



Occidental Institute Research Foundation

THE BRIDGE

Linking Practitioners of German Biological Medicine

Volume 8, Issue 6, December 2012



News and Updates

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

Welcome to **Volume 8, Issue #6** of your newsletter. With this final issue of 2012 we also advise you that this will be the last issue of "The Bridge" newsletter in this format. Starting in the New Year, much shorter issues with a bit of news and a single topic will arrive in your Inbox on a regular basis. Subscription to that newsletter is complementary.

In this final issue for 2012 OIRF members, we bring you a second article from **Dr. Marlene Kunold** on "Borreliosis, Exposure of a Monster". Her well respected work with borreliosis patients is outlined here with excellent therapy suggestions.

Your "Advisors' Corner" article in this issue is from **Dr. Sir Zenon Gruba** entitled "We Have Nothing to Answer For". Here is a well researched look at the incongruities of "evidence based" medicine.

Here also is an important announce-

ment from lecturer and practitioner **Dr. Alexander Mostovoy** concerning the ongoing persecution of thermography in Canada (and the USA).

Please see "A Personal Diary" of the activities of our recently completed 39th Biological Medicine Group Tour to Germany by **Carolyn Winsor-Sturm**. A small but elite group participated in this excellent educational program.

Many new events and activities are being added to our **Calendar of Events for 2013**. Watch for details on conferences where you can see the new MORA Nova and meet OIRF staff, as well as the forthcoming very special **40th Anniversary Biological Medicine Group Tour to Germany** planned for the fall of 2013.

We trust you will find much of interest in the pages of this Issue. Merry Christmas and Happy New Year to everyone, and we thank you for your support during 2012.

In health . . .

Carolyn

“The Bridge”
Volume 8, Issue 6, December 2012

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Merry Christmas and Happy New Year!

See Volume 9, Issue #1 Mid-January 2013.

PASSAGES & ANNOUNCEMENTS:

December Updates

Editorial Clarification: On previous versions of our “Chronological History of Occidental Institute Research Foundation” web page at www.oirf.com/chronohistory.html there was an error in the listings for 2009. Inadvertently **Dr. Zenon Gruba**’s name was not shown after the notation for the introduction of and continuing research on MORA Color Therapy for pain. We wish to clarify that in no way did we wish to indicate or imply that OIRF and its staff was the developer and researcher of this method. Our enduring gratitude and acknowledgement go to Dr. Gruba for his research, work and effort in the development of this method. Since that time Med-Tronik has developed a specially designed MORA Color Therapy device for the application of this unique and effective method which is – as always – highly recommended by OIRF. We offer our sincere apologies for any misunderstanding.

Symposium DVDs: Call 1-800-663-8342 today to order your set of the Biological Medicine Symposium 2012 DVDs. Discount price of \$250 + shipping includes the CD of Symposium Manual.

Holiday Office Hours: Note that the Institute offices will close at noon on Friday, December 21 and will not re-open until Wednesday, January 2, 2013. We will monitor emails during that time if you need to get in touch with us.

Heading into those long, dark, cold days of January and February we will return to our regular office hours of 8:30 AM to 4:30 PM Monday to Thursday, and 8:00 AM to 12:00 noon on Fridays – don’t forget we are in the Pacific Time Zone!

An **confidential article for Members**, published December 2012
by Occidental Institute Research Foundation . . .



From an article in raum&zeit, 13. Jahrgang, Nr. 180, Nov/Dec 2012
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Prompt
Translation & redaction by: Carolyn L. Winsor, OIRF

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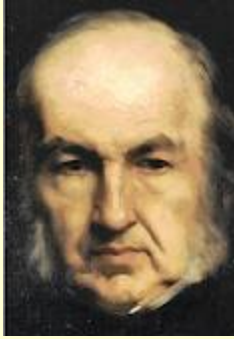
Borreliosis –in the media it is raged like a deadly beast as incurable. Nevertheless, most information which circulates to such an extent about this illness is absolutely wrong, claims our author Marlene Kunold. For many years she has specialized in the treatment of chronic borreliosis and is known for her highly successful cures.

For raum&zeit she explains how she proceeds with the treatment of this new plague, and at the same time what meaning a new light therapy has.

Borreliosis patients are often diagnosed incorrectly, are not taken seriously, are treated incorrectly, and far too often are put into the “psycho corner”. Dependable figures about new illnesses are not given, only bad suppositions, cover-ups and projections over which minds are divided. All this is of little use to the affected persons. Yet if we dare to look

into the connections quite a lot of the fear simply resolves.

The causes and involved factors of chronic borreliosis are multi-layered. On no account does it concern just a simple infection. Borreliosis, better called borreliosis syndrome is curable. Our



Claude Bernard (1813-1878),
French doctor and physiologist.



Louis Pasteur (1822-1895),
French chemist and microbiologist

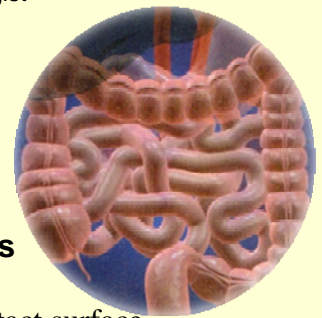
body is not a theater of war in which it is a matter of destroying enemies, or of dropping bombs. That is why the knowledge alone that a good 90 percent of our bodies consist of bacteria demonstrates that the opinion that we must destroy bacteria with antibiotics is virtually ridiculous and extremely dangerous. **Louis Pasteur** whose life's work even today is resplendent on every milk package ("pasteurized"), had himself even recognized by the end of his life: It was wrong what I preached. **Claude Bernard**, the French physiologist and doctor (1813-1878) was right: "*The germ is nothing, the milieu is everything.*" This milieu includes far more than we generally think.

Our body is not a theater of war in which it is a matter of destroying enemies, or of dropping bombs.

The Immune System

Our immune system is a strategically ingenious and very complicated network of defensive mechanisms. Even after a long time immunologists have not yet deciphered everything. As a normal mortal it is almost impossible to understand

the immune system. Here is a small overview.



The Bowel and Antibiotics

The bowel is our greatest contact surface with the "outside". Here there must be a secure barrier that reliably ensures that what we put into our mouths does not kill us. Before something can pass through the intestinal wall into the lymphatic system (and afterwards into the blood), it is reduced/digested so far that it can slip through the microscopic small openings, so that the "doormen" of the lymphatic system recognize what reaches there as belonging to the body (for example amino acids). If this does not work out, antigen-antibody complexes are constantly formed, the blood and immune system are burdened. This occurs if the bowel is "leaky" ("Leaky Gut"), and if the so called "Tight Junctions" are not allowed to happen in the lymphatic defensive system which surrounds the bowel, for example peptides (short amino acid connections, therefore not yet finally reduced protein). Promoting factors for this are for example stress, antibiotic and cortisone treatments, preservatives and heavy metals.

After antibiotic doses the bacterial flora of the bowel is damaged without fail. The acidification flora consisting of Bifido- and Lactobacillus strains among other things is decimated and the pH value is shifted into basic. This calls damaging germs like yeast-fungi, pathogenic Escherichia coli or clostridium strains into action. The digestion is disturbed, the milieu is changed, the decomposition-toxin-factory in one's own bowel runs full blast, and at the same time completely damages the liver and pancreas. There are countless variations of a disturbed intestinal flora. This is why it is elementary to find out in what state the bowel is found and it is a matter of aiming to balance it again.

Vaccinations

Every infection pathogen which is vaccinated provides for the fact that long term antibodies, or antigen-antibody complexes are formed and fixed in the body. Therefore a permanent latent state of alert, or a chronic state of infection, remains in existence. In some cases this burdens and blocks important immune reactions. Another drop could bring the barrel to overflowing. The more vaccinations, the more engaged the immune system is. Consequently, and not for nothing, every vaccinating physician knows a vaccination is contraindicated when the inoculated person has an immunological illness or possibly has a heavy influenza infection. The remaining stabilizers like for example the mercury compound Thiomer-sal (mercury is a nerve toxin) or an effect amplifier with aluminum, act on the brain and nervous system.

The more vaccinations, the more engaged the immune system is.

What else a vaccination has in its luggage was already described by Antonie Peppeler in *raum&zeit* "Neuroses from the Shot. The spiritual-mental meaning of vaccinations and typical vaccination illnesses": "*Before an illness becomes so dangerous for me that I die of it, I take care of it rather than a lifelong smoldering process.*" The acute conflict with the infection is prevented, but therefore also the immunological healing process which goes along with it, like for example fever (see also "Vaccinations – a Hidden Danger" in this Issue).

A borreliosis patient can have these fatal results which appear in everyday practice if he is now vaccinated. If we want to relieve the immune system in the healing of chronic borreliosis we are well advised to deactivate the effect of the vaccination for example by purposeful homeopathic vaccination detox.

