



Occidental Institute Research Foundation

THE BRIDGE

Linking Practitioners of German Biological Medicine

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Wednesday, 26 November 2014

Dear Colleagues, Friends and Supporters of OIRF,

🌀 Welcome to Volume 10, Issue #11 of "The Bridge" newsletter for 2014!

This Issue comes to you somewhat delayed as we slowly get reorganized after the very successful and exciting Germany Tour, and as I try to jamb as much of the news in as I can . . .

Our recent **Biological Medicine Tour #41** to Germany was very well attended and thus OIRF was well represented at the 48th Medicine Week Congress held in Baden-Baden. Participants were able to attend a few English language lectures in the Congress (including one from our own Advisor **Dr. Simon Yu**) and tour the four floors of exhibit areas. Two well known and respected keynote speakers gave private English language lectures to the participants and presented current research and information on a variety of topics. Here's a picture of the group outside the Congress House in Baden-Baden (with those green OIRF bags proudly on display!) and you can watch for my annual report on our many activities and presentations separately.



The dates for next year's **Medicine Week Congress** have already been set for 28 October through 01 November 2015. Thus our **42nd Biological Medicine Group Tour will likely run 27 October through 02 November 2015** – you can't say we didn't give you enough warning. By "bracketing" the Med-Week dates, we are able to do less traveling, draw many more interesting speakers and spend more time learning! I have already been contacted by several speakers and firms who wish to present during that 2015 tour program and I should be able to confirm further details and arrangements early in the New Year. Watch for details.

Continued over . . .

➡ Several new devices were introduced during this recent tour program. One of the most exciting is the recently developed **MORA® Beauty** from **Med-Tronik**. This is to be registered as a **strictly non-medical device** which incorporates the concept of (true) BioResonance into cosmetic “treatments”. The various well researched and documented modules include: **JeNu** (specific applications for different grades of cellulite and coming soon facial, neck and cleavage wrinkle reduction), **Biophonie** (applications to the skin, hair, nails and eyes including relaxation, detoxification, stress relief, revitalization and jet lag), **Smoking Cessation** and **Nutrition** (applications to optimize nutrition, weight loss, detoxification and revitalization). It is simple to operate, completely delegable and amazingly effective. You can see the North American introduction of this device at the A4M conference in Hollywood, Florida, May 6-9, 2015.

Later in this Issue you can see some basic information on the new “Beauty” as well as the alternate BioResonance models from **BioKat** called the **M3 and M5**. Along with the tried and tested MORA Nova we now have three different models of true BioResonance (medical) therapy devices available.

➡ While joining us on this recent tour program **Dr. Simon Yu** informed us that he along with his new “Gateway Foundation for Biological and Integrative Medicine” will be sponsoring their 9th International Alternative Medicine Conference on September 11-13, 2015. The theme this year is “**Curing the Incurables** – Fibromyalgia, Chronic Fatigue Syndrome, Lyme Disease, Autism Spectrum Disorders, Cancer, . . .”. I understand that **Dr. Dietrich Klinghardt** will be one of many leading speakers during this program. OIRF will participate in and co-sponsor this program. Plan now to attend this highly recommended conference.

As you can see 2015 is already building into a busy and active year. As usual over the Christmas and year end holidays, our website will undergo its usual major revision and update. Watch our [Events Page](#) for details and links to the many seminars, workshops and conferences with OIRF participation. We are most looking forward to meeting you at these events!

➡ On return to my office and desk after the tour program I found mountains of mail, hundreds of emails and long lists of “Things To Do” – if I haven’t answered your email yet please be patient and I will get there! As usual it just takes a bit of time to work through everything and clear away the crises – thus also the delay in publication of this Issue. Amongst our emails was one from **Dr. Tony Scott-Morley** in the UK telling us about his adventures within the UK medical system as he sought treatment for his hip and foot. Actually it was quite an adventure that as a result means he too is delayed in completing his promised article for the newsletter. In the interim he has given me permission to include a copy of his medical adventures in this Issue and his article on “A Treatment Protocol for MORA, The preparation of a classical nosode in inversion using the patient’s own signals” will now appear in our December Issue.

➡ But that delay freed me to look at another translation for our November issue. And, what more current or more frightening a topic is there than Ebola? The current outbreak in Africa that has already begun to migrate to U.S. soil presents us – as biological medicine practitioners – with interesting but yet challenging possibilities. First, here is the link to see information and comments from the **National Center for Homeopathy** <http://www.homeopathycenter.org/news/ebola-crisis-homeopathic-community>. In brief they say:

The Ebola epidemic raging through West Africa has become a humanitarian crisis of great proportion. Homeopaths worldwide have been mobilizing their efforts toward gaining entrance in those countries affected, in order to provide homeopathic medical intervention to those individuals stricken with Ebola. The overriding goal is to investigate Ebola firsthand, and thereby determine which remedy or remedies are best for treating this disease.

Homeopathy has had a longstanding record in our over 200 year history in the successful treatment of a wide variety of epidemic diseases, including hemorrhagic fevers, some of which are in many ways very similar to Ebola. In our tradition of working with epidemics, homeopaths attempt to determine a central or core remedy that proves effective for most individuals who have contracted the disease, which is named the “genus epidemicus.” This remedy is derived from culling symptoms from many cases, and finding the very few, or preferably, the single remedy which best matches the natural disease expression of the epidemic under consideration.

