Occidental Institute Research Foundation

THE BRIDGE

Linking Practitioners of German Biological Medicine

Volume 8, Issue 3, May/June 2012

News and Updates

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

Welcome to **Volume 8, Issue #3** of your newsletter. In this Issue I have included a series of articles on HIV/AIDS and Cancer featuring ***Juliane Sacher, MD***.

Dr. Sacher will be the keynote speaker for the Germany Tour this year and this is an excellent opportunity for you to familiarize yourself with her work. As one of the foremost HIV/AIDS researchers and clinicians in Europe, her work combined with the research for ***Heinrich Kremer, MD*** has revolutionized the care and treatment of AIDS and cancer patients worldwide.

As well here is the annual contribution from ***Dr. Karim Dhanani*** with his most informative article on **Mycoplasma:** *A Long-Standing, Covert Health Threat*. This gives you an excellent overview of diagnostic and therapeutic possibilities.

Here also is an interesting Points of Interest column from ***Dr. Simon Yu*** with yet another perspective on the parasite problems many patients face.

If you missed the **Biological Medicine Symposium 2012** in Vancouver, BC, June 15-17, 2012 there are now video recordings of all the main lectures available. Order your set now to benefit from the exceptional lectures and information from this conference.

Full details and itinerary for the **Biological Medicine Tour #39 to Germany** have been posted on our website along with registration information.

Help us celebrate the **OIRF 40th Anniversary** by joining us for this second important event of 2012.

And, finally a reminder that the MORA® Nova is now available for delivery! Call for order information.

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

In health . . .

Carolyn

"The Bridge"
Volume 8, Issue 3, May/June 2012

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Biological Medicine Tour #39 to Germany

Biological Medicine - Possibilities & Practical Applications

Thurs. Oct. 30 – Mon. Nov. 5, 2012
Meet us in Frankfurt

Featuring: Respected researcher and practitioner ***Juliane Sacher, MD*** will lecture on the latest developments for the "*Protocols for the Treatment of Cancer and HIV/AIDS*"

Participate in the lectures and exhibits at the famous Baden-Baden Medicine Week as well as private English language lectures from practitioners, researchers and instrumentation/ remedy companies

Attendance for this year has been strictly limited to ensure personal attention and quality of service. Advance registration is recommended. See registration details on Page 52 of this Issue, or on the **Germany Tour** website page.

PASSAGES & ANNOUNCEMENTS:

May/June Updates

A short comment from Carolyn: In the following articles, you will notice that I fluctuated back and forth with my translation of the title of Mrs. Ehler's and Dr. Sacher's (Part 1) articles: AIDS – The Chronology of a Misunderstanding, or of a Mistake".

This time, I tried to make a definitive decision and opted for the more "politically correct" translation as misunderstanding. The word in German is "*irrtümer*" which literally translates as either mistake or misunderstanding.

I would like to believe that this was simply a mistake – but with the health, lives and finances involved that translation becomes doubtful.

Let us pray that this theory has not been continually promoted solely for money, and thus I have opted for the translation as a "misunderstanding".

*A **confidential article for Affiliates**, published June 2012 by Occidental Institute Research Foundation . . .*

AIDS – The Chronology of a Misunderstanding

By Andrea Ehlers

From an editorial in raum & zeit, Volume 30, No. 177, May/June 2012
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Promt
Translation & redaction by: Carolyn L. Winsor, OIRF

Ehlers Verlag is the publisher of raum&zeit
This is an editorial following an article entitled: "*Stop the HIV Tests*" by Anne Sono, Berlin

The "AIDS" problem has already occupied [*the pages of*] raum&zeit since the beginning, when the topic moved (was moved) into the focus of the public at the beginning of the 1980's with the discovery of the first five AIDS cases.

At that time, one of the most important authors was certainly Prof. Dr. Peter Duesberg (USA) as one of the first scientists who criticized the official AIDS/HIV theory. In 1990 he wrote among other things the raum&zeit article "Why the AIDS virus theory cannot be correct". In it he criticized the approach of the official AIDS/HIV scientists and demonstrated that the AIDS virus hypothesis is not compatible with the generally recognized principles of virology.

The scientist Luc Montagnier who received the Nobel Prize for the discovery of the HI-Virus as the cause of AIDS, stood in the crossfire of criticism from the beginning. Quite soon an "Anti-AIDS" movement of scientists, physicians, naturopaths and affected persons formed who did not want to bow to the authority of mainstream science. In England for example groups of homosexuals united who let themselves be tested at different places – with different results. Sometimes positive, sometimes negative.

The biologist Dr. Stefan Lanka found out that the proof of the so called HI-Virus had not taken place according to the scientific standards of virology and consequently the existence of the virus is to be questioned. Many physicians who themselves dealt with so called AIDS patients in their practice published about their experiences and questioned both

the virus theory as well as the conclusions resulting from it. Through the work of these courageous doctors many people were taken [*away*] from the fear of deadly AIDS and affected persons could again recover. Representative for all the courageous pioneers only some names should be mentioned here: ***Dr. Heinrich Kremer, Dr. Claus Köhnlein and Dr. Juliane Sacher***.

Meanwhile in the mainstream media it has become quiet around the topic of "AIDS". The epidemic predicted in the 1980's is missing. Once a year public figures and politicians meet for an AIDS-Gala, where one is pinned with little red loops of solidarity, donates a few Euros for a good conscience, but basically however wants nothing to do with the AIDS affected persons. In the end they still attach something disreputable to the whole thing because sexual intercourse remains valid as the most frequent transference path.

That "AIDS" developed no epidemic character in Europe in our opinion is certainly not due to the fact that society has become "better" and that as a result everyone now always has condoms "just in case". It is probably due rather to the fact that the HIV-AIDS Theory is false. For the general public the "AIDS" problem has transferred to Africa, where the people are poorer and certainly have to combat more strongly with immune deficits because of food and hygiene deficiencies. Whether the AIDS Test, and the WHO-financed orthodox medicine therapy with highly toxic pharmaceuticals, really is a blessing for the people in Africa remains strongly in doubt. Nevertheless, for the account balances of the pharmaceutical industry, the AIDS tests and AIDS medication manufacture are definitely a real (money) blessing.

However even in Germany it is still attempted to always stigmatize people as "AIDS patients" and this on the basis of doubtful tests and thus not necessarily because people feel ill. Furthermore we [*at raum & zeit*] will let scientists, therapists and affected persons have their say and will not become tired of pointing out the abuses in medicine and science so that the people who put profit before health become ever rarer.

*An **encore article for Affiliates**, originally published February 2007 by Occidental Institute Research Foundation . . .*

AIDS – The Chronology of a Misunderstanding

Part 1 By Juliane Sacher, MD

From an article in raum & zeit, Volume 24, No. 141, May/June 2006
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Promt
Translation & redaction by: Carolyn L. Winsor, OIRF

Despite untiring educational work the AIDS myth persistently lasts and through glamorous AIDS galas money is still collected for the pharmaceutical industry. The general practitioner Juliane Sacher describes here the results of her studies that exposed the official theory as a delusion and yet her results were swept under the table, even though the studies were encouraged and financed by the [German] federal government.

I read about AIDS (Acquired Immune Deficiency Syndrome) for the first time in 1983 in one of the many medical journals. The illness had just been renamed from GRID (= Gay Related Immune Deficiency Syndrome).

It was supposed to be a new illness that spreads among homosexual men and that very quickly leads to death. The search for a new virus was mentioned. They claimed that the illnesses could not be explained differently.

It surprised me that the first five AIDS patients in the USA, from whom the disease was formulated, did not know each other. Thus at first there was no clue for a sexually transmissible illness, but rather for me the question of lifestyle arose.

What was there in common with homosexuals that could be responsible for the disease process?

Peculiar Blood Values

Since I also worked as an occupational health specialist with the German airline Lufthansa since 1975, I had an overview of a large number of blood test results with homosexuals. (Actually a series of the first AIDS patients in Germany were employed by Lufthansa.) Already in the 1970's I had noticed that an extremely low total leucocyte count frequently occurred in the male flight personnel. I held professional stress and the frequent time-lags responsible for it. Later I heard that it was already known in the 1970's that frequent passive anal sex has

immune suppressive effects. They were of the opinion that the immune system of the receptive partner must grapple with the sperm as a foreign protein every time which can lead to a reduction of the leucocytes. (Continuing immunological examinations of the leucocytes or rather the lymphocyte differentiation were only carried out later in the 1980's. It was only possible to quantitatively measure the sub-groups of lymphocytes, for example different T-cells, after the monoclonal antibodies were discovered.)
Moreover it was well known that higher contamination was produced among homosexuals with known sexually transmissible diseases, such as Syphilis and Herpes illnesses. Above all the Herpes virus played a large role in all Cytomegalovirus (CMV). Much was reported about that in the 1970's. In particular, they suspected that the Cytomegalovirus was a cause for Kaposi Sarcoma (malignant vascular tumor under the skin).

Then I heard about the so called promiscuous homosexuals with many different partners per evening, and it was quickly clear to me that a man cannot accomplish the above mentioned number of sexual contacts without sexually stimulative drugs.

Gallo's Virus Myth

On April 23, 1983 *Dr. Robert Gallo* announced in a press conference that he had discovered a new virus – HTLVIII, later called HIV – which would destroy the T4 cells and thus was responsible for the AIDS illness. In the history of medicine there has never before been a case where a researcher publicly announced his results before he had published his work about it in a scientific journal.

Already on the same day – as was later established – Gallo had submitted everything for future HIV Tests to the Patent Office. A continuous T4 cell drop had been noticeable with AIDS patients. For test possibilities, they defined the disease AIDS: Either a PCP (= Pneuymocystis carinii Pneumonia, a special lung inflammation) or the previously mentioned Kaposi Sarcoma (KS – a special tumor of the skin), or both together plus a positive HIV test.

Illogical Connections

On the basis of that test, the groups of drug addicts and of hemophiliacs were quite quickly added to the risk group along with homosexuals. There was a publication at the time about the hemophiliac patients, which represented a well documented group because of their illness. The patients were affected by over 80%, while the investigation of the blood donors showed that they were affected only to 0.01%. I immediately noticed the discrepancy of the percentage distribution.

All facts known to me at that time collected together were sufficient for me as an explanation for the individual cases of AIDS. I did not need a new virus to explain the illnesses to me. From the official numbers I could not recognize an epidemic-like propagation of AIDS.

However of course I also had to believe that he had discovered a new virus, since I simply could not say 'this is not

correct'. At that point in time I did not have sufficient understanding of how one recognizes a new virus and how it is isolated. I only had more experience with that at the end of the 1980's and beginning of the 1990's. But more about that later – how did it continue chronologically?

In Frankfurt University hospital in the mid-1980's a small working group of physicians was formed who were interested in the AIDS illness. The working group was led by Prof. *Eilke Helm*. In the first two years between four and five registered doctors in private practice took part. For me there was one crucial question that nobody could answer at the time.

It was stated that the new virus destroys the T4 helper cells. I did extensive laboratory tests with all my patients but what stood out for me was that AIDS patients in electrophoresis (a standard protein examination in internal medicine) had a very high, in some cases extreme number of gamma globulins (also called immune globulins or immune antibodies).

Now I still remembered the little bit that I had learned about immunology for my 1972 state examination. At that time they still knew very little about the immune system. However I remembered why the T4 cells are called helper cells – because they help the B cells to produce plasma cells, and then the gamma globulins (immune globulins or immune antibodies). How could it be that just the patients who have a loss of T4 helper cells (and I had patients with zero T4 cells who were fully able to work!) have such extremely high gamma globulins. I have never seen as high with any disease, namely more than 35-40, even 45 percent, instead of the normal 18 percent?

Actually they already would have had to find out, at that time, what only appeared in experiments many years later: That the T4 cells were not destroyed, but rather that they had migrated out of the blood and are therefore no longer measurable in the blood.

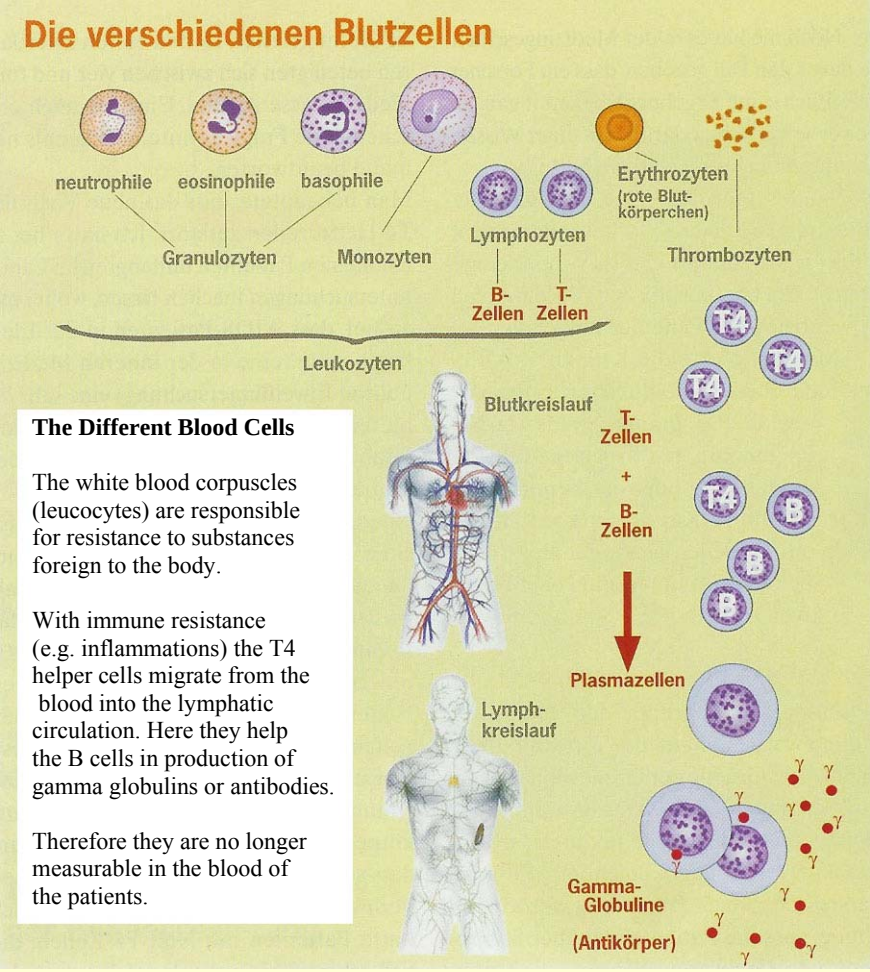
New Explanations

However the first research on this subject was only carried out at the end of the 1980's and was published at the beginning of the 1990's. They found out that there is not just one kind of T4 cells, but two kinds, the Th1 and the Th2 cells. They also found out that HIV/AIDS patients have a shift in the balance of Th1/Th2 cells, namely in the direction of Th2 – that means that they have a lack of Th1 and the Th2 even increases. However, these Th2 cells migrate out of the blood to where they can carry out their tasks, namely into the lymph vessels and into the lymph nodes for assistance to the B cells with production of the gamma globulins.