The Ability to Have a Fever

Sometime modern medicine thus began to regard fever as the actual illness. Since then fever is lowered. However, you thus suppress the strongest provision belonging to the body to rid itself of damaging foreign materials. In a fever countless immune messenger materials are produced, [some are] activated and others stopped, which in their ingenious teamwork not only completely clears up, but also enables the spiritual growth and maturation processes. With the dubious support of fever reducing drugs, antibi-

"Give me the power to generate a fever and I am able to cure every illness."
Parmenides, Greek physician and philosopher (540-480 BC)



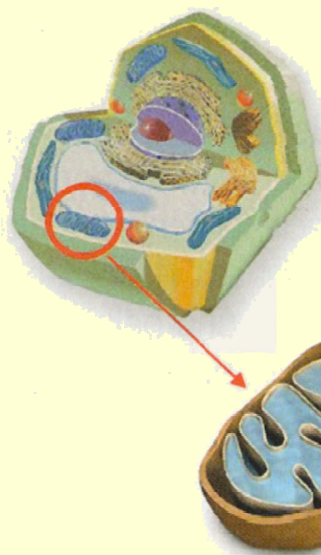
otics and cortisone, the body's healing ability to have a fever is gradually untrained. As my mother was in the habit of saying: *"Now I have given up feeding the horse [the old nag], because it dies on me!"* Already in ancient times we knew that fever is beneficial. Parmenides, Greek physician and philosopher (540-480 BC) expressed: *"Give me the power to generate a fever and I am able to cure every illness."* Anthroposophic medicine knows: *"In the fire of fever the illness burns."* But also that *"fever is the carrier of the spiritual processes."* Quite a lot of mothers are astonished when their child stalks from his room in the morning after a fever infection and suddenly "overnight" seems physically grown and spiritually matured.

In the natural healing treatment of borreliosis it is thus worthwhile to again train the body to fevers. Here whole body hyperthermia achieves good service.

The Mitochondria

The central role in the treatment of borreliosis is revealed if you visualize the following:

Almost all chronic illnesses go back to a mitochondropathy: An acquired functional defect, accompanied with performance reduction, neuro-endocrine changes, immunological changes and



Mitochondria: They produce energy for the body. Additionally they need a lot of light.

finally nitrosative stress (the trigger for autoimmune reactions, etc.). For all mitochondriopathies a disturbance of the cell performance and cell control is common. The sum and individuality of the emerging functional disturbances are decided finally by the weight and the development of multi-system illnesses (see also “Anti Bios – Against our Sources of Life. Why antibiotics destroy our mitochondria, raum&zeit, No. 177”)

It is Light!

Not only plants need light for their metabolism – but also us people. Different new knowledge from physiology and quantum physics proves this. Simplified we could formulate: Photons hit our body surface, are passed on from there at very high speed to the cells which need light. Each of our cells, that accommodate thousands of mitochondria, possess tubular structures in the cytoskeleton, the microtubules, which are able to receive and to send light. From there the photons reach into the DNA in the cell nucleus and in the mitochondrial DNA. The quantum physical research results of the

“secrets” of the cell according to **Dr. Heinrich Kremer** showed that the DNA is a hollow cavity resonator for cosmic oscillations or for light waves. Further we know that the mitochondria need light to be able to produce energy for the body. More exactly said, photons participate within the scope of the so called respiratory chain in the mitochondria by which adenosine 5'-diphosphate (ADP) is converted into adenosine triphosphate (ATP). Also with the photons there are differences. The organism needs those with “good” oscillations, thus those which behave coherently and synchronized. If we, or rather the photons, lose this synchronicity, we become sick.



Specific stimulation of the cells: The B.E.A.T. light has 50 programs with which borreliosis complaints can be relieved.

“In every cell approximately 100,000 chemical reactions take place every second. This can only occur if the reactive molecules are stimulated by corresponding photons . . .”

Dr. Mae-Won Ho “The Real Bioinformatics Revolution; Proteins and Nucleic Acids Singing to one Another?”

The ATP is “instructed” in a highly complicated process by the light quantum information with the corresponding cell performance duties. After emission into the plasma the ATP transmits its stored photon information into all metabolism processes running in the cells as leading and control information.

If the order of the DNA level is disturbed, if there is no information stored, held and transmitted in the correct way anymore, illnesses thus originate. Also other biomolecules can store light.

Light Therapy

If we first supply the body with (non-coherent) photons through the skin, there they dash around the meridians where they are meant to be used. Photons can close the gaps in ATP production. The mitochondria and our cells profit from it doubly. On the one hand more ATP is released and on the other hand therefore more oxygen is produced which is of great importance for the intracellular immune response. However attention: This concerns oxygen radicals which for their part must also be defused again. Here the antioxidative glutathione system of the cells takes effect. In the mitochondrial respiratory chain the O₂-

dependent ATP formation originates at the same time as oxygen radicals (O-) and nitrogen radicals (NO) and which neutralizes the intact mitochondria through the reductive/antioxidative glutathione system. In therapy we thus provide for a sufficient formation of glutathione in the cells (for example with Glutacell, www.viathen.de)

In the meantime quantum physical technology is so far, that we administer the previously mentioned photons transdermally, and these can even be provided with (coherent) cell instructions. In the form of photon resonances which are up-modulated to the photons, specific cell duties are targeted and are stimulated or inhibited. In the B.E.A.T. Light device (www.biregs.com) these qualities are combined. Thus if you want to activate the intracellular defense concerning borrelia you use information in the form of a nosode (homeopathically potentized pathogen), send light quanta/photons into the body and specifically stimulate the ATP production with the program “General Vitalization”. For the many typical borreliosis complaints there are more than 50 programs with which the “divine light order” can again be restored in many body systems, or in their photon control.

Photons get the physical processes going in a similar manner as an orchestra conductor incorporates every single instrument into the collective sound. Photons of different wave lengths fulfill different duties . . .”

Dan Eden aka Gary Vey: “Rays of light from the DNA?”

Oxygen

Countless processes in the body are oxygen dependent but also the intracellular defense. Nevertheless the magic word is called balance. We need oxygen radicals, but too many of them have destructive effects. Where oxygen radicals should fulfill their duties, antioxidants must always be nearby. It is dangerous if “treated” (with no special direction) wildly and without this background knowledge with oxygen methods like the MMS from Jim Humble. Embedded meaningfully into a therapy MMS is absolutely useful. There are different oxygen therapies (for example *Oxyvenierung* according to Dr. Regelsberger, H.O.T., Ozone therapy) which can come into use.

The Causes

Basically there are probably two kinds of causes to be distinguished:

- The cause, which was actually always there or which has developed through evolution
- And, those which were developed as biological weapons in laboratories and have for inexplicable reasons found their way to “live in the wild”

The latter ones are generally as sly as they come. Much speaks for the fact that *Borrelia* is such a laboratory construct. In his book “Lab 257” author Michael Carroll excellently investigated and described in detail what happened in the former military laboratory “Lab 257” on Plum Island in New York State in the 50 years after the end of the war. In addition to chronic borreliosis there is a

“zoo” of other causes; thus co-infections and opportunistic infections which feel at home especially in an over-vaccinated body, which cannot have a fever, which lacks in glutathione and vital materials, where the mitochondria are burdened toxically and fight for their bare survival, putrefaction is accommodated in the bowel, etc. etc. There the causes find favorite places to increase in batches over and over again . . .

Prof. Fritz Albert Popp discovered that bacteria devour the photons in their surroundings, which explains that a body which accommodates a whole zoo of “untreated” pathogenic causes has fewer photons available for itself, above all if the fewer photons again “radiate chaotic stuff”. The condition nevertheless leaves the host at least alive because the person is a tough guy . . . but this has little to do with health. If it is now further treated with chemical bombs, it is self explanatory that this way is living in the shadows.

Toxins

We are surrounded by countless toxic sources. Often enough the most poisonous sources are found in our own mouth (root canal fillings, dental foci, dental materials). Multiple toxins accumulate in the body, cannot be managed or eliminated by the body’s own system, and have damaging effects (disturbance fields, chronic inflammations). Here a conscientious construction of the detoxification systems is needed, and after that as thorough a decontamination/detoxification as possible. This should occur with homeopathic support, however on no account only homeopathically

because this can release a mobilization but not an excretion. This has been proven for example by the use of different natural substances like Zeolithe (in the beginning), brown algae, micronized Chlorella, etc. which are administered in succession or combination.

Hyperacidity

Hyperacidity, as well as a deficiency of basic minerals/electrolytes also going hand in hand with a deficiency in trace elements, accompanies every borreliosis syndrome. Particularly in the biophysics of our organism the electrolytes play a big role. This is why the acid-base balance must again be restored, and the extracellular space of the matrix must be cleared so that nutrients can actually occur.

Food and Vital Materials

Besides healthy food which should be milk and gluten free as well as organic, nowadays the body needs B vitamins in high dosage (especially B12), omega 3 fatty acids, minerals, trace elements (like zinc, selenium, manganese and iron), enzymes, Coenzyme Q10, amino acids, polyphenols, and vitamins E, A, K and above all D. Possibly the hormone system, the neurotransmitters and the metabolism must be temporarily supported in their regeneration process.



The Mental

We know that every illness has its mental background. The emotional patterns which are formed in the infant or even prenatal of course also play a role in the construction of chronic borreliosis syndrome. Access to these patterns, dogmas and blockages (e.g. the “day off sick” thinking and the distraught pattern) must be created and the mental released. The creative homeopathy of Antonie Peppler (www.ckh.de) also here provides fantastic service. *Mens sana in corpora sano* is once more confirmed here. Only the other way around . . . So, you have courage, if you are among the affected persons. There is no “quick fix”, it needs some time.



