News and Updates
by Carolyn L. Winsor-Sturm, OIRF Chairman of the Board

Welcome to Volume 8, Issue #2 of your newsletter. For this Issue we started with an article giving a comparison of the various methods of Oxygen Therapies by Prof. Dr. Klaus Jung – which also gave me an opportunity to add a personal commentary.

Then you will find an “encore” article from Prof. Dr. Roeland Van Wijk on Biophotons in Diagnostics – Progress and Expectations. Dr. Van Wijk is the Keynote Speaker at the forthcoming Symposium and here is a nice introduction to the expanded and updated lecture he will present.

And with this Issue we once again welcome Dr. Craig Wagstaff back onto our Board of Medical Advisors. His article reviews his 30 years in practice and shows us what has been most successful for his patients.

There is an interesting Points of Interest column from Dr. Sir Zenon Gruba as well as an editorial commentary on “Politics and History” by Carolyn.

All schedules for seminars and conferences have been finalized and dates with details are listed in the Calendar of Events and on our website. Be sure to see the registration information for the Biological Medicine Symposium 2012 in Vancouver, BC, June 15-17, 2012.

Full details and itinerary for the Biological Medicine Tour #39 to Germany have been posted on our website along with early registration information. Help us celebrate the OIRF 40th Anniversary by joining us for these two important events.

Please visit us at Booth #334 at the NWNPC Convention in Blaine, Washington, May 17-20, 2012. See you there!

We trust you will find much of interest in the pages of this Issue.

In health . . .

Carolyn
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Carolyn L. Winsor-Sturm  
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**Biological Medicine Symposium 2012**

**Diagnosis and Therapy Applications**

**For Your Biological Medicine Practice**

June 15-17, 2012  
Vancouver, B.C. Canada

Featuring: **Prof. Roeland van Wijk**, PhD, on  
**BioPhotons in Diagnostics – Progress and Expectations**, plus 10 international speakers

Hear about a broad range of methods and techniques within Biological Medicine applicable for your practice.

See registration details on Page 42 of this Issue.

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**PASSAGES & ANNOUNCEMENTS:**

**March/April Updates**

**In Memory**

Brian L. MacCoy, ND  
*1947 - †2011*

One year ago you left us. You are fondly remembered almost every day, and we miss you. Be at rest my friend.
Oxygen Therapies –
A Scientific Comparison

Traditional Oxygen Therapies Compared With The Progressive Principle of Spirovitalisation

By Univ.-Prof. Dr. med. Klaus Jung

From an article in CO’MED, No. 12, 2011
Translation from Air Energy / Spirovital
Re-Formatting to Newsletter Parameters by: Carolyn L. Winsor, OIRF

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Survival time without solid food: 40 days; without liquid: 4 days; without oxygen: 4 minutes

Introduction

Science tells us that no higher life forms can exist without oxygen. This demonstrates the crucial significance of a continuous supply of the "elixir of life", oxygen, for all higher organisms.

Adequate availability of oxygen is the prerequisite for all metabolic processes associated with the production of energy, a highly-complex process that only developed later on in the evolutionary process because of changing environmental conditions (oxygen revolution).

This means the evolution of cellular respiration, which uses the oxidative power of oxygen to increase the efficiency of the energy metabolism (photosynthesis in plants, cellular respiration in animals). Electron transport chains are used to build up proton gradients and this activates and maintains ATP generation.

Cellular respiration is not possible without oxygen and therefore there would be no effective energy production to form ATP.

A constant and adequate flow of external air into the mitochondria must be guaranteed in all cases and under all circumstances. This means a high investment in corresponding functions and structures and their protection: Transport into the lungs with the atmospheric air, transfer into the lung capillaries and into the erythrocytes,
binding to haemoglobin in the latter, transport with the circulation into the periphery to all cells of the organism, detachment from haemoglobin, diffusion through the walls of the erythrocytes and vessels into the intercellular matrix, uptake into the individual cells, transfer into the mitochondria and there a regulated reaction with hydrogen ions for the controlled release of energy.

There are many possible disruptions along this route (illnesses, stress, age, behaviours, environment) and they are correspondingly frequent. The consequences are oxygen deficiency disorders, which – depending upon your medical training – includes a greater or lesser number of diseases and health conditions.

Accordingly, throughout the history of mankind there has been no shortage of ideas of how to improve (increase) oxygen status. So far traditional medicine and a large proportion of the related research and science have focused primarily upon developing methods and/or preparations to increase the supply of oxygen from the inhaled air to the individual cells. Bearing in mind that "only some" of it is converted into energy and a significant proportion is exhaled again "unused" (so it is inefficient), it is all the more surprising that so far the question as to how the existing oxygen could be used more efficiently has rarely been considered. Even if initially the biological knowledge about the oxygen pathway through the body was not fully understood, accurate recommendations were developed for a healthy lifestyle (nutrition, physical fitness, and harmonisation).

With increasing knowledge about the subject the types of therapy offered became more varied. They concentrated on an increased supply of oxygen in the inhaled air, an increase in the transport of oxygen into the cells and better utilisation of the same.

This paper outlines the most common processes, how they work, how they are administered, with the corresponding indications and any possible side-effects and as compared to Spirovitalisation.

**Haematogenic Oxidation Therapy (HOT)**

In HOT a small quantity of the patient's own venous blood is led through a special device and enriched with oxygen and ozone and then returned to the patient. As a rule **Ultra Violet Radiation (UVR)** of the temporarily removed blood is done at the same time and this leads to its quantum energy exciting electrons in the sense of a photochemical excitation on absorbent biomolecules.

HOT/UVR is not really an oxygen or ozone therapy because the quantities of blood removed and treated are too small.

So far the effect is only partially understood and it is perhaps best described as a stimulation and excitation therapy that triggers important biochemical processes in chronically diseased and overloaded tissue. According to its proponents the oxygen is activated and this prevents the
oxidation of lipids, promotes biological oxidation, improves cellular respiration and has a favourable effect upon blood composition, clotting, flow properties of the blood, metabolism, the immune system and general functional capacity.

According to the International Working Committee for HOT the main indications for HOT/UBV therapy are peripheral circulation problems, cerebrovascular accidents, angina pectoris, high blood-pressure, low blood-pressure, diseases of the eyes, liver, lungs, kidneys and metabolic diseases, age-related diseases, post-cancer treatment and diabetes.

There are no stated side effects.

From a strictly biological point of view the method of action is not plausible and thus no positive effects upon the disease process have so far been clearly proven.

**Hyperbaric Oxygen Therapy**

In hyperbaric oxygen therapy (also known as hyperbaric oxygenation HBO, oxygen under high pressure OHP or hyperbaric oxygen pressure therapy HOPT) the patient breathes in pure oxygen at increased ambient pressure (usually in a pressure chamber) for defined periods and at defined intervals.

On a physical level the increased ambient pressure results in more physically dissolved oxygen in the blood and on a physiological level in elongation of the oxygen diffusion pathways. This has a toxic effect upon pathogenic anaerobes and their toxin production, improves cellular defence, stimulates the formation of capillaries or the reopening of capillaries already laid down and thereby improves microcirculation and reduces oedema.

The Association for Hyperbaric Oxygen Therapy itself recommends numerous indications for its use, some of them being generally accepted indications (carbon monoxide poisoning, gas and air embolisms, gas gangrene, decompression sickness and neuroblastoma), some of them probable indications (chronic osteomyelitis of the lower jaw, slowly healing wounds as in diabetes and circulatory disturbances, side-effects of radiotherapy and inflammatory bowel diseases) and others that are contested by conventional doctors.

Possible side effects are: Lung damage, cramp, short-sightedness, nausea vomiting and barotrauma of the eardrum, which can however all be avoided if it is used properly.

**Ionised Oxygen Therapy**

(1O2Th/Engler)

The patient is offered, via a mask, a precisely defined mixture of four types of oxygen (O$_2$, O$^-$, $^1$O$_2$, O$^{2+}$) produced in a special device. These are the neutral, molecular, electron-stream basic state of oxygen; the oxygen anion (super oxygen, electron-activated, negatively-ionising oxygen such as is naturally found by the sea, in the mountains, at a waterfall or during a storm); the neutral, activated oxygen (singlet oxygen) and the oxygen cation (positively-ionising oxygen).
Negative oxygen ions should accelerate the transfer of oxygen from the lung into the blood, improve oxygen transport into the cells and optimise its utilisation there. The dissolution of pathogenic autonomic regulation rigidity has a healing effect, enhances general well-being, stimulates mental functional capacity and the growth of muscle.

Its proponents recommend it for the following indications: Disturbances in energy exchange and regulation, pain, cancer risk, as a supplementary therapy for cancerous diseases, metabolic diseases, all oxygen deficiency and oxygen utilisation disorders, rheumatic diseases, allergies, poor immunity, reduced physical and mental functional capacity, poor concentration, fatigue, AIDS, muscle tension, headaches, skin conditions, wrinkles, cellulitis, rashes, skin impurities, cosmetics, burns, wounds, pressure points, skin regeneration, acne, hair care, sinusitis, bronchitis, pneumoniosis, asthma, emphysema, stimulation of bone growth, hypertonia, hypotonia, vegetative dystonia, migraines, dysmenorrhoea, psycho-vegetative dysregulation, stress reactions, sleep disturbances, circulatory problems, disturbed circulation (cerebral, peripheral, cardiac), pre/post-apoplectic conditions, tinnitus, dizziness, sudden hearing loss, ulcus cruris, post operative rehabilitation, depression, symptoms of old age, anti-ageing, geriatrics.

No adverse effects or side-effects are given.

**Oxyvenation Oxygen Therapy**

In this form of oxygen therapy the patients receive a series of intravenous oxygen infusions over a few weeks, whereby the oxygen introduced in the form of tiny gas bubbles dissolves in the serum and is partially bound to the haemoglobin of the erythrocytes.

According to its proponents, this is a unique, highly-effective and safe method of stimulating and activating self-healing and boosting the immune system.

Its effects are described as increasing prostaglandin formation (vasodilation, inhibition of thrombocyte aggregation and washing out of oedema), as augmenting a certain leukocyte fraction (which has a favourable effect upon the immune system), increasing blood flow, as enhanced formation of endogenous free radical scavengers, as improving general well-being and overall increasing vitality.