While there is ample reason to expect that such a remedy can be found for Ebola, to date our homeopathic world community has not yet determined what that remedy or remedies might be. Once such a remedy is found and administered empirically to patients, if it is shown to be effective, we will have in our hands both a treatment for Ebola victims and, very likely, an effective remedy to help prevent or dramatically diminish the spread of the disease to those exposed or at risk of contracting it (homeoprophylaxis). Discovering such a remedy and applying it successfully for Ebola is still unproven, though completely in line with our historical experience with epidemic diseases, both for their treatment and prevention.

The good news is that a small international team of experienced and heroic homeopaths have arrived in West Africa, and are currently on the ground working hard to examine patients, work out the “genus epidemicus,” and initiate clinical trials. This work is being done alongside the current conventional supportive measures and treatments already in place. We applaud and congratulate this team’s dedication and courage in joining the front lines in treating Ebola with homeopathy. The answer to whether homeopathic medicine has an important role in the Ebola epidemic could be forthcoming quite soon.

Then out of this optimism and hope yet more information started emerging. It is almost eerie how much of this new information is reminiscent of the AIDS and cancer myths that were reported to us by **Dr. Juliane Sacher**. During Dr. Sacher’s courageous campaigns to spread the results of her research and experience she has worked extensively with the German freelance journalist **Michael Leitner**. I recently told you about his film regarding vaccinations and Dr. Sacher spoke to us extensively about that topic during the recent Germany Tour program. Here is an email just recently received from Michael Leitner with a link to a You Tube video done by a British journalist:

EBOLA – A Glimpse from Behind the Curtain

Overcoming a WHO-pandemic is facing the next one!

The Ebola scaremongering campaign is gathering momentum. After all, it only serves the purpose of panicking people into getting vaccinated! The NIH/GSK-Ebola vaccine is injecting **genetically altered viruses**; genetic engineering, introduced directly into the body! Please [watch this video](#)! It may be made from a radical point of view, but I collected some evidence, that (some institutions of) the USA and the WHO are the axis of evil in international health politics!

What exactly are we looking at, when we see Ebola patients with horrific wounds? Are they really the victims of Ebola infection? They are people from slums who have become ill, due to poverty, misery and polluted water! Watch my video: <http://youtu.be/RVdFNw0Njr4>

Sorry for my English! When spoken, it is much worse than it is, when written in an email. But as long as the truth on Ebola has no native voice, as just only misinformation is spread through mass media and even alternative media, I have to hold the positions of mind and intellect! And I know that I am not the only one and this is, why you receive this email.

Please help to spread this information, if you think, that you do agree!

Michael Leitner

German Freelance Journalist

For the German audience: Das Video gibt es natürlich [auch auf deutsch](#)!

When I initially scanned through the following article on Ebola from one of my German journals, I thought “here we go again with another conspiracy theory”. When pushed to do another translation for this Issue of “The Bridge” I looked at this article by **Hans U.P. Tolzin** a second time. As I started working through the actual translation process I found that what at first appeared “of interest” rapidly turned into “holy cow!” (well, I censored that comment a bit, but you get my drift). This article by another highly respected German author and journalist lays out clear evidence of the myth of mono-causality and another questionable virus diagnosis.

This is a scathing article – one that every single one of us needs to heed and take into consideration. The further I went into the translation the slower I went. And I slowed down not because it was difficult to translate, but rather because I wanted to be sure that I translated Mr. Tolzin’s words accurately and precisely. His research appears impeccable, and I have checked and double checked my translation to be sure that you see exactly what Mr. Tolzin said. I look forward to your comments and response.

➡ All 2014 issues of “The Bridge” newsletter will be sent to you by email and then published on our website. **Access is open to all**. Follow this link to get your PDF print copy of “The Bridge Volume 10, Issue #11”.

➡ With his permission, and to lighten things a bit after the Ebola article, here are Dr. Scott-Morley’s recent adventures in the UK healthcare system. So, following are your newsletter items for this Issue #11 . . .

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

Ebola – The Origins of a Myth

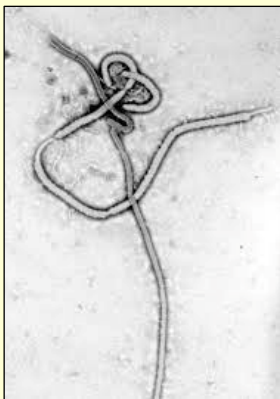
By Hans U. P. Tolzin

From an article in raum & zeit, Vol. 33, #192, Nov/Dec 2014

Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Prompt

Translation & redaction by: Carolyn L. Winsor, OIRF

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The Ebola Virus is one type from the Filoviridae family. These are usually threadlike, 1,000 to 14,000 nanometers long and 60 to 80 nanometers wide in diameter.

After the pandemic is before the pandemic. And thus after Bird Flu, SARS, Swine Flu and EHEC (Enterohaemorrhagic Escherichia coli) we are currently flooded with a new wave of scaremongering by the media: Ebola. Allegedly, in this case it concerns a deadly virus illness against which even our progressive school medicine has still found no remedy. Consequently it says, the epidemic can spread to Germany [or North America] at any time – if we are too negligent. However after the latest swine flu it has been shown that we should look at the facts a little closer before we join the general virus panic.

Therefore how dangerous actually is Ebola?