The Author

Marlene E. Kunold completed much training in naturopathy and the alternative medicine area. Since 1993 she writes and presents reports on natural healing subjects and since 2004 conducts her own practice with a focus on chronic “untreatable” illnesses, immunology, chronic intoxications, multi-system illnesses, in particular also chronic borreliosis with which she herself had fallen ill in the 1990s.

NOTES from the Director

I am sure that many of you are really curious about why I included this particular article in our final 2012 Issue of "The Bridge". Many of Dr. Kunold's comments are quite basic and easily recognized by all of you, but we must be grateful for her acknowledgement and respect for the research and development of the past. As well, she talks about instrumentation (such as the Bireg biophoton device) that is not on the OIRF recommended listings.

Dr. Kunold's work with borreliosis patients has become quite well recognized in Germany and this is the second article by her that we have included in issues of "The Bridge". Her high success rate in treating these patients bears close watch and I will be seeking further contact with her to determine whether or not she can speak to – or write directly for – our members.

In terms of the various treatments which Dr. Kunold uses, I was most interested to see her excellent combination of therapies – BioPhoton Light Therapy and Oxygen Therapy. Although she uses other brands of instrumentation, the concepts and applications are applicable regardless. She has utilized BioPhotons with her patients for a long time, however has used the Bireg B.E.A.T. Light Therapy. What is most interesting is the utilization of different light frequencies for specific applications.

We have worked closely with **Mr. Dieter Jossner** of the Medical Electronics company (one of the original and long term researchers for BioPhoton technology) and have requested technical information on the difference in the devices and the need for different frequencies. Technically – in spite of the Bireg's multiple frequencies – that device 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 empirical 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. The introduction of remedy information (of course also possible with the HPT 3D) will not only send energy to the body, but the information it needs to bring about healing. In view of cost, effectiveness, long term r&d and longevity, the OIRF recommendation remains with the Medical Electronic models. With use of the OIRF recommended equipment you will simply find Dr. Kunold's therapy concepts will be completed more quickly and effectively.

But I do want to add that the Bireg company definitely seems to have "homed in" on the borreliosis aspects. They have commissioned the manufacture of a special and very good Test Set which contains some very specific and new strains of borreliosis. There are only about 20 ampules in the set, but it sells for over €200 – very expensive. Being pushed for funding this year, I have not yet obtained my set but it is definitely on my wish list. If you are working with borreliosis patients I recommend that you contact this company to see if you can get a copy of that test set. [If it can be obtained, the Test Set from Heck Pharma also contains many good remedies including borreliosis.]

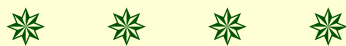
Continued . . .

In terms of the oxygen therapies Dr. Kunold mentions, I again go back to the OIRF recommendations. Based on our experience and research the fastest and the most effective method for delivering general oxygen therapy is the Inhaled [Ionized Oxygen 3000 by Dr. Engler](#) especially when paired with the [VNS Diagnosis 3000](#) (both manufactured by CSTronic in Austria). This is a delivery of highly energized pure oxygen via our normal breathing and respiration.

I must say I agree with her assessment of the MMS oxygen therapy from Jim Humble – it has its place and its application but not as a complete or general therapy. And in essence the same applies to the other oxygen therapies mentioned in that all have some highly effective applications. For Ozone therapy we recommend the devices from the Hänsler company in Germany.

And of course for determination of the acid-base balance please look at the information on the BE-T-A ([Bio-Electronic Terrain Analysis](#)). Developed by Med-Tronik this device has won awards for its design (especially the electrodes) and is based on the original work and research of **Dr. Franz Morell** and **Prof. Louis-Claude Vincent**. This is a subjective diagnostic tool which is useful in all clinics, especially if you are treating cancer patients.

But I could go on and on. Dr. Kunold gives us a good example of the combination of methods and techniques which will assist the practitioner from intake to final therapy session. CLWS



*An **exclusive article for Affiliates**, published December 2012
by Occidental Institute Research Foundation . . .*

We Have Nothing to Answer For

By Dr. Sir Zenon W. Gruba, MBBS

Dr. Gruba can be contacted by e-mail at: zenongruba@gmail.com

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How often are we asked to give our “evidence base” for the very effective treatments that we give?

How often are the people who ask these questions really not interested in what we do and only see us as inconvenient irritants to their version of the truth and as competition that should be rooted out?

How often are the people who ask these questions really not interested in what we do and only see us as inconvenient irritants to their version of the truth and as competition that should be rooted out?

I believe that there is a place for empirical medicine along side of conventional medicine. Especially when conventional medicine does not have a safe or effective treatment, like for example the use of prolo/neural therapy in the treatment of all kinds of pain syndromes instead of highly addictive and largely ineffective narcotic analgesics. It's interesting to note, that conventional doctors will promote a treatment system with all their collective "might" until they find a more effective treatment. Then they own up to how they mislead us.

I believe that there should four levels of evidence.

1. The gold standard double blind trials, especially for dangerous stuff.
2. "Evidence based" medicine, as I will elaborate, I have serious troubles with.
3. Empirical medicine for things that can't be double blinded like acupuncture, chiro/osteopathy, neural therapy which are patently safe, or which have been around for a long time like herbal medicine.
4. The circumstance, where there are thousands of people experiencing a condition and there are only a few papers to say that there is no connection. The classic example is autism by the hundreds of thousands vs. the few papers to the contrary published by industry.

A paper published in Scientific American Nov. 11, 2011 concluded that reducing cholesterol and blood fats made no difference to the incidence of cardiovascular episodes.

A systematic review of 500 studies, published in the Archives of Internal Medi-

cine, found no evidence to link saturated fats in the diet with coronary heart disease.

The vast majority of so-called scientific studies focused on cancer research are inaccurate and potentially fraudulent, suggests a new review published in the journal *Nature*. A shocking 88 percent of 53 "landmark" studies on cancer that have been published in reputable journals over the years cannot be reproduced, according to the review, which means that their conclusions are patently false.

In an editorial published in New Scientist, Bayer found that it was unable to reproduce 60% of the all the papers it looked at. In the same editorial, Amigen was unable to reproduce 47 out of 53 trials.

The Conclusion Reached

Researchers at the University of California published their findings in the October issue of the *Annals of Internal Medicine*. They reviewed 167 placebo-controlled trials published in peer-reviewed medical journals in 2008 and 2009 and found that **92 percent of those trials never even described the ingredients of their placebo pills**. Placebo pills are supposed to be inert. But what if they aren't? You can affect the outcome of a trial by using an appropriate placebo, e.g. sugar pills in a diabetes trial.

Did you know research shows that patients who have the lowest intake of salt are at greatest risk of dying earlier than those who consume large amounts? There are many more papers showing that moderate to high consumption of

salt is safe, than there are papers that show salt consumption is deleterious. The Cochrane Review said that “reduced salt appeared to harm patients with bas hearts and both forms of diabetes”.

There is good evidence to suggest that salt has been empirically demonized.

The CDC published a paper in 2005 stating that “all chronic illnesses were due to infections”. Have you noticed the absence of the stampede to treat patients with chronic illnesses with antibiotics? In fact there is a movement to reduce the use of antibiotics.

Didn't a bloke called Hannemann say something like that, only 200 years ago?

Did you know that the conventional medical profession has “proved” that the major cause of chronic pain is medically and non-medically administered analgesics. Pain killers. Didn't Hannemann say something like that, only earlier?

You will remember the Cox 2 episode, where the offending company hid the nasty heart attack stuff in the small print, where no-one was expected to look. Where were the so-called “experts in the field” whose job it was and still is to “keep the bastards honest”?

Heck, when they don't get the data they want from conducting real science, they just **invent whatever data they want!** This is what Dr. Scott Reuben did – a key researcher for Pfizer and Merck. He literally just dreamed up whatever data he wanted and authored over **twenty studies which were published in mainstream medical journals** – even though they were all complete fraud! To make

himself more authenticated, he even enlisted real experts to “co-author” his papers with him.

The pharmaceutical giant [Pfizer](#) agreed to pay \$2.3 billion to settle civil and criminal allegations that it had illegally marketed its painkiller [Bextra](#), which has been withdrawn. This was at the time, the largest criminal fine of any kind....ever.

The Australian TGA admitted before a Senate Estimates Committee into the adverse effects of its Fluvax on children that the TGA was made aware in 2009 of findings from a published trial that 22.5% of toddlers younger than three experienced fever after being given Fluvax in 2005. That figure jumped to 39.5% in 2006, but only the 2005 data was included in the 2010 Fluvax medical information manual.

At the same hearing Liberal Senator Concetta Fierravanti-Wells also quizzed the TGA about the US Food and Drug Administration's concerns about CSL's manufacturing process, including its accusation of an “inadequate” examination of dark particles found in vaccines sold in the US. “Why are we leaving it to the US FDA to identify deficiencies with CSL?” Senator Fierravanti-Wells said. “Why isn't the TGA doing that?”

John Sherman, a Queens Counsel, (a big nob in the law industry), stated that in Australia, if a woman developed breast cancer after a termination of pregnancy, the indemnity insurers would settle out of court for whatever sum they thought was reasonable – with a signed confidentiality agreement of course. So termina-

tions of pregnancy are “safe”. Where is the “evidence base”?

Beware. Sunlight causes cancer. Sadly yes. The relatively harmless BCC and SCC varieties. The malignant melanoma, I believe is due to staying indoors and being exposed to fluorescent energy saving lights. In the meantime, the world is being exposed to the very real risks of Vitamin deficiency.