With this knowledge the mystery is solved. They did not need a new virus to explain the T4 cell reduction. As now noted they were not destroyed either, but rather only migrated from the blood into the lymphatic tissue. This then also explained the lymph node swelling typical with HIV/AIDS patients. In this way chronic, difficult to stop inflammations subside.

Now it also became clear why the official "Combo Therapy" [multidrug therapy] (that has a cytostatic effect) often – not always – results that the T4 cells increase in the blood and the lymph node swellings decrease. The "Combo Therapy" suppresses the inflammation processes in the periphery; the T4 cells again migrate back into the blood and again become measurable.

The newest work in recent years also proves that these T4 cells from the blood are in no way a question of newly produced T4 cells. The proof that it is a matter of old T4 cells which could not have been destroyed has been published in recent years. Why do they nevertheless stick to the virus theory? To this day nobody can yet show how HIV destroys the T4 cells.



The Different Blood Cells

The white blood corpuscles (leucocytes) are responsible for resistance to substances foreign to the body.

With immune resistance (e.g. inflammations) the T4 helper cells migrate from the blood into the lymphatic circulation. Here they help the B cells in production of gamma globulins or antibodies.

Therefore they are no longer measurable in the blood of the patients.

Why Africa?

It could already be read in all the media, from the very beginning through the middle of the 1980's that AIDS quite certainly came from Africa. That surprised me because I heard only about cases from the USA and then slowly increasing a few cases in Germany and Europe. But I still had not heard of a case from Africa.

Then in 1985 researchers went to Africa to search for affected persons there.

But very quickly there was a problem in finding these patients, because:

1) They could not find patients with PCP lung inflammation
2) Kaposi was already there endemically for centuries and the African doctors did not want to get involved with a new disease, and
3) There was no money to carry out the HIV tests in Africa.

The African doctors asked them to find a possibility with which they could recognize the supposed AIDS patients. As a result in 1986 a new AIDS definition was determined by the World Health Organization (WHO) for Africa, which in all other respects applies to all developing countries: You can say **without a test**, but only after an examination, that someone has AIDS if two main criteria and one secondary criterion are met. Specifically the diagnosis of AIDS is not to be placed with cancer, severe malnutrition, Kaposi Sarcoma or Cryptococcal meningitis (Quoted from Quinn et al., AIDS in Africa: An epidemiological paradigm, Science, 21.11.1986).

For adults:
Main criteria: more than 10 percent decrease in weight, more than 1 month of diarrhea, more than 1 month of fever.
Secondary criterion: Cough more than 1 month, generalize itching, fungus infection mouth or neck, generalized chronic Herpes, generalized lymph node swelling.

For children:
Main criteria: more than 10 percent decrease in weight or slow growth, more than 1 month of diarrhea, more than 1 month of fever.
Secondary criterion: generalized lymph node swelling, repeated common infections, fungus in mouth and throat, continuous cough, generalized dermatitis, assured HIV infection of the mother.

You can easily imagine which persons are now designated on the basis of these criteria – **without a blood test** – as AIDS patients.

From old comes new . . .

In 1993 an "Alternative World AIDS Congress" took place in Amsterdam. There the African doctors told me they knew that with AIDS patients in Africa it was probably more a question of the old diseases, especially malaria and tuberculosis. However, because they get more money from WHO for an AIDS patient than for a malaria or tuberculosis patient, they are more inclined to designate the patients as AIDS patients . . .

The study group of *Prof. Eleni Papdopulos-Eleopulos* and *Prof. Val Turner* from Perth, Australia dealt with

the HIV test since the 1980's. They could show that the HIV test is positive with the mentioned illnesses and also in many other cases![1]

In 1993 *Christine Johnson* wrote in the English AIDS-critical journal Continuum about numerous scientific papers in which more than 60 different disease states and factors are reported to react positively to the HIV test.

Already six papers with positive test results after flu vaccination, one paper after tetanus vaccination, six papers in connection with acute viral infections, five papers in connection with syphilis, , five papers after kidney transplantations, eight papers in connection with alcohol hepatitis, five papers in connection with multiple pregnancies, etc.

German study does not fit

In order to create a picture of the infection of the alleged virus, the German Federal Government decided to carry out a study in the prisons.

They knew that daily over 20,000 drug addicts serve a sentence, they are often HIV positive, that in prison needle exchange and sexual intercourse take place, and they thought to obtain a measure of the infection danger. The study would run over ten years.

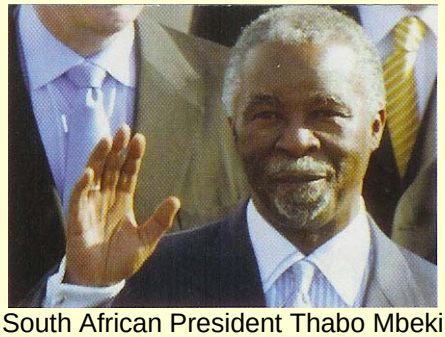
They began it in 1987. All prisoners were tested, all came, and all were dismissed. After two and a half years the study was broken off, because nobody – not one single person – had been infected. Strangely this was not rung like a great bell – it did not fit into the concept.

In the same year of 1987 a study with the same goal was also begun in California. There 442 so called discordant couples (one ♀/♂ HIV positive and one ♀/♂ HIV negative) were attended for over ten years. The partners had both protected and unprotected sexual intercourse.

The results were published in the American Journal of Epidemiology in 1997: No transmission occurred. (Nancy S. Padian, Stephen C. Shiboslei among others in: Am. J. of Epid., University of California, San Francisco, 1997, No. 146, P. 350-357).

Here I would like to mention another two further papers:

A discussion contribution from the Austrian gynecologist Dr. Christian Fiala, written for the closed internet discussion between members of the AIDS Advisory Commission set up by the South African President Thabo Mbeki before the AIDS congress in South Africa: "Epidemiological proofs against the heterosexual transmission of HIV and against prevention campaigns".



South African President Thabo Mbeki is committed to the battle against AIDS.

Also from the 2002 published paper of David Gisselquist PhD, Richard Rothenberg MD MPH, John Potterat BA and Ernest Drucker PhD with the title "HIV infections in sub-Saharan Africa not explained by sexual or vertical transmission", comes out clearly that there are no indications of a sexually infecting disease.

Alternative theories

Now they will ask, okay, so what is it then? You can answer this question yourself, if you have read the book by *Dr. Heinrich Kremer*. He has meticulously investigated the entire literature of the medical, biological, biochemical, molecular-biological and evolution-biological research and summarized the facts and his findings in the book "Die stille Revolution der Krebs und AIDS-Medizin" [The Quiet Revolution of Cancer and AIDS Medicine – not yet available in English, CLWS]. The miraculous thing is that from these findings the genesis of cancer diseases can also be understood, and from this new and encouraging treatments arise.[(2)] Every physician should read this book, and also every layman who wants to be treated effectively and as innocuously as possible.

Now what happened at the end of the 1980's: The HIV Model of the [German] federal government which began in 1987 was carried out in the *Georg-Speyer-Hauses* in Frankfurt. The leader of the George Speyer House at that time was *Prof. Helga Rübsamen-Waigmann* who allegedly was the first in Germany to isolate the virus. (More details on this subject in the book "HIV Myth".) The leader of the HIV Models was *Prof. Hans Brede*.

The HIV Model was suitable for the recording of patients and for verification of the effectiveness of the new therapy with Azidothymidine (AZT/ZDV = Zidovudine = Retrovir).The Frankfurt area was selected because most AIDS patients lived here (besides Berlin). 95 per cent of the physicians participating with their patients treated those patients with AZT, which was introduced into the USA in 1986 and into Germany starting in 1987.

At that time I had the second biggest (or biggest practice – Berlin doctors and I have never accurately compared) with HIV/AIDS patients in Germany. All my patients were accepted into the HIV Model.

One year after beginning the study the results were announced in a prepublication. It was judged on the basis of the T4 cell drops per year. The T4 cell drop was interpreted respectively as the measure for the seriousness or advancement of the disease. Even today in the USA, among many other criteria, a T4 cell drop under a value of 200 is the absolute criterion for the designation of AIDS.

Patients treated with AZT had a 70 percent drop. The "alternatively" treated patients, which 80-90 percent of my patients were, had only a 7.5 percent drop! Except for myself, only one other physician in Frankfurt treated some patients alternatively, and indeed very successful with homeopathy.

Imstag, 6./7. Oktober 1989 / Nr. 189 MEDIZIN Ärzte Zeitung 15

Frankfurter HIV-Modell / Behandlung von HIV-Infizierten

In der Frühphase alternative Therapien statt AZT?

Frankfurt (sss). Vor der Anwendung von AZT in der Frühphase der HIV-Infektion hat jetzt Dr. Helga Rübsamen Waigmann vom Georg-Speyer-Haus in Frankfurt bei der Eröffnung des neuen Hochsicherheitslabors in diesem AIDS-Forschungsinstitut gewarnt.

Bei der vergleichenden Beobachtung kleiner Gruppen von HIV-Infizierten hat sich nach Aussagen von Professor Dr. Hans Dieter Brede, dem Leiter der Laborleitstelle des Georg-Speyer-Hauses, der Trend ergeben, daß alternative Therapiemethoden während des kurzen Beobachtungszeitraumes von einem Jahr der Behandlung mit AZT überlegen gewesen seien. So habe die Datenanalyse ergeben, daß bei den etwa 50 Patienten, die mit sehr heterogenen alternativen Monotherapien wie zum Beispiel Immunglobulin, Echinacin®, Padma 28, Hypericin oder Wobenzym® behandelt worden waren, die Erkrankung im Beobachtungsjahr weniger oft progredient war, als in der Gruppe der 56 Patienten, die über sechs oder zehn Monate mit AZT behandelt worden seien.

Insbesondere die Wirksamkeit der Immunglobuline, mit denen sechs Patienten behandelt worden waren, bezeichnete Bredé als gut.

Weiterhin erhöhe sich die Resistenzentwicklung auf AZT im ersten Jahr der Therapie um den Faktor zehn und im zweiten Jahr um den Faktor 100, ergänzte Rübsamen Waigmann. Werde AZT also schon bei asymptomatischen HIV-Trägern eingesetzt, bleibe dann wahlmöglich kein wirksames Medikament mehr für das Vollbild AIDS.

Dem „Frankfurter HIV-Modell" haben sich seit November 1987 fast 800 seropositive, asymptomatische HIV-Träger angeschlossen, berichtete Brede. Das gesamte Antikörperspektrum gegen HIV, die T4 und T18-Zellen sowie das Blutbild dieser Patienten, die vornehmlich von niedergelassenen Kollegen zugewiesen würden, werde in den meisten Fällen viermal pro Jahr kontrolliert. Zudem würde der wahrscheinliche Infektionsweg, das Erkrankungsstadium und die vom niedergelassenen Arzt angewandte Therapie dokumentiert.

