



Occidental Institute Research Foundation

THE BRIDGE

Linking Practitioners of German Biological Medicine

Volume 11, Issue #1, January 2015

Tuesday, 20 January 2015

Dear Colleagues, Friends and Supporters of OIRF,

👉 **Welcome to Volume 11, Issue #1 – the first exciting Issue of “The Bridge” newsletter for 2015!**

As we assess 2014 and get set to begin another new year, I trust that you are filled with optimism and plans that will take your practice to the next level of success. It has certainly been an interesting year here at Occidental Institute as we successfully instituted the many changes on our “to do lists” from this time last year. I am thrilled to be working with practitioners and researchers who have endeavored to present us with the latest and most in depth information, along with their long term and unflagging support.

You have read many times before that the only constant is change. The same holds true for OIRF. How well an organization recognizes, predicts and adapts to change can determine whether it thrives, struggles or dies. In the words of the contemporary business guru *Jack Welch*, “Change before you have to!”

There have been a number of recent articles talking about how non-profits, societies and other research organizations like OIRF will be impacted not only by the current economic climate, but also by technology and demographics.

As one of the main drivers of change **demographics** will continue to have a profound effect in both Canada and the USA. The “demographic tsunami” of massive numbers of baby boomers entering their senior years (myself among them) is already putting pressure on universal healthcare and government retirement funding. Public policies being put into place in both countries today will have serious consequences for seniors in general, but will also be reflected throughout our healthcare systems.

These factors will influence every active practice – not just the practitioners themselves, but the demographic of patients who will become prevalent in your practice! Today’s seniors tend to be more healthy and live longer more fulfilled lives.

And thanks to the internet seniors (and all patients in general) are much better informed and insist on being more involved with the choices and decisions regarding their health. The demand for natural and complementary healing methods is increasing exponentially as can be witnessed by the increase of patient oriented ads for supplements and smaller devices. Practitioners can see this trend clearly in the "big business" conferences and shows such as the A4M meetings. At the A4M conference in Las Vegas last month, I was astounded by the Wal-Mart sized exhibit area and the vast array of so called "complementary" devices, tests and supplements. Additionally the entire focus of the conference seemed to be on the many hormonal and sexual changes in our aging demographic population.

As with all things **technology** (from that latest iPhone to our TVs) we are seeing rapid advancements in our field of Biological Medicine that have changed our research protocols and your daily practices in fundamental ways. One of the most obvious technology advances is within the area of homeopathy and remedy administration. In decades past we had practitioners with collections of (tens of) thousands of remedies. Within the past 10 years we have seen a move to having smaller specific test sets, "prescribing" domestically available remedies (like Sanum, Heel, Hevert, Nestmann, etc.) and some limited remedy software. Now, within a few short years, most of us are reliant on remedy software and because of recent legislation in Europe many of the German companies (like Wegamed) are no longer allowed to sell physical test sets and everything is only available in digital format. Already we can see differences in which electronic remedies are available, the quality of the "recorded" remedies and differences in cost factors.

I have commented several times previously that I foresee an increase in the use of this kind of instrumentation and remedy software due to the changing regulations and registrations of the many European (German) remedies that we have come to rely on. How does the practitioner maintain a natural or biological medicine approach with their patients when important remedies like (for example) Heel simply disappear off our domestic market? Many – or even most – naturopathic and homeopathic practitioners rely on the sale of remedies (or supplements) for the majority of their clinic income. By turning to instrumentation and the use of electronically stored remedy frequencies, you can once again access and utilize these remedies but can no longer "prescribe" or "sell" them. Thus a whole new process and method of delivery to the patient is needed along with a changing dynamic in the income resources for the practice.

We see another example of these technology changes with the splits between companies like BioKat and Med-Tronik (see "The Bridge", Volume 9, Issue #11, Pages 2-4). Thanks to this split we can now see amazing innovation and access to high quality BioResonance devices from two different perspectives but while still based on the original research and development of the engineer **Erich Rasche** and the physician **Franz Morell**, MD. I fully appreciate that many of you are working with MORA BioResonance devices that have served daily in your practice for decades. As a 'once in a practice lifetime purchase', why would you need to upgrade or update your devices? But the other side of that coin is, are you prepared and ready to compensate for the changes and developments in the technologically newer models? An analogy could be to ask if you are still driving your 20 or 30 year old Ford car? Or, have you upgraded to a newer more efficient model?

As an aside, during the recent A4M conference I was asked by someone why we continue to recommend all the “old” style devices like for example MORA and BioPhotons when other newer – more exciting, more expensive, more whatever – technology is now available. And the answer that spurted out of my mouth before considering the diplomacy of my remarks was “because they work”. And with a bit of further reflection I can add that for most of these “old” style devices we have new models which offer us the most innovative developments in the Biological Medicine field of today.

However, if recognizing and responding to current change as it happens is challenging; predicting the change drivers of the future is even more so. Our practitioners, directors, advisors and staff have been pro-active in analysis, discussions and planning in order to focus the activities and research of OIRF as we move into 2015. I am not going to bore all of you with a list of our plans and projects (those dreaded and often short lived New Year’s Resolutions). Over the past year you have seen the many differences in how OIRF presents our information and in how we ask for your support both financially and politically. As we continue this transformation begun more than a year ago we are looking forward to a stronger future for Occidental Institute.

Amidst all this transformation two things have never changed – first and foremost, our commitment to our practitioners, and second, the dedication of our practitioners to OIRF. As we enter our **43rd year** we can look back on a record of growth, longevity, legitimacy, and unflinching ethics that few, if any, other associations in this field can match. The powerful united voice of our growing organization will help drive the changes that will make Biological Medicine a force to be reckoned with for all healthcare choices. Join with us – again – as we re-dedicate ourselves to the expanded application of Biological Medicine in North America.

