon.
Let S be a topological space and X be a subset of S. The subspace topology of X is that obtained by defining a subset U of X to be open in X if it is the intersection of X with some open subset S. We can demonstrate for open sets of X that all sets of the form X \cap 0, where 0 is open in S. With this topology, X is a topological space, a subspace of S. This implies that we have a general method for constructing many topological spaces.
Subspaces are definitional spaces that exist as form or informational states below that of the geometrical shape. Thus a crystal can have a subspace dimension of the factors inside the matter of the crystal that allow for its organization. A subspace, thus, is a sort of informational mapping, such as a vectorial component in a crystal. Subspace informational transfer can thus be understood through the science of homeomorphism and topology. This subspace might be understood in factors of the Nelson effect, in understanding the virtual photon as put forward in the "Quantum Biology" series [Books: 14, 16-19].
Another topic is that of Hilbert space. Hilbert space is euclidian space that has an infinite number of dimensions. It has more room in it than any real space. It is true that every separable metric space can be mapped homeomorphically into a Hilbert space component. Also, a larger class of spaces can be imbedded in Hilbert space; that is to say that a class of all normal spaces with accountable bias can be
A finite collection $L_{1, 2, \ldots, k}$ of vectors (i.e., elements of $V$) is said to be linearly independent if provided that $$f_{0} \neq 0,$$ for this would contradict the linear independence of $B$. Then

$$f_{0} \neq 0,$$ for this would contradict the linear independence of $B$. Then
If

then

The independence of 
B then implies that
f sub i~ = g sub i~ for each
i.

Thus the analysis of our vectorial components or trivector system in homeopathy can give us a
mathematical, topological analysis in vector space to understand the homeomorphism transfer of the
imprinting of the vector signal into the water and alcohol carrier.

Another component in the analysis of topology that is important for our study of homeopathy is
compactness.  The Tychonoff theorem tells us that if a topology is a collection of compact spaces indexed
by a set
A, then the product spaces of
A, and
S are compact.  A compact space is countably compact.

The concept of compactness in topology refers to the ability of any organizational structure of
topological concern to try to achieve its most compact form.  Thus even a grain of salt has the same
crystalline structure as a large block, because the information is in compactness.  This also must be
realized in homeopathy, as even one drop of a homeopathic solution must have the information state that
is contained in the entire quantity.  Compactness as a biological theorem is a reflection of the
mathematical treatise of compactness [Books: 15].

In looking at our vector space, we can see that the most common example is that of Euclidian n
space.  Thus the
E sup n is the Euclidian component of
n real numbers in our metric topology.  If we consider
E sup n as vector space, we can analyze this through the addition of vectors and scalar multiplication.  If
we do this in three dimensions of our trivector system, we can display the following:

and

where the
a sub i's, the
b sub i's and
c are real numbers.
E sup n becomes a vector space over the field of real numbers
E sup 1.  It has a basis of the form (1,0, ..., 0), (0, 1, 0, ..., 0), ..., (0, 0, ..., 0, 1).  If
δ sub {ij} is the Kronecker delta, given by
δ sub {ij} = 1 and
δ sub {ij} = 0, i ≠ j, this basis is
(δ sub {1\}, δ sub {2\}, ..., δ sub {n\}), j = 1, 2, ..., n.  The vector space
E sup n has dimension
n.

A set of points
H sup k in
E sup n is a k-dimensional hyperplane if there is a linearly independent set of vectors (points)
a sub j, i = 1, 2, ..., k ≤ n, and a vector
a sub 0 such that
$H^k$ is exactly the set of all points $h$, yielding $h = a_{0} + \sum_{i=1}^{k} t_{i} \cdot \cdot \cdot a_{i}, t_{i} \in \mathbb{R}$.

If $a_{0} = 0 \bar{a} = (0, \ldots, 0)$, then $H^k$ is a $k$-dimensional vector subspace of $E^n$, so in general each hyperplane is a "translation" of some vector subspace. The reader should see that this definition reduces to that of a line in $E^2$ ($k=1$, $n=2$), to a line in $E^3$ ($k=1$, $n=3$), and to a plane in $E^3$ ($k=2$, $n=3$).

