



# Occidental Institute Research Foundation

## THE BRIDGE

### Linking Practitioners of German Biological Medicine

Volume 10, Issue #3, March 2014

Wednesday, 26 March 2014

Dear Colleagues, Friends and Supporters of OIRF,

➡ **Welcome to Volume 10, Issue #3 of "The Bridge" newsletter for 2014!** In this issue I have once again found an interesting article on BioPhoton Therapy by **Dr. Jörg V. Schöpe** from Germany. Translated from a recent German journal here is excellent practical information on diagnostics and therapy in regard to Referred Pain.

**Marguerite Lane, ND** from Australia has accepted our invitation to become our newest member of the OIRF Board of Medical Advisors. She has been a naturopath in full time private practice since 2002 and has used the MORA Super since 2003. With our very grateful thanks, Marguerite has already submitted a great article with no less than four(!) case studies outlining application of the MORA Super BioResonance Therapy in practice.

➡ All 2014 issues of "The Bridge" newsletter will be sent to you by email and then published on our website. **Access is open to all.** Follow this link to get your PDF print copy of "The Bridge" Volume 10, Issue #3 as well as a reprint copy of another [article on BioPhoton Therapy for CFS](#) from "The Bridge", Vol. 10, Iss. #6, Dec. 2010.

➡ It seems that our Boards of Directors and Advisors are in a constant state of flux in the past few years. It is with great sadness that I must inform you of the passing of our Director **Peter Service** after a long battle with leukemia. For many years since the passing of Dr. Sturm, Peter has offered me business, financial and marketing advice. His recommendations have always been insightful and have certainly been instrumental in our ongoing struggle to maintain the viability and integrity of this venerable organization.

To me personally, Peter was advisor, confidant, strong supporter, friend, instructor on precisely which Okanagan wines met his refined



standards, beloved cousin and (since childhood) fellow co-conspirator in whatever trouble we could find. Here's a picture from happier times (one of Carolyn's unmentionable 29-again birthdays).

He will be greatly missed – by so many – and was another of those exceptional men who never really realized just how many people's lives he affected or how much joy and humor he shared. We send our sincere sympathies and condolences to his close family. Peter, may you find peace now that the battle has ended.

➡ **Update:** The OIRF **41st Biological Medicine Tour program to Germany!** Dates are now confirmed for **Tuesday, Oct. 28 through Monday, Nov. 3, 2014.** This program will feature a number of presentations from instrumentation and remedy (test sets!) companies, as well as at least one clinic and – of course – time for you to visit the famous Baden-Baden Medicine Week Congress and exhibits.

Two feature speakers are now confirmed: **Juliane Sacher**, MD of AIDS/Cancer research fame (will talk about her latest research into the connections between the chronic diseases of our time and the increase in vaccinations) and **Olaf Kuhnke**, MD (who will likely give us an overview of the many Biological Medicine methods used in their famous Swiss medical center and then a lecture concerning pain therapy and fibromyalgia).

Follow this link to the [Germany Tour](#) page on our website for itinerary, lecture, registration and activity details as they are finalized and published. I've given you lots of advance time notice – plan now to join us for this educational (and fun) tour program! Registration details will be posted shortly and we are already looking forward to welcoming participants from Australia, Canada and the USA.

➡ I know I am repeating myself (as our primary proof reader and grammar checker Mom Catherine regularly reminds me to just "stop that"). However, I think it is worth repeating and reminding you that as a non-profit organization dedicated to the expansion of Biological Medicine in North America through research, publication, seminar/workshops and sponsorships, we are solely and completely reliant on your support in order to continue our efforts. There is neither government funding nor any outside sponsorships. So, here are a few ways in which you can support Occidental Institute as we move forward in 2014:

- 1) Consider making a \$35 tax deductible 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 training seminar/workshops 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 booth. This is another opportunity for you to see these methods in action and talk to us personally about how you can incorporate our recommended methods into your practice.

We thank you for your support and look forward to working with each of you during the coming year.

➡ **Attention all OIRF Friends, Supporters and Colleagues:** Here is an important announcement from Mr. Justin Fiore.

*Dear Friend,*

*I am writing to you today to tell you about something extremely important. It is called **Explore!** and is a publication I have had the great pleasure of being a contributor to in the past, and which I am continuing to contribute to today. Explore! has featured many, many other of the most forward-thinking health experts of all time.*

*Please check this important info out here:*

<https://iy149.infusionsoft.com/go/explore/ORIF>

*Explore! was a printed, peer-review journal for health practitioners and health conscious consumers that has been meticulously restored and digitized. **You can now access its full 23 year archive!***

*[The entire original message is not included.]*

*Yours in Health!*

*Justin Fiore*

*Explore! Publisher*

As a subscriber to Explore! since its inception, I was especially excited to hear about all the work and effort that Justin has put into resurrection of this grand old publication. All the issues have been fully digitized (an amazing amount of work and effort!) and are accessible online at their website (see the link above). Subscription fees are very reasonable, and I want to congratulate and thank Justin for undertaking this project. Be sure to support this publication by subscribing today.