Although some suggestions have been made to turn “The Bridge” newsletter back into a paid subscription, we are once again offering this venerated publication free of charge for 2015. Like last year, all issues will be sent to you by email and then published in PDF (print) format online. **Access is open to all practitioners.**

Our publication focus will remain similar to this past year. Many previous issues had focused on research, studies and bringing you the very latest information. **Prof. Dr. Hartmut Heine’s** articles included in past issues were a testament to the – dare I say it – “scientific” background and explanations of Biological Medicine. But, as interesting and challenging as it is to follow the leaps of inspiration and understanding taken by these famous (and much honored) researchers, what are we supposed to do with this insight on a daily basis in our practice?

Included in this issue (Volume 11, Issue #1) you will find another in a series of articles about the methods and devices recommended by OIRF. We will show you the benefits and some of the possible applications of these methods. The emphasis will be on **practical everyday application** – on how you can utilize each particular method in your practice.

But, **we need your support.** Even though we are a non-profit organization we must still pay the staff, the bills and the expenses. If our research, publication and sponsorships in this field are to continue, we need to increase our (up until now minimal) fund raising activities.

We ask for your continued and ongoing financial support as we move forward into 2015:

- 1) Consider making a donation to OIRF for the newsletter (even though we are offering it freely)
- 2) Be sure that you have purchased copies of the many educational printed and electronic publications and the audio/video training presentations available exclusively through OIRF
- 3) Plan now to attend the various smaller instructional seminars and meetings sponsored by OIRF to learn more about these methods
- 4) Incorporate sale of the smaller OIRF recommended devices (such as the Medisend Protect, MECOS, the "Little Ludwigs", the AQA 707 water regeneration device, and so on) to your patients – talk to Elaine or Carolyn for quantity discount pricing.
- 5) Make this the year you travel to Germany with us to see Medicine Week
- 6) Consider which of the various devices and methods recommended by OIRF will work in **your** practice and make this the year that you add one or more of them into your office
- 7) Plan to attend the various conferences and conventions where OIRF will sponsor an exhibit/educational booth to see these methods in action and talk to us personally about how you can incorporate these methods into your practice

We thank you for your support and look forward to working with each of you during the coming year. To close, I quote a few words to live by for a successful New Year: "A blind man's world is bound by the limits of his touch; an ignorant man's world by the limits of his knowledge; a great man's world by the limit of his vision." (Rev. E. Paul Hovey).

For 2015 we wish you . . .

12 months of Joy
52 weeks of Fun
365 days of Success and
8760 hours of Good Health!

Carolyn

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➡ During the recent A4M conference in Las Vegas it was my great pleasure to meet and talk with so many practitioners and exhibitors. Especially supportive was to hear: "*Carolyn, wow. It's so good to see you again*" from docs who had been members in years past and were renewing their connection to OIRF after long time work within our field. Also encouraging were the "networking" possibilities with colleagues and supporters. As a result of those new and re-newed connections it is my great pleasure to announce two new members to our elite and prestigious "North

American” Board of Medical Advisors – plus one completely new device product, a new cooperation with a reputable German company as well as our plans for participating in four major conferences, one workshop/seminar and our regular Germany Tour program.

New Members of the OIRF Board of Medical Advisors



Silvia Binder, ND, PhD

President of the Ondamed Companies Germany & New York

Founder of the Binder Institute for Personalized Medicine (Germany)

“My main task is the continuing education of medical professionals worldwide by offering a number of different courses, focusing on extended diagnostic perspectives

along with a variety of pearls of wisdom from different cultures, as well as innovative technologies and therapeutic methods.

I collaborate with medical schools, local hospitals, and private clinics in Europe, North and South America, Asia, and Australia. I am a faculty member of the Medical Wellness Association, a member of the American Academy for Anti-Aging Medicine in the US and now a member of the Occidental Institute Board of Medical Advisors.

I write an online international newsletter, publish professional articles, give presentations at medical conferences, and frequently appear in the media.

Practice activity:

Most of my patients contact me via the internet and come from all over the world. I often support physicians in their treatment of difficult cases and get invited to treat celebrities and aristocratic patients. My community is also of great importance for me, and I treat patients in Schwanau, Baden-Württemberg and its vicinity.

It is my goal to identify the roots of medical conditions and use a non-invasive treatment approach. Dr. Binder primarily utilizes the ONDAMED in combination with biofeedback.”

Dr. Binder’s first article for “The Bridge” entitled “Energy Medicine Going Mainstream” will appear in Volume 11, Issue #5, May 2015.

Michael O. Galitzer, MD

Dr. Michael Galitzer is a nationally recognized expert in anti-aging medicine and bio-identical hormone replacement therapy (BHRT). He has been featured in 8 of Suzanne Somers’ books.



He has been practicing Longevity Medicine since 1986, including the areas of nutrition, lifestyle, exercise, weight management, heavy metal toxicity, intra-venous orthomolecular medicine, Bio-identical hormones, and the all important area of cell, tissue, and organ regeneration. In 1989-1990 he completed a UCLA course in Medical Acupuncture, and incorporates acupuncture amongst many other treatment modalities. He is also an innovator, creating homeopathic and herbal tinctures for health care professionals since 1994.

Dr. Galitzer had been a member of the following organizations:

- The American Association of Medical Acupuncture
- The American Association of Acupuncture and Bio-Energetic Medicine
- The International Oxidative Medical Association
- The American Academy of Anti-Aging Medicine.
- And now also, a member of the Occidental Institute Board of Medical Advisors

He is currently a member of the American College for Advancement in Medicine, a leading organization of physicians in the area of Alternative and Complementary Medicine.

Dr. Galitzer has been lecturing to doctors and other health care professionals for almost 20 years. He has lectured in Italy and Holland in the area of BioEnergetic Medicine. In the United States he has given numerous lectures in Alternative Medicine. In 1997 he addressed the American College for Advancement in Medicine, speaking about Biological Terrain Assessment. In 1998 he addressed the International College of Oxidative Medicine. In May 2005 he lectured to the American College for Advancement in Medicine concerning the BioEnergetic Treatment of Menopause.