In geometry a set of $k+1$ points in $E^n$ is geometrically independent if no $(k-1)$-dimensional hyperplane contains all the points. The algebraic equivalent of this condition is as follows. A set $\{a_{0}, a_{1}, \ldots, a_{k}\}$ of vectors in $E^n$ is pointwise independent provided that the $k$ vectors $a_{1} - a_{0}, a_{2} - a_{0}, \ldots, a_{k} - a_{0}$ are linearly independent.

Thus our vectorial space and the vectorial components that we've analyzed through our trivector system give us some degree of understanding the homeomorphism transfer in a mathematical process that explains for the process of homeopathy.

In our last analysis the trivector system was utilized in a mathematical proposition. However, there may be other vectors including photon components, virtual photon components and other subspace dimensions which were not accounted for in our three-dimensional program. Our further research into homeopathy might yield more dimensional understandings and further implications.

It is the purpose of this article to put forth a theorem of mathematics that can account for the clinical observation of the reality of homeopathic transfer into ultra-high dilutions beyond 23x. We have discussed scientific evidence, electrical evidence, clinical evidence, and experimental evidence of homeopathy's ability. It is the purpose of this article to offer a mathematical treatise and an introduction to the analysis of homeopathy. "Topology", by Hocking and Young [Books: 15], is an excellent book that should be on every homeopath's shelf, as it is truly a mathematical analysis of the proposition of homeopathic transfer of information.

Also, it appears that lactose, or sugar pills used on some forms of a solid type of homeopathy, are not proper carriers of the homeomorphism effect. The liquid crystal effect as well as the homeomorphism discussed in this paper do not apply well mathematically to the lactose pills. If the lactose pills do not actually have the chemistry of the homeopathic entity in them, it remains to be seen how the lactose pill could become a transfer of the homeomorphism information.

Another point of this paper is to challenge mathematicians to look into homeopathy and to evaluate some of the basic concepts of this paper.
BOOKS


ARTICLES AND STUDIES

1. **The Chiroliquicrystal Microscope Technique of Freezing Analysis of the Polymorphic Shape Structure of a Homeopathic (Freezing as a Technique of Analyzing the Clath Rate Structure of a Water-Based Homeopathic)**. The Staff of Maitreya, Ltd. *Acad. Press*, 1994.

Title:

Using The QXCI Medical Device for Excess Adipose Tissue on Patients

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Moderate Obesity Therapy Program

Abstract:

There was a therapy developed in France where an electrical frequency was used to treat excess weight in patients. This therapy was integrated into the QXCI device. Afterward many doctors have reported success with the treatment. In this short article we review the reports and investigate an experimental group of our own.

A group of fifty-three patients (ages twenty-five to fifty) who had moderate obesity syndrome were treated with the QXCI medical device for weight loss. These persons had ten to twenty kilos of excess weight from the ideal weight. In the study a significant weight loss was seen in the treatment group from control. The QXCI treatment seems to be worth further investigation.

Key Words: adipose tissue, weight loss, harmonic, square wave, energetic medicine

Introduction:

French researchers in energetic medicine found that the cell membrane of adipose tissue had a response to a certain frequency. When this frequency is sent through the system it provokes a harmonic distortion to the membrane and stimulates loss of fat from adipose tissue. The harmonics are discussed in the discussion section.

Cheese for some reason seems to block the effect. It is believed that some component in cheese has stabilizing effects on this membrane. When patients ate the smallest quantity of cheese the effect of weight loss was lost.

In our studies on patients we found that this was more of a frequency band than one certain frequency. There was some individuality to frequencies in this band. Of course this specific band is a trade secret. So our system needs to have cybernetic loop control to focus in on the proper frequency for each patient.

Methods and Materials:

A group of fifty-three patients (ages twenty-five to fifty) who had moderate obesity syndrome were treated with the QXCI medical device for weight loss. These persons had ten to twenty kilos of excess weight from the ideal weight. The patient used were in no health threat from the excess weight. The desire of weight loss was for cosmetic reasons only.