➡ So, here are your newsletter items for this Issue #3 . . .

*An **update notification for OIRF Supporters** published March 2014  
by Occidental Institute Research Foundation . . .*

## **Guillain-Barré Syndrome as Vaccine Damage After Hepatitis-B Vaccination**

**From an article in CO'MED, Volume 20, February 2014**

**Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Prompt  
Translation & redaction by: Carolyn L. Winsor, OIRF**

### **Ruling:**

The health consequence of Guillain-Barré Syndrome emerging after a Hepatitis-B vaccination is recognized as a vaccination damage and can be compensated.

This was decided by the *Sozialgericht Dortmund* [Social Security Tribunal of Dortmund] in the case of a boy from Hamm (Ruling from 23.11.2013, File Number: S 7 VJ 601/09), who had been inoculated at the age of two years by his pediatrician against Hepatitis A and B and as a result suffers Guillain-Barré Syndrome with remaining paralyses in the legs and a foot defect position.

The *Landschaftsverband Westfalen-Lippe* [Regional Association of Westphalia-Lippe] – *LWL Versorgungsamtsamt Wesfalen* [Westphalian LWL Pension Office] in Münster rejected the recognition and compensation of a vaccine damage because the causal connection is not likely between the vaccination and the illness in the boy.

The Social Security Tribunal of Dortmund explained their ruling is affirmed on the basis of hearing medical evidence of the causality of the liability claim between the Hepatitis-B component of the vaccine and the Guillain-Barré Syndrome. It has been realized in medical science that potentially supported vaccination complications exist with very high likelihood.

The competing cause of an influenza infection cited by the defendants is unlikely on the basis of the documented laboratory values.

Source:

[www.justiz.nrw.de](http://www.justiz.nrw.de) (16.01.2014)

Effectiveness of a natural substance scientifically proved.



Page Five; The Bridge, Volume 10, Issue #3; March 2014

Be sure to also see the [previous article by Dr. Schöpe](#) from "The Bridge", Volume 6, Issue #6, Dec. 2010 entitled: When It Simply Does Not Go Well Any Longer, BioPhotons and Magnetic Field for Chronic Exhaustion – A Practice Case

*An **exclusive article for OIRF Supporters** published March 2014  
by Occidental Institute Research Foundation . . .*

## Referred Pain

### Or, The Connections of Pain Transfer

By Jörg V. Schöpe, HP, DO.CN

**From an article in Naturheilpraxis, Volume 66, August 2013 (8/2013)  
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Promt  
Translation & redaction by: Carolyn L. Winsor, OIRF**

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Disease symptoms and their causal structure are occasionally far apart. The why and how is the subject of the following article and is explained in more detail in two case histories. Within a therapeutic practice the most diverse symptoms or symptom complexes are often treated successfully directly "on the spot". Occasionally however well-intentioned and well-proven therapies remain without a "happy ending". Why? Of course one endeavors to explain the individuality of the patients and their specific life situations. I regard this perception as unsatisfactory, especially since the consideration of Referred Pain (transferred pains) often helps us further and then the affected patient can nevertheless still be treated successfully, e.g. with Osteopathy and/or Photon-Magnetic Field Therapy

Referred Pain or transferred pain (projection pain) describes pain sensations and other discomforts which are caused by the internal organs but which partially show in areas far away on the body surface (skin, musculature, bones). Besides, the triggering organ can still be clinically silent. On the one hand this phenomenon takes place over fascial connections and on the other hand through neuronal interconnections. The last-mentioned can be explained among other things as follows:

Visceral and somatic pain stimuli released by irritated nociceptors as well as a multitude of mechanoreceptor stimulations (skin, muscles, capsules, ligaments) of some segments are conducted to the side- and posterior- horns of the spinal cord before they are collected by the WDR cells (wide dynamic range cells) in the posterior spinal horn, and then are conducted over ascending spinal cord pathways to the primary-sensory-cortex (PSC / homunculus). The PSC cannot differentiate whether the incoming irritation stimulus goes back to the skin, vessels, muscles or viscera. However because the skin is very prominently represented in the homunculus in comparison with the viscera, e.g. a pain stimulus is projected (Referred Pain) – according to the law of probability – into the segmental dermatome C8-Th5, although the heart does not feel well.

Following is described how the symptom complex of two supposed therapy failures were resolved under consideration of a diagnosed Referred Pain within three treatment appointments with the combination of ProLight Photon Therapy (description below) and Osteopathy.

### Case 1

Mr. S. 79 years old appeared for the first time in my natural healing [*naturopathic\**] practice five years ago.

Before his upcoming shoulder operation, right in ten days, he had bad misgivings because no serious pathological processes could be shown in either the x-ray or in the MRT. The treating orthopedist believed he must now take a close look at the structure by arthroscopy, and then he could say more or directly intervene curatively. Thereupon an old school friend advised Mr. S. to obtain a second opinion.