Its advocates states the following indications: Circulatory disturbances of all kinds (legs, fingers, brain, heart, inner ear, eye), ulcus cruris, polyneuropathies, memory disturbances, sequelae of strokes, sequelae of heart attacks, angina pectoris, myocardial insufficiency, migraines, tinnitus, macular degeneration, allergies, asthma, ulcerative colitis, rheumatism, polyarthritis, Alzheimer's, Parkinson's, neurodermitis, psoriasis, chronic eczema, impotence, complementary cancer treatment, liver insufficiency and renal insufficiency.
Critics say that possible side-effects include a feeling of pressure in the chest, coughing, tiredness, pressure headache, redness in the face and activation of chronic infections: proponents regard these as temporary symptoms that prove the effectiveness of oxyvenation oxygen therapy.

[* The appearance of a gas embolism is regarded as a serious complication. Contraindications are acute infections, acute serious trauma, cardiac infarction and apoplectic insult. Until now the procedure is not acknowledged by orthodox medicine. The therapeutic effect remains controversial for the moment.]

**Ozone Therapy**

Ozone therapy consists of parenteral (e.g. injections; auto-therapy) or local (e.g. rectal) application of ozone (trivalent, high-energy variant of hardly reactive atmospheric oxygen, i.e. triplet oxygen).

The Medical Association for Ozone Therapy speaks of four main effects: Bacteria, viruses, fungi are killed (microbicidal effect); more oxygen is released (oxygen liberalisation); circulation is increased; immune status is improved (immune activation).

It is said that the liberalisation of oxygen results in a specific effect upon the glutathione system of erythrocytes, specifically influences glucose-6-phosphate-dehydrogenase and, lowering oxygen affinity, results in easier release of oxygen in the tissue.

According to users, the indications are: arterial circulation disturbances, stimulation/strengthening, in support of conventional cancer treatments, viral infections, autoimmune diseases, toxic liver diseases, skin conditions, varices, asthma and allergies.

Contraindications are heart attack, blood coagulation disorders, strokes, hyperthyroidism and pregnancy.

According to the users there are hardly any side-effects. Skeptics cite irritant gas, pulmonary embolism, circulatory collapse, hepatitis B, dizziness, nausea, headaches, arrhythmia and anaphylactic shock; certainly not a great risk if it is used carefully.

**Oxygen Multi-Step Therapy**

M. von Ardenne’s Oxygen Multi-Step Therapy consists of three steps (administration of vitamins and minerals to improve oxygen utilisation in the cells, to bind free radicals and to fill the store; inhalation of an at least 92% oxygen mixture with a flow-rate of 5-30 l/min and of varying duration; improve the circulation by increasing HMO by light, continuous or intermittent physical or mental stress).

All three steps together bring about an increase in the arterial oxygen supply and enhanced utilisation as well as neutralisation of the extra radicals
produced due to the increase in arterial pO2. The ultimate effect is a simultaneous increase in arterial and decrease in venous oxygen partial pressure and therefore an increase in the arteriovenous oxygen differential.

The cause of the positive effects is said to be the shrinkage of previously existing endothelial swellings, which hinder substance exchange and become more prevalent with increasing age, during stress or illness; also a reduction in blood viscosity and lastly an increase in erythrocyte deformability.

The Medical Association for Oxygen Multi-Step therapy states the indications as being: General loss of vitality, chronic fatigue, strengthening the immune system, circulatory disorders, metabolic diseases, memory and concentration problems, allergies, rehabilitation following heart attack and stroke, bronchial asthma and chronic bronchitis, emphysema, cardiac arrhythmia, cardiac insufficiency, angina pectoris, dizziness, circulation problems, arthroses, rheumatism, osteoporosis, spinal problems, sleep disturbances, depression, migraines, sudden loss of hearing, tinnitus, kidney diseases, rehabilitation after serious illnesses and operations, predisposition to respiratory tract infections, cataracts, retinopathy, cancer treatment and cancer prevention.

According to the proponents there are no side effects so long as the guidelines are followed. Skeptics say that overdosing leads to nausea, vomiting, headaches, dizziness, consciousness disturbances, epileptic fits, pulmonary oedema, coma and respiratory arrest – but no problems if used correctly.

**Spirovital Therapy / Spirovitalisation**

Spirovitalisation generally refers to the energizing of the inhaled air, without changing the air composition itself. This energizing is brought about by a short-term raising of the oxygen in the atmospheric air from the normal state (triplet oxygen $^3$O$_2$) to a higher energy level (singlet oxygen, $^1$O$_2$). This happens because of the effect of light of specific wavelengths in the presence of a specially-selected, patented photosensitiser.

However, this higher energy state of oxygen “only” lasts for fractions of a second before the energy that is released on its reversion to the normal state is given up to the water molecules in the air (conservation of energy principle) and inhaled together with the "normal" atmospheric oxygen of the ambient air that is saturated with water vapour.

It is possible to distinguish the following physiological or biochemical aspects that eventually leads to enhanced ATP generation:

1. The energy that is released after reversion of the previously created singlet oxygen into the normal state is used to form high-energy hydrogen bridges and can therefore be transported via the lungs to the capillaries.
2. There, by the activation of 2,3-biphosphoglycerate, more oxygen is released from the haemoglobin in the
erythrocytes (displacement of the oxygen dissociation curve to the right).

3. Metabolism of the oxygen reaching the mitochondria with hydrogen ions to form water is enhanced in the respiratory chain by the activation of the cytochrome oxidase complex and this releases a lot of energy that then serves for the generation of ATP.

4. And an additional positive effect of Spirovital therapy is the neutralisation of oxygen radicals that are constantly produced during metabolism (and are also necessary for life), but when in excess (due to stress, old-age, illness) can dramatically jeopardise the energetic situation of the individual cells.

There are four important aspects in which Spirovitalisation has the advantage over all "oxygen" therapies. At the same time it must be pointed out that it is not actually an oxygen therapy (the inhaled air is no different from normal atmospheric air) but rather an energizing of the inhaled air.

From all of the experience and knowledge so far it appears that Spirovitalisation represents a complex intervention in the biocybernetic and bioenergetic functional processes of the organism. By harmonising the basic regulation in the cells and in the extracellular matrix this leads to improved oxygen supply to all structures and there to enhanced $O_2$ utilisation. This activates the cells own energy production (ATP) and contributes towards regulating the metabolism of the whole organism.

Both preventatively and curatively, Spirovitalisation activates and supports necessary bioregulatory processes in the sense of a complete and universally-applicable measure. As a basic therapy it accompanies and promotes both prevention and rehabilitation, performance optimisation, acceleration of regeneration, clinical treatment concepts and conventional medical interventions.

An evaluation of end user information on the effectiveness of Spirovitalisation in organic diseases showed that it had successfully been used in disorders of the nervous system, respiratory tract, cardiovascular system, locomotor system, endocrine system, in metabolic diseases, eye conditions, pain and immunological insufficiency.

In the case of functional disorders end users assessed the effects of Spirovital therapy on energy status (performance, activity, load tolerance, strength, and motivation), well-being (sleep quality, mood, breathing, digestion, and immune status), regeneration (deepening, accelerating, relaxing, pulse lowering) and on the sensory system (smell, eyesight, skin, dizziness) as being very positive.

As far as the therapists’ assessment goes, they found that Spirovital therapy could usefully be used for organic diseases in dentistry, oncology, respiratory tract diseases, eye conditions, disorders of the locomotor system, the cardiovascular system, the immune system, in metabolic diseases, as an anti-ageing method and for pain as well as for inflammation and post operatively.

In the therapists' opinion Spirovital therapy has a favourable effect upon
functional disorders, in particular a drop in performance, absence of well-being, sleep disorders, immune insufficiency and poor eye-sight.

So far there are no known negative effects, side-effects or contraindications.

**Comparison between the different "oxygen therapy" methods and between them and Spirovital therapy**

The physiological-biochemical background, mode of action and indications clearly show that all so-called Oxygen Therapies are based on similar theoretical premises.

Starting on the basic premise that the main determinant responsible for life is the continuous production of energy (ATP) that can be stored and called upon at any time, it is (quite rightly) concluded that health or loss of the same is primarily due to disturbances in the very complex regulatory system related to energetic aspects. Unfortunately these are often difficult for "conventional" medicine to access (because it is much more oriented towards cellular pathology than the pathology of the milieu), whereas naturopathic healing modalities with their multifactorial approaches (nutrition, exercise, stress reduction – even active behavioural changes) are being increasingly recognised, even by conventional medicine, and are therefore becoming more significant in the holistic treatment of the patient.

These methods are intended to stimulate the endogenous regulatory and healing powers, thereby overcoming "regulatory rigidity", whereby an optimal oxygen supply acts as a catalyst (key) to generate the energy required for this.

The primary aim is therefore the optimum supply of all the cells of the body with oxygen. The individual steps to achieving this are increasing the oxygen supply with the respiratory air, enhancing the transfer of oxygen into the blood and binding of the same to the haemoglobin of the erythrocytes, enhanced release of oxygen into the peripheral tissue, an increased flow of oxygen into the individual cells and then into the mitochondria and more efficient utilisation there.

Not all of these steps can be easily, effectively or safely influenced.

[* This indicates the judgment of the individual conventional oxygen therapy by scientific medicine.]

Most frequently it is attempted to influence the supply of oxygen in the respiratory air, the oxygen carriers in the blood and their more rapid uptake/release and reactivity in the mitochondria.

According to the medical (or therapists) associations responsible for them, it is precisely this that is achieved by the "established" oxygen therapies but it must be pointed out that most of them are restricted to influencing one “set screw” (e.g. hyperbaric oxygen therapy) and that their use can trigger undesirable accompanying reactions (e.g. the increased radical production of Oxygen Multi-Step Therapy), that then has to be neutralised by additional measures.
(vitamins, minerals) and that – from a scientific point of view – there are so far no detailed explanations of how they work.

In this connection the method of Spiriovitalisation (energising of the respiratory air) that was developed a few years ago and has since been constantly improved merits particular attention.