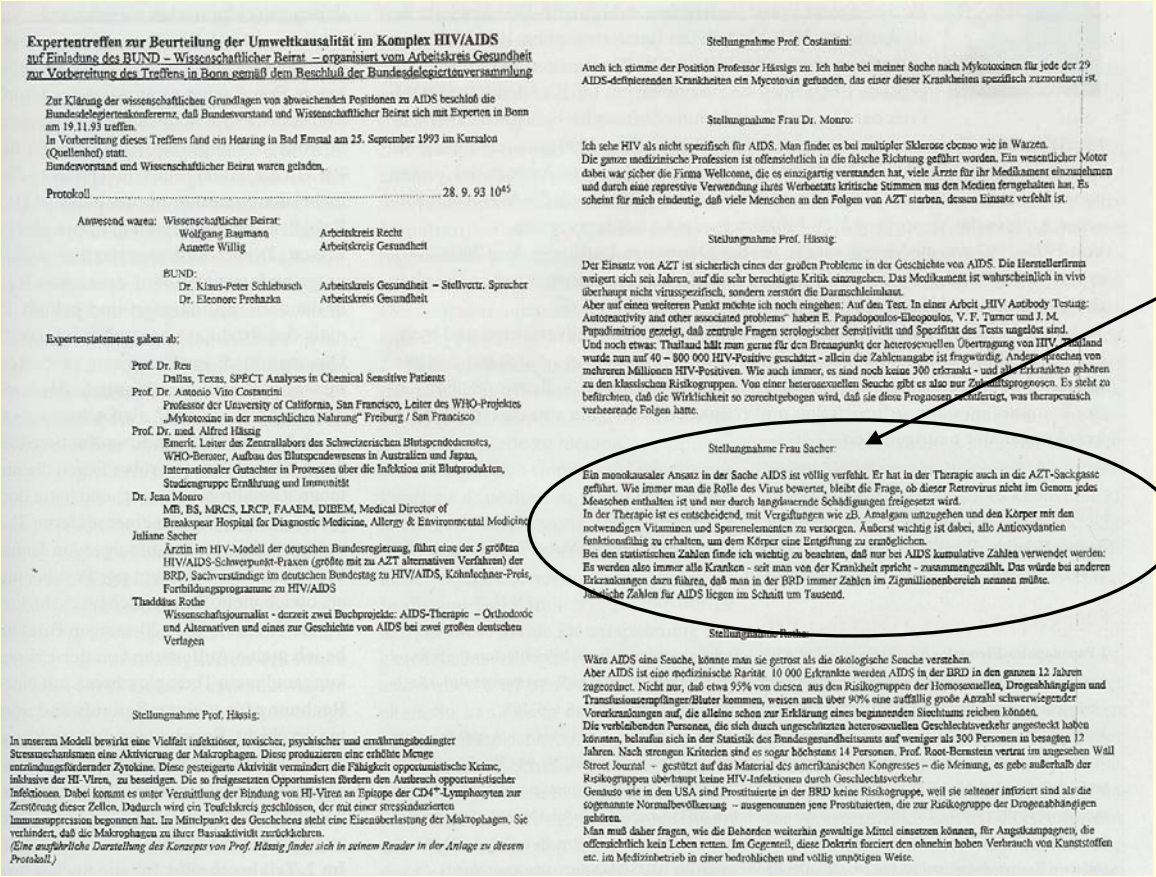
Here it must be said that there was a small group of patients who were HIV positive, but hardly changed blood values and had no complaints, while most other patients were in full blown AIDS, and thus exhibited the defined symptoms.

Financing was assured for the AIDS Model from 1987 on for three years, which in 1990 was assured by the [German] federal government for six further years until 1996, as *Prof. Brede* proudly and happily reported to me in 1990. In the first week of January 1994 the participants of the HIV Models learned without detailed explanation of the end of the Model Project as of December 31, 1993.

No further results were published from it, and as was later established, all data vanished. If you ask about this today, nobody knows anymore about this federal government assigned and financed study. Also, no one wants to know either in the Bundestag [Lower House of the German Parliament] or the Federal Health Office, about the fact that there are still different treatment approaches than AZT, although the successful treatment of my patients in contrast to the AZT treated patients was proven quite clearly.

By request and reference I communicated my treatment strategy, but no one knows Mrs. Dr. Sacher! Even Dr. Ulrich Marcus claims not to know me although I know him personally. In 1993 at Humboldt University in Berlin he sat beside me on the podium during the premiere of the film "*AIDS-Rebellen*" [AIDS Rebel]. Among other things this documentary film was co-financed by five states of the German Federal Republic and at that time got the title of "particularly valuable". That no one in the Bundestag wants to know me is quite astounding, because in 1987 I was invited as an expert by the Bundestag for the AIDS coordinating meeting (more about this is within the extensive minutes) and had mentioned there my view of another therapy.

The next January, 1998 the President inquired by mail with me whether I could send my therapy pattern. In an over 20 page letter I sent my view of the disease and my therapy pattern with a bill for my time involved therein. There was no further correspondence with the President except that he complained in a letter about the fact that I wrote a bill for my work.



Expertentreffen zur Beurteilung der Umweltkausalität im Komplex HIV/AIDS
auf Einladung des BUND – Wissenschaftlicher Beirat – organisiert vom Arbeitskreis Gesundheit zur Vorbereitung des Treffens in Bonn gemäß dem Beschluß der Bundesdelegiertenversammlung

Zur Klärung der wissenschaftlichen Grundlagen von abweichenden Positionen zu AIDS beschloß die Bundesdelegiertenkonferenz, daß Bundesvorstand und Wissenschaftlicher Beirat sich mit Experten in Bonn am 19.11.93 treffen.
In Vorbereitung dieses Treffens fand ein Hearing in Bad Emstal am 25. September 1993 im Kursalon (Quellenhof) statt.
Bundesvorstand und Wissenschaftlicher Beirat waren geladen.

Protokoll ..... 28. 9. 93 10[45]

Anwesend waren: Wissenschaftlicher Beirat:
Wolfgang Baumann — Arbeitskreis Recht
Annette Willig — Arbeitskreis Gesundheit

BUND:
Dr. Klaus-Peter Schlebusch — Arbeitskreis Gesundheit – Stellvertr. Sprecher
Dr. Eleonore Prohazka — Arbeitskreis Gesundheit

Expertenstatements gaben ab:

Prof. Dr. Reu
Dallas, Texas, SPECT Analyses in Chemical Sensitive Patients
Prof. Dr. Antonio Vito Costantini
Professor der University of California, San Francisco, Leiter des WHO-Projektes „Mykotoxine in der menschlichen Nahrung" Freiburg / San Francisco
Prof. Dr. med. Alfred Hässig
Emerit. Leiter des Zentrallabors des Schweizerischen Blutspendedienstes, WHO-Berater, Aufbau des Blutspendewesens in Australien und Japan, Internationaler Gutachter in Prozessen über die Infektion mit Blutprodukten, Studiengruppe Ernährung und Immunität
Dr. Jean Monro
MB, BS, MRCS, LRCP, FAAEM, DIBEM, Medical Director of Breakspear Hospital for Diagnostic Medicine, Allergy & Environmental Medicine
Juliane Sacher
Ärztin im HIV-Modell der deutschen Bundesregierung, führt eine der 5 größten HIV/AIDS-Schwerpunkt-Praxen (größte mit zu AZT alternativen Verfahren) der BRD, Sachverständige im deutschen Bundestag zu HIV/AIDS, Köhnlechner-Preis, Fortbildungsprogramme zu HIV/AIDS
Thaddäus Rothe
Wissenschaftsjournalist - derzeit zwei Buchprojekte: AIDS-Therapie – Orthodoxie und Alternativen und eines zur Geschichte von AIDS bei zwei großen deutschen Verlagen

Stellungnahme Prof. Hässig:

In unserem Modell bewirkt eine Vielfalt infektiöser, toxischer, psychischer und ernährungsbedingter Stressmechanismen eine Aktivierung der Makrophagen. Diese produzieren eine erhöhte Menge entzündungsfördernder Zytokine. Diese gesteigerte Aktivität vermindert die Fähigkeit opportunistische Keime, inklusive der HI-Viren, zu beseitigen. Die so freigesetzten Opportunisten fördern den Ausbruch opportunistischer Infektionen. Dabei kommt es unter Vermittlung der Bindung von HI-Viren an Epitope der CD4+ Lymphozyten zur Zerstörung dieser Zellen. Dadurch wird ein Teufelskreis geschlossen, der mit einer stressinduzierten Immunsuppression begonnen hat. Im Mittelpunkt des Geschehens steht eine Eisenüberlastung der Makrophagen. Sie verhindert, daß die Makrophagen zu ihrer Basisaktivität zurückkehren.
(Eine ausführliche Darstellung des Konzepts von Prof. Hässig finden sich in seinem Reader in der Anlage zu diesem Protokoll.)

Stellungnahme Prof. Costantini:

Auch ich stimme der Position Professor Hässigs zu. Ich habe bei meiner Suche nach Mykotoxinen für jede der 29 AIDS-definierenden Krankheiten ein Mycotoxin gefunden, das einer dieser Krankheiten spezifisch zuzuordnen ist.

Stellungnahme Frau Dr. Monro:

Ich sehe HIV als nicht spezifisch für AIDS. Man findet es bei multipler Sklerose ebenso wie in Warzen.
Die ganze medizinische Profession ist offensichtlich in die falsche Richtung geführt worden. Ein wesentlicher Motor dabei war sicher die Firma Wellcome, die es einzigartig verstanden hat, viele Ärzte für ihr Medikament einzunehmen und durch eine repressive Verwendung ihres Werbeetats kritische Stimmen aus den Medien ferngehalten hat. Es scheint für mich eindeutig, daß viele Menschen an den Folgen von AZT sterben, dessen Einsatz verfehlt ist.

Stellungnahme Prof. Hässig:

Der Einsatz von AZT ist sicherlich eines der großen Probleme in der Geschichte von AIDS. Die Herstellerfirma weigert sich seit Jahren, auf die sehr berechtigte Kritik einzugehen. Das Medikament ist wahrscheinlich in vivo überhaupt nicht virusspezifisch, sondern zerstört die Darmschleimhaut.
Aber auf einen weiteren Punkt möchte ich noch eingehen: Auf den Test. In einer Arbeit „HIV Antibody Testing: Autoreactivity and other associated problems" haben E. Papadopoulos-Eleopoulos, V. F. Turner und J. M. Papadimitriou gezeigt, daß zentrale Fragen serologischer Sensitivität und Spezifität des Tests ungelöst sind.
Und noch etwas: Thailand hält zum ganze für den Brennpunkt der heterosexuellen Übertragung von HIV. Thailand wurde nun auf 40 – 800 000 HIV-Positive geschätzt - allein die Zahlenangabe ist fragwürdig. Andere sprechen von mehreren Millionen HIV-Positiven. Wie auch immer, es sind noch keine 300 erkrankt - und alle Erkrankten gehören zu den klassischen Risikogruppen. Von einer heterosexuellen Seuche gibt es also nur Zukunftsprognosen. Es steht zu befürchten, daß die Wirklichkeit so zurechtgebogen wird, daß sie diese Prognosen rechtfertigt, was therapeutisch verheerende Folgen hätte.

Stellungnahme Frau Sacher:

Ein monokausaler Ansatz in der Sache AIDS ist völlig verfehlt. Er hat in der Therapie auch in die AZT-Sackgasse geführt. Wie immer man die Rolle des Virus bewertet, bleibt die Frage, ob dieser Retrovirus nicht im Genom jedes Menschen enthalten ist und nur durch langdauernde Schädigungen freigesetzt wird.
In der Therapie ist es entscheidend, mit Vergiftungen wie zB. Amalgam umzugehen und den Körper mit den notwendigen Vitaminen und Spurenelementen zu versorgen. Äußerst wichtig ist dabei, alle Antioxydantien funktionsfähig zu erhalten, um dem Körper eine Entgiftung zu ermöglichen.
Bei den statistischen Zahlen finde ich wichtig zu beachten, daß nur bei AIDS kumulative Zahlen verwendet werden: Es werden also immer alle Kranken - seit man von der Krankheit spricht - zusammengezählt. Das würde bei anderen Erkrankungen dazu führen, daß man in der BRD immer Zahlen im Zigmillionenbereich nennen müßte.
Jährliche Zahlen für AIDS liegen im Schnitt um Tausend.

Stellungnahme Rothe:

Wäre AIDS eine Seuche, könnte man sie getrost als die ökologische Seuche verstehen.
Aber AIDS ist eine medizinische Rarität. 10 000 Erkrankte werden AIDS in der BRD in den ganzen 12 Jahren zugeordnet. Nicht nur, daß etwa 95% von diesen aus den Risikogruppen der Homosexuellen, Drogenabhängigen und Transfusionsempfänger/Bluter kommen, weisen auch über 90% eine auffällig große Anzahl schwerwiegender Vorerkrankungen auf, die alleine schon zur Erklärung eines beginnenden Siechtums reichen können.
Die verbleibenden Personen, die sich durch ungeschützten heterosexuellen Geschlechtsverkehr angesteckt haben könnten, belaufen sich in der Statistik des Bundesgesundheitsamts auf weniger als 300 Personen in besagten 12 Jahren. Nach strengen Kriterien sind es sogar höchstens 14 Personen. Prof. Root-Bernstein vertrat im angesehen Wall Street Journal – gestützt auf das Material des amerikanischen Kongresses – die Meinung, es gebe außerhalb der Risikogruppen überhaupt keine HIV-Infektionen durch Geschlechtsverkehr.
Genauso wie in den USA sind Prostituierte in der BRD keine Risikogruppe, weil sie seltener infiziert sind als die sogenannte Normalbevölkerung – ausgenommen jene Prostituierten, die zur Risikogruppe der Drogenabhängigen gehören.
Man muß daher fragen, wie die Behörden weiterhin gewaltige Mittel einsetzen können, für Angstkampagnen, die offensichtlich kein Leben retten. Im Gegenteil, diese Doktrin forciert den ohnehin hohen Verbrauch von Kunststoffen etc. im Medizinbetrieb in einer bedrohlichen und völlig unnötigen Weise.

Protocol [Minutes] of the preparatory meeting of the federal board of directors and the scientific advisory board with experts.

Footnotes

(1) **Papadopulos-Eleopulos E**.: "Reappraisal of AIDS – Is the oxydation induced by risk factors the primary cause?", Med. Hypo., 1988, Nr. 25, S. 151 und **Papadopulos-Eleopulos E., Turner V, and Papadimitrou J**.: "Is a positive Western blot proof of HIV-Infection?", Bio Technology, 1993, Nr. 11, S. 696-707.