Thus Mr. S. came to my practice and reported during the first consultation that for many years now he particularly suffers from changeable shoulder pains. Through specific enquiries I found out that the occurring pain condition appears rather vaguely and also in the nape of the neck, in the clavicle area as well as partially up into the right arm. Furthermore he added, that for some time it stands out for him, that often the right shoulder girdle appeared to be cold and draft sensitive. Also he sometimes senses a strange “trickle away shiver” in the shoulder-nape area.

Further characteristics of the anamnesis, inspection and palpation resulted in:

- Partial headaches in the temporal / parietal area, right (for years)
- Mydriasis (dilated pupils), right, as well as pulling up on the right corner of the mouth
- Diaphragm raised high, right, with alternate singultus (hiccup)
- Ideopathic blood pressure fluctuations for approximately two years
- Vasoconstrictions in the right shoulder-nape area as well as in the right body quadrant

- Pressure-painful spinous processes (Th6-9) in group lesion
- Hyperalgesic dermatome (Head's Zones) and myotome (Mackenzie Zones\*\*), caudal, on the right caudal arch (Th8-Th11)
- Pressure-painful costal arch as well as ribs 11 + 12 (sclerotome), right
- Hyperesthesia and hyperalgesia lateral lower legs and ankles, right
- Paresthesia in the ventro-lateral thigh
- Chronic Hepatitis B (mild to unapparent course without hepatomegaly for many years)
- Changeable stools

When first glancing over the gathered information, the impression of a “jumbled symptom heap” could develop.

With intensive study however it stands out that it is about valuable mosaic stones which indicate understandable illness events outgoing from the liver.

The first suspicion of the liver was confirmed through a visceral osteopathy “Local-Listening” [*screening test*], a liver mobility test and the Sotto-Hall Test (see *Barral*<sup>1</sup> and *Hebgen*<sup>6</sup>).

With Local Listening a hand inner surface with its net weight is laid centered on the abdomen. Provided that you feel a fascial feature, you follow this. The travel direction shows the place of the restriction. In tendency I was pulled into the upper right quadrant. For example scars, adhesive bands or adhesions (e.g. from inflammation processes) can be causal for the restrictions.

To further confirm my findings the liver mobility test follows next for all three movement axes: He shows a tendency to organ fixation with limited organ movements in all levels.

Last but not least follows the Sotto-Hall Test for final validation:

In this case I check indirectly whether the liver has relevant influence on the pathological shoulder structure as I inspect the radial pulse while bringing the *A. subclavia fascia* into distress.

After I feel the radial pulse clearly under my fingers, the bent arm of the patient is brought into abduction, retroversion and outside rotation. The patient rotates his head to the other side. Thereby the thoraco-fascial system is brought under tension. If the radial pulse becomes markedly weaker or it vanishes fully, the test is positive. The organ fixation / osteopathic dysfunction brings a pathological tensions across the fascial chain up to the upper thoracic aperture / *Fossa supraclavicularis major*, by which the *A. subclavia* gets into distress and the pulse is affected.

If the fascial chain is relaxed afterwards by raising the liver and the full pulse then comes back, the liver has a decisive part in the discomforts in the shoulder-arm area over the connecting fascia.

All tests proceeded positively with Mr. S.

But moreover, the liver can also be jointly responsible for the shoulder across the neuronal interconnections and completely alone can be responsible for all the other further above mentioned symptoms. Besides, we must think of the following anatomical connections:

- The liver is parasympathetic efferent\*\*\* innervated from the *N. vagus* (stimulates glycogen formation). Sympathetic efferences come to the thoracic spinal column segments Th5-9 (literature data varies here, stimulates glycogenolysis).
- On the one hand the liver afferences reach across the parasympathetic part of the *N. phrenicus* (also leads afferences from the costal pleura, the pericardial sac and the parietal peritoneum) across the cervical spinal column (C3-5) to the central nervous system (CNS). On the other hand the sympathetic afferences of the liver reach across the sympathetic trunk to the segments Th8-10/11 (Mackenzie zones), Th5-9, *Netter*<sup>10</sup> among others) and further across collaterals to the lumbar plexus (Th12-L4) as well as to the ciliospinal center (C8-Th3).
- Nevertheless, some highly interesting diagnostic and therapeutic interconnections come which will further solve our case.
- The *N. phrenicus* for instance undergoes an interconnection at the level of C4/5 with the brachial plexus (C5-Th1), from here innervates the skin at the shoulder level and upper arm as well as the musculature of the shoulder girdle. Therefore, with upper abdomen or thoracic illnesses – next to painful Head's zones in the dermatomes, myotomes and sclerotomes of the body – they can come to shoulder pains (all Referred Pain).
- The *N. phrenicus* projects into the cervical spinal column area virtually into "its" segments.