Not only does this influence several setscrews at the same time (improving the supply of all body cells with the energy released on reversion of the high-energy singlet oxygen into its electron stream normal state because of the enhanced formation of hydrogen bridges; accelerating and increasing the detachment of oxygen from haemoglobin in peripheral 2,3 biphosphoglycerate activation; enhanced ATP generation in the mitochondria – cytochrome oxidase activation; enhanced capture of oxygen radicals – deactivation of NADPH oxidase). It does not cause any undesirable effects or side-effects, as far as we know from several million treatments. Thirdly a total of four mechanisms for its action have been identified and explained in detail and this is what elevates this therapy to the ranks of scientifically recognised methods.

Finally, a main reason for its acceptance is that on its own it incorporates the actions of other "standard" oxygen therapies but, at the same time, represents a good supplement to other oxygen therapies by intensifying their effects and neutralising their possible side-effects. Another important point is how simple it is to use – one simply wears a light nasal cannula.

Ärztegesellschaften [Physician Societies]
- Internationale Gesellschaft für Sauerstofftherapie und Forschung e.V.
- Deutsche Gesellschaft für Oxyvenierungstherapie
- Internationale Ärztliche Arbeitsgemeinschaft für HOT
- Zentralverband der Ärzte für Naturheilverfahren e.V.
- Ärztliche Gesellschaft für Ozontherapie
- Interessengemeinschaft der Sauerstoff-Ozon-Therapeuten

Prof. Dr. med. Klaus Jung, Head of Advisory Council of Air Energy / Spirovital

Prof. Dr. med. Klaus Jung is an internist, a doctor for sports medicine and natural remedies and has led the department for sports medicine of Johannes-Gutenberg-University Mainz, Germany for 25 years. Prof. Dr. med. Jung is known for more than 1,000 lectures, 100 books and articles as well as about 500 publications. He is a board member of the "International Prevention Organisation" [and the Head of the Advisory Council for Air Energy/Spirovital].

Among specialist circles Prof. Jung is known as an expert for oxygen therapies and energy metabolism. For about 5 years now he works with Airnergy and leads and coordinates the external and independent department for science and research. His contact to numerous users and last but not least his personal experience with Airnergy-Spirovital-Therapy have contributed to the fact that he has formed a solid basis for the Spirovital-Therapy to be accepted among experts and that Airnergy might be used as a basic therapy in orthodox medicine, e.g. for regulation.
Literature

Commentary on the preceding article on Oxygen Therapies by Prof. Dr. Klaus Jung

The preceding article was published in German in a recent issue of the COMED journal. With some further searching I actually found their own translation of the article into English and that is what I have included here. Clearly the translator is British and our American colleagues will have to struggle through the British-style spellings throughout the article. I thought it more appropriate not to mess with their translation other than formatting for our newsletter and inclusion of 2 additional paragraphs found in the journal.

Prof. Dr. Klaus Jung has done some good research on this topic and it is clear that he is on the advisory council for the Air Energy/Spirovital Company. This is okay – no criticism intended, but it does tend to color some of his comments. And it allows me to add some additional comments. I particularly like the way he addressed all of the various forms of oxygen therapy that are on the market. Each method has its proponents, its specific applications and – accordingly – its own drawbacks and contraindications.

The only exception to that is the Ionized Oxygen Therapy (IO2Th/Engler). You will notice that the listing of indications has grown considerably and that to date “no adverse effects or side-effects are given”. That is impressive and completely concurs with research done through OIRF.

During the time that the AirEnergy devices were being introduced in Germany and North America, OIRF purchased one and utilized it in our practice for some time. Although results were quite good, and normally fell within the claims and indications made for it, we found that those results were achieved much more quickly and effectively with the Ionized Oxygen, especially in a medical or clinical situation.
Ionized Oxygen is a therapy that OIRF has recommended for decades (through several models and companies), and which is used on virtually every patient coming through our (now limited) practice. In comparison to the AirEnergy/Spirovital the most important distinguishing feature is that instead of inhaling the ambient air (which is often contaminated and always impure) – the patient is inhaling pure oxygen either from a tank or a concentrator which is then ionized or energized by the device. The patient simply breathes the pure ionized oxygen as delivered through the mask. Because the body does not need to process or metabolize the inhaled oxygen, it becomes an immediate energy donator.

The Ionized Oxygen Therapy (IO2Th/Engler) is fast and effective as a standalone therapy for the indications mentioned in the professor’s article (and many more), and works extremely well in conjunction with BioPhoton Therapy, Magnetic Field Therapy and especially MORA Therapy. I think of it this way – as a progression:

- The Ionized Oxygen energizes the body and provides healing impetus
- The BioPhotons take that energy and impetus and communicate it directly into the cells
- The Magnetic Field Therapy realigns the energy of the body allowing it to “rest” from external stress and geopathics, and making it more receptive to healing, while
- MORA Therapy teaches the body how to recognize disharmonic (disease) information and invert it into harmonic (healthy) information.

This is a powerful combination of therapies. With whatever diagnostics you are implementing in your practice, each of these therapies can be utilized individually or in combination. But, here at OIRF we always start with the Inhaled Ionized Oxygen from Prof. Dr. Ivan Engler.

You can see and hear about all of these methods at the forthcoming Biological Medicine Symposium 2012. There will be lectures on each method, workshops on some of them and if you visit the OIRF information tables you can see them in action. Call Elaine today at 800-663-8342 to register for this conference.

Carolyn
Carolyn L. Winsor-Sturm
Managing Director, OIRF
Biophotons in Diagnostics
Progress and Expectations
By Roeland Van Wijk\textsuperscript{1} and Eduard P.A. Van Wijk\textsuperscript{2}

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The following article was prepared exclusively for Occidental Institute Research Foundation specifically for publication in a previous issue of “The Bridge”. It provides an excellent introduction to the work of Prof. Dr. Van Wijk and to the more in depth presentation he will give to participants of our forthcoming \textit{Biological Medicine Symposium 2012}.

Introduction

The concept of the basic bioregulatory system (German: Das Grundsystem), enriched with system theory, has a long history. It has been developed alongside the cell pathology model and now becomes more and more a central theme within the scientific and medical communities of naturopaths, acupuncturists and neural therapists. This paper emphasizes that the bioregulatory concept is maturing into an accepted regulatory and communicative body-wide system of connective tissue structures containing distinct electromagnetic and light communication properties. It may presently be included as the third body-wide system next to the blood and neural systems that facilitate the distribution of information that initiates systemic activity. Biophoton properties are presently studied for their diagnostic value based on the energy/information properties of connective tissue.
A concise history of the Basic BioRegulatory System (BBRS)

The concept of BBRS is rooted in fruitful European scientific endeavours of more than 200 years. Historic highlights and steps in research follow [1].

1767 Bordieu
Postulates an organ that provides all tissues for their nutrition and is an intermediate for their collaboration. It is the most exploited organ of the body and extends to all parts. In this organ, the essentials of disease processes reside.

1845 Reichert
Recognized the connective tissues as being of vital importance for the body. He emphasized that nowhere in the body is there a direct contact between (vegetative) nerve endings, capillaries and parenchymous cells. An interstitial substance always separates them. It functions as the intermediary for (vegetative) nerve action and nutritional trafficking.

1857 Bernard
Appreciates the importance of the internal environment in the functioning of the organism: ‘La fixité du milieu intérieur est la condition de la vie libre.’(the constancy of the internal environment is the condition for a free life).

1869 Von Rindfleisch
Elaborates on Bernard’s thoughts in his criticism of Virchow. His notion was that the area of local disturbances (Bernard’s Terrain) encompasses three components: a.) the cell of the loose connective tissue, b.) the capillaries, and c.) the (vegetative) nerve endings. Later, he called these components cellular, humoral, and neural components, respectively.

1910 Buttersack
Proposes that the system formed by the loose connective tissue network not only functions as an intermediary between blood / lymph and parenchymous cells but that it has its own structure and physiology.

1921 Schadé
Investigates the physical chemistry of the system. The collagen fibers that are present as a loosely knitted network during swelling, are able to absorb large amounts of acid. It is presently known that homeostasis of the acid/alkaline exchange primarily resides in the interstitial tissue.

1928 Standenath
Reviews the qualities and functions of the system:
1.) it is an intermediary for metabolite and fluid flow between the capillary system and parenchymous cells; 2.) it governs metabolism by regulating levels of the mix of water, ions, and nutrition; 3.) it has storage capacities; 4.) it regulates tonus; and 5.) it has immune and defense functions.

1949 Eppinger
Compiled the facts about the behavior of the system during illness. Under normal conditions, the system of pores and crevices that delineate the organs is hardly visible. Only after swelling, due to some pathology, can it easily be discerned. The volume of the extracellular fluid within the entire human system normally amounts to approximately 16 litres. All loose connective tissues amalgamate
Throughout the body. The extracellular fluid within it flows at a slow, but constant rate.

1949-1975 Pischinger and his co-workers approached the system from the perspective of experimental histology. They were able to present a synthesis of most known facts leading to the concept of Das Grundsystem. Many cell types and structures such as the reticulo-histiocellular/macrophage system and vegetative nerve endings were identified. Particularly important is the notion that the system originates from the mesenchym. This foetal tissue, which is assembled from cells from within mesoderm (the second germ layer) and neural crest cells, is in fact the embryological counterpart of the basic bioregulatory system in the adult. It has very important developmental biological functions. It took to the 1960’s to establish the characteristics of the neural component. It could only be accomplished by incorporating the clinical experience from neural therapeutics.

1975 to now

Virchow’s inheritances boomeranged within the realm of Bernard’s ‘terrain’ or Von Rindfleisch’s ‘confining physiological conditions’. Modern cell biological research leads to questions regarding interactions between cells and their direct environment as expressed in e.g., the developments in extracellular matrix biology, immunology and the puzzling mind-body interrelationships between present day neuropeptide research.

The relationship between the basic bioregulatory system and the extracellular matrix, which constitute the interstitium of body cells, sculpts the field wherein modern academic research merges with the aforementioned classical concept.

