



Occidental Institute Research Foundation

THE BRIDGE

Linking Practitioners of German Biological Medicine

Volume 8, Issue 5, October 2012

News and Updates

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

Welcome to **Volume 8, Issue #5** of your newsletter. As we celebrate and remember the influence and practice of OIRF Advisor **Dr. Craig Wagstaff** who passed away unexpectedly last month, we dedicate this Issue to all of the brave and enlightened pioneers of this field as well as to those who now work to bring this knowledge into the future.

We continue our series of articles on current research into the causes and treatments of cancer with “Viruses: For and Against Cancer” by **Heinrich Schürg**. That article is supported by a review of a study published in The Lancet Oncology by **Catherine de Martel, MD** and several others.

Your “Advisors’ Corner” article in this issue is from **Dr. Ted Cole** on the treatment of “Allergies Using Pulsed Electromagnetic Field Therapy”.

As one of your OIRF directors I urge you to consider my editorial “Is

There a Crisis in Biological Medicine in North America?” I ask for your rebuttals, comments, questions and suggestions!

Add to this an interesting (patient oriented) ‘**WebWatch**’ item, and another reminder about our **Legacy Project**, and we have a very full and informative Issue as we finalize preparations for the Biological Medicine Germany Tour #39.

If you missed the **Biological Medicine Symposium 2012** there are now videos available (with copy of Symposium manual). Here is your opportunity to hear the many respected speakers give their presentations.

Remember that the **MORA Nova** is now available for rapid delivery and will quickly and easily fit into your everyday practice. Call for order information.

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

In health . . .

Carolyn

CONTENTS

News and Updates

Carolyn L. Winsor-Sturm Page 1

Passages & Announcements

Passages/Announcements Page 2

In Memory: Dr. Craig Wagstaff Page 3

Activities & Seminars Page 22

Calendar of Events Page 23

News & Updates Page 24

Journal Watch

Viruses: For and Against Cancer Page 5

By Heinrich Schürg

Advisors' Corner

Treatment Approach to Allergies Page 13

Using PEMF

By Dr. Ted Cole

The Crisis in Biological Medicine Page 15

in North America?

By Carolyn Winsor-Sturm

Points of Interest

Global Burden of cancers Page 12

attributable to infections in 2008

From The Lance Oncology

By Dr. Catherine de Martel, et. al.

Legacy Project Page 18

By Carolyn Winsor-Sturm

WebWatch Page 21

Features

A Tour of Dr. Sturm's Page 26

Therapy Office

2012 Symposium DVDs Page 20

Ionized Oxygen Therapy Page 29

VNS Diagnosis Page 30

BioPhoton Therapy Page 31

MORA Nova Page 32

Magnetic Field Therapy Page 34

Membership Renewal Info Page 35

PASSAGES & ANNOUNCEMENTS:

October Updates

Membership Renewal: Once again we are nearing renewal time for your OIRF Research Associate membership. A new application is attached at the end of this newsletter. There are discounts for referring another practitioner to us and for early renewal. This is one way that you can support the ongoing work and research of Occidental Institute. Call us toll free at 1-800-663-8342 or email us at support@oirf.com today to ensure that you do not miss any issues of “The Bridge” Newsletter.

Germany Tour: Registrations for this Tour Program have closed. Although a very small group this year, we are looking forward to this exciting and busy tour program. Note That Carolyn will be out of the office from 23 October through 13 November (officially although I return home a few days earlier). Elaine will keep the OIRF offices open to handle all of your questions and orders during regular office hours of 8:30 AM to 4:30 PM Monday to Thursday and 8:00 AM to 12 Noon Fridays, Pacific Time Zone.

Symposium DVDs: Call 1-800-663-8342 today to order your set of the Biological Medicine Symposium 2012 DVDs. Price of \$500 + shipping includes the Symposium Manual.

MORA Nova: As more of these innovative new devices are placed into clinics and practices around the world we are starting to see opportunities for further seminars and workshops. Dr. Dhanani, Dr. Cole and Carolyn will be getting some special training while in Germany prior to the start of the tour program and we look forward to sponsoring a seminar/workshop in the near future.