Dr. Galitzer has written a number of books – and another new one is due out in February – as well as the forward to several of the bestselling books by Suzanne Somers. He practiced ER Medicine for many years, but eventually moved into the realm of natural, holistic, energetic, Biological Medicine, including herbs, nutrition, and homeopathy.

Dr. Galitzer is also the medical director of The American Health Institute, an organization dedicated to education and research in the areas of anti-aging medicine and cancer.

Dr. Galitzer has submitted an article introducing the UVLRx device – much more on this unique and innovative device later – which will appear in Volume 11, Issue #3, March 2015 of “The Bridge”. As interesting as that article is, I vote we ask Dr. Galitzer to send us yet another submission on the applications of his specialty in BHRT! I’ll see what I can do to encourage that.

As the CEO and Chairman of the OIRF Board of Directors, I want to welcome both Dr. Binder and Dr. Galitzer and thank them for their willingness to come onto our Board of Medical Advisors. We are grateful for their participation and look forward to working more closely with both of them in the future. Watch the website for updates and changes to the listings of advisors and directors.

Next month Dr. Simon Yu is scheduled to submit another article for Volume 11, Issue #2 of “the Bridge” newsletter.

➡ Dates for our **2015 Biological Medicine Tour program to Germany** have been announced and will once again “umbrella” the dates of the famous Baden-Baden Medicine Week Congress. Tour program will begin on the evening of Tuesday, October 27 and end on the evening of Monday, November 2, 2015 (begins and ends in Frankfurt, Germany).

Once again this tour program will be hosted by Carolyn Winsor-Sturm with the able assistance of our Medical Advisor Marguerite Lane, ND (Australia). Already I have several organizations and speakers contacting me to speak to the group and this gives me the refreshing pleasure of choosing those who will be of most educational interest.

One of our Keynote Speakers will once again be **Prof. Dr. Roeland van Wijk**. Dr. van Wijk was a colleague and co-researcher with **Prof. Fritz-Albert Popp** (retired now) and he will present their latest research on Stress, Fatigue and Biophotons. They are also doing some interesting work with stem cells (among other things on the role of biophotons in activating these cells). Watch next month’s Issue #2 for information on Dr. van Wijk’s new book!

Additionally, we will likely also be hearing from a roster of speakers including Dieter Jossner (physicist), Dr. Silvia Binder, Dr. Nuno Ruivo, Andre Rasche (engineer), Dr. Uwe Uellendahl, Dr. Uwe Reuter and one further Keynote Speaker as yet not finalized. Personally I wouldn’t miss this program – but then I am a bit prejudiced!

Haven’t participated in one of these tour programs yet? Separately I have published a short “diary” of some of the activities and events that took place during the 41st Tour Program last Oct/Nov. Here’s a day by day report that will show you some of the excitement and value of the information received by participants of this program. Follow this link for the [Germany Tour 2014 Report](#).

Plan now to attend and be sure to mark your calendars with these important dates!

➡ **Instrumentation News and Updates:**

In view of our continued emphasis on devices and instrument assisted methods following the discontinuation of so many homeopathic and natural remedies, here once again is a copy of our instrumentation policies. It is worth repeating since sales of devices represent our biggest fund raising activity for OIRF, and also because of our commitment to providing you with the information you need to make an informed decision about purchases.

Occidental Institute Research Foundation is a non-profit research organization.

The instrumentation recommendations of this organization are based on thorough testing to determine efficacy, quality, pricing, availability, service and support. **All instrumentation is sold at or below German factory (export) prices** to assist our Affiliates in obtaining the best product for their needs at the best possible price. Longtime OIRF supporters consider us as the “Consumer Reports” of German Biological Medicine. Training and educational materials on all currently recommended instrumentation are available through OIRF.

As a non-profit research organization, we are here to educate and inform our “members”/ supporters, and to make instrumentation recommendations based on our years of research. Then, as a fund raising activity, we can assist you with a purchase that will work best in your practice for the most reasonable price.

As stated in those policies, our recommendations are based not just on the claimed function of the device, but also on many other factors that include efficacy, quality, pricing, availability and – most importantly – the aspects of service and support from the manufacturer or supplier. In the past year of transformation for OIRF itself, there has been a great deal of change within the many companies in Germany which support and supply instrumentation to our members.

Over the past few weeks as I worked my way through all the preparations and planning to update and upgrade our website, I find it is time to specifically advise you of some of the more important changes to our instrumentation recommendations. Information on the newer devices will shortly be posted on the website, and many older device pages will be quietly disappearing. For those devices where we are withdrawing our recommendations, please rest assured that we are not abandoning those who have these devices in their practice. If purchased through OIRF we will of course continue to offer as much support and assistance as possible.

New Instrumentation Recommendations:

- **ONDAMED** – We are pleased to announce a cooperation between Ondamed and OIRF. This long term reputable German and American company offers biofeedback devices with pulsed electromagnetic field. Watch for some basic information to be posted on our website along with special discounts and contact details for ordering directly. Dr. Silvia Binder will be introducing some of the general applications of Ondamed in her initial Advisor's article in Volume 11, Issue #5, May 2015 of "The Bridge".
- **UVLrx** – This new and innovative technology offers a significant improvement on ultraviolet blood irradiation. Again, watch for some basic information to be posted on our website along with special discounts and contact details for ordering directly. Dr. Michael Galitzer will be introducing this device to us in his initial Advisor's article in Volume 11, Issue #3, March 2015 of "The Bridge".
- **M3 and M5** – These innovative true BioResonance devices by the BioKat Company have recently been added to the OIRF list of recommended devices. Offering Single-Channel and Two-Channel technology along with diagnostics, remedy software and color therapy, they are fully capable of all BioResonance applications. Watch for some basic information to be posted on our website. For now, orders should be discussed and placed through OIRF offices.

Discontinued Instrumentation Recommendations:

The following devices no longer have the OIRF "seal of approval". I have tried to outline the various reasons for withdrawal of our recommendations and from this you can see our continuing commitment to ensuring ethical business transactions (some of these devices are expensive and you need to know that the company you are purchasing from is legitimate!) as well as their quality and appropriate support.