(2) siehe auch "Vorsicht AIDS-Medizin: Lebensgefahr!", raum&zeit Nr. 79; "AIDS – ein von Ärzten forciertes Todes-Syndrom ?", raum&zeit Nr. 86; "Krebs – des Rätsels Lösung?", raum&zeit Nr. 94; "Wird manipuliertes Eiweiß-Gemisch als AIDS-Test" verkauft"?", raum&zeit Nr. 95; "Darwins Irrtum und die Krebsmedizin", raum&zeit Nr. 99; "Afrika: Die Hintergründe der angeblichen AIDS-Seuche", raum&zeit Nr. 113; "Die tödlichen Irrtümer der Krebs-/ AIDS-Therapeuten", raum&zeit Nr. 114; "Die Natur der Krebszelle und die Logik der natürlichen Krebsheilung", raum&zeit Nr. 116; "Die Perversionen der AIDS-Medizin", raum&zeit Nr.121

In Part 2, Dr. Sacher describes her therapy.

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AIDS – The Virus That is Impossible

The True Biological Background of the Myth

Part 2 By Juliane Sacher, MD

From an article in raum&zeit
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AIDS belongs among the unavoidably fatal diseases. Whoever gets a positive AIDS test from then on believes he is reading his death sentence. General practitioner Juliane Sacher explains in this article why the HIV test states nothing about a virus disease called AIDS.

In the last issue of *raum & zeit* I dealt with the beginning of the HIV/AIDS history ("AIDS – The Chronology of a Mistake, r&z Vol. 24, #141, or The Bridge, Vol. 3, Issue #1). From the outset there were clear references that the official theory (according to which it's a matter of a new virus that destroys the T4 cells) cannot be correct. After one year it could already be shown in the "HIV Model" financed by the Federal Government that the natural healing therapies used by myself were far more effective than the officially implemented anti-retro-viral therapy.

In this issue I will report on the molecular-biological connections. At the same time, it is important to understand the manner of operation of our immune system.

The immune system works in two completely different ways:

Immune system No. 1: Microbes are killed directly with a cell destroying gas, Nitrogen (NO) gas

Immune system No. 2: Germs and foreign matter are bound and destroyed by antibodies (proteins)

Antibodies (proteins) are measured with the help of electrophoresis. This is also dealt with in the HIV test.

Both Immune Systems of People

For over 50 years in medicine we have already known the function of the No. 2 immune system. We can measure the total quantity of antibodies, also the immune globulins and gamma globulins, in an organism by a special examination called electrophoresis. Here the different endogenic proteins, to which the antibodies belong, are fractionated and measured in terms of percentage. All antibodies which are measured with the standard virus antibody tests belong to the immune globulins. If we test whether a person has, or exactly suffers from, a specific virus disease, we see that in: the elevation in the blood, and the kind of antibodies. Also the HIV test is such an antibody proof.

We have only known the function of the No. 1 immune system for a few years, although this immune system is much older in evolution. Already single celled organisms produced NO gas to protect themselves from foreign germs. Then only 50 million years later, on the level of the bony fish, the second immune system appeared. You can imagine the necessity for a new immune system like this: For example if a large fish ate a worm and it then lived on and irritated the intestine of the fish, then the large fish would have had to produce so much NO gas to kill the worm that it would have seriously damaged itself or would even have been killed.

Therefore it was urgently necessary for higher organisms to develop a new kind of immune system and this was the production of proteins, the immune globulins, which had an antibody function. These antibodies bind themselves to the germs and foreign bodies to then destroy them without damaging the organism itself.

Every medical student learns that this antibody system only developed at the level of the bony fish. Funny that nobody asks how living beings protected themselves before this. Earlier I also thought nothing about this until the senior medical officer ***Dr. Heinrich Kremer*** explained it to me (see literature).

Both immune systems are linked with one another by the T4 cells, those cells that through AIDS became known as T helper cells, immune cells. It was published for the first time 15 years ago that there are two kinds of T4 cells, namely the Th1 and Th2 cells. The Th1 cells are the immune cells which produce the NO gas and the Th2 cells are the cells which help the B cells (the cells which produce antibodies) to form the antibodies. Both these cells stand together in a balance with each other.

If an organism is attacked by a virus both immune systems react. For the diagnosis whether someone is affected by a virus infection, a virus antibody test is carried out. With this you examine

whether the organism has formed antibodies for a specific virus. For an HIV test you need the whole virus or its individual chromosome segments (then you call the virus or its parts an antigen), so that the antibodies from the blood of the patient can combine with it. If you can prove antibodies on the virus, you assume the organism formed it because it came into contact with the virus.

How HIV Tests Work

To test for HIV, you need two different tests. There is the so called Elisa test and the HIV Western-Blot (WB).

For the Elisa test you need to use the entire virus and for the Western-Blot you need to have the "virus" split up into eight individual antigens. You take eight different parts of the virus (for example virus membrane or virus nucleus, etc.) and apply these separately as so called bands on a [test] strip. If you then add the patient's blood, you can see to which of the eight antigens the patient's blood has bound itself. Then if the patient's blood binds antibodies to the test antigens, we speak of a positive test.

As is known the main problem is that a whole series of different antibodies in the blood, which develop with inflammations or rheumatic diseases, can also bind to the so called HIV antigen in the Elisa test, and thus also react to this test. This is called a cross reaction. Therefore you must never pass a positive Elisa test on to the patient without a confirmation test, the WB.

Unfortunately it still happens that doctors inexcusably [criminally] do not pay attention to this and the patients are plunged into severe anxiety for no reason. I experienced this again last week: A young woman got a positive HIV Elisa test pressed into her hand from her gynecologist with the statement that she was HIV positive and that she must go immediately to the HIV department of the university hospital for treatment. By a coincidence she came to me. On the test result was written in: *"WB result is missing! These findings are not valid"* whereby the word "not" was crossed out with a black text marker. Four other lines had also been made unrecognizable.

After that I called the laboratory and asked about the WB. I found out that the patient was considered negative because only one single band had weakly reacted positively and that the so called P24 antigen, which is regarded as the nucleus antigen of HIV, was negative.

Virus Test without a Virus

As explained above, you need the virus itself for a virus antibody test.

Thus what is tested in the HIV test if an HIV virus was still never isolated or was still never represented purely? What do we understand at all by "pure virus representation"?

If we assume that a new virus is responsible for a certain illness, then we must examine the blood or tissue as a result. When AIDS arose in the early 1980's, some researchers started immediately looking feverishly for a virus – among others Robert Gallo in the USA and

Luc Montagnier in France. Both tried to make electron-microscopic pictures of the virus.

Basically viruses are increased in the cells and then are given off outwardly by the cell. In pictures they look like small little balls. But also the cell garbage produced in the metabolic processes is transported out of the cell in the form of such small little balls (vesicles). In the early 1980's it was already long well known that you cannot distinguish in an electron microscope a new virus from the small balls full of cell garbage. The leading virologists (in here also is Montagnier) agreed on the fact that a further examination is necessary to separate the virus from the cell garbage. You fill this mixture of small balls into a test tube full of gel and then must centrifuge it at high speed. Here the individual small balls separate according to weight.

Each and every single virus always has one and the same weight in contrast to cell garbage which is irregularly expelled. All parts with the same weight collect in the same place in the test tube. This then looks like a band or strip, the so called bands. Then you call a photo of this band a "pure virus representation", the gold standard. However, **this photo does not exist**!

Actually this so called pure representation was only published for the first time by a German-French group 13 years after the supposed discovery of the HIV virus. However HIV was not written under the photo shown in the work: *"HIV-like particles"*, therefore only HIV similar particles. How do they know this if HIV was never isolated?

The patients are plunged into severe anxiety for no reason.

Stress Instead of AIDS

For a pure virus representation you need the isolated virus in order to isolate the gene material from the virus. Then you can also separate the individual gene sections and consult these, for example, for the standardization of tests (WB and PCR). Then you can also use this genetic material for a possible inoculation.

However, if you do not have a pure representation of the virus, you cannot do all of that.

Therefore what did the researchers, doctors and pharmaceutical companies use as raw material for their investigations and test productions? They took the blood of AIDS patients for cultures and mistreated it with different substances and drugs (Hydrocortisone and neurotransmitters from cells like interleukins and interferons). The cells contained in the blood are stimulated by this intervention and release stress proteins in the shape of the above mentioned small little balls. That means that only gene material from the stress proteins is available for the tests and the other research and

examinations. In other words: The HIV test will filter out such persons whose organism is put under stress by something – either mild or medium stress for a longer period of time or by a severe acute event in their life.

In my practice I have numerous AIDS patients who have struck me by the fact that they had a tragic event in their prehistory. I have never experienced such cases in my other practice –nothing at all like in the increased numbers as with AIDS patients.

AIDS Patients in Germany

Even after 25 years in Germany and the industrialized countries still over 95 percent of HIV/AIDS patients are:

1. Homosexual men
2. Drug addicts
3. Hemophiliac patients

Why?

1. **Homosexual Men**. 85 percent of AIDS patients are homosexual, but out of all homosexuals only 1 percent have AIDS according to the estimates. These are the ones who are especially put under stress for different reasons – by sexually active drugs (for example Poppers – see box below), by other usual drugs or by accumulated infections with the well known usual sexually contagious diseases.

2. **Drug Addicts**. Drug addicts damage their body by the drug itself. The so called "needle" exchange which is usually held responsible for it, because HIV is supposedly transferred by it, is not so crucial. However the usual germs can be increasingly transferred from one to another in this situation, so that the immune system is put under stress by the more than usual accumulation.

3. **Hemophiliac Patients**: Hemophiliac patients are a well documented group of patients since they are recorded because of their basic illness and are checked regularly. Because of their illness they need substances, sometimes daily, which are isolated from the blood of other people. Through this they automatically come into contact with many foreign proteins and germs from other people whereby their organism is put under extreme stress. That's why an extremely high percentage of hemophiliac patients are affected, i.e. over 80 percent! It is the most highly infected group, but the absolute number is only low. In all other respects here it is also very remarkable that the wives of the male hemophiliac patients (it concerns almost exclusively men) were extremely rarely HIV positive despite unprotected sex.

It occurs over and over again in practice that a patient can trace which persons he had sex with. For example there is that one young man who came into my practice completely distraught. He had recently tested HIV positive and appeared with his friend who was HIV negative. Their only two other sexual partners were tested upon his request and were negative. By questioning him I found out that he was a massive Poppers consumer. Unfortunately it is therapeutically not

sufficient in such cases to give up Poppers. Thus if [use of] Poppers causes cell stress and the "Th1-Th2 Switch" to move toward Th2, and as a result more antibodies are produced, then these antibodies cancel the positive HIV test. The damage to the organism is already manifested in such a way that it requires many years treatment to again bring the organism back into a healthy situation. Actually so far we do not even know whether it is at all possible to cancel this switch again.

What we can do however is to keep the organism stable with a series of substances and treatments so that no serious diseases occur and thus a long survival is possible.

Poppers

This substance is amyl nitrite or butyl nitrite. Poppers supply nitrogen (NO) gas and thereby lead to better blood circulation and thus to a penis stiffness that is sometimes several hours long. Simultaneously it leads to a relaxation of the anal musculature. Therefore it seemed to be (and unfortunately still seems to be for many homosexuals) the ideal substance for regular and frequent sex. However an extreme amount of NO gas is set free in the body by Poppers. NO gas is produced by the one kind of T4 cells, the Th1 cells. If NO gas, which is also cell destroying in large quantities, is now supplied regularly from the outside, the body tries to produce a balance in that it virtually "switches" toward Th2 cells – that means more Th2 cells are produced than Th1 cells. Immunologically this is exactly the condition which we find with HIV/AIDS patients (see Part 1).

Therapy

What can we do? I have the luck to have known ***Dr. Heinrich Kremer*** for 20 years and profit from the exchange of ideas about his research results. His realizations form an important foundation for my therapy approach. The main goal of my treatment is the re-establishment of the Th1/Th2 balance. I work especially on two levels: nutrition and athletic activity.

Nutrition

With nutritional therapy I consider the individual factors for replenishing the proteins, respectively the amino acids, which are demonstrably decreased in patients with the AIDS diagnosis. Ultimately orthomolecular therapy also belongs here for this. Dr. Kremer speaks here of Balance Therapy.

For general nutritional advice I recommend an as fresh as possible vegetable-rich nutrition, rather with fish than with meat, and with as little as possible sugar and a lot of non-carbonated water.

In the area of isolated nutrients, proteins, amino acids (components of proteins), minerals, trace elements, vitamins and special fats (Omega 3) are used:

Glutathione: This is a tripeptide, a protein consisting of the three amino acids cysteine, glutamine and glycine. Glutathione is the most important detoxification molecule of the organism. In the meantime we know it also regulates the balance between the two different T4 cells, between Th1 and Th2. If a glutathione deficiency is present, the balance shifts in favor of the Th2. In studies with HIV positives an existing glutathione deficiency was clearly proven and the positive effects after intake were confirmed.

Glutathione above all occurs naturally in egg yolks. Glutathione is started up as SAG (S-Acetyl-Glutathione): daily 200-1000 mg.

Cysteine: You can also try to increase the glutathione level through intake of material cysteine. Already in the early 1990's successful studies about cysteine therapy were carried out. I begin cysteine – as acetylcysteine in 600 mg capsules – in a dose of 2-3 gm per day. I reluctantly use the acetylcysteine available in all pharmacies as effervescent tablets, because they contain sweeteners which I then regard as too toxic for the body especially with the high dosage.