IN MEMORY



Stuart Craig Wagstaff, ND

*** March 15, 1955 – † September 27, 2012**

This year Craig celebrated 30 years of naturopathic practice. He was a rare and gifted man who positively influenced the lives of thousands of people with his knowledge, wisdom and caring. He humbly gave of his time, scholarship and mentorship to any and all he encountered. Craig was a lifelong learner who travelled the world seeking knowledge that would benefit his patients. Craig was a specialist amongst naturopaths and was a sought after lecturer and teacher in North America and Europe. His loss will be hugely felt by his community; family, patients, colleagues, students and friends.

In lieu of flowers, please share your support with one of Craig's favorite charities; your local Food Bank, Salvation Army or the SPCA. A legacy trust will be established at the National College of Natural Medicine in Portland, Oregon. Dr. Karin Wagstaff, ND will continue practice at the Winfield clinic. Condolences may be sent to the family by visiting www.mem.com.

A Legacy Fund has been established in Craig's name at The National College of Natural Medicine, 49 Southwest Porter Street, Portland, Oregon 97201 or for more information call (503) 552-1555.

Tuesday, 02 October 2012



I am sitting at my desk once more with tears in my eyes and great sadness in my heart at the news this morning from Dr. Karin Wagstaff that her husband, partner and friend **Dr. Craig Wagstaff** passed away unexpectedly late last week. From my own personal experiences some eight years ago when *Dr. Walter Sturm* passed away, I understand how difficult this time is for Karin. I offer my prayers and support for her, their family and their staff and I hope they will find comfort and understanding as they grieve this great loss.

As I remember back through the many years that Craig has been a part of OIRF as a member, a teacher, an advisor and as a strong supporter and proponent, I think of his friendship, his laughter and his ready smile. His efforts to utilize the best methods to help his patients, and to teach and mentor new practitioners into those methods, have earned our utmost respect and support.

Even as my tears fall for my personal loss of my friend and colleague, I am even more heartbroken for our field of Biological Medicine as we grieve the loss of yet another pioneer. As I say my goodbyes to Craig, I am saddened by this great loss on so many personal and professional levels. Let us honor him and remember him as the friend, colleague, teacher, researcher and healer that he was. May his work continue to guide us into the future.

Be at peace my friend . . .

Carolyn

Carolyn L. Winsor-Sturm
Managing Director



Just after his last lecture for OIRF at the Biological Medicine Symposium 2012 in Vancouver, BC Canada.

Following our general E-announcement on 12 October 2012 about Craig's passing, many of you have written with condolences and sympathy. All of those messages will be forwarded to Dr. Karin Wagstaff and family. But here is one that touched me greatly:

I only met Craig in person at the June 2012, Vancouver Symposium and was struck by his insight, compassion, and love of his work. He had a great smile and presence. I am saddened and wanted to let you know that I share your loss. I can only hope that he, Brian, and Walter are behaving themselves wherever they may now be.

As ever,

Jeremy E. Kaslow, M.D., F.A.C.P., F.A.C.A.A.I.

With grateful thanks to all who have written. CLWS

Viruses: For and Against Cancer

By Heinrich Schürg

**From an article in Naturheilpraxis mit Naturmedizin, Vol. 65, June 2012
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Prompt
Translation & redaction by: Carolyn L. Winsor, OIRF**

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Introduction: Since the causal connection between the papillomavirus and cervical cancer was investigated, such a [*connection*] also seems to exist with other tumor and virus types. On the other hand, the use of “vaccination viruses” in the tumor fight is also explored in the framework of virus therapy. Oncolytic viruses are able to increase selectively in the tissues of the tumors and metastases and to attack these. An effective point of attack could also be identified by the evidence of stem cells in the tumor conglomerate. For virus therapy mild or acute reactions are drawn into the calculation, i.e. “vaccination damages” as they are documented in various vaccination procedures. In “natural healing observations” this hundred year old research project in the area of cancer origin is shown in connection with microbial infections as well as a case in a naturopathic practice.

Viruses – The Cause of Cancer?

In 2008 Professor Dr. med. Dr. h.c. mult. Harald zur Hausen* received half the Nobel Prize for Physiology in the area of Medicine. In decades of research and against considerable resistance from professional circles, he has proven and cleared up about how the papillomavirus causes cervical cancer. On the occasion of his speech in the Karolinska Institute

in Stockholm, Sweden Prof. zur Hausen expressed his evaluation “that today more than 20% of the worldwide cancer illnesses trace back to infection illnesses” [1]. Liver cancer is to be considered as another example of a virus initiated tumor illness, which in accordance with a 2002 study carried out in Taiwan seems to stand in causal connection with the Hepatitis-B virus [2].