- **MORA-Super**: Originally designed and marketed in 1991, this device has been discontinued (no longer manufactured) for several years. We understand that Med-Tronik is working on an upgrade device that is expected to be available in mid-2015. Service and support are still available for this device.

Because this device is registered with Health Canada (beyond all the usual European and ISO certifications) the device will continue to be listed on the Praxis2Practice website until the newer model MORA Nova and the MORA Beauty have also been registered with Health Canada and the US F&DA.

- **The RM-10/S** – This device has also been discontinued (no longer manufactured) for several years. At the present time there are no plans for a refurbished or re-designed device. Basic service is still available for some of the RM10/S devices. Rechargeable batteries must be obtained domestically. Our current “suggestions” for those seeking a smaller or dedicated diagnostic device (instead of the diagnostics portion incorporated into larger devices like NOVA and M3/5) are limited to devices available through the Kindling Company. This however presents a number of cautions as in recent years Kindling has gone through numerous distributors and representatives all with an individual (usually personality driven) and/or commercial agenda. Although the Kindling devices seem reliable and do usually meet the full standards of EAV parameters, we have not established a connection or recommendation for these devices.

Dr. Uwe Uellendahl (formerly with Med-Tronik) has been working with Kindling for the past year and they have developed a new device for diagnostics and therapy. This is still being investigated by OIRF Advisors and we hope to see the device and hear about it during the fall Germany Tour program.

In spite of the American made smaller “EAV” devices, there are no longer any smaller, reasonably priced reliable diagnostic devices on the market. We have found that the various American made devices do not necessarily meet the technical standards and parameters long ago published for EAV and these changes in response must be taken into consideration with all point testing results.

Vega devices (now from WEGAMED) are currently all larger devices with built in software remedies and so-called BioResonance abilities. We have never renewed our support or recommendation for the Vega devices/company even under the new owners.

- **BE-T-A** – This device has also recently been discontinued and will no longer be manufactured by Med-Tronik. There are, at present, no plans for a re-design or re-introduction of this device.

Service and support for these devices are inconsistent. Electrodes can be refurbished through an alternate company (BioKat), and we have not been able to determine if replacement electrodes are available.

- **AMSAT** – After several years of struggle and frustration, we are now completely withdrawing our support and recommendation for this device and the Holistic Concepts Company. Service and support for the device are extremely expensive and only grudgingly offered.

Initially, we were advised that this segmental diagnostic device – although based on Russian designs – was completely designed and manufactured in Germany by none other than **Dieter Jossner** of Medical Electronics (manufacturer of the BioPhoton devices). Based on those claims, we further investigated and utilized the AMSAT device extensively prior to our initial recommendation.

In recent developments however we have discerned multiple inconsistencies with the claims made for the device. It now appears that all the circuits and “guts” of

the devices were made in Russia and the devices were instead “assembled” in Germany by Mr. Jossner. There have been “problems” and “challenges” with many of the circuit boards, and although Mr. **Peter Thurmann** at Holisitic Concepts is able to make minor repairs, all other repairs must primarily be made by replacing the Russian circuit boards completely – at astronomical prices with no warranty on repairs. Both Mr. Jossner’s and our hands are simply tied in any attempts to cover warranty or repair problems.

This is totally unacceptable to OIRF and our members. I can only offer sincere apologies to those docs who are experiencing these repair and service headaches with their AMSAT devices. I have tried whining, crying, cajoling, flattery and pressure to assist in this challenge – mostly to no avail. I am still on your side and will assist in any way that I can, but . . . Although the concept and application of the device (when it’s working) remain exceptional, like with Vega it is too difficult to deal with the company and to obtain the needed service and support.

For these reasons, our recommendation for the **SFA** (Voice Frequency Analysis) software according to Dr. Heinen supplied by Holistic Concepts has also been withdrawn.

🔄 **Acupuncture Meridian Assessment Training for Detecting Parasites and Dental Problems**, March 27-29, 2015, St. Louis, Missouri. Training specially geared and limited toward **MD, DO and DDS** in active medical/dental practice. About this workshop by Dr. Simon Yu:

“We cannot make a diagnosis based on Acupuncture Meridian Assessment (AMA) alone but it can be a valuable tool to assist your clinical decision making. It offers a quick insight – a Pattern Recognition – into initiating treatment as well as for monitoring the progression of healing. AMA can be applied in conjunction with standard medical/dental evaluations.

The class consists of lectures and lots of hands on boot camp drills for two and a half days on March 27-29, 2015. This class will be small, hands on, somewhat experimental and spontaneous. There will be two additional instructors from Canada, Dr. Robert Cass representing Avatar EAV and Gordon Johnston representing Kindling. Doug Cook, DDS will also join us for a special training for the dental elements of AMA.”

For all details and to register follow this link to the Prevention and Healing website: <http://www.preventionandhealing.com/pah-training.php>

🔄 Here is a heads-up about **MORA Therapy and BioResonance training sessions** available in English. The following three sessions will be held in Friesenheim, Germany at the Med-Tronik training center:

March 21-22, 2015	Basic MORA and BioResonance
July 18-19, 2015	Advanced MORA and BioResonance
October 24-25, 2015	Masters Level MORA and BioResonance

Note: The Master program takes place the weekend before the start of the OIRF Tour #42 (on Oct. 27) and the start of the famous Medicine Week Congress (on Oct. 28)

Also see next page for:

September 10, 2015

MORA BioResonance Therapeutic Possibilities
With *Marguerite Lane, ND*, Australia at the "Curing the
Incurables" Conference, St. Louis MO Sept 11-13, 2015

➡ All 2014 issues of "The Bridge" newsletter were sent to you by email and then published on our website. This will continue into 2015 with the new Volume 11 Issues. **Access is open to all.** Follow this link to get your PDF print copy of "The Bridge" Volume 11, Issue #11.

➡ Here are your newsletter items for this Issue #12 . . .