The extracellular matrix (ECM)

The first major component of the ECM consists of different glycosaminoglycan (GAG) or mucopolysaccharide species. They are long rigid macromolecules composed of repetitive disaccharide units including at least one amino-sugar moiety. They derive their high cation / water-binding capacities from the high density of negative charges on their surface. This, together with their rigidity, presents in a very voluminous manner (a 1% GAG solution already forms a hydrated gel). Within the basic bioregulatory system their presence enforces turgor maintenance. Turgor is largely dependent on the pH of the system and hence the acid/alkaline balance of the body. An acid pH (high concentration of cationic H+) shields the negative charges on the surface of the GAG’s and depresses their water binding capacity. This results in low turgor. The reverse happens at a more alkaline pH.

Proteins form the second major component of the ECM. Collagens are the major proteins of the extracellular matrix [2]. Collagens are a family of fibrous proteins. Their behaviour with respect to pH resembles that of GAG’s. A low pH diminishes their mutual attraction. Consequently, bundles of tendons and/or networks of loose connective tissue swell. The reverse happens at a pH >7.

The special connective tissue structural features are best appreciated by comparing epithelium and connective tissue
with respect to the relative contribution of cells and extracellular matrix. Cells in connective tissue are plentiful but sparsely distributed within the extracellular matrix. Direct attachments between one cell and another are relatively rare which is in contrast to epithelial tissues. The large extracellular space is, generally, composed of a variety of proteins and polysaccharides that are locally secreted and assembled into an organized network (matrix). The variations in the relative amounts of these macro-molecules and the way in which they are organized gives rise to a diversity of forms, each adapted to the functional requirements of the particular tissue. The matrix can become calcified to form hard structures of bone or teeth as well as the transparent matrix of the cornea. The matrix can also evolve into a ropelike organization that gives tendons their tensile strength.

Collagens have special electrical and electromagnetic properties. The ordered network of water molecules connected by hydrogen bonds and interspersed within the protein fibrillar matrix of the collagens is especially significant. Such a network may support rapid jump conduction of protons. Proton jump-conduction is a form of semi-conduction in condensed matter. This has been confirmed by dielectric measurements demonstrating that the conductivity of collagen is a function of the collagen fibrillar structure and, in addition, increases significantly with the amount of water absorbed. Conductivity along the length of a fiber is at least one-hundred times more than crossing the diameter of a fiber [3,4]. Dielectric and electrical conductivity properties in the connective tissue facilitate greater sensitivity to mechanical pressures, pH and ionic composition [5, 6]. Therefore, weak signals of mechanical pressure, heat or electricity may be readily amplified and propagated by a modulation of proton currents or coherent polarization waves [7].

The special electromagnetic properties of connective tissue have led to speculation that this tissue, in its highly structured form, has similar collective properties of photon emission dynamics. Evidence of such came from photoinduced delayed luminescence characteristics of bovine Achilles’ tendon [8]. The tendon is a quasi-unidimensional, hierarchically ordered tissue containing aggregates of the collagen triple helix. The delayed reflecting luminescence of tendon is dependent on the order parameters of the system. For a description of the delayed luminescence, it is necessary to consider the existence of collective electronic states [9,10]. Special photon transparency properties have also been observed by using collagen gels and collagen fibrils extirpated from rat tails. Research concluded that the collagen structures both conduct and modify photon pulses coming from biological sources [11].

Additional arguments for special optical properties of particular forms of connective tissue originate from recent studies on primo-vessels. In the early 1960’s, Bong-Han Kim claimed that he discovered such vessels which he presumed to exist as a novel circulatory system throughout a living being [12]. The vessels are specially characterized by their high, in vivo affinity to staining which discriminates them from background tissue such as dermis, muscles, and similarly appearing lymphatic vessels [13].
The intense infiltration of stain is histologically understood to be due to its multi-lumen structure of loose collagenous openings and pores at the outer boundary. These primo-vessels have been studied for their optical properties compared to those of the surrounding tissue (dermis and muscles). The primo-vessel contains lower absorption and scattering coefficients. It appears more transparent than its surrounding dermis and muscle [14,15], suggesting that it can transport light with high efficiency and act as an optical channel [16]. A recent, interesting development is the study of light transparency of artificially prepared collagen gels (particularly for ultra-weak photon emission). Preliminary research was performed regarding the transparency of collagen gels for enzyme-dependent ultra weak photon emission produced by the Xanthine oxidase – Xanthine enzyme system in combination with the enhancer Methylated Cypridina Luciferina Analog (MCLA). Preliminary data demonstrated that collagen gels increase photon emission, suggesting that the collagen fibril in the macro structure of connective tissue may play a role in light-piping within connective tissue [17].

The anatomy of (human) ultra-weak photon emission

During the last several years, considerable research has been done with the objective to collect knowledge about the anatomic pattern of human photon emission. A study regarding spontaneous human ultra-weak photon emission began with a systematic multi-site recording utilizing 29 anatomic sites. This selection was made in order to obtain the quantitative UPE distribution for a.) right-left symmetry, b.) dorsal-ventral symmetry, c.) the ratio between the central anatomic location and extremities and d.) flat versus highly structured anatomy. The recordings were accomplished with a photomultiplier highly sensitive in the visible regions (300-650nm). Data demonstrated that variation in photon count over the body depended on the subject and on the time of day. Studying emissions in the morning and in the afternoon demonstrated that the increase of emission confirmed different patterns. In many cases, a location with high-emission in the morning migrated to a further increase in the afternoon. Although the body emission pattern was highly idiosyncratic, the patterns shared some general features: Emission from the hands and head were commonly higher than from other body locations. Higher values were also recorded for elbows, knee and feet. If large fluctuations occurred, right-left symmetry remained, but dorsal-ventral symmetry could not be observed. Body parts that were more shaped and structured emitted more than the relatively unstructured (flat body parts). The authors made the suggestion that there might be a correlation with lack of homogeneity of the electrical field of the body surface (spike effect) [18, 19].

Another system utilized to characterize anatomic distribution of spontaneous human photon emission was the two-dimensional imaging technology using a cryogenically cooled CCD camera system. It was used in various studies to measure photon emission from the upper frontal torso, head, neck and upper extremities of subjects [20-23].
emission intensity around the face and neck was highest and gradually decreased first over the torso and subsequently over the abdomen. Photon emission intensity from the face was higher than from the body. Moreover, photon emission intensity from the face was not homogeneous: only the central areas around the mouth, cheeks, and probably teeth were relatively high. Although the hands (both dorsal and ventral) demonstrated relatively high emissions, the nails produced higher emissions than the anterior-ventral (fingerprint) sides.

Subjects differed in overall emission intensities. Photon counts of subjects ranged between a factor of 4 to 5. The etiology of a.) the “common” pattern of emission, b.) the differences in overall emission intensities between subjects, and c.) the diurnal and annual fluctuations within a subject are presently under investigation. It is interesting to distinguish two major lines of research: a.) the relation to ROS and b.) the mechanical origin of photon emission. Following early research in Eastern Europe, many scientists have used photomultipliers to measure the light emitted by ROS-generating systems in vitro. These studies have been extended to tissue and whole organisms. The ultra-weak photon emission (UPE) is related to direct utilization of molecular oxygen and the production of electronically-excited states in biological systems (in particular, the oxygen dependent chain reactions involving biological lipids) [24,25]. In mitochondrial and microsomal fractions, singlet molecular oxygen appears mainly responsible for the observed UPE. Both the differences in overall intensities between subjects and the diurnal and annual fluctuations within subjects may be traced back to physiologic conditions.

One such situation is the effect of ischemia – reperfusion of ROS. Cell functioning is dependent on the availability of oxygen and the functioning of the respiration process. Respiration is, in principle, a cell-based process in which mitochondrial proteins play an energy formation role in the formation of ATP. Since the respiration enzyme processes are not perfectly tuned, a small percentage of oxygen in this process will end up in the form of reactive oxygen species. However, it can be considerably increased when tuning between metabolic reactions becomes less. Tissues that become hypoxic or ischemic survive for a variable time depending on the tissue. They respond to ischemia in a number of ways. If the period of ischemia is insufficiently long to damage the tissue irreversibly, much of it can be salvaged by reperfusion of the tissue with blood and re-introducing O₂ and nutrients. However, it was demonstrated in the early 1980’s that re-introduction of O₂ to an ischemic or hypoxic tissue could cause additional insult to the tissue (reoxygenation injury) that is, in part, mediated by ROS. The relative importance of reoxygenation (often called reperfusion) injury depends on the time of ischemia / hypoxia. If the reactive oxygen is able to react, it does so with many types of molecules, including DNA, lipids and proteins. Free radicals and other ‘reactive species’ play important roles in living systems and have been implicated in the pathology of many human diseases [25].
It was evident from the research data that body parts shaped and highly structured (and/or mineralized) emitted more than the relatively unstructured, flat body parts. Such data suggest a special role of the highly structured (and mineralized) connective tissues in the ultra weak photon emission. In a few studies, attention has been paid to the photon emission of mineralized connective tissues, particularly in human bone, dentine and enamel. Bone is a specialized connective tissue composed of an organic matrix of type I collagen that is eventually mineralized with an inorganic phase of calcium hydroxyapatite-like crystals. Main components of teeth include the enamel, dentin, pulp and the periodontal ligaments. The enamel is highly mineralized to provide the strength to withstand the force of mastication and to protect the dentin. The dentin consists of mostly collagen and forms a structure called a dentinal tubule that radiates from the pulp to the enamel and cementum. The mineralized tissues display the property of phosphorescence, a long-term luminescence, at a relatively high intensity. Photon emission has been specifically related to the semi-conductor properties of these tissues.

The phosphorescence of calcified tissues arises principally from the organic moiety [26]. Collagen may exert this control over apatite structure through surface contact. The separation of collagen and apatite revealed that both the decollagenation and demineralization initiated a reduction in fluorescence compared with the original whole bone. This would be compatible with the knowledge of the semiconducting properties of bone. Nails are another example of a highly structured hard tissue. Keratin is the major protein in nails. The mechanical strength of keratin is determined, in part, by the content of the sulphur containing amino acids that form disulphide linkages within its tertiary structure [27]. Phosphorescence studies on nails, however, have not been found. However, it is evident, that the relationship of human “common” pattern of ultra weak photon emission to bone, tooth and nail phosphorescence (specifically in relationship to flexibility and concomitant changes in the structure of the organic matrix and semi-conductor properties of the tissues) requires further research. This research may further confirm the complexity of connective tissue resulting in both its light-piping properties and light storage capacity discussed above.