* All of these initials and abbreviations mean: Dr. zur Hausen is a university professor, a medical doctor and has multiple honorary doctoral degrees.

Prof. zur Hausen together with coauthor Katja Reuter wrote the book “*Gegen Krebs. Die Geschichte einer provokanten Idee*” [“Against Cancer. The History of a Provocative Idea”] containing the dedication “For all scientists who pursue original ideas, and those who encourage it.” [See Annotation 1]

One of the objectives of current research called for Prof. zur Hausen to grant interviews within the framework of the scientific journal “Nature” [3]. Asked for a clarification about his statement that colon cancer can be in connection with a virus which is contained in raw or half cooked beef, he explained the investigation for such a virus certainly resembles the search for a needle in a haystack. But with the advance of sequencing technologies the discovery of many other viruses in human cells is to be expected, and with it also cancer cancelling active substances. The bowel contains an enormous number of microbes. With many viruses it is a matter of bacteriophages. It is a complicated history whose resolution would take up a long time. At the same time he reminded [us] of the long time period required from clarification of the effect of HPV viruses until the proof of its relationship with cervical cancer.

Infections – “Co-causes” of Leukemia in Children?

In 2006 Professor Mel Greaves of the “Institute of Cancer Research” in London, England already published the most notable article to date under “Nature Reviews Cancer” on the subject “*Infection, immune responses and the aetiology of childhood leukaemia*” [4].

In his hypothesis (which needs further intensive research) he assumes that children suffering from leukemia already show a prenatal genetic disposition for this illness.

In one study published in the scientific journal “Science” in 2008, in which Prof. Greaves collaborated as a co-author, he gave a report on cancer cancelling stem cells which already exist in the fetus [5]. This influencing control on the genetic function may be considered as the main attack objective in the fight against childhood leukemia.

However Prof. Greaves also sees this as one of several cancer cancelling factors in a not sufficiently differentiated immune system – caused by too strong isolation in the quasi “germ free area” in infancy. The immune system later “over reacts” because with infections – for example through the confrontation with viruses – the necessary defense mechanism of the immune system is no longer “trained” accordingly.

However clarification of how the over reaction of the immune system – possibly caused by viruses – finally leads to leukemia is still pending and must remain the subject of further research.

Virotherapies – Vaccination Viruses for the Tumor Fight

“Nature” published an article in September 2011 about a clinical study which dealt with the application of viruses for the tumor fight [6]. The vaccinia virus, which had already proven itself within the smallpox protection vaccination, was

administered intravenously. This variation of the oncolytic virus developed by the researchers is able to selectively increase in the tissues of the tumors and metastases and to attack them. Through the thymidin-kinase gene lacking in the virus, normal cells are secure from an infection, while strongly rampant growing tumor tissues positively attract the virus, and its expansion is also facilitated by the high ability to penetrate the cell walls. Therefore with these kinds of genetically modified viruses there is a strong affinity to the tumor tissue.

On the one hand the effect could be that the viruses directly destroy cancer cells. On the other hand by getting dead cancer cells in the blood stream the immune system is stimulated to form antibodies and to fight the tumor also from this side.

In addition the viruses themselves serve simultaneously as carriers of information of the growth factors GM-CSF. This is likewise able to stimulate the defense reactions of the immune system.

In the course of the study it could be proven that the viruses were provable afterwards in the cancer tissue of about 87 percent of the study participants who had received a high dose. As a side effect influenza similar symptoms were emerging, while non-cancerous tissues were apparently not being damaged. These findings were of course verified even before the background of the great number of so called “vaccination damages” like for example as were vehemently stated by Gerhard Buchwald (1920-2009), and also take into consideration the statistically absolutely posi-

tive balance of the measles protective vaccination.

Of course, an effective virotherapy is not possible with one single intravenous vaccination. Further studies, of which already a substantial number are carried out worldwide, will deliver insights into the appropriate necessary dosages. Besides the use of the vaccinia virus also other kinds, like for example adenoviruses, herpes viruses, parvoviruses and paramyxoviruses, are in the test for clarification of their suitability both for their general as well as their tumor specific cancer control.