Ebola is the name of a river in Central Africa, on whose shores the first illness cases appeared in 1976. The symptoms began with fever and headaches in almost all cases. In more than 80 percent came pains in the chest and diarrhea. In about 70 percent of the patients the typical bleeding appeared after a few days, more than 60 percent suffered from a painful dry throat, about 60 percent suffered from vomiting, about half from cough and skin rashes or skin flaking off. To this day these are the important leading symptoms of Ebola. The so-called Ebola Virus (EBOV), a threadlike single stranded RNA-virus, is regarded as the cause. Thus morphologically, here it is not distinguishable

from the external form of the Marburg Virus (MARV) which can cause the same symptoms as EBOV. Therefore in 1976 they at first suspected a MARV infection, however the corresponding laboratory tests did not strike [*did not match*]. For this reason the medical teams suspected the existence of a new and so far unknown virus.



Only one out of 10,000 infected becomes ill

The mortality rate of Ebola patients with most outbreaks amounted to more than 50 percent. Therefore the investigating virologist assumed a very great danger from the virus. However at the same time the African population in non-affected areas stood in contradiction to the investigation. The blood tests carried out in 1976 showed that about 5 to 10 percent were antibody positive, and therefore had had contact with the virus without falling ill. Because the antibody values could fall until non-verifiable within weeks, one must assume that the contact with the virus had taken place only recently.

Therefore by no means does contact alone make one sick!

With a renewed outbreak in the Sudan three years later, even 18 percent of the population were tested positive without having fallen ill. The results of the respective investigations varied all together between 2 percent in water proximity and still scarcely 20 percent in forest areas. This could point to the fact that the virus has always circulated in the African population and that the virus alone cannot make you sick at all, but that in addition co-factors are necessary. Beyond this, the outbreaks were usually self limited. The international medical teams on site attributed the end of the outbreaks to their admittedly regular isolation and hygiene measures, however to this day they essentially do nothing more than manage the outbreaks: Every sick person and every contact person is diligently counted and with the results whole statistics are filled and the medical personnel are very photogenically put into colored “space suits”. However the fact that this ever had a positive influence on the [treatment] course is no more than just a supposition. In 1976 in Zaire there were never more than 10 sick people in the most affected villages. If the virus was really as dangerous as claimed, it would have to have spread explosively at first, and secondly to a large extent the contagion would have to be identical to the illness. However this is not so: Of the approximately one billion people on the African continent possibly up to 200 million came into contact with the virus. Nevertheless the official case figures lie between 5,000 to 6,000 (Sept. 2014). Even if we go with only 50 million Africans with virus contact, therefore with 5 percent contamination, this means that only one in 10,000 infected falls ill. Contact alone with the virus does not by any means make you sick! – thus then is a virus really the cause of the problems?



Actually, quite difficult transmission

Already in 1976 the investigation teams in Central Africa found out that usually a very close and longer sustained contact to a sick person was necessary in order to be sick themselves. It was not sufficient for example to stay overnight in the same room with a patient. In so far as one could understand the transmission pathway, primarily the nursing staff in the medical clinics were infected, and the relatives who looked after their [family] members there. Therefore, the experts presumed contact with the bodily fluids of the sick persons as the greatest risk potential. A transmission, for example, through the air or through door handles (in so far as such are generally existing in the Africa rural areas) is considered as rather unlikely. After nearly 40 years of research a transmission through animals is still also purely supposition.

What else could be the cause of the symptoms?

The leading symptoms of Ebola also appear with numerous other illnesses. Under the circumstances the diagnosing doctor can sometimes too quickly overlook an important cause simply because he was too quick with the diagnosis at hand. The German epidemic authority the Robert-Koch Institute (RKI) writes about alternative diagnoses on their website:

“Malaria is the most important differential diagnosis with regard to tropical diseases in patients with unclear fever. On account of the high lethality of Malaria tropica and its good treatment possibilities, malaria must be excluded or confirmed as soon as possible. [. . .] Other illnesses from other pathogens like viral hemorrhagic fever (for example Yellow Fever Virus, Lassa Virus, Dengue Virus, representatives of the Hanta Virus, Krim-Kongo Virus) and Hepatitis A should be excluded. Also non-viral illnesses like Typhus abdominalis, plague, rickettsiosis, meningococcal sepsis or other sepsis forms, leptospirosis, hemorrhagic forms of relapsing fevers, bacterial dysentery, perhaps also intoxications must be considered if necessary.”

It is also worth considering a whole series of other viral and bacterial infections as the cause of Ebola symptoms. More or less for the sake of completeness, the RKI also even mentions the possibility of poisoning. If you consider how the CDC (Centers for Disease Control & Prevention) handles the subject, you must highly credit the RKI for their relative diligence with their diagnosis position. Then until recently on the website of the US authority there was at least a remark about the fact that one should also test the patients for malaria. Nevertheless this passage was stricken on 7 August 2014, thus one day before the global WHO warning. Only with that can the statistically grasped number of Ebola patients be artificially raised. The World Health authorities (WHO) even go one step further in the direction of scientific arbitrariness: In their case definition of 9 August 2014 they admit that case definitions can change anytime. Rising and falling case figures in the statistics can thus only be based on the updates of the capture criteria. Thus yes, with such health-political measures one can launch an “epidemic” practically any time, or can terminate it if the responsible persons regard this necessary.

Because up to 20 percent of the African population basically reacts test-positive, an Ebola-positive laboratory test by no means indicates that the symptoms were actually caused by EBOV.

Therefore the missing differential diagnosis must lead inevitably to wrong diagnoses and therapies for patients who admittedly show Ebola symptoms however for which quite different causes exist – with possibly life threatening consequences.

Until recently on the website of the US authority was at least the remark about the fact that one should also test the patients for malaria. Nevertheless this passage was stricken on 7 August 2014, thus one day before the global WHO warning.