Moreover the *N. phrenicus* maintains an indirect connection to the ganglion stellatum<sup>1</sup> and to the *N. vagus*. Alongside a hyperalgesia a sympathicotonic reaction in the skin and its accessory structures also originates through the sympathetic influence. A vasoconstriction (vasomotoric) of an intensified sweat secretion (sudomotoric) is often described by the affected patient as cold and draft sensitivity. A bristling tendency of the hair in the shoulder region (pilomotoric) is felt by patients as a "trickle away shiver" and in addition to inspection it rather stands out with hairy patients.

At the level of the second cervical vertebra the Vagus delivers afferent fibers to the segment C2/3. Sympathetic afferences reach across the sympathetic trunk outgoing from

the ciliospinal center (vegetative center of the spinal cord, at level C8-Th3), likewise to the segment C2/3 (network of *A. carotis interna*), where virtually all impulses meet and the tomes (derma-, myo-, sclerotome) are passed on. Thereby any applicable head and shoulder-nape pains can be explained. Also the right-sided mydriasis occurs as vegetative-reflex projection signals outgoing from the ciliospinal center. In addition, the vegetative-reflex induces the raised level of the corner of the mouth as a mimic [*of facial expression*] tension as well as painful areas in the costal arch, ribs 11 + 12 as well as the thoracic vertebral spine 6-8.

However the interconnections are not enough. At the level of the *Medulla oblongata* we find yet another of the *N. vagus* with the *Nucleus spinalis nervi trigemini* which of course also sometimes passes on the impulses of the internal organs (e.g. jaw pains, toothaches and headaches with heart problems).

On the other hand the right-sided raised level of the diaphragm with occasional singultus is connected with the transmission of the visceromotoric phrenicus reflexes (visceromotoric afferent neurons reaching across collateral motoric anterior horn cells [*of the spinal cord*]). (Note: Defense of the abdominal wall with inflammatory processes of the abdominal organs also occurs in this way.)

The elevated blood pressure as well as the leg pains still remain to be explained.

All internal organs of the segment area C8-Th7 can be about viscerovisceral reflex triggers of tachyarrhythmia and blood pressure changes, because precisely this segment area is innervated by the heart.

Alongside the many liver projections in the upper body regions the possibility of Referred Pains in the lower extremities through transmission of the sympathetic stimuli also very much exist.

Moreover afferent impulses of the segments Th8-11 are conducted across collaterals in the sympathetic trunk to the *Plexus lumbalis* (Th12-L4) and further into the *N. femoralis* (L1-4) as well as partially also *N. peroneus* (L4-S2). Thus, no wonder that Mr. S. also complained about discomforts in his right leg. After being informed by the patient and through the physical examination the matching discovered mosaic pieces are joined together, and the therapy can begin in connection.

In my natural healing [*naturopathic*] practice I like to combine the **ProLight-Photon-Magnetic Field Therapy** with **Osteopathy**, in order to support the self healing forces at the energetic and physical levels equally. For Mr. S. both came into use successfully.

As the first column of therapy – the ProLight-Photon-Magnetic Field Therapy has a regulating and thus a balancing effect on the biophysical level of the patient.

### ProLight-Photon-Magnetic Field Therapy



In this connection a special therapy device is used for about 45 minutes. It generates a magnetic field comparable to the earth's magnetic field, however in a little higher strength and – at the same time – a polyfrequency and coherent light spectrum<sup>2</sup> which is related in the best possible way to sunlight.

Coherent light and the earth's magnetic field represent a matrix in which material structures can be formed and through which living structures can be regenerated if necessary. Hence, living beings need these (possibly clean) fields as vital ordering and steering stimuli. In the case of illness – here a liver burden – the patient lacks urgent necessary information / frequencies / oscillations, in order to gain back the usual natural quality of life.

The application of the Photon-Magnetic Field device gives into a depth at the illuminated body area (here among other things the liver dermatome / Head's zones) – among other things through a domino effect<sup>3</sup> – an extensive wide frequency buffet which virtually all cells can access in order to regenerate as well as possible. At the same time it stands and works independently, so that my hands remain free for a simultaneous osteopathic treatment.

Osteopathy characteristically establishes direct or indirect contact with the body structures, which are weakened or are in some other way physiologically impaired in order to promote their regeneration. Of course it also indirectly affects the energetic structures of the patients. A cornerstone of osteopathic philosophy contains the statement:

**The structure determines the function and vice versa.**

A structural impairment was found diagnostically for Mr. S. both in the liver supporting apparatus as well as in the spinal column segments relevant to the liver. They react hyperactively to the afferent triggering from the liver with the result of a movement restriction.

With my patient I found a group lesion in the segments Th6-9.

With the help of structural Osteopathy to free these segments, i.e. to resolve their restrictions, it turned out very well.

At the viscer-osteopathic level the whole liver, the liver support apparatus, the sympathetic trunk and the *Plexus coeliacus* were treated, in order to remove the afferent irritations.

Moreover, by cranial-sacral-osteopathy the vegetative interaction had outstanding regulating influences which beneficially came to a conclusion for application of the treatment.