Functional integrity of physiologic systems in relation to balanced corticoneuromusculoskeletal activities

The discussions regarding a.) connective tissues and their regulatory properties relative to oxygen and nutrient supplies, b.) photon emission and photon storage capacities of different types of connective tissues, and c.) ultra weak photon emission and bone (i.e., skeletal dynamics) offer intriguing perspectives for developing a more holistic approach to health and disease vis-à-vis photon emission. It is based on the integrity of the body vis-à-vis the musculoskeletal system in health and disease. Body functions are not dependent on sharply compartmentalized anatomic or self-limiting physiologic systems. Instead, the body functions as an integrated unit. The
functional unity of the body cannot be understood without the musculoskeletal system (which comprises 60 percent of the body mass).

As one considers the organism in its entire dynamic functioning, one must appreciate the coordinated distribution of force exerted by muscle activity upon the skeletal (bony) structures and controlled by sympathetic nerves. The major challenge of such dynamic muscle activity demands a rapid adaptation and redistribution of its available oxygen and nutrient supplies for that activity. The cerebral cortex might assist with the challenge by coordinating the muscle movements with visual and other sensory information. Such a joint effort requires a rapid, efficient systemic coherence. This motor system as a whole from intention to behaviour has often been called the corticoneuromuscular network. The documentation of these highly interrelated physiologic activities include synchronization or cross coherence [28].

Discussion and Conclusion
This review addressed scientific evidence for an energy/information system in the body that is associated with a.) properties of connective tissue and also b.) contains distinct electromagnetic and light communication properties. Is biophoton emission an effective biomarker that can be utilized scientifically to quantify the existence of energy distribution balances?

The paper describes the two origins of photon emission related to energy shifting in disease. The first is triboluminescence, particularly of bone tissue (skeletal structures). This mechanically-induced luminescence may explain the initiation of the previously documented anatomical pattern of emission (including left-right (im)balance/(a-)symmetry) in disease states. The second is enhanced photon emission under conditions of local (organ) ischemic-reperfusion fluctuations when the tuning in the corticoneuralmusculoskeletalunity is disturbed. Considering the organism in its entire functioning, the most dynamic and remarkable feature is its rapid local flexibility. Such is based on highly organized systemic and/or local biochemical and physiologic shifts within the muscles of arms, legs, hands or fingers. Such flexibility always challenge the local supply of oxygen and nutrients.

The basic bioregulatory role of connective tissue then becomes more evident. The connective tissue forms a structural, functional and communication, initiating energetic continuum extending into every nook and cranny of the body vis-à-vis oxygen and nutritional regulation by the autonomic system, arterioles, and very fine capillaries that penetrate as close as to every tissue cell. This line of thinking brings the classic anatomic and cellular physiologic data of the basic bioregulatory system into concordance with the photon communicative and photon storage properties of the differentiated parts of the connective tissue.

Acknowledgments
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References:

References (Continued):

Biological Medicine Symposium 2012
Diagnosis and Therapy Applications
For Your Biological Medicine Practice
June 15-17, 2012
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Plus lectures from 10 internationally recognized researchers and clinicians covering:
- Biological Dentistry
- Biological Medicine Therapies
- BioResonance Therapy
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- Magnetic Field Therapy
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- June 14, BioResonance Workshop introducing the MORA Nova with Dr. Uwe Uellendahl

Keynote Speaker:
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This is one of the most pleasant times of the year in Vancouver. Combining attendance at this Symposium with a visit to one of the most beautiful and "livable" cities in the world is a unique opportunity for all. Our lecturers are prepared and excited to inform you of their latest findings and experiences. Register today to join us for this distinctive and educational program. We are looking forward to seeing you there!
As the 30th anniversary of my practice approaches, I have been reviewing the different concepts of treatment and the modalities I have used over the years. While some have come and gone, others have been recognized as valid and have evolved into a sustaining part of my practice.

One of the most valued and helpful concepts I have discovered is the identification of blocks to healing. In the beginning of my practice I didn’t always understand why some patients were just not responding to my ‘best’ therapies. Refusing to accept defeat I continued to question why and discovered that many people had long standing, often forgotten, underlying conditions that had significant ongoing impact on their overall wellbeing. By applying the concept of ‘Blocks to Healing’, I have helped thousands of patients regain and achieve maximum wellness. In this article I would like to share what I consider to be the seven most common and treatable blocks in the healing process.

1. Environmental Toxicity. As well as disrupting and suppressing the immune system, heavy metal intoxication can irritate the nervous system and influence biochemical processes, sometimes leading to behavioral disorders, learning disorders, inability to form and maintain satisfactory interpersonal relationships or general unhappiness or depression. Some heavy metals can contribute to neuropathies, hemolysis, anemia and Raynaud’s syndrome. As our external environment continues to become more polluted our body’s detoxification processes are overtaxed. By overburdening this process we set up a vicious cycle of poor detoxification, leading to more accumulation and sequestration in deep tissue. Testing for specific heavy metals can be done through hair analysis or provocative urine testing, to determine actual load of specific metals. VEGA or EAV testing, while not appropriate for determining measurements of accumulation, can be used to determine presence of specific metals and metabolic waste and what pathogenic influence they may be initiating, supporting or advancing. Pollution from chemicals and pesticides is ubiquitous in our air, water and food supply. VEGA or EAV testing is
useful to determine the specific toxin present and how well your patient’s organs of elimination are working and providing appropriate detox support. The MORA can create the specific nosode needed in conjunction with liver support, pH balancing, saunas, dietary support, botanical and/or nutritional supplements. As toxic loads are reduced energy and sensitivity to treatment rises and the patient is better able to make gains in overall health.

2. **Geopathic stress** comes from living close to or directly over faults in the Earth’s crust. These faults are created by underground streams, geomagnetic zones over mineral deposits or areas of high traffic that create vibrations. These are subtle yet powerful influences on our health. The most negative health effects are manifested when you sleep over these geopathic disturbances. Some symptoms include infertility and nervous system irritability. A simple solution is to move the bed a few feet from its original position and watch for symptom improvement. You can also have the bedroom assessed by a professional dowser. Electromagnetic smog arises from electrical outlets, appliances or electronic devices in the bedroom. Many patients are sensitive to electromagnetic radiation but don’t know what the problem is. Testing for electromagnetic stress can be done with a REBA device, dowsing or an electromagnetic detector that determines emissions from appliances and outlets. The easiest treatment is shutting off the electrical breaker to the bedroom so no EMF’s are present in the room. This can then be followed by a homeopathic detox therapy.

3. **Scar tissue** from a surgical procedure or trauma can cause interference in the local area and can extend through the formation of adhesions. Scar tissue and the associated adhesions can grow in long strands that have the potential to impinge and impair blood, lymph and energy in local or remote sites. Local treatment of a scar can improve function at a distant site that appears to be totally unrelated to the scar. This phenomenon is known as a ‘lightning reaction’. By testing with VEGA or EAV along the scar you can find the interference in the energy flow or you can make an assessment by patient symptomology. Assume that scars are a contributing factor to chronic health problems and treat them. Acupuncture or neural therapy can be used to physically break up the scar tissue and be repeated as needed. Treatment will improve blood, lymph and energy flow in local and remote areas, often resolving long standing issues.

4. Dental interferences can be a major contributor to ill health in the form of heavy metals, physical blockages in acupuncture points and meridians, chronic infections and structural abnormalities. VEGA or EAV testing can give you an indication of dental interferences. However the best solution for your patient is to collaborate with a biological dentist who can assist with the complexities of treatment. From a naturopathic point of view, treatments can include a
variety of homeopathic and botanical remedies for detox and overall system support.

5. **Damage from acute, chronic or undiagnosed congenital toxins or infection** have long challenged the physician. In some cases the active infection is long gone but a lasting immunologic effect remains switched on. Some of the most effective treatments for this include the *Sanum Ploysan and PeoSan* remedies. Chronic infections (bacterial, viral, fungal or rickettsial) create inflammation and cellular damage and require intense treatment to resolve. Some areas of potential chronic foci are the sinuses, appendix, uterus, prostate, teeth and emotions. Diagnostics include patient history, EAV or VEGA testing, blood cultures and immunological testing. In chronic cases consider the energetic effect of infections as well as blood work parameters. The treatment may include pharmaceuticals, botanicals, homeopathics, nosodes or isopathic remedies.

6. **Allergies or intolerances** can be transient, acute or chronic. A true allergy is something that will always illicit a serious immune response. While an intolerance is often a delayed reaction to foods, chemicals or inhalants. Allergic manifestations may involve one or multiple body systems. The resulting reaction may affect the nervous system, brain, GI tract, musculoskeletal system, genitourinary tract, the skin (hives, eczema, etc) respiratory tract and the cardiovascular system. Diagnostics include patient history, food avoidance and reintroduction, VEGA or EAV testing or blood analysis. Food avoidance is the first stage of treatment. For the past 20 years I have relied on MORA Therapy for desensitizing my allergy patients.

7. **Psychological trauma and stress** can influence every aspect of a patient’s health. Some patients view chronic stress as a sign of weakness and are reluctant to discuss their issues. In many cases, without treatment of the psychological state, there is little hope of affecting a physical improvement in the patient no matter how appropriate the chosen therapy. In these cases I use a combination of physical detox, counseling either with myself or another qualified professional and homeopathic support. Some of the most effective remedies I have found have been the Rubimed remedies. The Rubimed remedies combine homeopathic treatment for the mind-body connection by addressing both physical and emotional issues relating to a specific area of the body.

In this article I have shared the types of testing and treatment I have chosen to use in my practice. I have selected these devices and treatments based on my clinical experience and expertise. There are other manufacturers and devices on the market that may give you similar success, but these are what have worked for me.
POINTS OF INTEREST

Submitted by Dr. Sir Zenon Gruba: **Water Before Bedtime**

[Zenon's note: I don't know if this works – but it's worth a try!]