The Nordic Cochrane Centre has shown that there is no benefit to be derived from mammography. UK analyses have estimated that 1610 women needed to be screened for one death to be avoided.

Mammograms have increased the diagnosis of DCIS. The statistics show that if you do nothing for DCIU, most will disappear with no therapy. However there is absolutely no change in the outcomes for metastatic breast cancers. So if you include DCIU, you get a massive improvement in the benefits of conventional medicine for the treatment of breast cancer.

The Lancet:

Monica Morrow from Memorial Sloan-Kettering Cancer Center, New York said “There is little to no evidence that breast MRIs have any benefit for the vast majority of women. In fact, there's not even evidence showing breast MRIs are particularly effective at helping direct breast-conserving surgery. There was no evidence to show that MRIs, even in high risk women, contribute in any significant way to their longevity”

The Australian Prescriber:

Study lead author Dr. Graeme Morgan, director of radiation oncology at Royal

North Shore Hospital in Sydney, said cancer patients were being led to believe that newer chemotherapy drugs would help them live longer, despite there having been no great advances in survival rates with chemotherapy in the past 20 years. “We're using [newer] and more expensive drugs [but] the outcome hasn't changed at all,” he said.

In a literature review, Dr Morgan found there was only a minimal survival benefit when adults were treated with cytotoxic chemotherapy alone. While cancer patients in Australia had an average 60% five year survival rate, chemotherapy contributed only about 2% of this (Clinical Oncology 2004;1654960).

He said most chemotherapy drugs were given as palliation, without clear evidence of efficacy and at a spiralling cost, meanwhile raising false hopes for the vulnerable patient. “It may be better to come clean and say this is not going to cure you, and therefore we're better off not giving you anything and waiting until symptoms develop,” he said.

One in five papers are written by ghost writers:

Current and former editors from the *Journal of the American Medical Association* (JAMA) surveyed authors of nearly 900 research articles, review articles and editorial/opinion articles from their own journal, *The Annals of Internal Medicine*, *The Lancet*, *Nature Medicine*, *The New England Journal of Medicine* and *PLoS Medicine*.

But they won't tell us which ones because it might “lead to a loss of public confidence”. *BMJ* 2011; online 25 Oct

The Journal of Urology

Prostate biopsies are landing more and more men in the hospital where they are dying, not from any cancer that was discovered but from what happens to them while hospitalized. Prostate biopsies were linked with approximately a 7 percent rate of hospitalization within 30 days of the procedure compared to a 2.9 percent hospitalization rate among the control group of men who didn't have prostate biopsies.

Science Oct 27, 2012.:

Anthony Letai, MD, PhD, of the Dana-Farber Cancer Institute states "Chemotherapy only works on cancer cells that were going to die anyway."

BMJ

States that only 12% of all current drugs have established benefits.

The Cochrane's Study

Says that less than 30% of medical drugs passed the gold standard of double blind studies.

Surgery

Surgery has rarely ever been subjected to double blind trials. The one that did showed that sham surgery was just as effective as the real McCoy.

Tamoxifen, the wonder breast cancer drug:

In a study on 7000 women, tamoxifen reduced the incidence of relapse by a massive 32 percent. However, what they don't want you to know is that 14 more women died taking tamoxifen than in the placebo group. But that was only a statistical aberration.

One could go on and on for a lot longer. But I only wanted to make a point.

Lack of evidence does not mean evidence of lack.

Remember no one ever thought that the communist USSR behemoth would ever implode. Implore it did. Overnight.

So keep to the truth. Keep your heads down and your precious little toes out of the firing line.

The truth will always out! Thank you.



OIRF Director & Advisor

Finally, one more nail in the coffin. Excerpts from Scientific American:

How Drug Company Money Is Undermining Science

Charles Seife / 1 Dec 2012

Campbell argues some of these liaisons co-opt scientists into helping sell pharmaceuticals rather than generating new knowledge.

Researchers “think what these companies are after are their brains, but they're really after the brand,” says Marcia Angell, former editor in chief of the *New England Journal of Medicine*. “To buy a distinguished, senior academic researcher, the kind of person who speaks at meetings, who writes textbooks, who writes journal articles – that's worth 100,000 salespeople.”

A 2009 study in [Cancer](#) showed that participants somehow survived longer when a study's authors had conflicts of interest than when the authors were clean.

A 1998 study in the *New England Journal of Medicine* found a “strong association” between researchers' conclusions about the safety of calcium channel blockers, a class of drugs used to reduce blood pressure, and their financial relationships with the firms producing the drugs.

When a pill does not work as advertised and is withdrawn from the market or relabeled as dangerous, there is often a trail of biased research and cash to scientists. In one Vioxx study, for example, academic researchers appear to have signed on to a Merck-sponsored project after the company had already done all the data analysis.

According to a 2010 study that appeared in the *British Medical Journal*, 87 percent of researchers who expressed “favorable views” of GlaxoSmithKline's diabetes drug Avandia, despite indications that it might increase the risk of heart attacks, had some financial involvement with the drug's manufacturer.

And when a U.S. Food and Drug Administration committee debated whether or not to pull Avandia from the market because of the link to heart attacks, it came out that members of the committee, too, had been taking money from drug companies.

More shockingly, the NIH is not only failing to enforce ethics laws intended to stop the creeping influence of drug company money, but it may also be breaking those laws.

The effort of pharmaceutical companies to influence science discourse often takes the form of ghostwriting. Once a drugmaker can steer the way that a research article is written, it is able to control, to a large degree, how a scientific result is understood and used by clinicians and researchers.

Drug company money has seeped into the NIH itself. If the agency knew about its employees' potential conflicts and failed to ensure that those conflicts did not affect their decisions on the committees, the agency itself is violating the law.

Researchers cannot stop the influence of drug company money. Hospitals and universities will not do it. The NIH refuses to do it.

Starting in 2008, Senator Charles Grassley of Iowa led a set of congressional inquiries into several incidents in which NIH grantees failed to reveal payments from drug companies and universities failed to discipline the researchers involved properly.

POINTS OF INTEREST

From: Dr. Alexander Mostovoy [dr.a.mostovoy@gmail.com]
Sent: Tuesday, December 04, 2012
Subject: CBC Journalism – Who is Linda Venus?

Many of you remember the hatchet job from CBC last week presented as "Investigative Journalism about Thermography". As always, there is more that meets the eye in this well orchestrated campaign that aims to discredit thermography, influence the public and demand crackdown from regulators. However as this story unravels it becomes more and more clear that it is all fabricated by several interest groups to promote their agenda of destroying thermography and denying this service to women.

The CBC story of of an unassuming Winnipeg woman and breast cancer survivor Linda Venus who called thermography 'bunk' and stated in all interviews how outraged she is with thermography and that 'thermography needs stringent oversight' is none other than a Senior Director of Public Affairs for the Breast Cancer Society. Of course our national public broadcaster the CBC in their 'unbiased' reporting did not mention that Ms Venus is a professional lobbyist for the cancer society. Please see the following links.

<http://www.cbc.ca/news/yourcommunity/2012/11/should-health-regulators-crack-down-on-thermography-clinics.html>

http://www.zoominfo.com/people/Venus_Linda_302271631.aspx

One wonders what other surprises and connections we will make about this story. I can assure you that we will get more as we start digging deeper into who are these 'experts' and journalists involved with this story.

Please share this message with as many people as possible, this type of 'journalism' is an insult to professional integrity of any self respecting journalist. People deserve to see the truth of who has been orchestrating this campaign of disinformation.

At this point we have reached 550 signatures with our petition and it has only been a few days since we started, WOW!

I congratulate everyone with this incredible effort on your part. However, this is just a start and we need to intensify our efforts and get the message out, please take the time and ask your people again to sign the petition if they have not already.

Anyone who is as outraged by this as I am and wants to help, please contact me directly. We need help and support from as many people as possible to get the truth out and we need women to come forward and take a stand on this issue.

To sign our petition and to protect women's right to have thermography please go to this link:

<http://www.change.org/en-CA/petitions/petition-for-thermography-in-canada>

Dr. A. Mostovoy, HD, DHMS, BCCT
143 Sheppard Avenue West
Toronto, ON, Canada M2N 1M7
Phone: 416-636-2916 Phone: 416-638-7555
Specialists in Medical Infrared Thermography

www.ThermographyClinic.com

Biological Medicine Symposium 2012

Diagnosis and Therapy Applications For Your Biological Medicine Practice

Video recordings of this Symposium are now available. You can see a preview of this Symposium in our PowerPoint presentation of all the speakers and activities at this conference at www.oirf.com/pdf/symp_2012.ppsx

If you missed this important Symposium, here is your chance to hear all of the lectures from the comfort of your own office or home without traveling to Vancouver. **The full set of lectures on 12 DVDs is available at the New Year's special price of \$300 with Symposium manual** (supplied on CD). Contact OIRF office toll free at 1-800-663-8342 today to place your order.