The patients were all asked to avoid cheese and to not do anything else special or out of the ordinary. We wanted to evaluate the effects of the QXCI alone.

Of the fifty three patients who volunteered for the therapy 12 were chosen as control. There was a double blind used. An assistant in the clinic set the device for
therapy or blank. So the doctor and the patient did not know who was control or in the therapy group.

The QXCI device was used to perform the adipose dissolving wave. This system is designed to use a computer as both a frequency generator and as a frequency counter. The system then autofocuses a harmonic wave form into the patient to dissolve the adipose tissue. The therapy was performed for 9 minutes twice a week for three weeks.

Results:

<table>
<thead>
<tr>
<th>Women</th>
<th>THERAPY GROUP weight in kilos</th>
<th>Men</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>pre</td>
<td>post</td>
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<tr>
<td>1.</td>
<td>46</td>
<td>46</td>
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<tr>
<td>2.</td>
<td>91</td>
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<td>Women</td>
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There was an average of just over two and a half kilo lost in the treatment group. There was a little under a kilo lost in the control group. Participation in a weight loss study and avoiding cheese are both somewhat helpful, but the QXCI seems to be of a major benefit.

Discussion:
We received a report from England of a doctor who relates that in his clinic clients are averaging one kilo a week in weight loss with the QXCI.
A Hungarian doctor has told us that in his clinic the patients are losing weight even when the QXCI device was set on subspace. The same report of success from the subspace dimension come in from many users.
In our clinic and in personal use we also see significant weight loss with the device.
We have received over fifty testimonials from users of clients of significant weight loss from using the QXCI. The following discussion is for the scientist reading to further understand the workings. The QXCI uses a low amperage wave pulse. The low voltage and amperage of the treatment make it perfectly safe. By using a signal compatible with body electrical potential, makes for a safe system and the results are longer lasting.

Rife and other researchers reasoned that the body will respond to certain frequencies. The field of energetic medicine has delved deeply into this theory and much research has been generated on this subject.
French researchers in energetic medicine found that the cell membrane of adipose tissue had a response to a certain frequency. When this frequency is sent through the system it provokes a harmonic distortion to the membrane and stimulates loss of fat from adipose tissue. In our studies on patients we found that this was more of a frequency band than one certain frequency. There was some individuality to frequencies in this band. Of course this specific band is a trade secret. So our system needs to have cybernetic loop control to focus in on the proper frequency for each patient.
Wave forms contain oscillation by definition. The nature of waves is oscillation and vibration. The basic form of vibration is contained in the basic sine wave. Everything in the universe is vibration. Vibrational medicine is a new wave of the future.
But to understand vibration we need to have a basic understanding of wave form, harmonics, Fourier analysis, and others a more detailed analysis is in the Promorpheus.

If we calculate a sine wave by frequency domain analysis, we can see that this type of wave will generate harmonic series. The harmonics will be raw integer multiples of the frequency. So if we see that the frequency equals 1 over the period, this will tell us what the basic frequency is that establishes the fundamental or lowest frequency of our proposed harmonic series.

The second harmonic has a frequency and the third harmonic has a frequency, and this continues to the nth harmonic, which has a frequency.

Fourier developed the Fourier series, which states that:

\[
\text{align Periodic wave} = \text{dc component} + \text{first harmonic} + \text{second harmonic} + \text{third harmonic} + \ldots + \text{nth harmonic}
\]

In precise mathematical terms we can expand the Fourier series to

\[
\upsilon = V_{0} + V_{1} \sin(\omega t + \phi_{1}) + V_{2} \sin(2\omega t + \phi_{2}) + V_{3} \sin(3\omega t + \phi_{3}) + \ldots + V_{n} \sin(n\omega t + \phi_{n})
\]