About 90% of heart attacks occur early in the morning and it can be minimized if one takes a glass or two of water – NOT grog or beer – before retiring in the evening.

I knew water is important but I never knew about the special times to drink it. Did you??

![Image of a water bottle](image)

**Drinking water at the correct time maximizes its effectiveness on the Human body:**

1. glass of water after waking up – helps activate internal organs
2. glass of water 30 minutes before a meal – helps digestion
3. glass of water before taking a bath – helps lower blood pressure
4. glass of water before going to bed – avoids stroke or heart attack

![Diagram of water's benefits](image)
FAQ's, Politics and History

By Carolyn L. Winsor-Sturm

At a recent conference I was delighted to join a group going out for dinner. As always the discussions going around the table of some dozen biological medicine doctors were excited, at times heated and always interesting. At one point I grumbled (I thought quietly) about a lecturer of that day telling us how he was personally responsible for bringing Biological Medicine to North America and in the process not being respectful of the long history of the field here. As I mumbled away (under my breath I thought) I was challenged by one of the younger docs.

“Why do we need to know the history? And, why should I be interested in the politics? Just because you don’t think Dr. X is doing it your way doesn’t mean it’s wrong – right?”

Well that’s a lot of questions and a lot of rightly deserved challenge. I mumbled a few answers and the discussion was picked up by Dr. Dhanani and a few others as we ate and talked and laughed. But I’ve been thinking about those questions for awhile now, and I still truly believe that it is important to know and remember the history of this field – not only in North America but in Germany where many of these methods originated.

First, why do we need to know the history? Well there is the old saying about not knowing your history condemns you to repeat it. And I see that happening all the time. We see all kinds of devices coming onto the market that claim, for example to do EAV testing. Do we all remember what “EAV” stands for? Most of us remember about Dr. Voll and his development of an electronic version of measuring the acupuncture points. But when all these device copies started appearing on the US market, somehow they never worked the same. Why? Because they didn’t bother to check the history of the method in Germany where it was developed and the technical parameters of the devices were different. But if the devices were different why were they continuing to use EAV as their reference? And, why did they stop giving credit to Dr. Voll and his colleagues? This scenario is only one example.

It was scenarios like this why the Institute stepped in and insisted that if a device was going to claim to do EAV it had to meet those same technical parameters so that our measurements would work the same as those in Germany. With respect to that history of EAV, it was at this point when we started to see a change in the acronyms to things like EDS (electro-dermal screening) and so on. When new methods and technology are being developed based on such historical models let us remember to give credit where credit is due, and own up to the changes and developments made separately.

And then, why should we be interested in the politics? Since I have been involved in this field for more than a few years, the politics are a lot of fun for me personally. I can remember when Med-Tronik first opened their doors, and when Dr. Schimmel first developed and talked about VEGA. I remember the struggles that the various companies and researchers have faced both in Germany and here in North America.

Today when I see a company claiming to have initiated a new method or technique, I can usually see that the engineer Mr. X used to work for company Y and is now doing this on their own or in conjunction with company Z. “So what?” you are asking.
As has been the tradition and mission of OIRF over these past many years, we must maintain respect for the innovations of the past. It is only with an understanding of the reasons why there has been so much change (i.e., Mr. X was a disgruntled employee and sought a way to make money on the technology he learned at Y, or new ideas were unwelcome at Y and he sought another company to support his research, or . . .).

In many ways it’s like a mystery story – first you look at the family (people) involved and then follow the money to find out “who dunnit”. But it’s always linked to the history. Without an understanding of the history you cannot see or differentiate what is the politics of today, what are true innovations or what is trash.

And then back to the question of “why does this matter?” When you as practitioners hear about a method, or technique or device, why do you need to know the history? Quite frankly it makes the difference between wasting your hard earned dollars on junk that is trying to re-invent the wheel under their own banner, or finding that gem that will change the nature of your practice forever.

Over the years OIRF has diligently worked to ensure that you are hearing about the methods or techniques that work – that do the job that is claimed for them. As a non-profit (non-commercial) entity our mission and emphasis is to put the device or technique into your practice that will do your job.

When I hear questions from our members like “I know you don’t like VEGA, but it works great in my practice and I want a device that includes that technique.” Well, clearly there is a missing bit of history and politics here – and I’m not going off on that tangent again. Suffice it to say that there are reasons we no longer recommend dealing with the VEGA (or WEGAMED) Company itself. But the method is very effective, viable and efficient and we support our members using this method to the best of our ability.

I know that sometimes history and “the politics” are boring and seem to be a waste of time. So please forgive my little jaunts down memory lane. As you listen or read my comments, we ask you to help us to respect the innovators, researchers and clinicians of the past while we move into the exciting future of Biological Medicine.

Dr. Reinhold Voll

Dr. Fritz-Albert Popp
**Mission Statement**

Occidental Institute Research Foundation functions as an information and technology bridge linking top German practitioners and suppliers involved in aspects of Biological Medicine, with progressive English-speaking practitioners worldwide.

By providing membership newsletters, exclusive books and publications, hands-on seminars, video/DVD training, instrumentation recommendations and yearly clinic and lecture tours to Germany, OIRF promotes the growth of German Biological Medicine throughout North America, and in other countries.

OIRF is a nonprofit society supported by its Membership base. As a research organization we are constantly seeking and evaluating new approaches to health care for our Members.

**OIRF Instrumentation Policy:**

As a non-profit research organization, we are **not** here to sell you equipment! Rather, we are here to educate and inform our affiliated Research Associates (members), and to make instrumentation recommendations based on our years of research. Then – on a not-for-profit basis – we can assist you with the purchase that will work best in your practice for the most reasonable price. Please call our office for a no cost / no pressure consultation.

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**ACTIVITIES, SEMINARS & NEWS**

Several of the activities and products outlined in the announcements on these pages are not produced or sponsored by OIRF, but rather by the firms and individuals named. This is **not** paid advertising within our membership newsletters and OIRF receives no funding or remuneration from them. Only items or activities that would be recommended by OIRF are included within this column.

**North West Naturopathic Physicians Convention (NWNPC)**

Convention takes place in Blaine, Washington from May 17-20, 2012. This is always and exciting and well attended conference. Click on the picture above to visit their website for more details. Visit Elaine and Carolyn at the Institute’s information table. See you there!

**The 46th Medicine Week Congress / OIRF Germany Tour #39**

Dates for the 2012 Medicine Week Congress have finally been published and it will run from Wed. Oct. 31 through Sun. Nov. 4, 2012. Our Germany Tour will be coordinated with those dates so that we are more easily able to hear the speakers already in attendance for this event.

Dates for this year’s Germany Tour #39 have also been set for Tues. Oct. 30 through Mon. Nov. 5. Focus of this tour program is to introduce you to a broad range of applications and technique in Biological Medicine. Our emphasis will be on educational aspects and information on innovative new techniques with reduced travel. All details and itinerary will be available shortly.
# OIRF Calendar of Events 2012

<table>
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<tr>
<th>Event</th>
<th>Lecturers</th>
<th>Dates</th>
<th>Details/Contact</th>
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<tr>
<td>Pleo-Sanum Conference, Tempe, Arizona</td>
<td>Thomas Rau, MD, Michael Margolis, DDS Michael Gerber, MD Gudrun Mekle, MD</td>
<td>February 16 - 18, 2012</td>
<td>biomedicine.com Completed – What a great conference!</td>
</tr>
<tr>
<td>NorthWest Naturopathic Convention, Blaine, Wash.</td>
<td>Various, inc'g Dr. Jeffrey Bland, Dr. Peter D'Adamo Dr. Bruce Lipton Dr. Alex Vasquez</td>
<td>May 17 - 20, 2012</td>
<td><a href="http://www.nwnpc.com/convention">www.nwnpc.com/convention</a> Visit Elaine and Carolyn at our Information Table #334</td>
</tr>
<tr>
<td>Biological Medicine Symposium 2012, Vancouver, BC</td>
<td>Various inc'g Dr. Roeland Van Wijk Dr. Uwe Uellendahl Dr. Ted Cole Dr. Dick Thom Dr. Gary Verigin</td>
<td>June 15 – 17, 2012</td>
<td><a href="http://www.oirf.com/symposium2012.html">www.oirf.com/symposium2012.html</a></td>
</tr>
<tr>
<td>OIRF Germany Tour #39</td>
<td>Various inc'g Dr. Ted Cole Dr. Juliane Sacher Dr. Frank Beck</td>
<td>Tuesday, Oct. 30 to Monday, Nov. 5, 2012</td>
<td><a href="http://www.oirf.com/germany2012.html">www.oirf.com/germany2012.html</a></td>
</tr>
</tbody>
</table>

Visit the Institute’s Information Table at Booth #334 at NWNPC!
FEATURES OF THE MONTH:

On the following pages you will find some brief information on the instrumentation mentioned in this and previous Issues of “The Bridge”. For full details please see our website at www.oirf.com or call us at 800-663-8342. I look forward to your phone calls. Special member and exchange rate discounts are available for these features.

For Volume 8, Issue #2 see information on the following featured devices:

- Inhaled **Ionized Oxygen** (IO2Th) therapy from CSTronic
- **BioPhoton therapy** from Medical Electronics
- **Pulsed Electro-Magnetic Field Therapy** from Advanced Medical Systems
- **MORA Nova** BioResonance Therapy from Med-Tronik
- **MEDISEND protect®** from Advanced Medical Systems

Plan to attend the OIRF **Biological Medicine Symposium 2012** in Vancouver, BC Canada, June 15-17, 2012. This is your opportunity to see, learn about and play with most of these devices. Don’t delay – register today! And we look forward to seeing you in Vancouver.
The oxygen Ion 3000 by Dr. Engler is a so-called oxygen-ionizator which enables you to enrich medical oxygen with electrical charge carriers in the form of “oxygen-cations” or “oxygen-anions”. The administration of enriched oxygen is carried out via an oxygen mask. The oxygen quantity varies between 4 and 8 liters, yet the changed charge quantity has to be considered. The therapeutic session lasts 12 minutes. As an alternative, oxygen concentrators may be used instead of oxygen cylinders.