Confusing antibody values in survivors

More on this subject:
[in German] A pointed
short film article by
Michael Leitner can be
retrieved at:
<http://vimeo.com/103391967>

It is also remarkable that of the Ebola patients who had completely recovered again from their illness, a certain percentage show no Ebola antibodies. In 1976 the proportion of the recovered without provable antibodies lay between 17 and 22 percent. How was it possible to survive the virus without measurable antibody reaction? Well, at that time the doctors had still heard nothing about the cellular immune system, about which today one knows that it performs the real main work for the defense against injurious particles. At that time there was not yet this explanation possibility. The confusing results could also be based on the unreliability of the laboratory tests. Actually this is picked out as a central theme by the author, but is not further followed up. **Understandably:** If one questions the laboratory tests, in the end one must also question the virus diagnosis itself.

Possible alternative causes for Ebola symptoms

Actually, it is self-evident that a doctor considers all possible causes with his diagnostic position. Viruses and bacteria may be part of the top priority but their role in illness or healing events is nevertheless more and more scrutinized. The deficiency of important vital materials like vitamins and minerals or nutrition in general is also part of it. During the current spread of Ebola for example this is of importance in any case since here primarily the poor population is concerned. Also psychic and mental aspects must be considered – psychoneuroimmunology and epigenetics are two of the still very young disciplines which come into these connections. Thirdly, it is the poisonings of all kinds which increasingly play a role, for example with pesticides, additives in food, environmental poisons of all kinds or medication side effects. In 1976 the doctors still did not have so many ideas about vital material deficiencies or environmental poisons, but this can be no real excuse for it if these aspects remained disregarded with the diagnosis position – because both homeopathy as well as Traditional Chinese Medicine have already shown for a very long time how a proper and comprehensive anamneses is carried out.

Nevertheless, no remark can be made about the diagnosis of Ebola, neither in 1976 nor with the current outbreaks in the year 2014. The very first [*statistically*] grasped Ebola patient fell ill on 27 June 1976 in the south of the central African country of Sudan. It concerned a worker in a cotton factory in the town of Nzara. Further workers fell ill, in addition also some family members and friends. This factory is considered by the experts as the center of the outbreak.

Thus what would have been more obviously opportune than to examine more closely the working conditions of the workers, the chemicals which were used in the processing of the cotton and the cotton itself? Actually there is hardly any *[other]* useful plant which is sprayed with so many pesticides as a cotton plant. Also the chemicals used in the factory were highly toxic. Thirdly there were numerous rats and other rodents in the factory against which rat poison was possibly used. All these would be possible explanations for the observed illness symptoms. Nothing of this is considered in the publications about the Nzara outbreak. Likewise the side effects of those medications which were routinely given to fever patients were not considered, like for example the anti-malarial Chloroquin, antibiotics, the Yellow Fever vaccination, other vaccinations or also DDT to eliminate insects as potential virus carriers. Interestingly (except with Nzara) with the other outbreaks – at that time like today – just medical clinics are the starting point of the epidemic. And also in Nzara they had a medical clinic at their disposal and the bulk of the first Ebola cases there escalated to heavy courses.

The explanation of the experts: The African clinic personnel were inclined to neglect the simplest hygiene measures like the sterilization of injection needles. Consequently it is unclean needles through which the illness is spread and not the side effects of the medications which were injected through the needles. It is really astonishing, how official medicine strictly hides or holds back the obvious connections.

Thus from 1976 until today the precaution and treatment measures suggested by all the official experts have the potential only to make everything worse. Above all fever patients treated in the medical clinics can in this manner mutate at any time into fatally ill Ebola patients. Also in 2014 the hospitals again stand in the center of the outbreaks. No wonder that the population on site is more and more distrustful in relation to the machinations of the clinic doctors and in relation to the real Ebola diagnosis.

Without a virus no career, fame and honor

Therefore what now is the result of my investigations? First of all it is determined that the Ebola diagnosis is based on an astonishingly negligent approach to the anamnesis. From the start all alternative causes were and are hidden. Beyond this the blind faith in the explanatory power of the laboratory tests is an important requirement, for that time as for the current events. The result is already preprogrammed if exclusively virologists are sent into the outbreak areas. They are in an enormous conflict of interest: If they acknowledge the possibility before themselves that the causes of the illnesses could in truth be of non-viral origin or in relation to the environment, they risk that they themselves could be kicked out of the project in favor of for example the toxicologist. The consequences among others would be the discontinuation of the possibility to publish, a promising career as a virus hunter, the expectation of research money or even a Nobel Prize.

Summing up: Without a virus no career, no fame and no honor.

The fairy tale of monocausality

The virologists are the secret rulers of our medical system. As soon as a virologist makes a diagnosis with the help of laboratory tests, all the other medical disciplines must withdraw. One of the bases for the secret seizure of power by the virologists is the dogma of the monocausality of illnesses – the superstition – that one must be able to go back to one single cause for every illness. However that is nonsense. In truth it is always the sum of the stress factors which decide whether the regulation room-to-maneuver of an organism is exceeded. Therefore there are usually several starting points for the treating doctor for successful treatment.

With the workers in the cotton factory in Nzara for example the decontamination ability of their bodies may have been affected by a poor or unilateral nutrition which from contact with the evaporated pesticides of the cotton and the chemicals finally led to simple poisoning reactions. If the patient now receives Chloroquin and a vaccination “as a precaution” in the medical clinic and he is still also deloused with DDT, on the basis of this additional poisoning it would require an especially stable constitution in order not to fall seriously ill with typical Ebola symptoms.