Fourier found that if we superimpose these harmonic sine waves onto themselves, we can produce any type of wave within the structure. Thus we can produce a sawtooth wave, a triangular wave, a half-rectified wave or even a diamond-shaped wave. The dramatic complexity of waveforms in biology results from a vast number of interfacing waveforms. These are interactions between electron, photon, sound, and chemical waves, etc. These can be of a positive health-enhancing, derogatory, or disease nature. This difference is between entropic-type waves or organized quantum waveforms. If these waves are in harmonic action, meaning that they are multiples of each other, they will still have the same intersections. But we can produce a wide variety of shapes. In Fourier analysis, if the waveforms combined with each other are not in a harmonic series, then we can produce random shapes that also can be delineated into their Fourier components.

The Fourier theorem is the key to our understanding of frequency domain analysis. We already know a great deal about our sine waves. It is also possible for us to reduce periodic waves to their sine wave components. Analyzing these sine waves allows us to analyze the periodic wave.

Thus two approaches of nonsinusoidal circuit analysis can be developed. We can calculate the periodic wave and what it does at each instance in time or we can calculate what each harmonic does. Sometimes our first approach, which is dependent on time-domain analysis, is faster; and sometimes the second approach of frequency domain analysis is superior.
In a sawtooth wave we can use mathematics to show that

$$V_{n} = \frac{A}{n \pi}$$

There are five basic spectra or types of waves we can calculate.

Type A is the triangular wave, where we have placed functions 1, 2, 3, 4, and 5, the five harmonics of the basic fundamental. In type B we have a square wave, which is a combination of the fundamental plus f3 and f5. Type C is a collection of the 1, 2, 3, 4, and 5 types of waves in a certain proposition obeying the mathematical formula

$$V_{n} = \frac{4 \times A}{x \left(\frac{1}{4n^2} - 1\right)}.$$  

We can also see that in D we have the sawtooth wave, which is a collection of the harmonics supplied by 1, 3, and 5. We can also see that in E we can build a diamond square wave from our mathematical spectrum.

The dc component is the average value of the periodic wave. This is defined as dc component = the area under one cycle / the period. As an example, if we have a peak of 10 volts in a sawtooth wave that has a period of 2s, we will see here that under one cycle the area is 1/2 the base x the height, which = 1/2 2s x 10V which is the height, which equals 10V x s. Dividing by the period gives the average value of the sawtooth, where the period is 2s. This gives us an average period of 5 V as the value of the dc component.

If we add a dc component to a waveform, there is only an apparent change in the spectrum at the appearance of the line at zero frequency. The height of the line will represent the dc voltage. Thus if we add a dc component to a waveform, it has no effect on the harmonics.

There is a spectral change that is induced at the new line of zero frequency. When the amplified signal is very small, a small part of the transconductance curve is
utilized. The operation that takes place over an almost linear mark of the curve causes this phenomenon.

Operations like this are called linear because changes in their output current are proportional to changes in their input voltage.

Linear operations mean that the shape of the amplified waveform is the same as the shape of the input waveform. So we get no distortion when the operation is linear, or of a small signal. When the signal is large, we no longer treat the operation as linear. Here we will find that changes in the output current are no longer proportional to changes in the input voltage. Biology depends on a linear and nonlinear distortion control. In developing vibrational medicine instruments we must affect cybernetic (biological) events. Because of this, we get a state of nonlinear distortion.

From the frequency domain effect, we can see that when a signal swings large, the operation becomes nonlinear.

The QXCI Adipose tissue treatment is an example of a sinusoidal voltage producing a large swing along a transconductance curve. The nonlinearity of this curve will then produce current that is no longer sinusoidal. So the shape of the output curve is no longer a true duplication of the input shape. Since the output current flows through a load resistance, the output voltage will also have nonlinear distortion. This happens in cellular biology through membrane resistance, which affects the output capacities. This happens in the mega system of the body in acupuncture point resistance changes that regulate meridian voltage.

In the Promorphes we show nonlinear distortion from the time domain viewpoint. The input sine wave drives the amplifier. The operation if a large signal will allow for an amplified output voltage that is no longer a pure sine wave. We can see now that there is more gain on one-half cycle than on the other. This kind of distortion is often called amplitude distortion. This happens in overloaded systems such as muscular fatigue or stress syndromes.