After the first treatment Mr. S. had already cancelled his Shoulder-Operation-Appointment. He still came twice more for the “Shoulder-Treatment” before all symptoms were resolved.

Since that time up to the present day I see Mr. S. once a month for general vitality support. His shoulder problem has not again appeared.

## Case 2

Now in the same way the following more detailed – already announced above – second patient’s case is also based on an extremely interesting interweaving.

Mrs. Z. 43 years old, office administrator and mother of a 13 year old daughter, appeared in my practice with head, shoulder and back pains.

The pain symptoms had already reduced her quality of life for about 1¾ years. Nevertheless, the [*symptoms*] do not always appear together. Occasionally they are felt alternately or only latently-vaguely.

Previous therapies were in existence and consisted of taking painkillers, injections by the family doctor, massages and physiotherapy, however without noticeable improvement.

My further anamnesis , inspection and palpation proved:

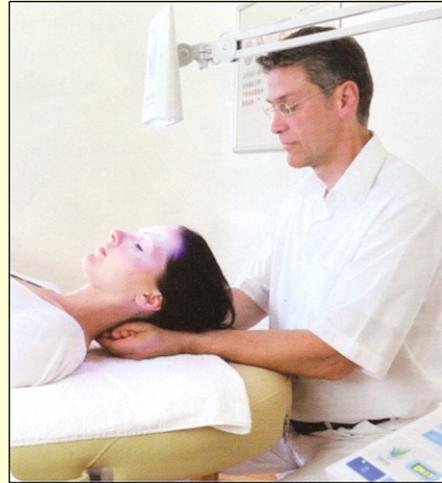
- Headaches rather frontal-temporal and parietal
- Shoulder pains in the area of the shoulder girdle
- Back pains in the thoracic spinal column area up to the thoracolumbar transition and to the *Crista iliaca*
- Light paleness in the left facial half
- Sometimes unclear lower jaw pains and toothaches in the grinding tooth area
- Partial pains when swallowing
- Increased perspiration under left armpit
- Cold feeling in the left body half
- Constipation with meteorism as well as singultus (hiccups) and rare vomiting
- (Pressure) painful area in the caudal area of the *M. pectoralis major* (C5-Th1) (especially in the rib beginnings and sternum {Tietze’s syndrome}) as well as the caudal area of the *M. latissimus dorsi* (C6-8) in the iliac crest
- (Pressure) painful spinous process in the area of C7-Th3 with heightened vasodilation over the spinous process points.

[Osteopathic] Treatment combined with ProLight

With Mrs. Z. we again have to deal with many mosaic pieces that would like to be put together meaningfully.

Let's remember:

Internal organs project their disturbances into the sympathetic and parasympathetic pathways and origin cells of their innervations and across various interconnections on the CNS level (indirectly homunculus) further into their organ specific dermatome, myotome, angiotome and sclerotome or on certain brain nerves (*N. vagus* to *N. trigeminus*).



In the present case of Mrs. Z. we find ourselves confronted with a left-sided symptomatology standing out. Therapies on the *Loci dolendii* [painful points] did not proceed successfully.

Taking the Referred Pains into account my first thoughts went in the direction of the heart or stomach. Both organs lie near the diaphragm and pass on their afferences across the *N. vagus*, *N. sympathicus* and *N. phrenicus*.

At the level of the *Medulla oblongata* the *N. vagus* is interconnected with the spinal nucleus of the trigeminus, which explains the headache, jaw pain and toothaches (“trigeminal cardiac reflex”, as there is also a “trigeminal pulmonary reflex”).

Besides, parasympathetic and sympathetic fibers have a connection to segment C2, with which the pains on swallowing are understandable.

The *N. phrenicus* has influence on segment C3-5 and on the other hand leads afferences to the diaphragm by which with irritation it can come to singultus. These segments (C3-5) are also partly involved in the innervations of the shoulder girdle.

The *M. trapezius* for instance moves with its three parts from the occiput to the thoracolumbar transition and besides the *N. accessorius* supplies to the segments C2-4. It can also project without further transmitted stimuli to the *N. phrenicus* as pains in the thoracic spinal column up to the thoracolumbar transition.

We find similar connections to the *M. latissimus dorsi*.

It extends with its four original parts among others from the Os sacrum and the *Crista iliaca* to the *Crista tuberculi minoris* of the upper arms. The innervation comes to the segments C6-8, and C8 takes over the supply of the lower part.

The segmental affiliation of the heart is generously assessed and extends from C8-Th7 (literature data partially varies) from which it can easily be taken and from which the pains of Mrs. Z. result on the left medio-lateral *Ala of the ilium*/small of the back.

The stomach is already ruled out at this point because it is associated segmentally to the areas of Th5-9. An interconnection at C8 does not occur here.

The vegetative reflex symptoms (vasoconstriction, left facial-half and increased axillary sweat secretion) can be deduced through the corresponding vegetative supply. Head and upper extremities receive their sympathetic innervations at the spinal cord segments C8-Th7 virtually in parallel with the heart.