Demand for mixed investigation teams

A fundamental demand must also be that from now on only mixed teams are sent to puzzling outbreaks. These [teams] may consist not only just of virologists, but for example also of toxicologists, environmental medicine, nutritional medicine and hygienists. If I had to decide I would also take experienced homeopaths and TCM experts. The leader of these teams should be a general medical practitioner with interdisciplinary training and orientation, by no means however a virologist.

If one really wants to counteract against the Ebola outbreaks, one must first deny the monocausality and secondly use mixed expert teams. Nevertheless the determining authorities, all at the head of the CDC and the WHO are obviously not ready. What the true reasons and motives behind it may be is however another story again.



The Author

Hans U.P. Tolzin, born 1958 is a medical journalist, an author and publisher, a consultant on the subject of vaccination decisions and infection hypotheses and the organizer of the Stuttgart Vaccination Symposium. Since 2004 he has published the critical “impf-report”. Previously he has published the books “Die Tetanus-Lüge” [*The Tetanus Lie*], “Die Seuchen-Erfinder” [*The Epidemic Inventors*] and “Macht Impfen Sinn? Band 1” [*Do Vaccinations Make Sense? Volume 1*].

Literature

- Ebola-Symposium in Antwerpen, 1977: Ebola virus Haemorrhagic Fever
- WHO Bull World Health Organ, 1978; 56(2): 247-70
- WHO, Wkly Epidem. Rec.1977, 52, 17-184
- RKI, www.rki.de
- (OC, www.cdc.gov)
- ECDC, www.ecdc.europa.eu
- Wikipedia, Stichwort Ebolafieber, Liste der Ausbrüche mit verlinkten Publikationen
- WHO, Case definition recommendations for Ebola or Marburg Virus Diseases, 9 Aug. 2014
- Fachinformation von Resochin (Wirkstoff Chloroquin)
- impf-report Nr. 104/2014, "Ebola - Virologen allein im Urwald"
- weitere Quellen sind auf Anfrage beim Autor erhältlich



Still in One Piece – Even if a bit Rusty!

By Anthony (Tony) Scott-Morley

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In May and again in August I went to see the consultant about my hip. He studied x-rays and scans and informed me that I needed a hip replacement and because it was more complex than usual that he would perform the surgery himself. In our National Health System (or unhealthy system) it is deemed an honour if the consultant speaks to one let alone offers to perform the surgery. I expressed some reticence about chunks of metal in my leg and also at having to go to a hospital six miles away when we have one less than half a mile from home. It appears that our nearby hospital only deals with trauma and the more distant one with elective surgery. (I think that the local one is for the younger patients who are likely to survive and the second one is for we oldies who are deemed to be past rescue.) Under some pressure I agreed to go ahead. Eventually the date was settled for early November after my travels had been completed (after a holiday in France and a conference in Serbia.)

We went to the hospital as instructed. It was pouring with rain and not a good omen. To say the least, I was feeling apprehensive and the big black cloud was mine! Having checked into the ward we then went through all of the paperwork, autographed the consent to say that if my clothes and belongings were nicked while I was in theatre that it would not be the fault of the hospital – presumably one goes around naked under such events. I was also asked if I was allergic to anything, to which I replied only hospitals and surgeons. Sadly this remark was not appreciated. I then got tagged on both wrists (in case they remove an arm by mistake?). After

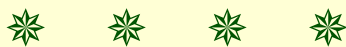
that the vampire nurse came in to take yet more blood to see if I was going to bleed to death. I'm thinking of charging for further samples as I am rapidly running out.

Then another young nurse gave me my fancy dress uniform. Not sure whether I was going to a kinky Halloween party or being initiated into some strange sect. It comprised a rather short nightdress, fishnet knickers and one white stocking. To say the least it was not very sexy and rather undignified. So, sitting there and feeling like the condemned man we sat and waited – and waited.

Eventually the surgeon then came in and asked which hip it was. I did rather hope that they might have had this information on the notes. He then marked my left leg with an L and an arrow pointing to the hip. This did not fill me with confidence if they were unsure of the difference between left and right and also needed to point to the hip. Maybe I should buy them an anatomy book for Christmas. He said that I would be able to drive after the op and I would sleep free of pain. I was a bit surprised and told him that I had driven to the hospital that morning and that I had no problem sleeping. He then said that the pain in the groin would improve, to which I replied that I didn't have pain in the groin – it was the low back, ankle and outside of the hip that caused problems. He appeared surprised and told me that the op would not help any of that. He then went to fetch his boss, the big cheese who would be doing the op. He came in in full surgical regalia (a bit off putting but at least no blood and gore). I was then told that they thought that the risks of blood clots outweighed the benefit of the surgery and that they thought that surgery would not make any significant improvement to my life-style and that if it was him he would not go ahead and that I could go home if I wanted to. I can assure you that I did not need a second invite! To say the least both my wife and I were somewhat surprised – I think the word is flabbergasted. So I got dressed again super fast – but I really miss those fish net knickers and nightie??? The ward sister also seemed surprised but she did provide a cup of tea and a biscuit (having not eaten since 6 am and it was now 3 pm). So, here we are still in one piece even if a bit rusty in the joints. I dare not even mention the hip now. If I do I think that my wife will hack it off with the chainsaw.