The Hypersonic Theory of Gebbensleben

"The word hypersonic is occasionally used to refer to sound above the frequency of about 1 GHz, i.e. for very high frequency ultrasound. In everyday phenomena such noise does not matter. However the engineer *Reiner Gebbensleben* (born 1939 Magdeburg) from Dresden, Germany represents the pseudo-scientific view that many technical and natural processes are based in the presence of hypersonic. In his opinion hypersonic is, among other things, perceptible by humans and in truth electrosmog is hypersonic."

The above is a definition of hypersonic quoted/translated directly from an encyclopedia source.

Technically hypersonic is not measurable, but is detectable with the use of various radiesthetic devices (i.e. divining rods). There are a number of devices – critically called "non-functional" – available on the European market including pendulums, pyramids and various neutralizers.

Although such devices are not recommended or available through OIRF, there is no question that radionics and radiesthesia are effective methods for many practitioners. The following article (and the Part 2 which will follow in Issue #7) is presented here for the insights and connections developed by our Medical Advisor *Dr. Richard Kraßnigg* regarding Borreliosis, Syphilis and autoimmune illnesses.

In spite of the complicated clinical picture and uncertain laboratory testing for Borrelia, all diagnostics can be accurately defined with EAV, VEGA and other point and medication measurement methods. Treatment with actual or electronic homeopathic remedies and MORA BioResonance can easily work within the frequency ranges mentioned by Dr. Kraßnigg and should bring comparable results.

Additionally *Dr. Dietrich Klinghardt* has done extensive work in this field and offers many suggestions and protocols for treating Lyme/Borreliosis patients through his ongoing seminars and publications.

As I finalized the formatting and presentation of this article my thoughts returned to the work of **Dr. Juliane Sacher** and her research with AIDS, cancer and other degenerative illnesses. There still remain many questions concerning the work of **Dr. Luc Montagnier** and the "discovery" of the AIDS virus. In light of Dr. Kraßnigg's research and findings with autoimmune illnesses being linked to Lyme/Borreliosis, perhaps we should all be testing our patients (with EAV or VEGA or whichever point testing method you use) for Borreliosis?? It is a point to ponder, and a "clue" to be utilized with all our patients. CLWS

*An exclusive article for OIRF Supporters, published January 2015
by Occidental Institute Research Foundation . . .*

Energy and Oscillation

Hypersonic Sound

Borreliosis – A greater Threat than Syphilis and a Trigger of Autoimmune Illness (Part 1)

By Richard Kraßnigg, MD
(OIRF Medical Advisor)

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For many years reports about the illness "Borreliosis" occupy increasing space in all the media. Borreliosis is explained as an illness which is transmitted by ticks and which becomes apparent through skin symptoms. In rare cases it comes in following other illness forms which are nevertheless largely controllable with antibiotics.

There are increasingly contradictory positions against this interpretation which clearly paint a more somber picture. They demand more research about the true health burdens to clear up those regarded as more severe.

These articles try to provide a comprehensive insight into the current situation of Borreliosis from the view of the author and to illuminate the chances for recovery with the possibilities of hypersonic sound.

The Evolutionary Origin

In the biological system (taxonomy) family trees (phylum = division) are created to make the evolutionary rankings recognizable. Borrelia belongs in the system of bacteria in the phylum “spirochaeta”. Within a phylum another division occurs according to strict rules. As the next subunit of the phylum “spirochaeta” the class of spirochaeta follows, afterwards the order of the spirochaetales and afterwards the family of the spirochaetaceae. As a last division within the genus occurs the division into types (Table 1).

Table 1: The subdivision of the phylum "Spirochaetes" – for reasons of the clarity only the most important kinds of the genus were stated.				
Phylum	Class	Order	Family	Genus
Spirchaetes	Spirochaetes	Spirochaetales	Brachyspiraceae Brevinemataceae Leptospiraceae Spirochaetaceae	Borrelia (Types: B. burgdorferi / B. recurrentis) Treponema (Types: T. pallidum / T. pertenuae) Spirochaeta (extremophil)

As a rule, the further one follows the division of the family tree, the narrower the biological heredity becomes, but also the behavioral relationships and characteristics.

From this arrangement it discloses that the genus Borrelia is most similar as a pathogen to the genus Treponema.

What is Treponema which has the nearest family relationship to Borrelia?

Syphilis is the Nearest Relative of Borreliosis

The bacteria “Treponema pallidum” is known as the cause of an illness which is commonly called Lues or Syphilis – an illness which is feared by people above all as a venereal disease. Syphilis has damaged or [*been responsible for the deaths*] of millions of people over the course of the centuries. Only through the discovery of antibiotics could the illness numbers in Europe be clearly reduced. Nevertheless, Syphilis is still considered as one of the most widespread infectious diseases. Worldwide in 1999 alone up to 12 million first infections happened of which 90% of those patients were found in developing countries. To this day not much has changed in this situation.

In contrast to this Borreliosis seems to be completely new. There is practically no indication of it in the old literature. However scientists report [*when*] the Ötzi [*mummy*] – the Ice Man – was examined, he also had suffered from Borreliosis [9]. Borreliosis is also an old companion to human beings.

Doctors divide the symptoms of Lues (= Syphilis) into four stages as well as an innate form (Table 2):

Table 2: The medical division of Syphilis (=Lues) into illness stages with their typical symptoms:	
Lues I Primary Stage	After 3 to 4 weeks Painless ulcer in the contact area Healing after 4-6 weeks (without therapy)
Lues II Secondary Stage	After 6 to 8 weeks Lymph node burden in the entire body, influenza symptoms, skin rashes (exanthema, papules without itch) Healing after approximately 4 months, irregular repetition possible
Lues III Tertiary Stage	After 3 to 5 years Illnesses in airways, pharynx, esophagus, stomach, liver, bones, muscles, etc. gummen formation, ulcers
Lues IV Neurosyphilis	After 10 to 20 years Cerebral malfunction, with 20% dementia, ataxia, speech and visual disturbances as well as bone and joint destruction
Lues connata – Innate Syphilis	From the 20th week able to cross the placenta Birth defects, premature birth or Lues connata Exanthema, liver and spleen burdens, etc.