Because of the state-of-the-art processor technology, the respective polarities are changed over automatically, without having to switch the oxygen supply. A data interface to VNS Diagnosis allows an automatic therapeutic transmission from the diagnosis device VNS Diagnosis 3000 by Dr. Engler.

**ORDER COMMENTS:** Both the Oxygen Ion 3000 and the VNS Diagnosis 3000 units are in stock in Austria and available for immediate shipment. Price of the units is **US/CDN $5,735** for the Oxygen and **US/CDN $5,685** for the VNS including shipping. The unit itself is shipped directly to you from the factory in Austria. The accessories and instructions are sent directly to you from the Institute.
CStronic

VNS DIAGNOSIS 3000

by Dr. Ivan Engler

As an ideal complement to Oxygen Ion 3000/by Dr. Engler, VNS Diagnosis 3000/by Dr. Engler supports your diagnostic procedure. VNS Diagnosis 3000/by Dr. Engler measures the capacity and the resistance between both gold electrodes and forms an optic display of the vegetative situation in the form of a LED-diagram. Of course there is the possibility to read off the measured values as direct numbers as well and can be interpreted individually. Because of similarities to the Oxygen Ion 3000/by Dr. Engler, a display of therapeutic proposals was also integrated. A data wire immediately transmits the therapeutic proposal to the Oxygen Ion 3000/by Dr. Engler, from which a further program selection can be started afterwards. The shape of the gilded electrode plates is handy and therefore facilitates the reproducibility of the measured results.

PRESENTED BY OCCIDENTAL INSTITUTE RESEARCH FOUNDATION:
P. O. Box 100, Penticton,
B.C. V2A 6J9 CANADA

Call 1-800-663-8342 toll free today (US & Canada) for ordering information.
Contact us by Phone at (250) 493-3318, Fax (250) 490-3348, E-mail support@oirf.com
BIOPHOTON LIGHT THERAPY

Therapy with Energy

Biophoton HPT 3D Standard

64 Hyper-red Special LED
(HeNe Laser carrier)
660 Nanometer (Hyperred)
cia. 6 Milliwatt per diode

64 Laser diodes
785 Nanometer (Infrared)
cia. 6 Milliwatt effective per diode

Eminently suitable for hair, face and body treatment. Impressive results within a short time – in particular with cellulite and other large area tissue problems.

New modulation frequencies stimulate the body to produce endorphins. Endorphins improve the mental attitude, activate the immune system and optimize all the body’s own self-healing effects.

That is modern overall therapy – the therapy of the future! With this apparatus it can be impressively confirmed what modern energy therapy is able to do!

Member’s Discount Price is US/CDN $13,025

This device has the Institute’s highest recommendation and is in daily use in our small medical office. Contact OIRF for order and delivery details.

Certification: Manufactured to fully meet the regulated standards of the industry in Europe (including full ISO 14385, European medical and CE approvals, as well as CMDCAS). Health Canada registration pending.
ADVANCED MEDICAL SYSTEMS –
Everything in a single system!
Pulsed Magnetic Field Therapy

Medisend Super C: Pulsating magnetic field, regulative medicine, “bio-resonance”, acupuncture, transmission and storage of oscillations.

Medisend Super III: The “luxury liner” model includes everything mentioned above plus many added features including “bio-resonance” and bipolar magnetic output with the use of two directional inductors.

Wave Transfer C: For the transmission and duplication of bio-information in either analog or digital format.

Metronom C: Pocket sized magnetic field device with five programs. Can be “loaded” with bio-information. Ideal for complementary home use.

AMScosystem: Communication and control platform for the new C-generation of devices – now you can steer “everything in a single system” with this new software. Can be used with all devices designated with the “C”

These devices are all based on the work of Dr. Wolfgang Ludwig. Please see the graphic above for a pictorial representation of this phenomenal system.
Design meets Technology

MORA® Nova

MORA® Nova incorporates the original BioResonance Therapy research according to Dr. Franz Morell and Mr. Erich Rasche with the latest and most up-to-date technology, innovative software and perfection in every detail and design.

- Easy navigation via 15-inch touch screen with full visual display even in sitting position
- Space saving integration of input and output cup electrodes (removable for cleaning)
- Space saving integration of foot electrodes
- MORA® Mouse function
- Indication of active electrodes
- Display inclination adjustable
- New stylus design with extended functions
- Integration into an existing network / Central control by an administrative PC
- Graphic images of measuring point as well as the respective organ
- Graphic menu navigation

Available through: Occidental Institute Research Foundation
P. O. Box 100, Penticton, BC V2A 6J9 Canada
Phone: 800-663-8342 or (250) 490-3318
Visit us on Facebook – Or on our website at www.oirf.com – Email: support@oirf.com
MORA® Nova vs. MORA® Super+

- 2 channel technology
- 2 Interfaces (Mode A + Abar – inverted A)
- Scott-Morley for 2 channels and significant technical improvement
- Frequency range: 0.1 Hz to 1 MHz
- Filter adjustment range: 1 Hz to approx. 900 kHz
- Amplification 0.1 to 1 Million per channel and mode
- Modular design (channels, interface, etc.)
- Integrated PC
- Programs with up to 16 single steps
- Selective automatic 4 or 6 segment measurement
- Automatic detection Hypo/Hyper
- Extension of standard fixed programs
- Therapy recommendation from the EAP-measurement
- Therapy cycles freely adjustable 1 – 65,000
- Pulse/Pause adjustable 0.1 – 100 sec.
- Integrated MORA®-Mouse, cup electrodes
- Graphic display of measuring points

- 2 channel technology
- 2 Interfaces (Mode A + Abar)
- Scott-Morley for 1 channel
- Frequency range: 1 Hz to 80 kHz
- Filter adjustment range: 10 Hz to 180 kHz
- Amplification 0.1 to 100 per channel depending on mode (H up to 25)
- Not modular
- PC external
- Programs with max. 4 single steps
- Automatic 4 segment measurement
- Hypo/hyper manually
- Standard fixed programs
- No Therapy recommendations
- Therapy cycles freely adjustable 1 – 1,000
- Pulse/Pause adjustable 0.1 – 60 sec.
- MORA®-Mouse and cup electrodes external
- Measuring points tabular

Further Therapy details MORA® Nova:

Technology:
- Laser electrodes
- Square-wave generator 1 Hz to 500 kHz
- Sine-wave generator 1 Hz to approx. 250 kHz

Available soon:
- Cornelissen test- and therapy mask
- Indication oriented standard programs w/o EAP test
- Global Scaling Basic therapies
- Psychosomatic programs acc. To Nienhaus
- Music therapy (Psychophonia) via headphones
- Color therapy (e.g. mirrored nature images during the therapy session)
- Addiction therapy, drugs, alcohol, etc.
- Individual software for faculties
- And much more . . .
**MEDISEND® protect**
The smallest magnetic field device in the world . . .
Provides for your personal “shield” against electrosmog everywhere.

**MEDISEND® protect** – it looks like a memory stick and is the world’s smallest magnetic field device.

- It is operated via any USB port on your PC/Mac/laptop
- Generates a natural and complex electromagnetic field of 7.8 Hz, the fundamental of the Schumann-frequency spectrum. Uniquely, in contrast to all other magnetic field devices, **MEDISEND® protect** also generates the geomagnetic-frequency spectrum!
- The Schumann-frequency spectrum of 7.8 Hz is modulated with a frequency of 1.2 Ha. This frequency has also proved to be highly effective against electrosmog (particularly cell phone radiation).
- The effective range of the **MEDISEND® protect** is approximately 40 cm (80 cm in diameter). There are no time stipulations for its use. Make it easy for yourself: When working on your PC, Mac or laptop, simply plug your **MEDISEND® protect** into a free USB port.
- Only current is drawn via the USB port; therefore no problems whatsoever are encountered with other user programs on your PC, Mac or laptop.

**Electrosmog disrupts our endogenous “bio-currents”!**

Therefore don’t wait until your organism reacts sensitively to electrosmog. Seize the initiative promptly with **MEDISEND® protect**!

**Unique in the world!**
Look out for the arrows symbol!

Only the magnetic field instruments developed by W. Ludwig of the Institute for Biophysics in Tauberbischofsheim (Germany) generate the electromagnetic biofield which is a copy of the one in undisturbed nature and in the correct relation (YIN-YANG equilibrium).

The frequency spectrum of the 64 essential trace elements is generated by a unique world-wide process.

**MEDISEND® protect** – specifically encourage your regulation capability!
Function – Application
Electromagnetic waves play a fundamental role in all living things. This is because they control and regulate the endogenous “bio-currents”. Communication in the individual cells, between the cells, and from the brain, muscles and organs is founded on tiny electromagnetic pulses. If these “bio-currents” are constantly disrupted from the outside by electrosmog, the “electrical mechanisms of our organism” can be thrown out of sync. Biologically sensitive control circuits are subjected to increasing strain and disruption.

Modern workstations are packed full of electrosmog sources. You sit between the computer, laptop, fax machine, telephone, and photocopier/printer, you have to be constantly contactable, carry a headset, a cell phone and a beeper, work under fluorescent lights, use energy-saving light bulbs, nearby is a cell phone tower, UMTS, WLAN and Bluetooth ensure high-speed data transfer – with a flat rate you are permanently online. Children – teenagers in particular – often sit for hours on end in front of their computers, at the same time chatting on their cell phones or a cordless phone, and listening to music through their earphones . . .In the long run more and more people experience sensitive reactions to electrosmog. This is referred to in colloquial terms as “electrosmog sensitivity”. Permanent electrosmog radiation can cause different individual sensitivity disorders. We therefore advise:

Listen to your inner workings – listen to your “inner doctor”!

Observe for yourself how you react to electrosmog . . . biorhythm, hormone balance, immune system . . . insomnia, exhaustion, headaches, tenseness, and reduced productivity can be the first serious symptoms of increasing electro-sensitivity. Protect yourself and your family members against electrosmog! Specifically encourage your won regulation capability and the regulation capability of your loved ones . . . By stimulating, stabilizing and harmonizing the autonomic nervous system, you improve your capacity to concentrate and maintain attention, you gain energy, wellbeing and vitality, and you activate and boost your self-healing forces.