I am now contemplating going to Kiev where a colleague believes he can significantly improve my foot without surgery. Hopefully I will go in January but we shall have to see what the political situation is. I am now getting too old to play 007. The problem is that I will have to go for two weeks and two weeks in a frozen environment is a bit like a life sentence.

I think we can accept this as a reason for the delay in Tony's annual article. Sending wishes for a speedy relief from pain! CLWS



From the desk of the Director:

During preparation of this Issue of "The Bridge" I found that here, as in several of our recent Issues, there has been a lot of emphasis on instrumentation. I have commented several times that I foresee an increase in the use of this kind of instrumentation as we move into 2015 and beyond due to the changing regulations and registrations of the many European (German) remedies that we have come to rely on. How does the practitioner maintain a natural or biological medicine approach with their patients when important remedies simply disappear off our domestic market? Many – or even most – naturopathic and homeopathic practitioners rely on the sale of remedies (or supplements) for the majority of their clinic income. By turning to instrumentation and the use of electronically stored remedy frequencies, you can once again access and utilize these remedies but can no longer "prescribe" or "sell" them. Thus a whole new process and method of delivery to the patient is needed along with a changing dynamic in the income resources for the practice.

Over the past year you have seen the changes in how OIRF presents our information and in how we ask for your support both financially and politically. As I prepared the following basic information on the new BioResonance device models, I thought it was appropriate and important to once again reiterate the Institute's Instrumentation Policies:

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

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

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

Following are four short and much abbreviated descriptions of the various models of true BioResonance devices available to us today. In telling you about these devices I am in essence recommending products from two competitive companies. **Med-Tronik** is the original BioResonance firm known for development of MORA-Therapy devices with a history dating back to the late 1970's. **BioKat** is a newer firm founded in 2012 which separated from Med-Tronik, but which is also able to offer us true BioResonance fully to the standards and development of **Dr. Franz Morell** and the engineer **Erich Rasche**. All devices with the exception of the MORA Beauty have the ability to do **Remedy Information Transfer!**

As a non-profit corporation, OIRF must always maintain a certain amount of neutrality with our instrumentation recommendations. Although the two companies are competitive in nature due to their shared development history, at this time I do not see their products as competitive. As we can see competition between various car companies, each make and model gives us transportation from A to B but also gives us choices for which accessories, qualities, costs, capabilities, etc. will appeal

to our personality, budget and application. And so instead of “competition” I instead perceive this as the availability of several high quality but distinctive models each offering us different capabilities.

Med-Tronik offers:	BioKat offers:
MORA Beauty is a cosmetic (non-medical) device with modules for cellulite, relaxation, detoxification, stop smoking and nutrition.	M III is one-channel BioResonance includes EAV/Vega Diagnostics with modules for remedy software, color therapy, and more.
MORA Nova full two-channel MORA BioResonance – completely modular to “build to suit” you practice with EAV/Vega/Optima/Cornelissen diagnostics, color therapy, remedy software, and much more.	M V is two-channel BioResonance includes EAV/Vega Diagnostics with modules for Causal Diagnostics, Nienhaus psychotherapy, remedy software, color therapy, and more.

You are welcome to call OIRF to discuss which of the devices would work best in your practice. Call toll free to speak with Elaine or Carolyn at 800-663-8342. General basic training is available for all models.

I thank you for your interest and here is a bit more detail on these highly recommended devices . . .

Carolyn

Carolyn L. Winsor-Sturm
Managing Director

BioResonance from Med-Tronik GmbH

MORA Beauty by Med-Tronik

A non-medical device based on the principles and concepts of true BioResonance for cosmetic applications.

- Ideal device for beginners
- Secure, fast, delegable operation
- Modern design
- Simple installation
- Retractable touch screen for mobility and flexibility
- Patented 2-channel technology
- Ultra modern combination of the latest bio-resonance technology and intelligent software achieves visible results after just a few treatments
- Specific software modules extend the range of treatment applications

Module 1: Biophonie (with headphones)

- Various applications to areas of skin, hair, nails and eyes
- General: relaxation, detoxification, stress relief and revitalization

Module 2: JeNu (with small UV-active probe)

- Specific applications for different grades of cellulite
- Coming soon: Facial, neck and cleavage wrinkle reduction

Module 3: Smoking cessation

- Application for smoking cessation

Module 4: Nutrition (including measurement stylus)

- Various applications to optimize nutrition, weight loss, detoxification and revitalization

MORA Nova by Med-Tronik

- Full professional medical device of the **MORA Nova® Professional** based on the original BioResonance concepts of **Dr. Franz Morell** and the engineer **Erich Rasche**.
- Basic device includes MORA-Therapy for “therapy only” applications. All other modules available on an optional basis so that each device can be designed and built for your individual practice.
- Full EAV assessment software can be incorporated for fast accurate testing and assessment using actual or electronic test sets.
- MORA Optima assessment capabilities.
- Available “Tooth Testing” module for standard currents in the mouth, as well as assessment of dental foci.
- Cancer and Mitochondriopathy Electronic Test Sets according to the research of **Dr. Gottfried Cornelissen** for cancer assessment and application.
- Or, VEGA-type testing capability has been incorporated into the MORA-Nova to allow utilization of available Electronic Test Sets – or of the coveted actual VEGA test set vials.
- **BioResonance Therapy Applications:**
 - Assistance with detoxification and intolerance.
 - Highly effective therapy for allergic and intolerance responses.
 - Building immune system.
 - Delivery of medication information.
 - Follow this link for [MORA BioResonance details](#).