Official Treatment Criteria

The approach of the official treatment is the alleged HIV virus. Therefore you use "antiviral medicines". This sounds logical and correct to the layman.

However for this you must know that there are no antiviral medicines on the market which kill only the virus without also destroying the cell in which the virus lives. That means antiviral medicines are cell destroying medicines. In that they destroy the cell, they also destroy alleged and actually existing viruses which live in the cells, because viruses are not able to increase without the cells. To evaluate the effectiveness of HIV/AIDS [therapy] the main criteria are then taken as:

1. The T4 Cell count
   I reported about the number of T4 cells in detail in Part 1. There I also explained that their reduction in the blood does not have anything to do with destruction by the virus. Consequently their re-increase in the blood does not have anything to do with the alleged killing of the virus after use of the antiviral medicine. The "antiviral" medicines cause a suppression of the chronic inflammatory processes in the organism, so that the T4 cells again become measurable in the blood.
2. The PCR
   If the values fall, you want to prove by this fact that the previously proven plentiful virus copies decreased. However it cannot be about proven virus copies, because no one worldwide has any original virus. You cannot prove with a drop in the PCR that you also killed the viruses. With the drop of the PCR you can only prove that less chronic inflammatory processes took place and therefore fewer stress proteins were set free.

Particularly fiber, which is removed from many foods, contains the phenols that are important for us.

MAP (Master Amino Acid Pattern)

A high quality, purely vegetable protein. For the usability of protein preparations the so called nitrogen utilization level is crucial. This determines how much can be used by the body and which portion is useless for it. From animal protein – meat, milk, and milk products – our body can only use 25 to 30 percent. Consequently a 70 to 75 percent portion of animal protein is completely worthless, thus garbage, and must in addition be disposed of at great cost by the organism. This is also the reason why nutrition with a lot of meat is so unhealthy [in this situation]. From eggs we can use 48 to 50 percent, so that only 50 percent is worthless.

In the preparations which contain MAP the nitrogen utilization level is 99 percent. In this process the vegetable protein from lentils and beans wins. This is excellent for protein and muscle construction without the organism being overexerted with waste disposal.

Among other things, **Alpha Lipoic Acid** improves the glutathione recycling. That means if the body's glutathione becomes used up – read oxidized – then the oxidized glutathione is again regenerated, therefore reduced, by this preparation. Furthermore, it improves NO gas production.

The large group of vegetable substances from algae, root extracts and herbal extracts are worthwhile, if the body has been damaged by stress and the resultant chronic inflammations. The main damage comes about by the oxidation of the endogenic substances. A well known oxidation process is when rust results from oxygen on iron. Then the iron can no longer be used as iron. Likewise endogenic materials are made worthless and ineffective. The organism is thus striving to lead the materials changed by oxidation back into their functional condition. This happens via anti-oxidation. Therefore we call the substances just anti-oxidative substances. For this purpose plant materials matter above all, for example polyphenols.

Dr. Kremer asked himself why the animal organism in the course of evolution never learned, like plants, to produce the benzene ring that forms the basis for the polyphenols, even though it nevertheless has such a big demand for it. The answer is that in the course of evolution living beings always had enough of it, because with their water they took in polyphenolic containing algae.

Only humans, especially in the industrial lands, have gotten their water for 100 years through water pipelines. Here there are no more algae. Nowadays we take in a lot fewer polyphenols than people in earlier times have gotten, especially if we eat few "greens". But in particular the fiber that is removed from many foods in order to make them finer (for example with grain products) consists mainly of these phenols.

Vitamins, minerals and trace elements are responsible in the organism for various tasks in the metabolism.

Nevertheless, I use them only if I have proven a deficiency in a blood test.

By the quite repeatedly mentioned B cell stimulation in the Th2 state, it causes high protein and antibody levels. Proteins and antibodies are large molecules, so that thereby the blood circulation is substantially disturbed. Here it makes sense to use blood circulation promoting medicines (Ginkgo, etc.). Also protein diminishing enzymes can work excellently.

Each person should use relaxation techniques such as yoga.

The Physical Level

In my practice I also discuss the questions of athletic activity, relaxation techniques and magnetic field therapy. All of this leads to reduced production and to dismantling of stress proteins. Also consultation therapies for psychological crises and respectively tension situations belong here.

I recommend to every HIV/AIDS patient to do mild sports. It cannot be too much, but the athletic activity must always be in the so called aerobic area. That means, the pulse rate should not exceed a certain elevation, because otherwise the body works within the anaerobic range. In this range it works in oxygen deficiency and produces its energy from sugar combustion. Here unfavorable waste products such as lactic acid develop which everyone knows from the pain of muscular strain. However, within the aerobic range the body uses oxygen for energy production in the cell. First of all no waste results from this and the energy production is 20-fold more effective than the anaerobic one.

Also with athletic activity a series of negative substances – formed by stress – are diminished. Everyone who does sports knows that anger and stress feelings are often blown away afterwards.

We also know that the mitochondria (hundreds to thousands of small corpuscles in every cell which are responsible for 90 percent of the energy production) work better and even increase after sport within the aerobic range.

There are numerous recommended relaxation techniques: Breathing exercises, Yoga, Reiki, Tai Chi, Qigong, biofeedback. Each person should learn a technique that is pleasant for him to moderate or eliminate the negative stress influences.

After a long search I have found an effective magnetic field therapy. Since I have used it with my patients, I noticed that a series of symptoms and complaints

PCR Test

During the 1980's they noted over and over again that the number of T4 cells in the blood did not correlate, as they expected, with the clinical disease condition of the patients. Also other specialized doctors (doctors who concentrated on treating HIV/AIDS) had noticed this, so that they needed a criterion by which they could better assess the condition of the patients. Here a new invention came to their assistance, the PCR – the so called Polymerase Chain Reaction. The inventor of this was Prof. Karry B. Mullis who got the Nobel Prize for this in 1993.

What can we do with this?

This method is suitable to prove hereditary material, DNA, in the smallest amounts. If you have for example a little piece of DNA in a test tube which you normally cannot see nor prove in any other way, then you add a so called starter molecule [together] with it which holds the DNA piece and then this is copied and copied and copied. Now large quantities of identical DNA copies are available which you can prove through light reaction. That means if I now send light through the test tube, as much light no longer comes through to the other side as before, because the accumulated quantity of DNA in the test tube obscures the light. You can surely imagine yourselves that this method is very inaccurate for precisely counting virus copies.

Mullis himself says that with his method you can only prove qualitatively that a certain virus is present, but not quantitatively.

The PCR is also inappropriate to find an unknown virus. You can only prove a virus if you already know it, because the "starter sequence" which you add to the examination material must be known. That means that you must have isolated the virus at least once to then extract this starter sequence. Mullis emphasizes that his method is unsuitable for identification of a new virus. In addition it develops that you can only prove DNA viruses with it and not RNA viruses. However, HIV is supposed to be a retro virus and retro viruses are RNA viruses. Here now of course is the question: What then was taken for the official PCR tests, since to this very day HIV has not been isolated one single time, which they could have taken out of the gene sequence? It actually concerns the smallest endogenic protein and nucleic acid particles which are set free from the cells with oxidative stress. When this was clear to me, I imagined that you could possibly find such "particles" in the blood of non-HIV positives whose organism is in a chronic "stress situation".

In the mid-1990's I wanted to get this examined in the laboratory of the University in Frankfurt. At the time this was the only laboratory into which I could send the blood of my patients for examination. Partners of my gay patients, who also have a series of diseases and complaints but are not HIV positive, should be compared with the HIV positives.

In order to find out exactly, I wanted to send the blood of my patients into the laboratory without communicating who was positive or negative. I argued that this would nevertheless be a marvelous opportunity to find out how meaningful this examination is. Unfortunately they didn't want to carry out such a "study" there as a doctor informed me at that time with an inquiring telephone call. She meant they would only examine the blood of HIV positives. Her comment basically was: *If let's say "a small splash" from a positive "by chance" came into the blood of a negative and then the PCR precipitates positively then I would state that this person is HIV positive*.

Because this experiment didn't happen, I sent **my** blood into the laboratory for PCR examination under the name of an HIV positive patient of mine. At the same time from the same blood sample I sent a tube under **my** name for the HIV test. I have a rheumatic illness and for 20 years a clear to substantial increased blood sedimentation rate which points to chronic inflammation processes and which was very high at the time of the blood withdrawal. Actually 1800 "HIV virus copies" were found in my blood while the HIV test was negative. Of course a person is healthier if the so called HIV-PCR is negative, but an increased value does not have anything to do with a high virus burden, but rather with chronic inflammatory processes in the organism and it does not automatically mean that someone is critically ill.

disappear faster. Over the last few years more about these system studies is becoming known which show both that the total blood circulation is substantially improved as well as the glutathione produced in the body is increased. Additionally more than 20 percent ATP are formed. Only these three proven improvements already justify the acquisition of such a magnetic field mat.

After a long search I have found an effective magnetic field therapy. Since I have used it with my patients, I noticed that a series of symptoms and complaints disappear faster. Over the last few years more about these system studies is becoming known which show both that the total blood circulation is substantially improved as well as the glutathione produced in the body is increased. Additionally more than 20 percent ATP are formed. Only these three proven improvements already justify the acquisition of such a magnetic field mat.

In Part 3, Dr. Sacher answers questions about their conception of and therapy in practice.

*An **encore article for Members**, originally published May 2007 by Occidental Institute Research Foundation . . .*

AIDS – How Alternative Therapies can Help

Part 3 By Juliane Sacher, MD

From an article in raum&zeit
Volume 25, Number 143, September/October 2006
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Promt
Translation & redaction by: Carolyn L. Winsor, OIRF

Even if AIDS is not a virus illness, the patients suffer from the symptoms. However, they do not necessarily have to proceed into the chemical machinery of orthodox medicine. There are gentler, and at the same time more effective, possibilities for getting a grip on the immune weakness.
From Juliane Sacher, Frankfurt

In both the last issues of raum & zeit:

- "AIDS – The Chronology of a Misunderstanding", r&z No. 141 and The Bridge, Vol. 3, #1; and
- "AIDS – The Virus that is Impossible", r&z No. 142 and The Bridge, Vol. 3, #2)

I have gone into the history of this illness and have demonstrated the true cellular connections. Based on that background I will explain what the resulting therapy is. Besides, it is a general "basic therapy" which every patient needs.

Additionally there is another series of different therapies that are necessary in certain situations. I am often asked whether there are non-toxic therapies for acute illnesses which the purely orthodox medical doctors do not use.

Alternative Therapies

Here now are some examples of the typical acute problems occurring over and over again in HIV-positive and AIDS patients for which good functioning, alternative and non-toxic therapies are available. It is not necessary to immediately give the current orthodox medical, metabolism-blocking remedies (like cytostatins or loperamide), or even to give an antibiotic.

For acute diarrhea:
Along with activated charcoal and healing earth a number of other substances and very effective remedies are available which should be taken first. Additionally the patient should take glutamine powder. This is a component of the glutathiones. For over 20 years I have helped those affected persons with these substances and only in some few stubborn cases this is not sufficient.

For acute bronchitis:
Here a non-toxic preparation from orthodox medicine is available, the acetylcysteine (ACC or NAC), which I begin with HIV/AIDS patients anyway (see Part 2).

Additionally I give mustard oils and other ethereal oils in capsule form which have an antibacterial and antiviral effectiveness.

If this does not help, since the intestine really does not digest anything due to the acute illness, I give short infusions with glutathione, ACC, B vitamins, folic acid, selenium, and homeopathic lymph and cough remedies. At this point there usually occurs a complete healing without me having to use an antibiotic.

As with diarrhea the same thing applies here: Often I must use short infusions which work better and also faster than the oral dose of remedies. Since with acute bronchitis also the intestines, as well as the mouth, nose and throat mucous membranes are always involved and thus are not so absorptive.

For acute Bladder and Kidney Problems
In this case there are effective plant preparations such as berberis and solidago which work excellently, and in this way save the patient from the usual immediate antibiotic therapy.

The central role of the intestine

It is effective and wise that after the described acute therapy for all three above mentioned illness examples to do a so called intestinal redevelopment by taking intestinal bacterial cultures. More than 80% of our lymphocytes are located in the intestine, to which the T4 helper cells that became known through AIDS also belong. I reported about this extensively in the previous articles.

Located in the intestinal mucous membrane are also large numbers of small microbes and bacteria that in cooperation with the lymphocytes represent a protective wall to our immune cells.

You must imagine this like a "germ lawn" which protects the intestinal surface against disease causing germs and toxic substances. If the "lawn" is well maintained, it is no problem if sometimes a tiny little weed plant (say a fungus) grows. If now however the healthy little lawn plant (healthy intestinal germs) are damaged and/or destroyed (for example by antibiotics which are used to destroy germs) then the weed (again a fungus) is able to spread out into the developing vacant places. Then you must carry out redevelopment measures.

Actually after such redevelopment measures, there is a subjective improvement of the general illness feeling and also a halt to the previously occurring bronchial and intestinal illnesses. And we can also prove this objectively when a before and after stool test is done. Unfortunately this test is not paid by the legal health insurance companies. It costs approximately (the parameters vary) 150-200 Euro.