While the variations of the disease process of Syphilis were comprehensively investigated, the range of variation of the Borrelia illness is established on a lower level by medical science.

It is claimed that the only infection pathway is from the bite of a tick. Because statistically on a regional level 3% to 30% of ticks differently carry the Borrelia pathogen in their bite device, every bite place is to be intensely observed. Only by spread of a reddening around the skin injury would the treatment with an antibiotic be indicated. A treatment duration of approximately three weeks afterwards is sufficient [6]. If it is not treated expertly then the distinguishable stages of the Borrelia illness courses would also arise (Table 3). The correspondence with the stages of Syphilis is amazing.

Table 3: The medical stage divisions of Borreliosis with non-sufficient antibiotic therapy as well as other technical statements	
Stage 1	Local skin infection in the area of the tick bite
Stage 2	General infections with acute organ manifestations (e.g. myocarditis, peripheral neuritis, intermittent Lyme arthritis)
Stage 3	Chronic organ damages (e.g. heart, joints, bowel)
	<ul style="list-style-type: none"> - Survival in different tissues (for years) - Attacks / chronic inflammations possibly after years - Neuroborreliosis as a late consequence in possibly 50% of the patients

If the Neuroborreliosis is taken over as the fourth stage of Borreliosis in this system, then only the Borreliosis connata, the innate Borreliosis is absent.

With the addition of *Borreliosis connata* the correspondency with Syphilis would be perfect. However, who says that there is no *Borrelia connata*? No indications about an innate *Borreliosis* exist in the technical literature. However, if it is proven in the opinion of the experts that all organs over many years can be attacked, then the child growing in the womb can also be infected by *Borrelia* from the mother, as well as from the ovaries of the mother and the testes of the father before the conception. Then by infected eggs or sperm it can virtually piggyback to an infection in the unborn child. Therefore why should there be no innate *Borrelia*? Why are there no indications of a *Borrelia connata*? That is probably attached to the overall problem of *Borreliosis* diagnosis.

Borrelia – Diagnostic Difficulties in the Clinical Picture and in the Laboratory

The *Borrelia* diagnosis is not reached clinically through the typical clinical pictures.

There is no typical clinical picture of *Borreliosis*. The clinical disease pattern of *Borreliosis* is unusual and is similar to that of Syphilis.

Borrelia can attack each organ and there can speed up their destructive work for many years. Besides, [*this destruction*] sometimes goes forward brutally and aggressively, but other times stealthy and gently. In the first case the illness symptoms strike after a short time, mostly after a few days, which leads the patient to the doctor; in the second case it can last many years until the doctor's visit seems necessary. With the first investigations in the course of an apparently serious illness the attacked organ sometimes exhibits almost completely intact, in others sometimes almost completely destroyed. Typical for *Borrelia* is that the *Borrelia* additionally attacks a huge number of organs simultaneously. It is not only just the stomach for example that is concerned. Thus a patient can develop a highly dramatic feeling on account of a detached retina in his eye because of the danger of the loss of sight, while he almost overlooks his mild intestinal problem existing at the same time with his food intolerances. Likewise also induced by his *Borrelia* he considers the thyroid gland impairment [*treated by*] efficient medications for years as uncritical, and the skin phenomena which he tries to treat lifelong appear absolutely marginal in this situation. The unpredictable mixture of more organ burdens and their different destruction degrees is a sign of *Borreliosis*. Consequently there is no generally valid disease pattern which could lead to a diagnosis.

According to the accounts of many authors, since the "typical" marked annular skin reddening after a tick bite is only observable or memorable in a minority of patients, only the laboratory diagnosis remains to create clarity for the prevailing majority of suspicious cases.

But the laboratory diagnostic has a catch. It is often wrong – incorrectly positive (you find indications of *Borrelia*) or incorrectly negative (you find no indication of *Borrelia* although they exist), or the laboratory findings change in their results over and over again. If for example a patient tested negative with the first test, then it can happen that he is tested positive with the second test and with the third test again negative. Which laboratory finding is correct? Therefore the laboratory test is uncertain. Apparently something is being tested which has no connection with the actual illness or there are unclear disturbance elements which influence the test results. Worldwide there are more intensive specific test procedures worked up and there are already many tests for which the manufacturers claim this uncertainty problem would not emerge. Nevertheless a great uncertainty continues to exist compared with the laboratory results.

If the disease pattern and also the laboratory diagnostics do not lead to a certain diagnosis, then how is a “correct” diagnosis made?

Uncompromising “scientists” consult the laboratory results exclusively as the basis of their diagnosis. Who has tested negative by it therefore has no *Borreliosis* and is treated only symptomatically. Then in the opinion of the doctors [*the patient*] suffers from an unclear illness cause and/or a psychic faulty regulation. More pragmatically aligned doctors search for another way out while they treat the patient as if he had a *Borreliosis* or another bacterial illness – they administer antibiotics and they hope for relief or healing.

This unsatisfactory situation has led among other things to the foundation of a self help group (Aktionsbündnis gegen zeckenübertragene Infektionen Deutschland e.V., www.onlyme-Aktion.org), which during demonstrations in Berlin even demanded from the Federal Government that it finally take action and provide more money for research. The question remains unsolved in what manner the Federal Government is to bring an influence to bear on science and on how science should be concerned not only with diagnostics but also the therapeutic problem.

Borrelia – The Therapeutic Problem

Borrelia is not only difficult to grasp diagnostically, but also in therapy the results are unsatisfactory. The generally standard statement that an antibiotic therapy could cure *Borreliosis* is not correct.

From the author’s study overviews you receive the problematic highlights illuminated [7, 8]. Nevertheless it becomes evident that during the last 20 years nothing in this precarious situation has changed:

- The laboratory diagnostics do not have the necessary precision and certainty, and
- The antibiotic therapy cannot achieve the strived for healing rates.