The frequency domain will give us insight into the amplitude distortion. In the above diagram we will see that the same situation can be shown from frequency domain. The input spectrum is at a single line of our fundamental frequency f1. The output signal is distorted, but is still periodic. Therefore it contains the dc component and the harmonics shown. We have stopped with the fourth harmonic. The point is that the waveform with the amplitude distortion contains a fundamental and harmonics. The strength of the higher harmonics then is the clue as to how bad distortion will be. Stress distorts the higher harmonics of the human system by enhancing their strength. This results in higher-dimension sensitivity in stress-related diseases.

Amplitude distortion is also termed harmonic distortion. In developing our vibrational medicine model this will be extremely important for us to be able to deal with these distortion models. The larger the peak values of the harmonics the larger the harmonic distortion. Stress treatments must be system-wide to be effective.

The simplest way to compare the amplifiers is to take the ratio of the harmonics to the fundamental. This will help us to calculate the harmonic distortion. The total harmonic distortion will be equal to the square root of the second distortion squared plus the third distortion squared plus the fourth, and all the way up to the nth distortion squared. This is developed in the system of mathematical analysis developed by The
Quantum Xrroid C.I.*. This allows for waveform analysis through Fourier techniques. Reactivity is then charted as the log of total harmonic reduction.

One way to reduce harmonic distortion is through negative feedback. Negative feedback will reduce the harmonic or nonlinear distortion by desensitization. If an amplifier has an open-loop harmonic distortion of ten percent, and the amplifier is used with negative feedback where the desensitization is 100, then the closed-loop harmonic distortion will be reduced from ten percent to point one percent. The treatment system used on patients utilizes this type of negative feedback.

Another type of distortion is frequency distortion. This has little to do with nonlinear distortion. Frequency distortion can occur even in a small-signal operation. The primary cause of frequency distortion is a change in amplifier gain with frequency. Anxiety states are one example of this distortion occurring in a human system. This induces a hormonal or chemical component related to the neurological regulating system. Reductionistic techniques, which reduce these diseases to just their chemical nature, are inappropriate.

The input spectrum contains many equal-amplitude sinusoidal components. If the cutoff frequency of the amplifier is less than the highest sinusoidal frequency, the higher frequencies in the output spectrum are attenuated. Frequency distortion then is just a change in the spectrum of signal caused by amplifier cutoff frequencies. This affects the quality of speech and musical signals, as we can cut off some of the top-range frequencies. This is also the normal operation of the reticular formation in the midbrain, as it sorts and filters information frequencies. This also happens in higher-dimension interactions, and gives way to an idea of how higher dimensions can produce disease-causing frequencies.

Phase distortion happens when the phase of a harmonic is shifted with respect to the fundamental. We can see the input signal with the third harmonic peak in phase with the peak of the fundamental. If there is a phase distortion, the third harmonic will change the phase with respect to the fundamental at its output. This can be measured in the patient by the Quantum Xrroid C.I.* system.

Frequency and phase distortion usually occur together, happening at the midband of an amplifier. Voltage gain and phase shift are constant in this case.

Let us look into some descriptions of negative feedback. One of the most basic types of negative feedback used in electronics is noninverting voltage feedback. This type of feedback used input signals to drive a noninverting input of an amplifier. A fraction of the output voltage is then sampled and fed back to an inverting input. An amplifier with noninverting voltage feedback will tend to act like a perfect voltage amplifier, one with infinite input impedance, zero output impedance, and constant voltage gain. A biological example of this is proprioceptive connection of sensors and muscles. This feedback system allows for motion, or for standing still.

In positive feedback amplification the output is sampled and returned to the input. This feedback signal can produce remarkable changes in circuit performance. In negative feedback, however, this means that the returning signal has a phase that opposes the input signal.