Questions from patients

In the following I will answer the most frequent questions from my patients:

? *What can I do to prevent my body developing the inflammation reactions, which lead to the Th1/Th2 Switch and thus to the Positive HIV Antibody?*

Here nearly all the measures that I mentioned in the last issue of r&z and "The Bridge" are possible. That is the advantage of natural healing oriented biological therapy: They are helpful in the illness situation, however correct nutrition, gentle sport and magnetic field therapy can in the same way be taken for prevention. A key remedy which influences the Th1/Th2 balance demonstrably in the direction of Th1 is a food supplement remedy which consists of algae, hops and spices. A small study about it was completed successfully a few months ago.

? *Why do you also use the official antiviral therapy in certain cases although you are convinced of the non-existence of the virus?*

If I am not successful with all the previously mentioned measures and the condition of the patients worsen even more, subjectively as well as objectively, then I also use the official combination therapy – not as a so called "antiviral" drug but as a cystostatic, a cell destroying drug.

The AIDS drug AZT was originally produced for this in the 1960's – namely for tumor destruction.

I always compare this to a fever situation during infections. Imagine that somebody gets an infection. The body then naturally develops a fever to kill the germs. Thus it is not sensible, as unfortunately nowadays it mostly happens, to immediately use fever lowering remedies because then you work against the body. However if the fever is not sufficient to kill the germs, and it continually rises and the person is in danger of dying from the fever, then the person can first be saved by the fever lowering drugs until other measures can be taken. I use the "antiviral" therapies in the same way. First I brake all inflammations with [the "antiviral" therapies] so that the unending chronic inflammation processes are stopped because the chronically active cells are destroyed cytostatically. This way a calming of the organism occurs and the body can recover. Then again I reach for the remedies which I otherwise also use. After a few months, I then try to break off the "antiviral" drugs again so that the damaging effects are held within limits.

However I still additionally administer the special remedies which have proved themselves excellently for the heavy mitochondrial damage, the Tri-O-Acetyl-Urine phosphate.

? *Which blood tests besides the T4 cells and the PCR make sense to diagnose the condition of the organism?*

- Once a year you should get an analysis of the minerals and trace elements including sodium, potassium, calcium, magnesium, copper, iron, zinc and selenium carried out. (Cost: together €50)
- Also an analysis of the vitamins A, E, B6, B12 and folic acid is helpful. (Cost: €20 each)
- You measure the number of Th1/Th2 cells over the messenger substance (cytokine) produced by them in the blood.
- Differentiated stool examination including the healthy and the disease causing germ flora.
- Examination of the food utilization.
- Inflammation parameters
- The so called biodynamic protein profile (CEIA). With the blood test, the currently known 53 endogenic proteins are examined quantitatively as well as their relative distribution among each other. With AIDS, but also already with HIV positives, a massive increase (a right shift of the curve) occurs in the immune proteins which are especially responsible for the "telecommunication" of the cells among each other. Although I have carried out this examination with the most differing illnesses for over ten years, I have not ever seen such a massive right shift. Consequently, this examination is an excellent parameter for the overall condition of the organism. At least once annually would be necessary as a good control. (Cost: €105)
- The homocysteine value is a good parameter for inflammation processes and vitamin B deficiency.
- Measurement of the macrophage activation in the blood. There are the so called phagocyte (macrophage or

scavenger) cells in the organism. These supervise the body's system for increasingly attacking germs, fungi, viruses, pollutants and tumor cells. If they "have eaten" a specific amount they transmit a signal to the organism in the form of messenger substances (TNF alpha, $ß_2$-microglobulin, noepterin). We can measure the intensity of this macrophage activity on the basis of the messenger materials and as a result we can recognize that something in the body is not right.

Steps for an anxiety free life

If you carry out the therapeutic steps described by me in this and the previous issues, you can live safely and without fear in your life. Moreover, there are another series of measures, like oxygen therapies, magnetic field therapies and rebuilding infusions that you can do additionally, if you would like to do something extra for yourself. It would lead us too far to mention all of these here.

Of course there can nevertheless also sometimes be "invasions" in the form of acute illnesses, but this can happen with HIV positives – just like with negatives. We should not immediately make ourselves crazy with every little problem – and already not at all allow it to happen. We can learn to take our own life into our hands.

Dr. Heinrich Kremer
with Dr. Juliane Sacher

The Authoress

Juliane Sacher was born in Dortmund. She received her license to practice medicine in 1974 as a (lady) physician in Münster and established her own practice in 1983. From 1987-1993 she functioned as a physician of the HIV Model for the [German] federal government. In 1988 she was invited as an expert of the HIV/AIDS commission of the Bundestag.

For more than 25 years Dr. Sacher has educated herself further in the area of natural healing and biological medicine. Since the beginning of the 1980's she has worked on the molecular-biological, evolution-biological and biochemical connections of the immunological, hormonal and cellular disturbances of chronic diseases of today's time.

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Mycoplasma:

A Long-Standing, Covert Health Threat

By Karim Dhanani, ND
(OIRF Medical Research Director)

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While mycoplasma was first identified in animals in 1898 and humans in 1932, its considerable health dangers and implications have only in the last several decades become more apparent. Existing somewhere between a virus and typical bacteria, mycoplasmas are known to be the smallest, free-living organisms in the world. Unlike traditional bacteria having solid cell walls, cell-wall deficient mycoplasmas take on many different shapes, making them sometimes difficult to identify in the laboratory and also difficult to culture. Cell wall deficient microorganisms are typically bacteria which have 'shed' their cell-walls, perhaps as a means to attempt mammalian immune system detection. This evolutionary strategy can make them more difficult for the immune system to detect and immune to many conventional antibiotics. While they are known for causing opportunistic illness in those who may be immune-compromised, since the 1970's, cell-wall deficient microorganisms such as mycoplasma have also become increasingly linked to a growing list of auto-immune illnesses, including CFS, Fibromyalgia, Rheumatoid Arthritis, and others (Endresen; Haier; Nasralla et al; Nicolson et al; Nicolson and Haier; Nijs et al; and Taylor-Robinson).

One of the reasons they are such stealthy invaders is due to their versatile ability to grow more or less anywhere within the body. Unlike viruses, mycoplasmas can actually grow in extracellular fluid and furthermore can grow inside any cell in the body without inducing cellular apoptosis (again in contrast to most bacteria and viruses). Typically residing in the upper respiratory tract and urogenital tract due to their affinity for mucoproteins, mycoplasmas are highly adaptive microorganisms, capable of travelling to other parts of the body causing a wide array of potential issues, including joint diseases (hence their link to RA), myalgias (i.e. fibromyalgia) and neurological degeneration (i.e. the link to ALS). Hence, it has become increasingly recognized that wherever mycoplasma may reside, this may be the site of illness for a given individual.

As research has accumulated in the last several decades, a very particularly telling statistic has emerged: mycoplasma illnesses manifest four times greater in women than in men. This is particularly of note due to the fact that it is the same greater ratio that autoimmune illnesses manifest in women vs. men. Capable of activating or suppressing the immune system, it is not really known whether mycoplasmas first begin to grow and colonize an individual, thus causing subsequent immune decline and/or dysfunction or rather that a weakened immune system sets the stage for the opportunistic organism to then take hold. Building on the concept of understanding the importance of the internal body terrain, as Enderlein and Bechamp have championed, more holistic practitioners may tend to see the former as the more likely situation. Hence it follows that an individual with depleted nutrient reserves, elevated oxidative stress, suppressed natural killer cell activity with TH1 and TH2 immune imbalances, and hyperacidity, all common characteristics of a weakened terrain, could indeed be a 'ripe' candidate for opportunistic mycoplasma illnesses. A further connection to autoimmune illness may also be due to another unique property of mycoplasmas: their adhesion proteins (to bind to host cells) are very similar to human proteins. Thus once they have attached to host cell(s), they can either mimic or copy the proteins of the host cell. Subsequently, if the immune system is triggered by a variety of possible influences (such as environmental stressors, lack of sleep, poor nutrition, a particularly virulent illness, etc.), it may instigate the body to begin attacking the body's own cells (which may or may not have any mycoplasmas attached).

Considered a parasite due to its reliance on host cell and fluid nutrients, mycoplasmas compete especially for cholesterol and arginine in the host cell(s), as well as amino acids and even DNA. This reliance on the host DNA is important as mycoplasmas themselves have very little DNA of their own. Darkfield microscopy has identified mycoplasmas as 'intracellular endobiotics', thus the microorganisms hide within our own cells and therefore make typical antibiotic use difficult and/or ineffective. As these 'cloaked' microorganisms continue to dwell intracellularly, they eventually deplete host cell nutrients. This may cause death or malfunctioning problems of these cells, which explains why mycoplasmas have also been linked to certain kinds of cancers in some studies (Wear et al; Alexander et al; and Murphy et al). Furthermore, they can invade host cells such as white blood cells, thus becoming capable of entering the CNS and the spinal fluid via the WBC's. A growing body of studies in the last 15 years specifically using PCR lab analysis have found that approximately half to two-thirds of those suffering from illnesses such as CFS, IBD, Gulf War Syndrome, Sjogren's, Lupus, Hashimoto's, Fibromyalgia, Grave's, Reiters, Crohn's, and even AIDS may be suffering from mycoplasma, herpes, and/or chlamydial infections (Endresen; Haier; Nasralla et al; Nicolson et al; Nicolson and Haier; Nijs et al; and Taylor-Robinson). Importantly, this seems to be a trend across geographic regions, as European based population studies have suggested an equivalent or possibly even slightly higher incidence of mycoplasmal type infections in such illnesses when compared to North American

based studies (Nijs et al). These infection rates stand in considerable contrast to those of 'healthy' individuals, who have shown an infection rate of somewhere between 5-15% in North American and European samples (Vojdani et al).

Whether an individual begins to express symptoms of mycoplasma or an autoimmune illness seems to relate to the number of species and/or co-infections the given individual has. Selected study data has suggested that the greater the number of co-infections (for example three mycoplasmal species and Chlamydia vs only one mycoplasma species), the greater the likelihood for autoimmune disease. This may make particularly good sense to those familiar with the concept of the body's "threshold limit" when understanding allergy and autoimmune illness expression(1). Continuing however, studies have also noted that there doesn't necessarily seem to be a connection between the type of co-infection and the severity of signs and symptoms of illness(es). The damaging effects of mycoplasmal infections, in part, relates to their influence on the cytokine expression and possible subsequent inflammation elevation. Capable of both chronically upregulating and/or downregulating certain cytokine patterns, these pathogens can set off the pattern of chronic inflammation in local tissues (such as joints) as well as entire body systems (such as the case within the CNS – again perhaps explaining their link to neurological degenerative conditions such as ALS). Many integrative practitioners may attempt to address the cytokine imbalance, which is important, but one must continue to dig deeper and actually address the infectious etiology of the case to achieve greatest amelioration. These means may differ greatly between the allopathic and naturopathic worlds. Since mycoplasmas are a sort of subtype of bacteria, it is not particularly surprising that conventional medicine has tended to approach their treatment with antibiotics. Tetracycline medications such as doxycycline and minocycline have been typically used with some success, but it may take 6 months to two years to clear such infections and also must be noted that it still requires a healthy immune system for this 'clearance' to take effect.

Of course one must also then consider the prudence of an immune compromised patient on antibiotics for such an extended duration as well. If on such an extended protocol of antibiotics, such patients may require considerable probiotics and other nutritional support to offset common antibiotic induced side effects. This is where the importance of addressing the inflammation cascade and nutritional needs of the individual(s) is paramount for the holistically-minded practitioner, so that the chronic cycle of inflammation may be gradually calmed and with it, much of the cumulative damage that ensues when inflammation is rampant. Moreover, regular evaluation with innovative monitoring tools (such

(1) In brief, this concept may be explained as that the body can handle a certain amount of stressors (such as opportunistic infections, etc.) without going into an overt disease state. However, if it is pushed beyond its regulatory capacity to 'manage' these stressors, then one may expect disease to ensue.

as VEGA or EAV) to monitor progression of microbial count and disease progress is key. These tests can be, for greatest accuracy and correlation, combined with Darkfield microscopy analysis. These periodic evaluations can save great amounts of time and potential patient (and practitioner) frustration in allowing the practitioner to adapt or continue a protocol based upon clinical improvement or stasis.

Nutrients such as curcumin, ginger, boswellia, resveratrol, omega 3 fatty acids, green tea, lemon balm, as well as protective antioxidants such as Vitamins A, C, E, D, and K may all be of especial importance for nutritionally minded practitioners, due to their ability to quell inflammatory responses and offer extra anti-oxidant protection for weakened and nutritionally depleted cells. However, practitioners should also be mindful of what not to supplement with in mycoplasmal infections and that these aforementioned nutrients are only supporting the patient, not truly treating the infection(s). Of particular importance to avoid supplementation with is arginine, due to mycoplasma's predilection for arginine. Practitioners may also find it useful to explore other kinds of advanced testing when devising a treatment plan, such as stimulated cytokine testing to determine the pattern(s) of immune system dysregulation (and subsequent cytokine under- or over-expression), which may further help them appropriately focus their supplement regimen to re-regulate these probable imbalance(s). MORA BioResonance therapy, developed in Germany in the late 1970s, may also be something innovative practitioners may wish to explore, to assist in re-regulating electromagnetic frequency disturbances caused by the pathology and inflammatory sequelae.