The study overviews that are pointed out in the bibliography are by no means complete. Many studies were not listed for lack of space. In addition there exist further studies about animals with comparably unambiguous results.

Currently no antibiotic is able to prevent with certainty the spread of Borreliosis after a recognized bite infection. All other infection pathways are currently not considered.

Syphilis and Borreliosis in Medical Comparison

A complete result of the observations is to be held onto:

- Borrelia comes from the same evolutionary family as Syphilis (Lues) and is its nearest biological relative.
- With both [*Borrelia and Syphilis*] the causes are the same, different stages of illness are detectable, and correspondingly many organs can be attacked at the same time and in different intensity.
- The transmission pathway of the infection is:
 - With Syphilis it is defined with certainty by sexual contact
 - With Borreliosis (cause: *Borrelia burgdorferi*) it is exclusively described in the technical literature by infected ticks and their bite. On account of the high illness frequency with obviously missing tick contacts the second, until now unknown transmission pathway, is with certainty not to be excluded.
- With Syphilis a suspicious diagnosis can be raised from the clinical picture. It is confirmed through the laboratory diagnostic with relative certainty.

With Borreliosis there is neither clinical nor technical laboratory certainty for the diagnosis. A Borreliosis is then only found if the cause is specifically searched for in the laboratory and if at the same time a positive finding is raised in the laboratory. A negative laboratory finding is not a certain indication to the fact that no Borreliosis exists.

- With Syphilis up to now an antibiotic therapy is still successful.

With Borreliosis illness (*Borrelia burgdorferi*) antibiotics can relieve the symptoms, but the cause is not removed with certainty. At present the situation is:

- With 50 to 76% of the (laboratory positive) patients the standard medical therapy apparently was successful
- With 24 to 66% of the (laboratory positive) patients the short therapy was not sufficient [8].

Autoimmune Illnesses and Borreliosis – An Unexpected Connection

It was already reported about the successful treatment of a life threatening situation exclusively by means of hypersonic sound [3]. Because of an undifferentiated collagenosis, in this case a laboratory confirmed autoimmune illness also designated in popular usage as rheumatism, the female patient had taken the rheumatism remedy “Quensyl”. After 14 days she developed a Lyell Syndrome against this remedy. That is a skin reaction to the medication that is perceived by the body as toxic. The organism reacts to the remedy by throwing off 100% of its skin. Without intensive medical therapy the illness proceeds at this severe degree as a rule fatally.

After healing up the skin defects by means of hypersonic sound [3] the rheumatism returned (which had completely disappeared in the meantime) with unexpected force and within six months made the patient virtually unable to move. There came a stiffening of almost all large body joints and to a progressive extreme muscle decline of the entire musculature in the upper and lower extremities. The rapid dramatic dynamic of the physical decline did not seem to be checked. It was aggravating to take into consideration that the usual dose of medication for the autoimmune therapy was forbidden because of the danger of the outbreak of a renewed Lyell Syndrome.

Laboratory-chemically no *Borrelia* infection could be proven, however the physical measurement by means of EAV and hypersonic sound diagnostics proved the indication of a *Borrelia* illness as the cause.

A specific hypersonic sound infusion therapy as was described already several times in principle [3, 4], immediately stopped the illness dynamic and initiated the final healing. Today this female patient is pain free. Her mobility is extensively recovered. Chemical drugs were neither administered nor taken during the Lyell Syndrome or during the rheumatic discomfort and the healing time of the rheumatism. [*Healing*] came exclusively by application of hypersonic sound solutions. Through that it was possible to address all the illness problems directly and to bring about healing.

It points into the future that above all patients with autoimmune illnesses search for a therapy pathway by hypersonic sound.

It turned out with the physical testing by means of EAV and hypersonic sound diagnostics that up to now without exception all patients with autoimmune illnesses suffered from a *Borrelia* infection being in the foreground.

Moreover in comparison all other problems (like for example heavy metals and viral or bacterial burdens) presented themselves as nearly meaningless. The unique infusion therapy with a *Borrelia* hypersonic sound spectrum in extremely high amplitude followed with an immediate *Borrelia* elimination. Afterwards most patients were immediately able to stop taking their until now long term carried out chemical therapy for treatment of the autoimmune illness, all others went forward creeping and could renounce these preparations permanently after some time. From these results it is apparent that an unexpected direct connection between autoimmune illness and *Borreliosis* must exist.

The cause of autoimmune illnesses is unknown in medical science. From this the current illness model assumes that the body forms the same materials with its immune system which it uses against its own cells as well as their nuclei in order to destroy them.

Up until now no one can give a reason for this process. Currently the treatment of this apparent self destruction happens above all by means of Cortisone or with remedies which have arisen mostly from cancer chemotherapy. A standstill or a healing of the illness cannot be reached in every case. Also a logical explanation for this is absent. A connection between the autoimmune illnesses and *Borreliosis* does not superficially appear to exist. Nevertheless the practical results indicate in this direction.

The most important autoimmune illnesses are put together in Table 4.

Table 4: Selection of the numerically most important autoimmune illnesses:	
Autoimmune hepatitis	Bullous pemphigoid
Ulcerative colitis	Dermatomyositis
Diabetes mellitus Type 1	Acquired epidermolysis bullosa
Glomerulonephritis	Hashimoto's disease
Lichen planus follicularis	Lupus erythematosus
Crohn's disease	Bechterew's disease (<i>spondylitis deformans</i>)
Multiple sclerosis	Pemphigus vulgaris
Polymyalgia rheumatica	Psoriasis
Rheumatic fever	Rheumatoid arthritis
Sarcoidosis (Boeck disease)	Dermatosclerosis
Sympathetic ophthalmia	Disseminated lupus erythematosus

The hypersonic sound research asks about the sense of the reaction of the body. Nevertheless, the question in the foreground is: "Why does the immune system destroy its own cells?"