BioResonance from BioKat GmbH

The BioResonance devices from BioKat GmbH are comprised of one or two BioResonance therapy modules, an ElectroAcupuncture diagnostic module (EAP module) and a software module in which the electromagnetic fields of bioactive substances (i.e. allergens, nosodes, infectious agents, vitamins, and many more) as well as colors for therapy and diagnosis are stored available in digital electronic format. *[Much more information, news, pictures and details to come!]*

M III by BioKat

- One channel technology
- Standard BioResonance modes, filters and adjustment ranges
- Fixed therapeutic programs
- Color Therapy according to Dr. Gruba
- USB Interface for software S I

M V by BioKat

- Two channel technology
- Standard BioResonance modes, filters and adjustment ranges
- Integrated input and output beakers
- Fixed therapeutic programs
- Color Therapy according to Dr. Gruba
- Causal Diagnostic with specialized test set
- Energetic psychotherapy acc. to Dr. Neinhaus
- USB Interface for software S I

OIRF Resource Materials

➡ Of the three full “home-study” or “extension training” programs developed by Occidental Institute, two have been fully updated and are available in PDF format on disc. Research and publication of each of those programs has been pivotal in the development and application of Acupuncture and Biological Medicine in North America and around the world. Be sure to obtain your copies of these famous and well respected volumes for your library and study purposes.

- Modern & Traditional Acupuncture: \$165
- Master of Acupuncture Program: Translations of the ancient acupuncture classics (The Nei Ching consisting of the Su Wen and Ling Shu, as well as the “Difficult Classic” the Nan Ching) are still available in printed format – \$125
Work on scanning and reformatting these materials will progress slowly as time allows during our busy summer and fall seasons.
- EAV Desk Reference Manuals, Parts 1 & 2 – \$200
- Diagnostics and Therapeutics Seminars of Dr. Sturm – \$200

Get more details at <http://www.oirf.com/resources.html>

“EXTENSION TRAINING” PROGRAM IN MODERN & TRADITIONAL ACUPUNCTURE

Over twelve hundred pages of printed materials incorporating applicable materials from the supplementary textbook (An Outline of Chinese Acupuncture) and set of four charts (by China Cultural Corp.). Program starts off assuming you know nothing about acupuncture (a good place to start even if only as a thorough review of the basics) and takes you right through to the most heavy-duty advanced aspects of true, ‘energetical’ acupuncture. The finest and most comprehensive material in the English language, covers all seventy-one meridians of traditional acupuncture; that ‘missing sixty percent’ of acupuncture knowledge most “acupuncturists” have never even heard of; and, the modern electronic ‘needle-less’ treatment methods (Electro-Acupoint Therapy) now so popular.

Over 3,000 students were originally enrolled in this famous Extension Training Program, and the OICS graduate listings read like a “Who’s Who of Acupuncture” in the English speaking world. This program takes you as far as anyone possibly can in a ‘written’ format prior to the clinical finesse and practicum needed to round out your acupuncture study to professional levels.

FULL THIRTY-THREE LESSON PROGRAM NOW AVAILABLE ON DVD

Price includes disc with all 33 Lessons, applicable supplementary textbook (An Outline of Chinese Acupuncture) passages and representation of set of acupuncture charts (China Cultural Corporation set of four). [Current editions of the textbook and charts can be easily obtained from suppliers of acupuncture books and supplies.] Price does **not** include printed materials, binders; or, any tutorial, examination, or certification privileges. Follow above link for full details. **Full set on one disc available for CDN \$165.**

OIRF Resource Materials (continued):

Videotaped "DIAGNOSTICS" AND "THERAPEUTICS"

Seminar/Workshops by Dr. Walter D. Sturm† of OIRF Staff



* 1944-2004 †

Part One on Diagnostics:

- Electronic point measurement
- Medication testing, and more

Part Two on Therapeutics:

- **MORA-Therapy**
- Electronic Homeopathy
- Remedy Information Transfer, and more
- *Optional day on his other therapies!*

Follow this link to see a full description of these videotaped ["Diagnostics and Therapeutics" Seminar/Workshops](#) by the late Dr. Walter D. Sturm† of the OIRF Staff.

Available on five (5) DVD's plus one (1) CD with all overheads and extensive handouts materials for CDN \$200 (plus shipping).

Published in Canada by: **Occidental Institute Research Foundation**

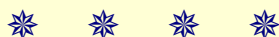
P. O. Box 100, Penticton, BC V2A 6J9 Canada

Phone: 800-663-8342 or (250) 490-3318

Website: www.oirf.com Email: support@oirf.com



- For more information and instruction about point and medication testing with EAV see the OIRF: [Medication Testing Report](#) and the [EAV Desk Reference Manuals](#) (both available on disc).
- For more information and instruction about [Diagnostic and Therapeutic Techniques in Biological Medicine](#) with emphasis on BioResonance Therapy be sure to order the recently re-released videos of Dr. Walter Sturm's seminars.
- For a complete [listing of OIRF resource materials](#), including publications, reports, books and videos please follow this link to our website. There are full descriptions of all printed and recorded materials online.
- For a complete [listing of OIRF recommended instrumentation](#), including diagnostic, therapeutic and BioResonance devices please follow this link to our website. There are full descriptions of all instrumentation online.



➡ **OIRF publications:** During our “lazy” summer days and weeks it has been an interesting journey for me to look back at the many publications, articles and reports that were prepared by our founder **Dr. Walter Sturm**. Once again I was awed by the scope, quality and depth of information that he seemed able to bring together in a cohesive and easily understandable format. In our ongoing efforts to bring all of this amazing information into “modern” formats and accessibility, I worked on five different reports that are now available in digital (PDF) format (and we can now recycle all that old printed paper stored in the shed!). Support your Institute and add these excellent reports to your own personal library of information.