Through the viscerovisceral reflexes the abdominal symptoms are understandable. They are often already developed at the beginning of a heart illness.

However the cause for the co-reacting healthy organs in the searched similar segmental supply has not yet been verified.

Painful areas in the lower *Pectoralis major* area are typically Head's zones of the heart and explain the pressure painful spinous processes as another Referred Pain. According to Mackenzie the spinous processes C7-Th3 become pressure and pain sensitive at the first with a cardiac irritation. Often this observation goes along with a strengthened vasodilation of the spinous tips as well as a paravertebral swelling in the above mentioned segments.

In principle it remains to be recorded that as a rule internal organs communicate any early irritations to the body surface (dermatome, myotome and sclerotome) early, so that with timely therapeutic recognition and intervention serious pathologies can be prevented.

Perhaps it is for [*the practitioner*] who knows how to interpret the signs. In the present case I treated Mrs. Z. osteopathically during the first consultation as well as also with the help of the ProLight-Photon-Magnetic Field Therapy, and afterwards with the suspicion of the beginning cardiac insufficiency I recommended her to the cardiologist for further diagnostics.

Then in the second treatment I found out the cardiological diagnosis. She was: Beginning mitral valve insufficiency through ideopathic elongation of the *Chordae tendineae*.

A "certain" physical protection and a period of restriction from recreational drugs was advised on the part of the cardiologist, a regular controlling examination was recommended. Medications were not prescribed because Mrs. Z. still does not show any cardiological symptoms.

We continued the treatments in my practice and were able to considerably reduce the symptoms after two further consultations. Now they appear only sporadically and considerably milder than before.

At present I see Mrs. Z. every two or three months for supporting treatment.

### Author Comments:

1. Through collateral formation in the sympathetic trunk, and *N. phrenicus* impulses of the stomach organs near the diaphragm are transmitted from the C3-5 in the spinal cord to the ciliospinal center (C8-Th3) and from there across the sympathetic fibers into the corresponding spinal nerves to the shoulder.
2. Only coherent light is able to transfer information.
3. The presented photon field information spectrum is perceived among other things at the cellular level and "handed on" through intercellular biophoton communication (microtubule, etc.).

### Translator Notes:

\* All words or phrases in *italics* and enclosed in square brackets [ ... ] are added by the translator for clarification purposes only.

\*\* The afferent pathways of some spinal nerves from the musculature are called Mackenzie Zones. They play a role with the phenomenon of pain transfer.

\*\*\* Note carefully the difference between afferent and efferent. Great care has been taken in translation to preserve the author's meticulous references in this respect.

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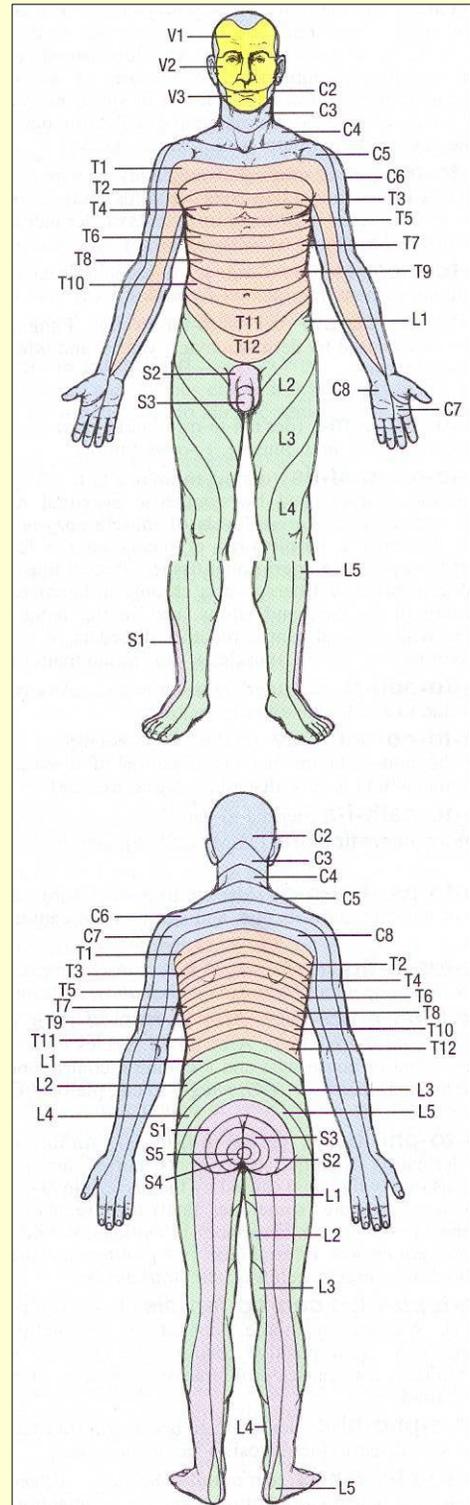
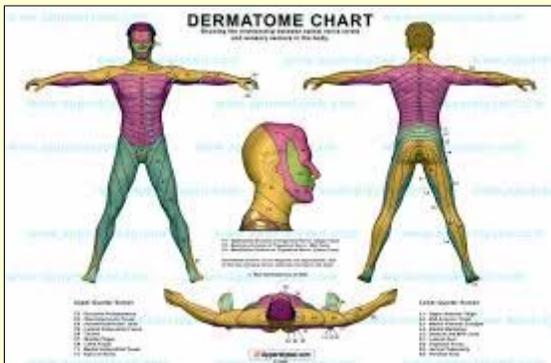