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

Featured Speakers/Topics:

- **Theodore Cole**, DO NMD, USA, Your Symposium Chairman
Energy Medicine: One Name, Many Paths, and
Pulsed Electro-Magnetic Field Therapy
- **Bärbel Aldridge**, HP, ND, USA
Advances in EAV for Efficient Assessment and Effective Therapy
- **Reimar Banis**, MD, Switzerland
Practical Applications of Psychosomatic Energetics (PSE)
- **Alex Mostovoy**, HD DHMS BCCT, Canada
Clinical Applications of Thermography
- **Dickson Thom**, DDS, ND, USA
Application Based Learning For Your Clinical Practice
- **Dagmar Thurmann**, Therapist, and
Arno Josef Heinen, MD MSc, Germany,
Stress Diagnosis of Environmental Stressors with a Special Voice Frequency Analysis
Presentation of a Rhythmic-Functional Diagnostic and Therapeutic Method
- **PaedDr. Uwe Uellendahl**, HP, Germany
BioResonance Therapy with the MORA Nova
Blood Amplification Resonance Test
- **Gary Verigin**, DDS, USA
Mapping a Route to Healing for the Medically Compromised Patient in Biological Dentistry, or
All Roads Lead to (and from) the Terrain
- **Craig Wagstaff**, ND, Canada
Biological Medicine Therapies with an Introduction to Phenolic Therapy
- **Simon Yu**, MD, USA
Think Parasites When the Latest Medical Therapy Fails:
Paradise Lost in a Parallel Universe

Mission Statement

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

"Biological Medicine", as a phrase coined by Occidental Institute during the early 1980's, was intended to be a general and inclusive term that incorporated many non-allopathic or natural diagnostic and therapeutic methods. There is no one product, personality, method or approach within Biological Medicine that will allow you to help all of your patients, with all of their health challenges, all of the time. It is for this reason that we see a constantly changing and developing range of methods coming available to practitioners worldwide.

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

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



OIRF Instrumentation Policy:

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



WEBWATCH

From: Dr. Juliane Sacher
Sent: Thursday, Nov. 15, 2012
Subject: Brustkrebs und Handys

Hello Carolyn and your members of OIRF. Here is a very important short video about breast cancer and mobile [cell] phones

<http://www.ktvu.com/videos/news/special-report-keeping-cell-phone-in-bra-may-lead/vhPF8/>



Thank you Dr. Sacher! Here's another picture of Dr. Sacher with Dr. Cole during the lunch break on Day 1 of the Germany Tour program – the discussions never stopped!

← **MORA Nova Training** – I can do it, I can do it!. As Dr. Ruivo says "Yes, she's got it!"

ACTIVITIES, SEMINARS & NEWS

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

2013 Pleo Sanum Biological Medicine Conference



International Technology Advances in Holistic Natural Medicine

Participate and re-connect!

Experts and new practitioners are invited to share clinical advancements in Pleo Sanum and ancillary holistic therapies. Naturopathic and Biological Medicine practitioners will benefit from this networking and innovation exchange.

Speakers include:

Thomas Rau, MD	Dietrich Klinghardt, MD	Karim Dhanani, BSc, ND
Dr. Jeoff Drobot, NMD	Dr. Dick Thom, DDS, ND	Kimchi Moyer, LAc

To register...Call Biomed at 1-800-665-8308

Please visit OIRF staff at our exhibit booth during this conference. OIRF Director Dr. Karim Dhanani is one of the main lecturers at this conference. Hear him speak about Pleomorphism and how he utilizes SANUM and the BE-T-A technology in his practice.

OIRF Calendar of Events 2013

Event	Lecturers	Dates	Details/Contact
Pleo-Sanum & Biological Medicine Conference, Tempe, Arizona	Thomas Rau, MD, Dietrich Klinghardt, MD Karim Dhanani, ND Jeoff Drobot, NMD Dick Thom, DDS, ND	March 1 & 2, 2013	biomedicine.com Visit our exhibit booth to see the new MORA Nova and MORA Color according to Gruba
NorthWest Naturopathic Convention, Portland, Oregon	Various, TBA	April 12-14, 2013	www.nwnpc.com/2013 Visit our exhibit booth to see the new MORA Nova and MORA Color according to Gruba
8th International Biological Medicine Conference	Simon Yu, MD Dietrich Klinghardt, MD TBA	Sept. 13-15, 2013	Watch for details at: www.preventionandhealing.com
OIRF Germany Tour #40 Part I Part II, and Part III	Anniversary Tour Theme is Tools, Techniques (including Medicine Week) and Applications	Oct. 25-29, 2013 Oct. 29-Nov.4 Nov. 4-7, 2013	Attend any or all parts in 2013 Watch for 2013 details here! See page below for overview of our 2012 program. oirf.com/germany2012.html
Biological Medicine Symposium 2014 Vancouver, BC	TBA	June 6-8, 2014	Watch for details on this page!

On Campus Biological Medicine Training:

Portland Naturopathic College, Karim Dhanani, ND

Legacy Fund in the name of Dr. Craig Wagstaff, Portland Naturopathic College





**Occidental Institute Research Foundation
39th Biological Medicine Tour to Germany
October 30 to November 5, 2012**

**A Personal Diary of our
Exclusive Program for
2012 Research Associates**

Wednesday, 05 December 2012

Attn: Everyone who missed joining us in Frankfurt for our **Germany Tour #39**

A big hello to our OIRF members, colleagues and friends . . .

Those of you who were unable to join us for this most recent tour program, really missed a good one! The size of the group was less than our anticipated 15 doctors, but it turned out to be just perfect. The countries represented by attendees were Canada, the United States and Australia, and about half of them were "first-timers". We were few enough that we could all get to know each other well and everyone had plenty of time for one-on-one interaction with our attending directors Dr. Ted Cole, Dr. Karim Dhanani and (of course, me) Carolyn Winsor-Sturm. Looking back at this trip now, you missed – in my humble opinion – one of the very best tour programs ever!

Here's an overview of our busy schedule of activities, lectures and travels during the Institute's 39th Biological Medicine Group Tour to Germany. This is based on the final letter that went out to all participants shortly before their departure for the tour. I've added a few comments based on the actual events that took place – almost perfectly within our planned schedule.

TUESDAY (October 30th): Dr. Cole and I arrived back at our Frankfurt Airport hotel a little later in the afternoon (highway traffic jams while returning from the Med-Tronik MORA Nova Instructors Training sessions in Friesenheim) than expected but we arrived back in Kelsterbach in time to meet everyone, say hello and send them off to bed after their travels.

Here's Dr. Uwe Uellendahl showing us how to go through the menus to do a diagnosis and therapy with the new MORA Nova! Dr. Nuno Ruivo is looking on from the left.



Pictured above is the Neuschwanstein Castle in the Bavarian Alps of Germany.

WEDNESDAY (October 31st): After a great breakfast in the hotel's restaurant, we began our Germany odyssey by transferring to a nearby hotel. Dr. Cole introduced our first private lecture and our Keynote Speaker, **Juliane Sacher, MD**. She talked to us about her 25 years of research and experience, as well as the latest developments for the treatment of HIV/AIDS, cancer and chronic infections.



Dr. Sacher's treatment procedures are readily applied in general and cancer related practice. In the past her understanding of the underlying causes of both of these scourges (and her research with **Heinrich Kremer, MD**) opened her to peer criticism. Today however Dr. Sacher is a highly respected practitioner and researcher in this field and is often invited to speak at international AIDS and cancer congresses. Her lecture was very well received by the participants.

After lunch in that same hotel we returned to our meeting room where we heard our second private lecture from **Christine Schenk** on **Applied Body-Energy Medicine**. This is a technique that has been utilized very effectively by Dr. Cole for more than 10 years. There are a number of books available (in English). Dr. Schenk has a very busy lecture and teaching schedule and this was a unique opportunity to hear her lecture in English. We were honored to welcome her to speak to us.



And then it was time to load ourselves and our luggage onto our deluxe motor coach and wend our way southward by autobahn (freeway) to the Baden-Baden area, where we stay for four nights. There is lots of room for our little group in this big coach, so we should be able to have some good conversations (or naps) as we travel. During this ± 2 hour bus ride (depending on traffic), Dr. Cole and I handed out the Medicine Week program books and will try to give you a short orientation talk about the layout of the Congress Hall and some tips about the exhibit stands.

There was also ample time in the evenings for Dr. Cole, Dr. Gruba and myself to answer questions concerning integration of Biological Medicine into your practice as well as opportunities for you to ask questions (hopefully we can stay awake with the jetlag).

This is our seventh year staying at this family run hotel, and they have an excellent restaurant featuring local (and during the fall season often wild) dishes, are close to the main area of the town of Bühl/Vimbuch (shopping!) along with great rooms and service – and it is still only about 20 minutes away from the Congress Hall in Baden-Baden.







That's it for this very first – very busy – day on this 39th Tour Program. After supper there are no scheduled activities and this is your opportunity to relax with a beer in the bar, talk with your colleagues or tour hosts, or get yourself unpacked and settled into your room. We'll see you in the morning!