- 1) **Transliterations of the Chinese Acupuncture Point Names with Explanations.** This is a supplement to the Modern & Traditional Acupuncture Program. Every single traditional acupuncture point is shown with the point name transliteration (with both new and old – Pinyin and Wade Giles – spellings) along with a full explanation. Translated by **Michael C. Barnett, DAcu, LAc** from the work and research of **Jean-Claude Darras, MD**.
35 Pages (free to all M&TA program subscribers) \$25
- 2) **Report on LM Potencies.** Translated and prepared by **Dr. Walter D. Sturm** based on the work of **Dr. Samuel Hahnemann**. This is pivotal information for all homeopaths. In the last years of his life Dr. Hahnemann turned solely to the use of LM potencies for his patients instead of the “usual” C and X potencies still utilized today. This knowledge was suppressed for nearly 80 years and revolutionized the practice of homeopathy when that famous 6th edition of his Organon of Medicine was finally published. Read the story and see the meticulous research and translation left us by Dr. Sturm
51 Pages \$40
- 3) **The Problem of A and Inverted A in Homeopathic Nosodes.** Translated and prepared by **Dr. Walter D. Sturm** based on the research of **Gottfried Cornelissen, DMD**. Advanced BioResonance information.
4 Pages (only) \$ 5
- 4) **A Critical Examination of Current EAV-Diagnosis, the Mebe-Ampule and Filter Procedure.** Translated and prepared by **Dr. Walter D. Sturm** based on the research of **Gottfried Cornelissen, DMD**. Digital single oint mwasurement according to Dr. Cornelissen. Advanced BioResonance and EAV-Diagnostic information.
14 Pages \$10
- 5) **The Genital System.** Translated by Carolyn L. Winsor; revised and edited by **Sean Christian Marshall, DSc** based on the work and research of **Jean-Claude Darras, MD**. Advanced traditional acupuncture information explaining the energetics of the genital system including disorders and treatment.
23 Pages \$25

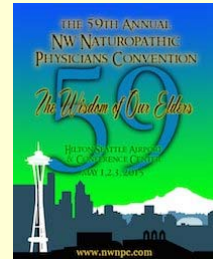
All items can be ordered through OIRF. Contact the office toll free at 1-800-663-8342 for rapid delivery.

➡ **Conferences and Conventions:** Here are some of the conferences, conventions and seminars where our OIRF Board of Directors and Advisors are presenting lectures.

➤ **A4M 22nd Annual World Congress on Anti-Aging Medicine**, Dec. 10-13, 2014 Las Vegas, Nevada USA, Directors attending:

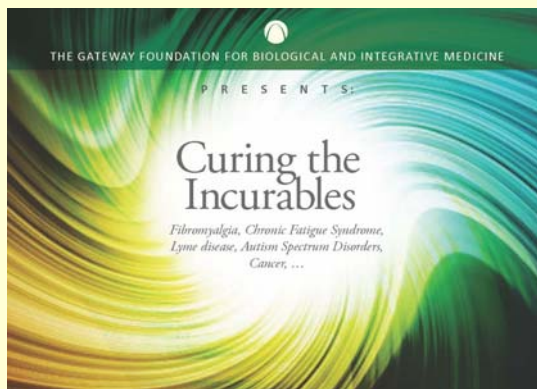
www.a4m.com/anti-aging-conference-lasvegas-2014-dec.html

➤ **NorthWest Naturopathic Physicians Conference** (NWNPC), May 1-3, 2014, Seattle, Washington USA, OIRF Educational Exhibit area featuring the MORA Beauty: www.nwnpc.com/



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

➤ **Gateway Foundation for Biological & Integrative Medicine** and Dr. Simon Yu, **Curing the Incurables**, Sept. 11-13, 2015, OIRF Educational Exhibit area



➤ **49th Medicine Week Congress**, Oct. 28 to Nov. 01, 2015, Baden-Baden, Germany, Directors and Germany Tour participants attending.

➤ **Biological Medicine Tour #42 to Germany**, October 27 to November 2, 2015. Join us for our **41st** group tour including the world famous "Medicine Week" Congress in Baden-Baden. Tour program also includes private OIRF English language lectures from renowned German clinicians and researchers as well as pharmacy and clinic visits.

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

➡ Follow this link to our website to see Issue #11 in print/PDF format.

➡ **Updates, Reminders and Announcements:**

➤ Watch for Volume 10, Issue #12 of the "The Bridge" newsletter to arrive in your Inbox around mid-December. Next to be featured will be **Dr. Tony Scott-Morley** with an article on "A Treatment Protocol for MORA, Preparation of a Classical Nosode in Inversion Using the Patient's Own Signals" as well as an article from **Dr. Paed. Uwe Uellendahl**.

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



I trust you have found much of interest in these pages. We look forward to meeting you during our 2015 activities and programs. As always your comments are welcome. Remember that this is your newsletter – your suggestions, article contributions, critiques, FAQ's and compliments – are gratefully accepted.

Yours in health,

Carolyn

Carolyn L. Winsor-Sturm
Managing Director
Phone: (250) 490-3318
support@oirf.com

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P. O. Box 100, Penticton, BC V2A 6J9 Canada
Telephone: (250)490-3318 Fax: (250) 490-3348
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