### Practice Application:

This is the second article by **Dr. Jörg V. Schöpe** translated for “The Bridge” newsletters. His first article highlighting a patient with CFS appeared in “The Bridge”, Volume 6, Issue #6, December 2010. For those of you who don’t still have that issue on hand, a [reprint of the article](#) has been posted on the website for your easier access. In both articles he utilizes BioPhoton Light and Magnetic Field Therapy as his instrumental treatment choice.

In the article published in this Issue Dr. Schöpe once again shows us an interesting combination of diagnostic and therapeutic approaches with a very practical application. The references to and reliance on Referred Pain via the various “-tomes” gives us an insight into one recognized and widely utilized Osteopathic diagnostic technique. For those practitioners familiar with the technique, these assessments can be completed quite quickly. For those not familiar with this technique a bit of basic reading can give you sufficient knowledge to at least make basic diagnostic assessments while interviewing and examining your patients. Those basic assessments can then be used to guide your EAV or Vega-type point and medication testing to confirm your suspicions. For example from this article, Dr. Schöpe’s suspicions regarding the liver involvement for Mr. S. and the heart for Mrs. Z. could have been easily confirmed even with preliminary point testing.

Here are a few pictures and a couple of websites that will give you a bit of further information:



[http://www.osteopathicresearch.com/paper\\_pdf/Podlesnic\\_engl.pdf](http://www.osteopathicresearch.com/paper_pdf/Podlesnic_engl.pdf)

<http://www.multibriefs.com/briefs/aaorg/lowbackpainandkidneymobility061813.pdf>

And then there is the therapy. By now I think you all know that BioPhoton Therapy is one of our favorite and most frequently recommended therapies. As we learned from **Dr. Fritz-Albert Popp** BioPhotons are the small quanta of light. It is via BioPhotons that cells communicate and transfer information, in other words using light particles as the primary carriers of information in the body.

In previous articles in “The Bridge” (i.e. those by **Marlene Kunold** on borreliosis, see [Vol. 8, Issue #6, Dec. 2012](#)) we have seen that there are a number of BioPhoton Therapy devices available in Germany and Europe (some now even in North America) which are all very successfully used for a broad range of applications (from pain to borreliosis). Although some practitioners utilize other brands of instrumentation than that recommended by OIRF, the concepts and applications are applicable regardless.

We have worked closely with **Mr. Dieter Jossner** of the Medical Electronics Company (one of the original and long term researchers for BioPhoton technology). Technically the ProLight device mentioned here has been found to deliver a lower quality of biophotons in irregular frequencies. The [HPT 3D Standard BioPhoton](#) device recommended by OIRF has two basic frequencies (Alpha – mostly used on the head, and Poly – mostly used on the rest of the body). This approach has been highly successful with nearly 30 years of experience behind it. And, if the practitioner really feels it necessary to work with additional frequencies, other models of the Medical Electronics devices are available with those features.

With BioPhotons we are talking about delivering information to the body via the body's own light pathways. Although highly effective as a standalone therapy, BioPhoton Therapy lends itself to combination with any other therapy approach – usually greatly enhancing their effectiveness. For example, the introduction of remedy information will not only send energy to the body (put applicable meds into the special honeycomb for delivery of therapy **information** directly to the patient through the BioPhotons), but will also give it the information it needs to bring about healing (i.e. the use of organ preps will guide the information directly and precisely where you want it to go). In view of cost, effectiveness, long term r&d and longevity, the OIRF recommendation remains with the Medical Electronic models. You will simply find Dr. Schöpe's therapy concepts will be completed more quickly and **effectively**.

I was kind of overwhelmed by the **45 minute** treatment times with the ProLight device which then allowed him time and “free hands” to continue his additional osteopathic treatments. Using the HPT 3D HyperPhoton device from Medical Electronics, one simple BioPhoton therapy session gives the body the information it needs to communicate this healing energy. Therapy begins with the push of one single button and automatically stops **approximately 8 minutes** later – easy, simple and delegable. For pain or trauma a second treatment can be added later in the same therapy session while any necessary follow up treatments can be spaced by a couple of days.



### Practice Application:

- Standard EAV or MORA Optima assessment capabilities of the **MORA-Nova**.
- Full EAV assessment software incorporated into MORA-Nova for fast accurate testing and assessment using actual or electronic test sets.
- Or, VEGA-type testing capability has been incorporated into the MORA-Nova to allow utilization of available Electronic Test Sets – or of the coveted actual VEGA test set vials.