THURSDAY (November 1st): After breakfast today we will be spending the whole day at the Medicine Week Congress. Our motor coach leaves the hotel for the Palais Biron (near the Congress Hall) in Baden-Baden to hear the lectures sponsored and presented by the SANUM-Kehlbeck Company which are a part of the Medicine Week program. Here is the published schedule of lectures:

Prophylaxis and Treatment of Lifestyle Diseases

Sponsored by SANUM-KEHLBECK GmbH + Co. KG, Hoya (Germany)

- 08:00 - 09:30 **Introduction to Sanum-Therapy**
Dr. med. Gudrun Mekle, Hoya
- 09:30 - 09:45  **Break (Drinks provided)**
- 09:45 - 11:15 **Sanum-Therapy for Treatment of Allergies and MCS (Multi Chemical Syndrome)**
Dr. med. Gudrun Mekle, Hoya
- 11:15 - 11:30  **Break (Drinks provided)**
- 11:30 - 13:00 **Biological Medicine and Dentistry: The Importance of Teeth – Disruptive Foci in the Jaw Region Affecting the Whole Body**
Dr. med. Dr. med. dent. Frank Pleus, Teufen (Schweiz)
- 11:30 - 13:00 **Tooth Extractions and their After Treatment with Sanum Remedies**
Dr. med. Dr. med. dent. Frank Pleus, Teufen (Schweiz)
- 13:00 - 14:30  **Lunch (Finger Food provided)**
- 14:30 - 16:00 **Hyperacidity and its Expressions as "Lifestyle Diseases" such as Diabetes, Coronary Heart Disease, Rheumatoid Diseases**
Dr. med. Thomas Rau, Lustmühle (Schweiz)
- 16:00 - 16:15  **Break (Drinks provided)**
- 16:15 - 17:15 **Examples from the Practice**
Kimchi Moyer, L.Ac., Santa Rosa (USA)
- 17:15 - 18:00 **Discussion**

SANUM presented each participant with a 'huge' goodie bag of catalogs, articles, booklets as well as a lot of new printed information (in English). SANUM products are highly recommended by OIRF and we were very pleased to participate in this program. During the morning sessions we were honored to hear a new lecture from the head of their medical department, **Gudrun Mekle, MD**. This excellent information along with a brief history of Sanum itself was well presented. She presented useful practical information that participants could bring home and use in their practice immediately.





Also we heard from **Frank Pleus, MD, DMD** who used to be connected with the **Paracelsus Clinic** in Switzerland (with Dr. Rau) but is now in his own private practice. One thing I noted immediately is that – like Dr. Helmut Schimmel – Dr. Pleus is both a medical and a dental physician. This gentleman presented an excellent lecture that I am still raving about. He was very clear to include information developed in the past by Dr. Voll, Dr. Kramer and many others. His current work and research bears watching. Thank you to SANUM for bringing exceptional lecture to the participants!

As well we heard presentations from the well known **Thomas Rau, MD** of the **Paracelsus Clinic** in Switzerland, and some practice examples from acupuncturist **Kimchi Moyer** (USA).



Thereafter, we had the rest of the evening free, since there were no organized events – but that offers yet another opportunity to have a few drinks in the pub, meet with the other tour participants, study, prep for Med-Week, etc. BUT, after supper you will all probably be tired – I know I will be. Today has again been long and busy and tomorrow will come only too quickly . . .

FRIDAY (November 2nd): Due to a last minute change in our speaker schedule (Dr. Heinen had a scheduling conflict) today we will be spending the full day at the Medicine Week Congress. Our private motor coach took us to the Congress Hall in Baden-Baden. This was the main ‘officially’ scheduled attack on the exhibits at the Medicine Week. Have you been lifting your weights and power walking and speed talking in preparation for this? Although Halloween was a few days ago, this is your big opportunity to collect all the goodies and treats that you can manage to carry or fit into your suitcases.

Here are some pictures taken during our Medicine Week adventures:



Peter & Dagmar Thurmann, Holistic Concepts
(Voice Frequency Analysis and AMSAT)



Taking a break in the cafeteria –
“get away, this is my pretzel!”

Dieter Jossner, Medical Electronics with the new ILS 512 – full body laser Therapy!



AND, the new Optical Hand Electrodes



The always elegant and gracious, Mrs. Gisela Ludwig
Advanced Medical Systems




Part of the group arriving at the entrance to the 46th Medicine Week Congress

What an exciting and busy day. A few participants also attended an optional English language conference on cancer therapy (although I hear the schedule got really messed up) that was an official part of the Medicine Week programs – see schedule next page. Tapes of these lectures can be obtained through the media department of the Med-Week.

Because the participants were “on their own” for most of today – to give them flexibility in visiting Med-Week, meeting suppliers and exhibitors, and so on – this was an evening when many wanted to go “out on the town”. There are plenty of fabulous restaurants, an exciting Baden-Baden nightlife and they had plenty of time to visit the world famous casino or **go to the baths** Whew! Another day done – are we having fun yet???

International Conference for Integrative medicine

Session 1

- 09:00 - 09:05 **Welcome and Introduction**
Dr. med. Friedrich Douwes, Bad Aibling
Dr. med. Hans-Peter Friedrichsen, Merdingen
- 09:05 - 09:30 **Anti-Aging medicine between reality and hope**
Ronald M. Klatz, MD, Chicago (USA)
- 09:30 - 10:00 **Hormone treatment with bioidentical hormones (BRHT)**
Jonathan V. Wright, MD, Renton (USA)
- 10:00 - 10:30 **Stem cell treatment in chronic degenerative disease**
David Steenblock, DO, Mission Viejo (USA)
- 10:30 - 11:00  **Coffee break and visit of exhibition**
- 11:00 - 11:30 **Cholesterol and heart disease - what is the truth?**
Dr. med. Hans-Peter Friedrichsen, Merdingen
- 11:30 - 12:00 **Effect of low-Frequency pulsed electromagnetic field on experimental mouse T-Cell lymphoma**
Prof. Blanka Rihová, Ph.D., DSc., (Czech Republic)

Session 2

- 14:30 - 14:35 **Welcome and Introduction**
Dr. med. Hans-Peter Friedrichsen, Merdingen
- 14:35 - 15:00 **New treatment approach in chronic borreliosis (lyme disease) with whole body hyperthermia**
Dr. med. Friedrich Douwes, Bad Aibling
- 15:00 - 15:30 **Integrative Medicine. Clinical experience with different complementary modalities**
Michael B. Schachter, MD, Suffern (USA)
- 15:30 - 16:00 **The Cancer Profile & Longevity Profile Tests: For Early Detection and Monitoring**
Emile Schandle, Ph. D., Hollywood (USA)
- 16:00 - 16:30 **Coffee break and visit of exhibition**
- 16:30 - 17:00 **Trophoblasts, stem cells and cancer. A special approach for an effective cancer therapy**
Nicholas J. Gonzales, MD, New York (USA)
- 17:00 - 17:30 **Immunotherapy with immune cells and Dendrites. A new effective therapy concept in oncology**
Dr. med. Thomas Neßelhut, Duderstadt

SATURDAY (November 3rd): After breakfast in the meeting room of our hotel will be our third private lecture. This lecture on **SFA** is sponsored by **Mr. Peter Thurmann** from **Holistic Concepts** (AMSAT). In German SFA stands for “Stimmfrequenzanalyse” which means **Voice Frequency Analysis** in English. **Dr. med. MSc Arno Josef Heinen** will speak to the group. A distinguished practitioner, Dr. Heinen is a specialist for Internal Medicine and natural healing methods. As well he specialized in stress research, system and evolutions theory as well as being an expert with SFA.

This year Dr. Heinen was able to present his full lecture. While at the Med-Week participants were able to visit the Holistic Concepts exhibit booth. There **Mrs. Dagmar**

Thurmann who is an acknowledge expert and teacher of this method was able to demonstrate this method and prepare the therapy sound CD's for those interested.

After lunch our motor coach leaves the hotel for the Congress Hall in Baden-Baden. This afternoon you are scheduled to attend an English language lecture that is an official part of Med-Week. Here was the lecture schedule:

13th International Symposium Bioinformative Medicine –

Improvement of regulatory processes with bioinformatic methods

Sponsored by AMS GmbH, Tauberbischofsheim (Germany)

Dr. med. Kai Lühr, Köln

Dr. rer. nat. Frank Beck, Tauberbischofsheim

- 14:00 - 14:10 **Welcome and Introduction**
Dr. rer. nat. Frank Beck, Tauberbischofsheim
- 14:10 - 14:50 **Electromagnetic pollution - Biophysical aspects and consequences**
Dr. rer. nat. Claude Bärtels, Ratingen
- 15:00 - 15:40 **Using PEMF in allergy therapy (Part 1)**
Theodore Cole, Wester Chester, OH 45069 (USA)
- 15:40 - 16:10 ☕ **Coffee break**
- 16:10 - 16:50 **Using PEMF in allergy therapy (Part 2)**
Theodore Cole, Wester Chester, OH 45069 (USA)
- 17:00 - 17:40 **Therapy via pulsating magnetic field in combination
with laser and substrate transient response**
Dr. med. Kai Lühr, Köln

This was the program sponsored by Advanced Medical Systems on the magnetic field therapy method based on the work of **Dr. rer. nat. Wolfgang Ludwig**. Note that your esteemed Tour Medical Director Dr. Ted Cole presented a two-part lecture in this program. Additionally we again heard from **Dr. rer. nat. Claude Bärtels** with some information on how to handle patients with electromagnetic pollution. Later in the afternoon we heard a dynamic presentation from **Kai Lühr, MD** working with the various AMS patient and practitioner lasers. This company has a lot of very good small devices (such as the Cepes Laser and the “Little Ludwig” magnetic field device) that can be sold to your patients so they can continue their therapy at home.