Negative feedback then provides stable gain, less distortion, and more bandwidth. The first attempt to patent such a device was by H. S. Black. His original
patent was rejected because it was supposedly another perpetual motion folly. But as it turns it, it was very important and valuable for electronics.

In feedback amplification the difference between the noninverting and inverting input voltage is called error voltage. Its symbols are \( \text{error} = 1 - 2 \). Error voltage is amplified to get an output voltage in which \( \text{output} = A \text{error} \). \( A \) is very large. To avoid saturation of the output transistors, the error voltage is kept very small. Biology uses many such error voltage units in the cellular and neurological levels. An example is in heart arrhythmia, where regulation of proper electrical rhythm depends on error voltage regulation.

Many op amps are made which can use this type of inverting circuitry. Most op amps have extremely large voltage gains, very high input impedance, and very low output impedance. The 741C chip has values of \( A = 100,000 \), \( \text{rin} = 2 \text{ M}\)\(\Omega \), and \( \text{rout} = 75\text{\(\Omega \).} \)

Voltage dividers return a sample of the output voltage to the inverting input.

The mathematical formula for a voltage divider is #5

\[ \text{upsilon}_{2} = \frac{R_2}{R_1 + R_2} \text{upsilon}_1 \]

and can be reduced to #6

\[ \text{upsilon}_{2} = B \text{upsilon}_1 \]

If \( B \) is fed back into an input, then the symbols can be converted to #7

\[ B \equiv \frac{R_2}{R_1 + R_2} \]

This assumes that the input impedance is greater than \( r_2 \), a condition which is usually satisfied

in most op-amp circuitry. The exact equation is #8,

\[ B = \frac{\{R_2 \text{ dline } r_2 \text{ sub } \{\text{in}\}\}}{\{R_1 + R_2 \text{ dline } r_2 \text{ sub } \{\text{in}\}\}} \]

The error voltage to the amplifier is #9,

\[ \text{upsilon}_{\{\text{error}\}} = \text{upsilon}_1 - \text{upsilon}_{2} \cong \text{upsilon}_{\{\text{in}\}} - B \text{upsilon}_{\{\text{out}\}} \]

Finally we arrive at a ratio of voltage out and voltage in of #10

\[ \{\text{upsilon}_{\{\text{out}\}}\} \text{ over } \{\text{upsilon}_{\{\text{in}\}}\} = A \text{ over } \{1 + AB\} \text{ phantom x } \]

\[ \#_\text{phantom x } \#_\text{stack align} \{\text{Where upsilon sub \{out\} } = & \text{ output voltage } \#_\text{upsilon sub \{in\} } = & \text{ input voltage } \#_A = & \text{ differential voltage gain } \#_B = & \text{ fraction of output voltage fed back to input}\}

This is the key to the microvolt amplifier used by The Quantum Xrroid C.I. in just one of its many treatment modes*. It is similar to the Mora unit made in Germany, but is superior in its bandwidth ability and electrical response time. The product of \( AB \) is known as the loop gain. For noninverting voltage feedback to be effective, the designer must deliberately make the loop gain greater than 1. This will allow for #11

\[ \{\text{upsilon}_{\{\text{out}\}}\} \text{ over } \{\text{upsilon}_{\{\text{in}\}}\} \cong \text{1 over } B \]

For the sake of simplicity to understand this last equation, we can see that the inverting input voltage is boot-strapped to within microvolts of the noninverting input. This means that
Open-loop voltage gain is another way of describing the voltage out and voltage in ratio.

The relative size and nature of the adipose cell membrane make it responsive to electrical vibrations from certain frequencies. The QXCI device generates this band of frequencies and in a cybernetic loop discerns the most sensitive frequencies for treatment. The low voltage and amperage of the treatment make it perfectly safe. The effect was tested clinically and experimentally and found effective as a conjoint of weight loss therapy.