- **BioResonance Therapy** for:
  - Support the self healing forces at the energetic and physical levels.
  - Building immune system.
  - Delivery of medication information.
  - Follow this link for [MORA details](#).
- **BioPhoton Light Therapy:**
  - Therapy with energy.
  - Increased cellular communication.
  - Delivery of medication information.
  - Follow this link for [BioPhoton details](#).

### BioPhoton HPT 3D Standard (pictured above):

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

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

- The most modern large area laser therapy, the BioPhoton light therapy, with optional magnetic field therapy, depth relaxation, super-learning and energetic homeopathy, make this therapy apparatus a particularly effective instrument.
- 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!
- **Optional accessories** for the HPT 3D HyperPhoton device include:
  - Magnetic coils (in three sizes) – to add a stronger and more focused magnetic field therapy component
  - Music modulation – to incorporate relaxing and healing sound through the BioPhoton field (e.g. reflection and meditation music of Arndt Stein, etc.)
  - Specially designed honeycomb for delivery of medication and remedy information
  - Either a rolling floor stand or a wall mounted "swinging" arm

- **Special Offer available until 15 April 2014:**

These devices (due to lack of cooperation from F&DA) are shipped from Medical Electronics in Germany to OIRF in Canada (or direct to Canadian practitioners) and then re-shipped to US practitioners. It adds to the shipping costs, but makes delivery to you much easier. Price does not include duty, tax or importation charges. Until 15 April we will pay the shipping from OIRF to you! Here's what is included for you to apply Dr. Schöpe's techniques:

HPT 3D BioPhoton Device

Music Modulation (this option cannot be added later and is recommended with initial purchase).

Magnetic Coil (medium, 270 mm)

Rolling Floor Stand

Shipping Germany → Canada (or discount to CDN direct)

**PRICE:** USA \$14,200 or Canada \$15,000

- For more information and instruction about point and medication testing with EAV see the OIRF: [Medication Testing Report](#) and the [EAV Desk Reference Manuals](#) (both available on disc).
- For more information and instruction about [Diagnostic and Therapeutic Techniques in Biological Medicine](#) be sure to order the recently re-released videos of Dr. Walter Sturm's seminars.

➡ Have you ordered your copies of the recently released programs and videos? Here's a short listing of the DVDs ready to be shipped on receipt:

- Modern & Traditional Acupuncture – \$165
- EAV Desk Reference Manuals, Parts 1 & 2 – \$200
- Diagnostics and Therapeutics Seminars of Dr. Sturm – \$200

➡ For a complete [listing of resource materials](#), including publications, reports, books and videos please follow this link to our website. There are full descriptions of all printed and recorded materials online.

➡ For a complete [listing of recommended instrumentation](#), including diagnostic, therapeutic and BioResonance devices please follow this link to our website. There are full descriptions of all instrumentation online.

➡ Follow this link to our website to see Issue #3 in print/PDF format.

➡ **Conferences and Conventions:** Please watch for announcements of the speakers, venues and details of these exciting OIRF activities and events for the year 2014:

➤ **Med-Tronik International BioResonance Distributors' Meeting**, Friesenheim, Germany, (tentative) April 25-27, 2014: OIRF will be represented by Carolyn Winsor-Sturm and Elaine Mackenzie at this important meeting.

➤ **Biological Medicine Tour #41 to Germany**, October 28-November 3, 2014 (dates for the 48th Baden-Baden Medicine Week Congress have been confirmed). Join us for our **41st** group tour including the world famous "Medicine Week" Congress in Baden-Baden. Tour program also includes private OIRF English

language lectures from renowned German clinicians and researchers as well as pharmacy and clinic visits.

➤ Watch for speaker, venue and date details for a series of seminar/workshops focused on practical application of OIRF recommended diagnostic and therapy methods.

🔄 **Updates, Reminders and Announcements:**

➤ Follow this link to the [Germany Tour Report](#) to join us from at home to share some of our adventures and activities on last year's tour program. Dates for this year's Tour #41 have been confirmed for October 28 through November 3, 2014 (Medicine Week Congress dates have also been confirmed).

➤ For those of you who missed that great **MORA Nova training seminar/workshop in St. Louis, MO in June 2013**, high quality professional video recordings of some of the sessions are now available. The guest instructor was **Nuno Ruivo, DO** from Med-Tronik, Germany who is a long time MORA user and one of the technology and software developers of the Nova device. Order the 5 DVDs for \$100 and then deduct it from your MORA Nova order.

➤ Watch for Volume 10, Issue #4 of the "The Bridge" newsletter to arrive in your Inbox around mid-April. That issue will feature an excellent article from our newest member of the Board of Medical Advisors, **Marguerite Lane, ND** with Case Histories utilizing BioResonance Therapy.

➤ Visit our **Facebook** page – will you be our friend?



I trust you have found much of interest in these pages. We look forward to meeting you during our 2014 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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