Mr. Frank Beck



Dr. Claude Bärtels



Dr. Ted Cole



Dr. Kai Lühr

Then back to our hotel for supper and since we depart from this hotel tomorrow it's time to get packed up and ready to move on

SUNDAY (November 4th): Initially we were scheduled to hear from **Heck Bio-Pharma** for our fourth private lecture this morning after breakfast. Unfortunately Mr. Heck was called away for international travel when a unique opportunity opened for him to participate in collection of their base substances. **Mrs. Edith Sandell** (who speaks excellent English) was able to answer many participant questions at their exhibit booth at Med-Week, however due to the lack of base substances (why Mr. Heck had to travel away) we were unable to obtain those coveted test sets.

Although we were able to obtain some literature and information, test sets will not be obtainable until next year. This is a relatively new company (compared to Wala, Heel, Staufen, DHU, etc.) however they have some excellent products including a very effective borreliosis nosode. Sadly, these products are difficult to obtain – especially internationally – and as a result we all want to get that test set next year so we can utilize these products!

With our luggage packed and our Med-Week literature and goodies prepared for travel got loaded onto our motor coach and headed out on to the autobahn (that's the no speed limit free-way system – yippee! – wait till we get passed by a Porsche or Ferrari) once again. This was a fun and much more relaxing day than the past few jamb-packed days. I know it was hectic but by taking advantage of the lecturers who are already at Med-Week for other programs we reduce our travel times and can take in many more events.



And then – what a treat! This is truly another sightseeing destination on its own. This is **MORA** (and BE-T-A and MORA-Color and . . .). Unfortunately under the recent new manufacturers' regulations, no full tour of their facility is possible. But you will see their own manufacturing plant (from the outside) and the beautiful classroom/teaching facility and so much more.

We will get a presentation from **Nuno Ruivo, DO** (a long time MORA practitioner and one of the developers of the new MORA NOVA and its software). This however is our own private introduction to the new MORA NOVA. We will get to actually play with some of the devices and hear about the capabilities of this exciting new technology. It has been in development for three years and will replace the now aging technology of the MORA-Super Plus. This is a mandatory attendance session (besides you're trapped!).



Dr. Nuno Ruivo, MORA
Nova Developer/Instructor



Look at all these Nova's we
get to play with!! I can do that!



Dr. Uwe Uellendahl – I know that
Nuno, I can do it this way!!



Mrs. Gaby Alexander, Med-Tronik
Dr. Sir Zenon Gruba, MORA-Color

This evening we had a chance to stay in one of Carolyn's favorite hotels in Germany (which of course has an excellent restaurant), and then get ready to load onto the bus again tomorrow morning.

MONDAY (November 5th): After breakfast we then wend our way north and east out of the Black Forest, past Stuttgart and Heilbronn to the small little German town of Osterburken in the Neckar-Odenwald district of Germany.

Advanced Medical Systems arranged a meeting room for us at another beautiful family run hotel. *Dr. rer. nat. Frank Beck* (that means a Doctor of Natural Science) will give us an in depth presentation and demonstration of their magnetic field therapy devices. As with the majority of sessions and lectures I have arranged for this tour, this one is focused on the possibilities and practical applications of biological medicine. Dr. Beck has presented several dynamite lectures to a few of our previous tour groups and at the request of some of our “many-timer” participants this is an opportunity for him to take some extra time and give us an in depth understanding of these amazingly effective devices.



Dr. Frank Beck



Oh goodie – we get to play with more machines!

Here we will see the application of the lifelong research and passion of *Dr. rer. nat. Wolfgang Ludwig*. As the co-inventor of the long ago discontinued INDUMED unit made by Med-Tronik in the early 1980's, *Dr. Ludwig* continued his research with magnetics up until the time of his death in 2004. The AMS Company has been continued by his wife (Mrs. Gisela Ludwig-Bärtels) with the able and expert assistance of Dr. Beck.

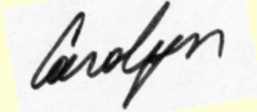
We will had and enjoyable lunch at this hotel during one of the breaks and after this session ended we again boarded our deluxe motor coach and begin our trek (of about 2 hours depending on traffic) back to our Frankfurt Airport hotel.

Later with a short transfer to that neighboring hotel, we relaxed and enjoyed a beautiful closing “banquet” in this very nice restaurant – a leisurely celebration taking pictures and talking and enjoying our last evening together into the wee hours.

The tour officially ended after our certificate ceremonies. The hotel room for the night and **breakfast** tomorrow morning were included in the tour price.

TUESDAY (November 6th): Fly home from Frankfurt anytime today if you wish, and most North Americans even get home that same day due to gaining time zones. **Breakfast** this morning is included in the tour price. **Have a safe and pleasant trip home!**

Well, that was it. We missed having you join us for this tour program and we look forward to seeing you there next year. With very best wishes for a most pleasant flight and a safe journey, I remain your “illustrious” tour guide. . .



Carolyn L. Winsor-Sturm
Managing Director and CEO

And no – that's not a picture of me,
but it looks like fun! CLWS



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Contributing Staff Members:

Carolyn Winsor-Sturm, Elaine Mackenzie, Judi Ritcey, Catherine Winsor, and Missy

Contributing Staff Writers: Carolyn Winsor-Sturm and Dr. Sir Zenon Gruba.

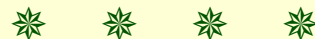
Contributing Guest Writers:
Dr. Marlene Kunold

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Occidental Institute Research Foundation
PO Box 100, Penticton, BC V2A 6J9 Canada
Phone: (250) 490-3318 **Fax:** (250) 490-3348
E-Mail: support@oirf.com
Visit our **Website** at www.oirf.com

Some guidelines from the Constitution of Occidental Institute:

1. The name of the non-profit Society is “Occidental Institute Research Foundation”.
2. The purposes of the Society are:
 - (a) to maintain and support research in the field of biological medicine;
 - (b) to maintain and support the dissemination of knowledge in the field of biological medicine;
 - (c) to establish a library pertaining to all aspects of biological medicine;
 - (d) to advance the field of biological medicine in any manner whatsoever.



DECEMBER NEWS & UPDATES

Holiday Office Hours

During the Holiday Season this year, OIRF will be taking some extra time off to spend with family and friends as we rest from the past year and prepare for another busy year to come. Note that the Institute offices will close at noon on Friday, December 21 and will not reopen until Wednesday, January 2, 2013.

Heading into those long, dark, cold days of January and February we will return to our regular office hours of 8:30 AM to 4:30 PM Monday to Thursday, and 8:00 AM to 12:00 noon on Fridays – don't forget we are in the Pacific Time Zone!

Membership

OIRF will no longer be a private membership based organization. In an effort to get the information out to as many practitioners as possible, "The Bridge" newsletter will take on a wholly different format. Instead of long 60 page 'books' that go out only to paid subscribers every couple of months, we are now going to hit everyone's Inbox on a regular and more frequent basis. Every 3 or 4 weeks we will publish a short newsy update with one detailed article followed by information on how you can get more involved in the featured method. Expect the first issue of this new format to reach you around mid-January.

Symposium Videos

We have complete sets of the 12 DVD's from the Biological Medicine Symposium 2012 prepared and available for immediate shipment. Because many of you were unable to join us for this Symposium program, we made separate arrangements for videotaping of all the lectures.

Each of the main speakers was professionally recorded and DVD's are now available. The full set of recordings is

available for the New Year's special price of \$300 plus shipping (sorry Canadians also plus HST) with an electronic copy of the Symposium Manual. You can contact Elaine at 1-800-663-8342 to place your order.

MORA Nova

The [MORA Nova](#) from Med-Tronik is available for immediate delivery to your practice. **Dr. Karim Dhanani**, **Dr. Ted Cole** and your director **Carolyn Winsor-Sturm** have all received special training on this device and are available for training sessions. We are already planning special workshops and seminars that will also include **Dr. Uwe Uellendahl** and (hopefully) **Dr. Nuno Ruivo** from Med-Tronik in Germany. The OIRF demo unit has just recently arrived and our applications for registration with Health Canada will be submitted early in the New Year. Call the office toll free at 1-800-663-8342 for ordering and delivery details.

Reminder

For those working with EAV diagnostics, the **OIRF EAV Desk Reference Manuals** are available on CD (which permits search capability!). These manuals are indispensable to the testing practitioner as all information concerning point locations and remedies are logically organized and available at your fingertips. Combined with other OIRF materials describing proper point testing (**Medication Testing Report** based on the work of the biological dentist **Dr. Fritz Kraemer** – and a colleague of Dr. Voll), even beginners can rapidly get reproducible results with this method. EAV Desk Reference Manuals (on CD) \$200 and Medication Testing Report \$40 plus shipping,

FAQ's

Question:

Hey Carolyn, after talking to you about the MORA and BioResonance I also talked to the people at BICOM. In the end I decided to purchase their device – they say they are the original BioResonance but their device was quite expensive. Why does OIRF only recommend the MORA? Is it because you have a distributorship for Med-Tronik?

Answer:

Thanks for this question which really covers a lot of different things. First, I am sorry to hear that you chose BICOM over MORA, and I know that eventually you will come back to MORA for greater effectiveness and the innovative r&d. The marketing tactics of the Regumed/BICOM company are quite aggressive and most frequently attempt to devalue Med-Tronik/MORA as a way of building up the value of their own device. But that is a whole different topic of conversation and I'll be happy to talk to you by phone again to discuss it.