--- BIBLIOGRAPHY ---

**BOOKS**

ARTICLES AND STUDIES

VEGETARIAN AMINO ACID COMBINATION
TO BALANCE PROTEIN NEEDS WITHOUT EATING MEAT

AMINO ACID COMBINATION
TO BALANCE
PROTEIN NEEDS WITHOUT EATING MEAT

The Following list contains some recommended amino acid combinations, which when eaten together, balance protein needs without eating meat. Free aminoacids are found abundantly in sprouted seeds which activate and free the amino acids. Sprout any seeds or nuts to activate amino acids, and rotate the combinations in a three or four day cycle.

**Combination**

<table>
<thead>
<tr>
<th>Combination</th>
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<tbody>
<tr>
<td>Almond/Buckwheat</td>
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<tr>
<td>Almond/Cottage Cheese</td>
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<tr>
<td>Almond/Soy</td>
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<tr>
<td>Barley/Bean (Kidney)</td>
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<tr>
<td>Barley/Cheese (Cheddar)</td>
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<tr>
<td>Bean, Kidney/Millet</td>
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<tr>
<td>Bean, Kidney/Sesame Seed</td>
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<tr>
<td>Bean, Lima (Fresh)/Rice (Brown)</td>
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<tr>
<td>Brazil Nut/Cheese (Swiss)</td>
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<tr>
<td>Brazil Nut/Chickpea (Garbanzo Bean)</td>
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<tr>
<td>Brazil Nut/Soy</td>
</tr>
<tr>
<td>Buckwheat/Cashew</td>
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<tr>
<td>Cashew/Pea (Dry)</td>
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<tr>
<td>Cheese (Cream)/Peanut</td>
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<tr>
<td>Oatmeal/Wheat Germ</td>
</tr>
<tr>
<td>Rye/Lentil (Sprouts)</td>
</tr>
<tr>
<td>&quot;Trail Mix&quot; (Almond/Cashew/Peanut/Coconut/Soy)</td>
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<tr>
<td>Wheat Flour/Potato Flour and Sprouts</td>
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<tr>
<td>Dates/Any Sprout or Leafy Vegetable</td>
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<tr>
<td>Bean (String)/Carrot</td>
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<tr>
<td>Beet/Any Bean</td>
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</tbody>
</table>

Ezekiel Flour (Wheat, Barley, Beans, Lentils, Millet and Spelt) strong reaction on the pituitary and pineal glands. Sprouting seeds will naturally handle this problem.

Cover seed products for 24 hours with a damp rag. Twenty-four hours of exposure to water washes away the enzyme inhibitors and the seeds will start to sprout, heightening the amino acids. These seeds do not need to visibly sprout. The whole process is now alive. The chemistry of the sprouted seeds are much more in tune for growth and the enzyme inhibitors are gone. After 24 hours, the seed products may be placed in the oven to dry. It is a good idea to always rotate seed products.

Not processed, but natural. Good sources of complex carbohydrates are fruits, vegetables and sprouted grains. Animal fats are the saturated fats. The body needs natural types such as, sunflower oil, linseed oil, sesame oil, etc. Olive oil is somewhere in the middle and coconut and palm oil have higher amounts of saturated fats than animal fats. Rotation of these fats are recommended. Amino acids can be destroyed or weakened by cooking. Their nutritional quality is lowered by excessive heat. The Amino Acid Mineral Liquescence is used to supply free amino acids and for fatigued people due to amino acid deficiency. The Amino Acid Mineral Liquescence is a predigested form of natural amino acids and sea minerals. It is from a sprouted formula. In the sprouting formula, amino acids are more energetic.

We need amino acids because we do not absorb protein in the intestinal track. We separate protein with enzymes into amino acids, then absorb the amino acids. Our real need is for amino acids, not protein.
**Sprouting Seed Products**

Seed products usually last very long periods of time. This is due to the enzyme inhibitor inside the seed. The enzyme inhibitor keeps the seed from germinating. When we eat these seed products, we also get the enzyme inhibitor which inhibits the enzymes (which is life) in our bodies. Enzyme inhibitors should not be in the body. They may have penetrate the cell membrane and reproduce through the DNA and the RNA cycle. In order to stop virus intrusion, we need good strong cell membranes. This is achieved with fatty acids.