Harmonic oscillations stimulate self-regulation!

Unlike all other standard devices on the market, MEDISEND® protect generates two harmonics:

- **Schumann-frequency spectrum** of 7.8 Hz (main inherent value of the Earth’s surface / ionosphere resonant system = YANG signal), which is superimposed by 1.2 Hz.

- **Geomagnetic-frequency spectrum** (modulation of the Earth’s magnetic field by the natural frequencies of the 64 trace elements = YIN signal)

Take the time to find out about the AMS range of small and hand-held devices:
MEDISEND® – MEDICUR® – METRONOM solar – MEDICUR® color

Order directly from OIRF (limited quantity in stock), CDN 135+:
Occidental Institute
P.O.Box 100, Penticton
B.C. V2A 6J9 Canada
Phone: (250) 490-3318
Fax: (250) 490-3348
Email: support@oirf.com
Website: www.oirf.com

Order directly from AMS (you must mention OIRF to get a 3% discount) Use their online shop or contact Dr. Frank Beck or Ms. Tina Foerst at info@ams-ag.de for quantity discounts (for sale to patients, clients, family, friends, Christmas . . .):
AMS GmbH
Advanced Medical Systems
Tannenweg 9
D-97941 Tauberbischofsheim
Germany
Phone: +49-(0)/9 29 30-0
Fax: +49-(0)/9 29 30-99
Website: www.magnetotherapy.com

**PRICE:** Euro 85 (+tax) / US 125
All prices plus importation, shipping and packing.

**Technical data:**
Physiological range: approx. 40 cm
Weight: 15 g
Size: 70 x 20 x 12 mm
Operates by means of any USB connection in the PC/Mac/laptop.

**Scope of Delivery:**
MEDISEND® protect incl. comprehensive operating instructions in an attractive metal tin.

The internal mechanism uses a special reel technology that generates the magnetic field.

**Guarantee:** 2 years.

No risk attached – why don’t you test the MEDISEND® protect? You have the right to return it within 90 days with money back guarantee!

You can test the MEDISEND® protect for a whole 90 days. Should you not be satisfied, send the instrument back to us (without giving a reason) within this period. We will refund the purchase price (excluding postage and packing) on the condition that the unit is in perfect condition.

In order to meet legal requirements, we give the following reference: Magnetic field therapy is scientifically disputed and is not recognized by conventional medicine.

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Germany
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Advanced Medical Systems
Tannenweg 9
D-97941 Tauberbischofsheim
Germany
Phone: +49-(0)/9 29 30-0
Fax: +49-(0)/9 29 30-99
Website: www.magnetotherapy.com

**PRICE:** Euro 85 (+tax) / US 125
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The internal mechanism uses a special reel technology that generates the magnetic field.

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That seems to bring Volume 8, Issue #2 to a close. I trust you will find much of interest in this issue. We look forward to meeting you at our 40th Anniversary year of activities, celebrations and innovation. We look forward to hearing your comments. Remember that this is your newsletter – as always your suggestions, article contributions, critiques, FAQ’s and compliments are gratefully accepted.

And a few short closing chuckles:

**A Short History of Medicine:** “Doctor I have an earache.”
2000 BC – “Here, eat this root.”
1000 BC – “That root is heathen, say this prayer.”
1850 AD – “That prayer is superstitious, drink this potion.”
1940 AD – “That potion is snake oil, swallow this pill.”
1985 AD – “That pill is ineffective, take this antibiotic.”
2000 AD – “That antibiotic is artificial. Here, eat this root!”

**LIFE LAWS:**

- **Law of Mechanical Repair** - After your hands become coated with grease, your nose will begin to itch and you’ll need to pee.
- **Law of Gravity** – Any tool, nut, bolt, or screw when dropped will roll to the least accessible corner.
- **Law of Probability** – The probability of being watched is directly proportional to the stupidity of your act.
- **Law of Random Numbers** – If you dial a wrong number, you never get a busy signal and someone always answers.
- **Variation Law** – If you change lines (or traffic lanes), the one you were in will always move faster than the one you are in now (works every time).
- **Law of the Bath** – When the body is fully immersed in water, the telephone rings.
- **Law of the Result** – When you try to prove to someone that a machine won't work, it will.
- **Law of Logical Argument** – Anything is possible if you don’t know what you are talking about.
- **Law of Physical Surfaces** – The chances of an open-faced jelly sandwich landing face down on a floor are directly correlated to the newness and cost of the carpet or rug.
- **Doctor’s Law** – If you don’t feel well, make an appointment to go to the doctor. By the time you get there you’ll feel better. But don’t make an appointment, and you’ll stay sick.

That’s all folks until May/Summer Issue #3 which is scheduled for publication at the end of May. We will be featuring an article from our Medical Advisor, Dr. Karim Dhanani.
Your Information and Technology Bridge linking German Biological Medicine with English speaking practitioners worldwide - since 1972!

**Biological Medicine Symposium 2012**

Diagnosis and Therapy Applications
For Your Biological Medicine Practice

June 15-17, 2012
Vancouver, B.C. Canada

Your Keynote Speaker:

**Prof. Roeland van Wijk, PhD** is a specialist in biophysical chemistry and molecular biology. He is a visiting scientist at several research institutes in the USA, Switzerland and the Netherlands and since 1982 is involved with scientific collaboration on BioPhoton research with **Prof. Dr. Fritz-Albert Popp**. He is a faculty staff member of the California Institute for Human Studies, Vice President of the International Institute for Biophysics in Neuss, a member of the advisory Board of the Journal for Alternative Therapies and is Editor in Chief of the Dutch Journal for Integral Medicine. He will lecture on *BioPhotons in Diagnostics – Progress and Expectations.*

Your Featured Speakers/Topics:

- **Theodore Cole**, DO NMD, USA, Your Symposium Chairman
  Energy-Body Medicine and Magnetic Field Therapy
- **Bärbel Aldridge**, ND, USA, EAV Diagnostics & Medication Testing
- **Reimar Banis**, MD, Switzerland, Psychosomatic Energetics (PSE)
- **Alex Mostovoy**, HD DHMS BCCT, Canada, Thermography
- **Dickson Thom**, DDS, ND, USA, Clinical Practice & Applications
- **Dagmar Thurmann**, Therapist, and **Arno Josef Heinen**, MD MSc, Germany, Voice Frequency Analysis (paper will be presented by proxy)
- **PaedDr. Uwe Uellendahl**, HP, Germany, BioResonance Therapy
- **Gary Verigin**, DDS, USA, Biological Dentistry
- **Craig Wagstaff**, ND, Canada, Biological Medicine Therapies
- **Simon Yu**, MD, USA, Parasitic Diagnosis & Therapy
Biological Medicine Symposium 2012
Diagnosis and Therapy Applications
For Your Biological Medicine Practice

Sponsored by:
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PO Box 100, Penticton, BC V2A 6J9 Canada
2002 West Bench Drive, Penticton, BC V2A 8Z3 Canada
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With the generous Cooperation and Support of:
- Advanced Medical Systems, Germany www.magnetotherapy.de
- BioMed, Canada and Terra Medica, USA www.biomedicine.com
- Holistic Concepts, Germany www.amsat-hc.de
- Med-Tronik, Germany www.med-tronik.de
- The Fdn. for Applied Science for Alternative Medicine & The Healing Arts, USA www.preventionandhealing.com

Included Hands-On Workshops:
1) Biological Dental Assessment: Dr. Gary Verigin
2) BioResonance Therapy: Dr. Uwe Uellendahl
3) EAV Diagnostics: Dr. Bärbel Aldridge
4) Magnetic Field Therapy: Dr. Ted Cole
5) REBA/PSE: Dr. Reimar Banis
6) Risk Assessment with Thermography: Dr. Alex Mostovoy
Note: These workshops will run concurrent and are subject to change

Optional Hands-On Workshop:
BioResonance and the MORA® Nova
Featuring Dr. Uwe Uellendahl, Germany
Vancouver, June 14, 2012

Dr. Uellendahl has been a long time practitioner, teacher and research for BioResonance and Biological Medicine. Join him to participate in the North American Introduction of the new MORA Nova from Med-Tronik. Learn the basics of true BioResonance Therapy and see this innovative new device in action.

Meeting Venue:
Delta Vancouver Airport Hotel
3500 Cessna Drive, Richmond, BC V7B 1C7
Phone: 800-268-1133 or Direct (604) 278-1241
Fax: (604) 276-1975
Website: www.deltavancouverairport.ca
E-mail: dvareservations@deltahotels.com

Mention “Occidental Institute” for a Special Symposium Room Rate C$129 single or double. Hotel costs are not included in your registration fee.
Occidental Institute Research Foundation
39th Biological Medicine Tour to Germany
October 30 to November 5, 2012

Theme: Biological Medicine –
Possibilities and Practical Applications
Guided by: Carolyn Winsor-Sturm and Dr. Ted Cole

Hear English language lectures from these renowned researchers and clinicians:
- Dr. Juliane Sacher – Cancer and HIV/AIDS
- Christine Schenk – Energy-Body Medicine
- Dr. Arno Josef Heinen – Voice Stress Analysis (SFA)
- Dr. Gudrun Mekle – Sanum Therapy
- Dr. Thomas Rau – Sanum Therapy
- Dr. Frank Beck – Magnetic Field Therapy
- Prof. Dr. Werner Becker – Magnetic Field Therapy
- Dr. Ted Cole – Magnetic Field Therapy
- Andre Rasche – BioResonance Therapy (MORA)

An opportunity to talk with like-minded colleagues and learn from the experience and expertise of attending OIRF Directors and Advisors.

- Visit and participate in the famous Medicine Week Congress
- Visit two instrumentation companies (Med-Tronik and Advanced Medical Systems)
- Introduction to a new and unique homeopathic company

For full information and registration details:
Phone: (250) 490-3318
Toll Free: 1-800-663-8342
Website: www.oirf.com
Here are Germany Tour details