Within our newsletter, rather than discussing any one device, "competitor" or German company let me turn instead to a more general description of the Institute's instrumentation policies.

As with everyone – even though the Institute is a registered non-profit organization – we still have to pay the bills. With declining and now eliminated membership funding, our major fund raising activities necessary to continue our research, publication and education activities are:

- sales of educational materials
- sponsorship of conferences
- sponsorship of the annual Germany tours.
- sales of instrumentation

Despite the fact that all instrumentation sales are done on a not-for-profit basis (usually less than German export prices), clearly instrumentation sales are our biggest income source. Our longtime reputation of being the 'consumer reports' for Biological Medicine, has been earned by ensuring our recommendations are accurate. We have

investigated and researched hundreds of devices, methods and organizations over the years, and then assisted our members to obtain those methods and devices that we found most effective.

Our recommendations are based on a number of strict criteria, such as:

- Is this device/method effective?
- Can it be applied by all practitioners?
- Is it reliable?
- Is it fairly priced?
- Can it be safely imported to the USA/Canada?
- Is the manufacturer able to offer efficient delivery and service?
- Is the international manufacturer able to communicate and work with the Institute fairly and efficiently?
- Is there a religious or political ownership of the company that will affect legitimate and business dealings with the Institute and/or our members?
- Is the device long lived – with minimum to moderate service needs?
- And so on . . .

For those methods or devices which fully meet our standards, we then – and only then – seek to obtain appropriate distributorship arrangements. [And – as an aside – if we choose not to recommend a particular device such as BICOM, it is usually due to an inherent failure to fulfill one or more of our above criteria.] Often we even made arrangements for our members to order directly from the company in Germany (like with AMS). In this way we have assured our members of the best possible prices for the greatest value, and we have always been here to assist with training, service, support and assistance.

If you have questions or are seeking information concerning the various types and models of instrumentation, we invite you to phone and talk to either Elaine or Carolyn for a no cost / no pressure consultation. Our toll free number is 1-800-663-8342.



The New MORA Nova
from Med-Tronik, Germany

Here is true BioResonance Therapy and Assessment from Med-Tronik in Germany.

The MORA Nova combines the latest technology and user friendly ease with the time tested technology of the original research of **Dr. Franz Morell** and **Mr. Erich Rasche**.

For descriptions and technical details follow this link to the [MORA Nova](#) info on our website.

Contact OIRF at 1-800-663-8342 for order and delivery details. Now fully in production this device can be working in your office within a few weeks of your order.

FEATURES OF THE MONTH:

On the following pages you will find some brief descriptions of the instrumentation mentioned in this and previous Issues of "The Bridge". For full details please see our website at www.oirf.com or call us toll free at 1-800-663-8342. I look forward to your phone calls. **Special member and shipping discounts are available for these features.**

For Volume 8, Issue #5 I am once again featuring Dr. Sturm's basic four devices:

- **Inhaled Ionized Oxygen & VNS Diagnostics** from CStronic
- **BioPhoton Therapy** from Medical Electronics
- **MORA Nova BioResonance Therapy** from Med-Tronik
- **Pulsed Electro-Magnetic Field Therapy** from Advanced Medical Systems

MORA-Color According to Dr. Zenon Gruba



- Easy handling simplifies conventional method of treatment
- Variably applicable for supplemental and individual therapy

- Electromagnetic therapy leads to success in just a few minutes
- For acute and chronic functional pain of the musculoskeletal system
- Additional nosode and medication therapy
- Quick results through easy testing of colors and amplification

Contact OIRF for order information. Units are in stock in Germany and available for immediate shipment. Current price is CDN \$5,300 including shipping. Call Elaine at 800-663-8342 for details.

CS Tronik

OXYGEN ION 3000

by Dr. Ivan Engler

Fully Automatic Inhaled Ionized Oxygen



The oxygen Ion 3000/by Dr. Engler is a so-called oxygen-ionizator which enables you to enrich medical oxygen with electrical charge carriers in the form of "oxygen-cations" or "oxygen-anions". The administration of enriched oxygen is carried out via an oxygen mask. The oxygen quantity varies between 4 and 8 liters, yet the changed charge quantity has to be considered. The therapeutic session lasts 12 minutes. As an alternative, oxygen concentrators may be used instead of oxygen cylinders.

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

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

CStronic

VNS DIAGNOSIS 3000

by Dr. Ivan Engler



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

PRESENTED BY OCCIDENTAL INSTITUTE RESEARCH FOUNDATION:

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64 Hyper-red Special LED
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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!

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

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

Certification: Manufactured to fully meet the regulated standards of the industry in Europe (including full ISO 14385, European medical and CE approvals, as well as CMDCAS). Health Canada registration pending.

Design meets Technology

MORA[®] Nova

NOW AVAILABLE!

Call 1-800-663-8342
For order and trade-in details!



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

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

Available through: **Occidental Institute Research Foundation**
P. O. Box 100, Penticton, BC V2A 6J9 Canada
Phone: 800-663-8342 or (250) 490-3318

Visit us on Facebook – Or on our website at www.oirf.com – Email: support@oirf.com



MORA® Nova vs. MORA® Super+



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



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

Further Therapy details MORA® Nova:

Technology:

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



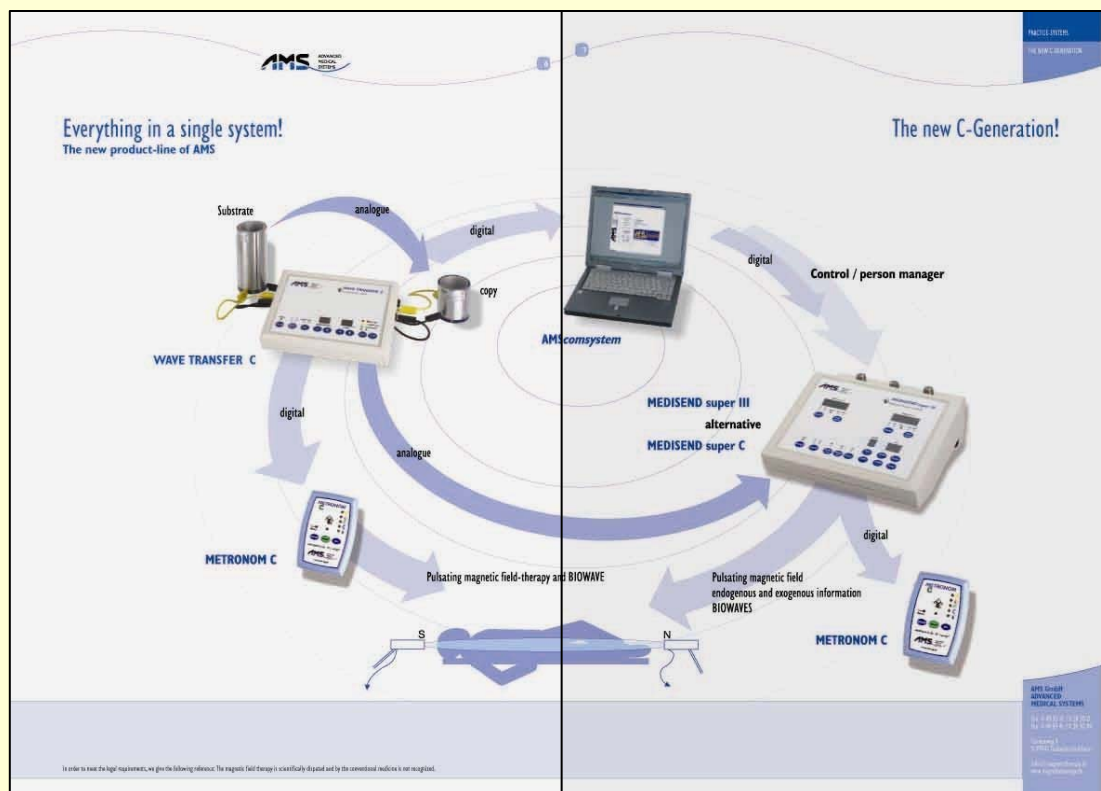
Available soon:

- Cornelissen test- and therapy mask
- Indication oriented standard programs w/o EAP test
- Global Scaling Basic therapies
- Psychosomatic programs acc. To Nienhaus
- Music therapy (Psychophonia) via headphones
- Color therapy (e.g. mirrored nature images during the therapy session)
- Addiction therapy, drugs, alcohol, etc.
- Individual software for faculties
- And much more . . .

ADVANCED MEDICAL SYSTEMS –

Everything in a single system!

Pulsed Magnetic Field Therapy



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

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

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

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

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

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

I must admit that it is somewhat bittersweet to close this final 2012 edition of "The Bridge" in this format. Although we will be invading your Inbox on a regular basis, this newsletter will have a considerably different look. By discontinuing our paid subscription, we are endeavoring to bring this information to a much wider readership without the restriction of membership.

We thank our long standing members who have supported us over the years. To all of our colleagues and friends of OIRF, it is your continued support that allows us to maintain the levels of quality and integrity which are the hallmark of this non-profit organization. Our gift to each of you during this Holiday Season is a complementary subscription to the new version of "The Bridge" which will begin publication in mid-January.

And that seems to bring Volume 8, Issue #6 to a close. I trust you will find much of interest in these pages. We look forward to meeting you during our 2013 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.

To one and all, Happy Holidays, Season's Greetings – and Merry Christmas!



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