Knowing the type of mycoplasma species is becoming increasingly important for practitioners to identify, as this may impact the needed treatment, due to the fact that there are now over 100 known species of Mycoplasma. The 7 most common species known to cause human illness include: *M. fermentans, M. hyorhinis, M. arginini, M. orale, M. salivarium, M. hominis, M. pulmonis* and *M. pirum*. Testing for mycoplasmas can be difficult when relying on standardized lab tests, due to their small size and lack of cell wall. However, both PCR testing and Darkfield microscope analysis have been, in recent decades, noted for being reliable sources of analyses. However, it should also be noted there are complications with these blood specific testing methods also. This is primarily due to the fact that mycoplasmas may not be present in blood but rather could be localized in a different area of the body, such as cerebrospinal fluid, joint fluid, or organs. So, for the mindful physician, it is advised to be highly aware of the limitations of testing only one medium when screening for a potential infection and diagnosing a patient.

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POINTS OF INTEREST

Parasite Guy on UFO and FUO: Aliens and Parasites

By Simon Yu, MD

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Unknown to most Missourians, Missouri had a close encounter with UFO (Unidentified Flying Object) and aliens near Cape Girardeau before the famous Roswell incident happened in New Mexico in 1947. The source of the information was from one of my patients who is a university librarian who recently gave me a copy of an article which I briefly scanned. I politely took the article and threw it in the trash. I thought she was one of those oddball, weird people who are attracted to not only alternative medicine but also alternative history, politics, finance, and science.

Have you seen the movie, Men in Black? Do you believe in UFOs and aliens? I know there are many people who believe in UFOs and aliens and there are many organizations worldwide, from our government to ordinary citizens, who are investigating UFOs and aliens.

Thousands of documents have been declassified and released recently on the UFO phenomenon from U.S. intelligence in the Defense Intelligence Agency (DIA), FBI, CIA, and NSA as well as military intelligence of the Army, Navy, and Air Force. As of November 2011, the White House released an official response that, "The US government has no evidence that any life exists outside our planet, or that an extraterrestrial presence has contacted or engaged any member of the human race."

Almost at the same time, I received a forwarded e-mail from my patient, retired one star Air Force General "Y", who wrote a letter to his friend's friend as to why he needs to see me. He refers to me as a "Parasite Guy". His physician is a U.N. tropical disease specialist and could not solve his parasite problems. I was not particularly flattered by referring to me as the Parasite Guy but I guess it could be worse.

General Y came to see me four years ago with a working diagnosis of Fever of Unknown Origin (FUO) for several years. He has been evaluated at Walter Reed Hospital, the best military hospital, and by an infectious disease specialist at CDC (Centers for Disease Control). He said he gave over one hundred vials of bloods, urine, and stool samples to CDC for evaluation. There were no significant findings or improvement. He was officially diagnosed with FUO.

When he came to see me, he was still complaining of a 102-103 degree Fahrenheit fever, bone chills, elevated muscle enzymes, back cramps, lethargic, poor sleep, nocturnal urinations, and muscle cramps. Acupuncture Meridian Assessment (AMA – a variation of EAV assessment techniques), an evaluation tool that I use, indicated his primary problems came from Large Intestine, Gallbladder, Liver and Spleen meridians.

He was started on high doses of Ivermectin and Pyrantel pamoate (common dog parasite medications) for ten days. One year later, when I saw him again in Washington DC, he said he is feeling well and his FUO has been resolved. His fever was caused by parasites. I can only guess what type of parasites by his response to the medications. A hundred vials of stool, blood and urine analysis did not detect the infectious cause of microbes or specific parasites.

I have seen a few more cases of FUO. Another case came from the White House, staff Air force Colonel "R", who got deadly sick while he was in South America monitoring drug trafficking. He was air evacuated from Lapaz, Bolivia and hospitalized at Walter Reed and Bethesda Navy hospital. He had some improvement but still had lots of residual medical problems. He had too many symptoms and diagnoses to mention but one of the diagnoses was FUO. Many of his symptoms also responded to parasite medications. His dental problem is another nightmare I might write about sometime in the future.

After his response to parasite medications, I was invited informally to Washington, DC to Andrews Air Force Base and their Pentagon Flight Annex medical clinic to meet a White House physician (another Air Force Colonel "H") who is taking care of all White House staff except the president. I demonstrated Acupuncture Meridian Assessment and how

to detect parasites and determine treatment. He showed some interest but there was never a follow up from the White House medical team to investigate any further.

That is not unexpected but still I was hoping they would be more interested to find out what I do. I understand that when a new idea is too radically different, it is hard to believe and follow through. I know there are many soldiers silently suffering from hidden parasite infections. They're afraid to tell the military medical doctors because when the medical doctors cannot find out what is wrong with them, eventually, they get medically discharged. I recommend you read my short article, *Operation Enduring Freedom: Saving Colonel H.* on my web site.

So, why am I bringing together these topics of UFO and FUO? Both UFO and FUO are dealing with unknown phenomenon. It might be unknown flying objects or unknown fever of origin. You may remember the famous quote by former Secretary of Defense, Donald Rumsfeld, "known knowns, known unknowns, and unknown unknowns."

UFO and FUO are somewhere in between Donald Rumsfeld's known unknowns and unknown unknowns. I can never say for sure that UFOs and aliens actually exist but I can say for sure that there is a connection between FUO (fever of unknown origin) and parasites. I can even elaborate and say that parasites are like aliens silently invading our body and taking over our health for their advantage.

There are a small circle of retired military officers from the Washington, DC area who are referring to me as the parasite guy. I am not exactly flattered but I hope you understand why I am bringing together these topics of UFO and FUO. We are dealing with unidentified unknown unknowns.

It seems Air Force officers are more prone to encounter UFOs as well as FUO. Is there a connection between the Air Force, UFO, and FUO? Is there another new conspiracy in progress? I hope you had fun reading this article. As a retired reservist Army Colonel, it is kind of fun comparing UFO, FUO, aliens, parasites and Air Force officers.

Dr. Simon Yu, M.D. is a Board Certified Internist. He practices Internal Medicine with an emphasis on Alternative Medicine to use the best each has to offer. For more articles and information about alternative medicine as well as patient success stories, and Dr. Yu's revolutionary health book *Accidental Cure: Extraordinary Medicine for Extraordinary Patients*, visit his web site at www.PreventionAndHealing.com.

Simon Yu, M.D.
Prevention and Healing, Inc.
St. Louis, MO
314-432-7802
www.preventionandhealing.com

Weaving Internal Medicine with Alternative Medicine to Use the Best Each Has to Offer

[Note from CLWS: We have the proof - Simon not only smiles, but he also has a sense of humor!]

***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.*

Prof. Dr. Roeland van Wijk

A small MORA Nova Workshop

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.

Here are a couple of the pictures from the **Biological Medicine Symposium 2012**, and you can see more pictures in the PowerPoint **overview** of the Symposium here. If you missed this important conference, **video recordings of all the lectures are now available**. The full set includes a copy of the Symposium Manual and is available for immediate shipment on receipt of your payment of $500 plus shipping (and HST for Canadians).

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.

The 46th Medicine Week Congress /

Baden-Baden
October 31 to November 4, 2012

Regulation before Repair

The main focuses for 2012:

- Regulation before Repair
- Liver Illnesses
- Spinal Column and Inner Organs
- Is there an optimal food?
- Dementia – Fate or Avoidable?
- Water and Regulation
- Foci and Disturbance Fields
- Current Research in Complementary Medicine

See Medicine Week program details at www.medwoche.de

Occidental Institute Research Foundation

39th Biological Medicine Tour to Germany

October 30 to November 5, 2012

Theme: Biological Medicine – Possibilities and Practical Applications

- Our private lectures present the latest information and research in our field, with ample time for questions and hands-on.
- An opportunity to talk with like-minded colleagues and learn from the experience and expertise of attending OIRF Directors and Advisors.
- Visit and participate in the famous Medicine Week Congress
- Visit two instrumentation companies (Med-Tronik and Advanced Medical Systems)
- Introduction to a new and unique homeopathic company
- Hear English language lectures from these renowned researchers and clinicians:

- ***Dr. Juliane Sacher*** – Cancer and HIV/AIDS
- ***Christine Schenk*** – Energy-Body Medicine
- ***Dr. Arno Josef Heinen*** – Voice Stress Analysis (SFA)
- ***Dr. Gudrun Mekle*** – Sanum Therapy
- ***Dr. Thomas Rau*** – Sanum Therapy
- ***Dr. Frank Beck*** – Magnetic Field Therapy
- ***Prof. Dr. Werner Becker*** – Magnetic Field Therapy
- ***Dr. Ted Cole*** – Magnetic Field Therapy
- ***Nuno Ruivo*** – BioResonance Therapy (MORA)

SPACES ARE LIMITED AND ADVANCE REGISTRATION IS RECOMMENDED.

Biological Medicine Tour #39 information and Register here

For more details contact: Occidental Institute, www.oirf.com; E-Mail: support@oirf.com
PO Box 100, Penticton, BC V2A 6J9 Canada and register at 800-663-8342 or (250) 490-3318

OIRF Calendar of Events 2012

Event	Lecturers	Dates	Details/Contact
Pleo-Sanum Conference, Tempe, Arizona	Thomas Rau, MD, Michael Margolis, DDS Michael Gerber, MD Gudrun Mekle, MD	February 16 - 18, 2012	biomedicine.com **Completed** – What a great conference!
NorthWest Naturopathic Convention, Blaine, Wash.	Various, inc'g Dr. Jeffrey Bland, Dr. Peter D'Adamo Dr. Bruce Lipton Dr. Alex Vasquez	May 17 - 20, 2012	www.nwnpc.com/convention **Completed** – If you missed it, you missed a good one!
MORA Nova BioResonance Workshop, Vancouver, BC	Dr. Uwe Uellendahl	June 14, 2012	www.oirf.com/symposium2012.html **Completed** – see MORA Nova information here!
Biological Medicine Symposium 2012, Vancouver, BC	Various inc'g Dr. Uwe Uellendahl Dr. Ted Cole Dr. Dick Thom Dr. Gary Verigin	June 15 – 17, 2012	www.oirf.com/symposium2012.html See PowerPoint Overview **Completed** – Recordings of lectures now available!
OIRF Germany Tour #39	Various inc'g Dr. Juliane Sacher Dr. Arno Heinen Dr. Frank Beck Dr. Ted Cole	Tuesday, Oct. 30 to Monday, Nov. 5, 2012	www.oirf.com/germany2012.html Attendance strictly limited – Register Early!
8th International Biological Medicine Conference	Dr. Simon Yu TBA	Mid-Sept. 2013	Watch for details at: www.preventionandhealing.com
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, Craig Wagstaff, ND, and Karim Dhanani, ND

Congratulations to OIRF!

The 2012 fortieth anniversary date of July 2 (when we "opened our doors" in Weston, Ontario Canada in 1972) has just slipped past us. During the **Biological Medicine Symposium 2012** we were able to celebrate and party in grand style to celebrate this momentous and historic event.

As we move into the busy months and years ahead it is an honor for me to continue to guide the many activities and participate in the interesting research and education that is planned.

As active members of OIRF your support and participation in these many events and activities is greatly appreciated. Here are a few more pictures from the Symposium and party in case you missed it.

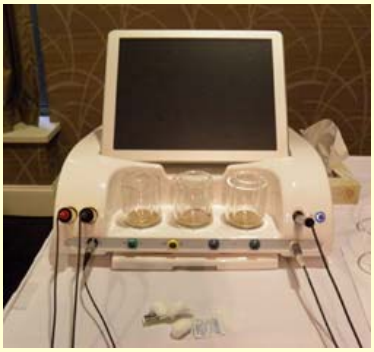
Video Recordings Available

Did you miss attending the Symposium? Here's your chance to participate from home. At the last minute, and thanks to the assistance of ***Mr. Terry Cotter*** at **BioMed** and ***Mr. Kepler Fontenele*** at **KeplerWeb**, we were able to arrange for videotaping of all the lectures during the recent **Biological Medicine Symposium 2012**.

Each of the main speakers was professionally recorded and CD's are now available. The full set of recordings with a copy of the Symposium Manual is available for $500 plus shipping (sorry Canadians also plus HST). You can contact Elaine to place your order and arrange for immediate shipment of your orders.

The New MORA® Nova

How exciting! This device has been in development for three years and it has definitely been worth the wait. ***Dr. Uwe Uellendahl*** (Germany) gave us a fantastic one-day hands-on workshop right before the start of the Symposium in Vancouver. We were able to see this amazing device in action and actually play with it. Participants were able to utilize both the diagnostic and therapy aspects, and see exactly how this will work in their practice.



Because the device we were using as a demonstrator was a prototype unit, we even got to see a few "glitches" and how to fix and work around them – not really the best scenario for demonstrating, but . . . Since the seminar that unit has been completely repaired and updated via internet download and is now fully functional. And those problems have been completely resolved for all production models being shipped during the first week of July.

Here at the Institute, we see that ease of update as a real bonus. In essence unless there is "broken" hardware there is

no need to ever send the unit back to Germany for repairs. Because the device operates “plugged in” we no longer have to worry about recharging the older “accumulators” (rechargeable batteries).

From my personal standpoint, I was thrilled to see this new device in action and have a chance to play. Like I keep repeating, I’m not the doctor in the family but I have learned to give basic treatments with our MORA Super. In only a short period of time I was already able to give treatments, and I can see that the diagnostic aspects are much easier to work with than the older Super.

As I mentioned elsewhere, **the MORA Nova is now available**. The first full production run is being shipped to prepaid customers (and the Med-Tronik distributors of course) during the first week of July. The second production run will be ready for delivery at the end of July, although I expect that series of devices will also sell out quickly. I am recommending advance pre-order to everyone interested in upgrading from their Super or simply purchasing ‘new’. In light of upcoming summer holidays in Germany and the time needed to get production running smoothly, this is the only way to avoid delivery delays until the fall. We will even accept a deposit now, with full payment just prior to shipment.