Fundamentally it should be noted that the human being in his development occupies the leading position in evolution. Nevertheless the purpose of evolution is not self destruction, but rather the expansion of life in every possible evolutionary niche and the passing on of our genetic information to the next generation. According to the newest research results not only physical characteristics but also even individual experiences and

emotions are transmitted on the epigenetic pathway to the descendants in order to also enable the next generation the adaptation to extreme psychic situations in life. With this combination of circumstances an undirected suicide program of the body against its own organs and/or essential differentiated structures appears more than questionable. Nevertheless the body apparently removes its cells.

As the only logical explanation for this action it can be concluded that the immune system does not carry out its destruction process randomly, but suffers specifically. Cells no longer capable of surviving are eliminated and by that create space for the surviving cells to continue their work as optimally as possible. Evolution has an extreme will to survive and in order to secure that survival the destruction of cells is sometimes also meaningful and necessary under particular conditions.

Because Borrelia cannot be diagnosed certainly either clinically or in the laboratory it is understandable that it can attack tissues unnoticed and unrecognized. However the immune system follows its function reliably to create and to receive the best conditions for life. Therefore no self suicide process runs, but these specific laboratory values indicate the activity of the garbage disposal.

One recognizes the intensity of the tissue infestation and the tissue destruction by Borrelia by the strength of the autoimmune reaction.

Summary

A Lyell Syndrome on the basis of a rheumatic illness was the starting point to look at the intensive autoimmune illnesses. The following discoveries are put together from this and the following therapies as well as the above represented connections:

- Borreliosis proceeds (like Syphilis) in distinguishable stages. Many organs suffer from the illness at the same time. As a result the intensity of the organ burdens varies considerably.
- Borreliosis has accompanied humanity for thousands of years. It can infect a person across different ways; ticks thereby play a subordinate role.
- Behind all autoimmune illnesses treated in the practice of the author up until now, an unrecognized chronic Borreliosis (mostly laboratory negative) appeared as the cause.
- Chronic Borreliosis and/or autoimmune illnesses are diagnostically and therapeutically difficult to grasp. As an alternative, physical diagnostic methods are offered which are likewise susceptible to disruption however they increase the overall

diagnostic certainty. The use of chemical preparations for therapy is uncertain in the result. However Borrelia can be treated with certainty by physical therapies, in this case supplementary chemical preparations can be renounced.

- Through the goal-directed [*specific*] therapeutic success with the help of physical hypersonic sound therapy it becomes recognizable that the immune system of the human being must dispose of several components.

Currently the cellular immune defense which is optimized by vaccinations is in the foreground in medical science. Beside it exists another necessarily evolutionary older immune defense which can repel all dangers through hypersonic sound. This defense has been used up until now in a weakened form with homeopathy. Both systems are coordinated with each other and in cooperation effectively maintain the health of the affected person. This is expanded in a separate intensive conclusive article.

Part 2 of this article reports about the author's experiences with the unusual healing courses of Borreliosis and about the possibilities of therapeutic influences. A translation of that article and the bibliography will appear in Volume 11, Issue #7 of "The Bridge", scheduled to publish mid-July 2015.



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Part 2 of this article will appear in Volume 11, Issue #7, July 2015.



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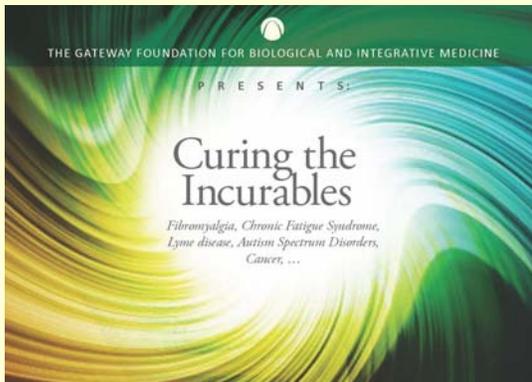
➤ **Conferences and Conventions:** As a new approach to bring this information and education to a broader range of practitioners this year OIRF will sponsor speakers and lectures in a number of conferences and events throughout the USA and Canada. Here are some of the conferences, conventions and seminars where our OIRF Board of Directors and Advisors are presenting lectures.

➤ **Acupuncture Meridian Assessment (AMA) Training** for Detecting Parasites and Dental Problems with Dr. Simon Yu, March 27-29, 2015, St. Louis, Missouri, OIRF Director participation:
<http://www.preventionandhealing.com/pah-training.php>

➤ **NorthWest Naturopathic Physicians Conference (NWNPC)**, May 1-3, 2015, Seattle, Washington USA, OIRF Educational Exhibit area featuring the MORA Beauty/Nova: www.nwnpc.com/

➤ **A4M 23rd Annual World Congress on Anti-Aging Medicine**, May 6-9, 2015, Hollywood, Florida USA, Med-Tronik/OIRF Exhibit area featuring the MORA Beauty:
www.a4m.com/anti-aging-conference-2015-hollywood.html

➤ **Gateway Foundation for Biological & Integrative Medicine** presents **Curing the Incurables**, Sept. 11-13, 2015, St. Louis, Missouri USA, OIRF Educational Exhibit area featuring the MORA Beauty/Nova
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- March 21-22, 2015 Basic MORA and BioResonance
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➡ **Updates, Reminders and Announcements:**

➤ Watch for Volume 11, Issue #2 of the "The Bridge" newsletter to arrive in your Inbox around mid-February. Next to be featured will be the regular annual article from OIRF Medical Advisor Dr. Simon Yu.

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I trust you have found much of interest in these pages. Just as there are plans and arrangements falling into place for our many 2015 events and activities, so also there are articles and information being prepared for the next Issues of this Volume 11 of "The Bridge". Electronic publication with access open to all will continue throughout 2015 and we look forward to bringing you that cutting edge information for which OIRF is famous. We look forward to meeting you during our 2015 activities and programs. As always your comments are welcome. Remember that this is your newsletter – your suggestions, article contributions, critiques, FAQ's and compliments – are gratefully accepted.

Yours in health,

Carolyn

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