The Institute’s production model of the Nova will be arriving shortly and at that time we will begin our quest for registration with Health Canada and the US F&DA. I have already begun working on some of the mountains of paperwork that entails and hope to make our applications during the summer months. In Canada we should be able to accomplish this relatively quickly, since the MORA Super has been registered with them for more than 2 years. How it will proceed in the US is another matter entirely and I will try to keep you all posted on our progress.

Summer Hours

For yet another year, Elaine and I find that we will simply not be taking vacation time during the summer months. We keep planning it, but it just never seems to happen. In light of our normally slower summers we decided to just take some of those holidays a bit at a time. Throughout July and August, we will be closed on Fridays. Our office hours will remain the same at 8:30 AM to 4:30 PM Pacific Savings Time Monday through Thursday. Come September we will (reluctantly I’m sure) resume the full weekly office hours.

As usual, your next Issue of the Bridge will publish in early September. During the summer months we will keep in touch via several e-mailings to keep you up to date on the activities here at OIRF. I remind you that we often are able to offer some great summer deals and we suggest you keep an eye out for those announcements.

Carolyn & Elaine get to the chocolate before the break starts . . .

The Bridge *Newsletter is printed and published in Penticton, British Columbia, Canada by the Occidental Institute Research Foundation (OIRF).*

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Contributing Guest Writers*: Andrea Ehlers and Dr. Juliane Sacher*

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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.

FEATURES OF THE MONTH:

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

For Volume 8, Issue #3 see information on the following featured devices:

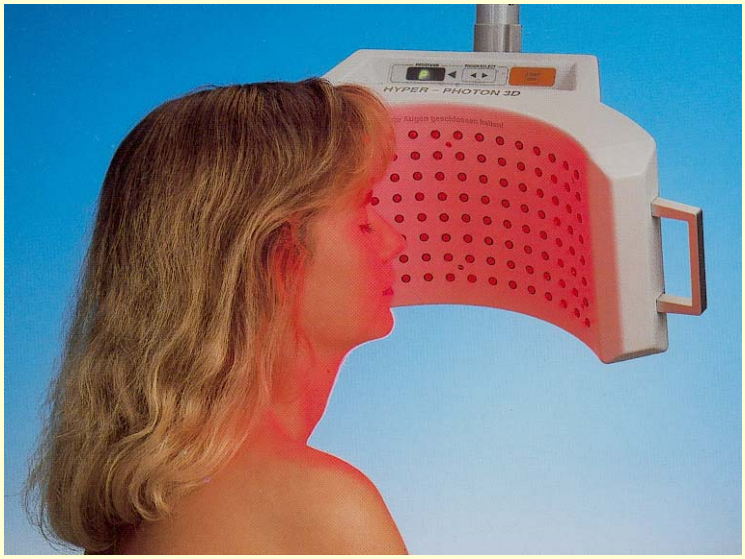
- **BioPhoton therapy** from Medical Electronics
- **MORA Nova** BioResonance Therapy from Med-Tronik – **Now Available!**
- Inhaled **Ionized Oxygen** (IO2Th) Therapy and **VNS** Diagnosis from CSTronic
- **MEDISEND protect®** from Advanced Medical Systems
- **Pulsed Electro-Magnetic Field Therapy**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

The new MORA® Nova has now gone into full production. All pre-ordered devices are being shipped during this first week of July. The second production run will be available for delivery by the end of July. "Trade in" pricing is still available if you want to switch from your MORA Super device and ELH software. To see full descriptive information on the **MORA Nova** please follow this link. Basic training and instruction is available for first time MORA users. See further info on Page 44.

medical electronics

BIOPHOTON LIGHT THERAPY

Therapy with Energy



Biophoton HPT 3D Standard

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!

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 . . .

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.

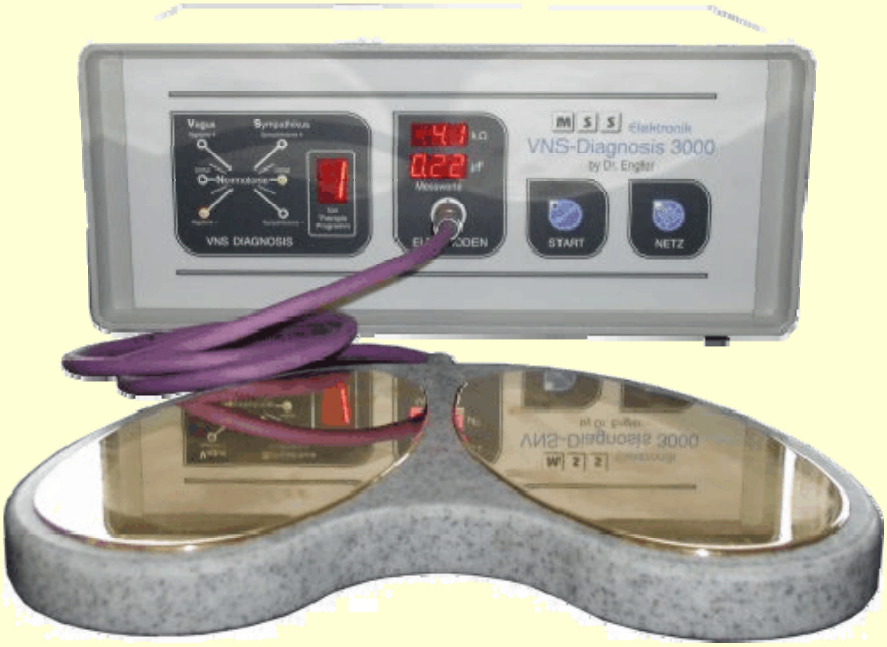
Because of the state-of-the-art processor technology, the respective polarities are changed over automatically, without having to switch the oxygen supply. A data interface to VNS Diagnosis allows an automatic therapeutic transmission from the diagnosis device VNS Diagnosis 3000/by Dr. Engler.

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:

P. O. Box 100, Penticton,
B.C. V2A 6J9 CANADA

Call 1-800-663-8342 toll free today (US & Canada) for ordering information.

Contact us by Phone at (250) 493-3318, Fax (250) 490-3348, E-mail support@oirf.com

AMS

Advanced
Medical
Systems

NEW! + UNIQUE . . .

MEDISEND® protect

The smallest magnetic field device in the world . . .

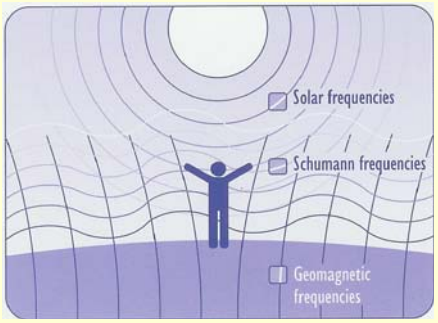
Provides for your personal "shield" against electrosmog everywhere.

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

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

Electrosmog disrupts our endogenous "bio-currents"!

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



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

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

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

MEDISEND® protect – specifically encourage your regulation capability!

Function – Application

Electromagnetic waves play a fundamental role in all living things. This is because they control and regulate the endogenous "bio-currents". Communication in the individual cells, between the cells, and from the brain, muscles and organs is founded on tiny electromagnetic pulses. If these "bio-currents" are constantly disrupted from the outside by electrosmog, the "electrical mechanisms of our organism" can be thrown out of sync. Biologically sensitive control circuits are subjected to increasing strain and disruption.
Modern workstations are packed full of electrosmog sources. You sit between the computer, laptop, fax machine, telephone, and photocopier/printer, you have to be constantly contactable, carry a headset, a cell phone and a beeper, work under fluorescent lights, use energy-saving light bulbs, nearby is a cell phone tower, UMTS, WLAN and Bluetooth ensure high-speed data transfer – with a flat rate you are permanently online. Children – teenagers in particular – often sit for hours on end in front of their computers, at the same time chatting on their cell phones or a cordless phone, and listening to music through their earphones . . .In the long run more and more people experience sensitive reactions to electrosmog. This is referred to in colloquial terms as "electrosmog sensitivity". Permanent electrosmog radiation can cause different individual sensitivity disorders. We therefore advise:

Listen to your inner workings – listen to your "inner doctor"!

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

Harmonic oscillations stimulate self-regulation!

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

- **Schumann-frequency spectrum** of 7.8 Hz (main inherent value of the Earth's surface / ionosphere resonant system = YANG signal), which is superimposed by 1.2 Hz.
- **Geomagnetic-frequency spectrum** (modulation of the Earth's magnetic field by the natural frequencies of the 64 trace elements = YIN signal)

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

Order directly from OIRF (limited quantity in stock), CDN 135+:

Occidental Institute
P.O.Box 100, Penticton
B.C. V2A 6J9 Canada
Phone: (250) 490-3318
Fax: (250) 490-3348
Email: support@oirf.com
Website: www.oirf.com

Order directly from AMS (you must mention OIRF to get a 3% discount) Use their online shop or contact ***Dr. Frank Beck*** or ***Ms. Tina Foerst*** at info@ams-ag.de for quantity discounts (for sale to patients, clients, family, friends, Christmas . . .):

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

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

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

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

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

Guarantee: 2 years.

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

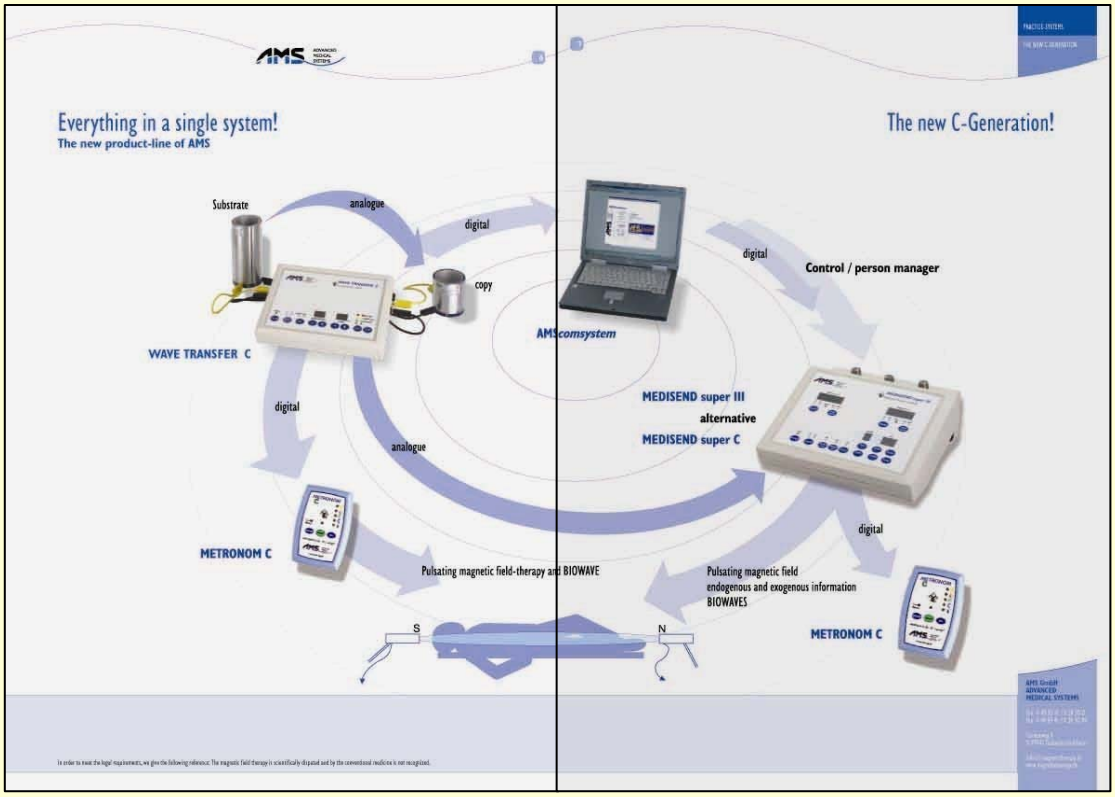
You can test the ***MEDISEND® protect*** for a whole 90 days. Should you not be satisfied, send the instrument back to us (without giving a reason) within this period. We will refund the purchase price (excluding postage and packing) on the condition that the unit is in perfect condition.

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

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.

That seems to bring Volume 8, Issue #3 to a close. I trust you will found much of interest in these long pages. We look forward to meeting you at our 40th Anniversary year of activities, celebrations and innovation. As always your comments are welcome. Remember that this is <u>your</u> newsletter – your suggestions, article contributions, critiques, FAQ's and compliments are gratefully accepted.

In closing here are a few more pictures of the Symposium speakers and participants.

That's all folks until the "Summer"/September Issue #4 which is scheduled for publication in early September. We will be featuring an article from ***Dr. Tony Scott-***Morley and I'm already working on another translation – or two . . .

Published in Canada

Occidental Institute Research Foundation

39th Biological Medicine Tour to Germany

October 30 to November 5, 2012

Beautiful Baden-Baden in the Fall!

Theme: Biological Medicine –
Possibilities and Practical Applications

Guided by: Carolyn Winsor-Sturm and Dr. Ted Cole

Part of the 2012 Group at Med-Week

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

Hear English language lectures from these renowned researchers and clinicians:

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

Our private lectures present the latest information and research in our field, with ample time for questions and hands-on.

Questions, questions . . . Hmmmm!

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

- Travel in comfort with plenty of room for luggage
- Be treated like family with good food, good friends and good conversation in friendly hotels

For full information and registration details:

Phone: (250) 490-3318

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Here are Germany Tour details