Parvoviruses to which the human immune system reacts only after about ten days – because it hardly confronts it – were recently used as a trial for the treatment of a glioblastoma in the University Clinic in Heidelberg. Professor Jean Rommelaere initiated the therapy in the German Cancer Research Center in Heidelberg. The use of the Parvovirus H1 was considered advantageous because in the human organism still no immunity against it exists and at first no defense reaction occurred. Also intravenous vaccination took place with this therapy (alternatively the possibility of an injection directly into the tumor existed) where the viruses eliminate tumor cells on the basis of their genetic composition. However results of the approved experiments from the Paul-Ehrlich Institute in Langen are not to be expected before a period of one year [7].

Oncolytic viruses were already mentioned in 1904 in the literature, however they fell into oblivion for nearly 100 years and are presently being further

followed up intensively for their potential. Their impact consists in that they infect the tumor cells and destroy them within the framework of the lytic cycle of virus replication [8].

In the University Clinic in Tübingen they experimented for some years with a weakened measles vaccine with the same objective. In the University Hospital in Zurich they want to steer “microbial medications” into the tumor cells via blood stem cells as the “Trojan Horse” in order to destroy them from the inside out.

Are there stem cells in tumor conglomerates? At this time this possibility is controversially discussed. Hypothetically they should exist. And if they exist they should be the actual cause of neoplasms and their relapses.

The Canadian researchers D. Bonnet and John Dick, University of Toronto, have observed that acute myeloid leukemia (AML) can only be transferred to mice by certain selected leukemia cells. The fact of fewer tumor cells leads us back to the stem cell qualities. In the meantime, similar cells were also found in different tumor masses, e.g. in breast cancer.

In the next step of their research substances were sought which destroy these cell systems or drive them into “suicide” (apoptosis). Then they came across an antibiotic which is used in cattle breeding: Salinomycin!

With in-vitro experiments the supposed stem cells were killed 100 times stronger than with the cancer remedy Paclitaxel (substance from the Pacific yew tree – *taxus brevifolia*).

Herewith a new beginning would be given to cancer therapy. In what way these results are transferable to a human, further experimental studies must first be shown [9].

Adenoviruses were already used for a long time as the ‘taxi’ for gene therapies. Now they should be used as an infection material for tumor cells against malignant melanoma – in any case according to private university lecturer [Assistant Professor] Nettelbeck at the University Dermatological Clinic Heidelberg. According to previous explanations, particularly parvo- and adenoviruses are interesting for clinical research.

However, are Parvoviruses Harmless?

The usually harmlessly proceeding Parvovirus B-19 infection (erythema infectiosum / fifth disease) may serve as an example. This virus has a distinctive tropism for erythropoietic precursor cells which infect it lytically. On the whole this infection usually runs asymptotically. Nevertheless, if the hemato-poietic and immunological initial condition is not stable enough, life threatening aplastic crises can occur [10].

Will diffusing this pathogenicity succeed through genetic engineering?

The same is considered for the oncolytic therapy beginning with Adenoviruses. This virus group strikes with infections primarily in the respiratory tract, the lymph, the mucous membrane system, the eyes and the intestinal tract. Out of

about 80 serotypes nearly 50 are applicable as human pathogens. Most infections run mildly. Nevertheless, with immune suppressed people, delayed after-effects can emerge such as encephalitis, multi-organ manifestations, cardiomyopathy, Type 1 Diabetes.

There also remains hope that you do not open Pandora's Box with it. In any case from the start the immune situation of the patient is crucial whether a pathogenic virus in its infection strength releases a mild or acute reaction – see vaccination damages from smallpox vaccinations with regard to meningitis or in some cases the after-effects in children on account of an oral polio vaccination with peristaltic restrictions of the intestinal musculature. Only a stable, well balanced relationship of the virulence of the pathogens and the immune situation of the patient can guarantee that no iatrogenic damages appear. The recently published statistics from Finland with regard to the vaccination against swine flu makes one wonder that 80% of all children and teenagers underwent. In 68 cases, narcolepsy appeared after a short time. Worldwide 353 registered suspicious cases are indicated, where the number of unreported cases must be assumed to be much higher. As a trigger Adjuvant AS03 appears in the discussion [11].

(Source: FAZ 11.9.2011)

Natural Healing Comments

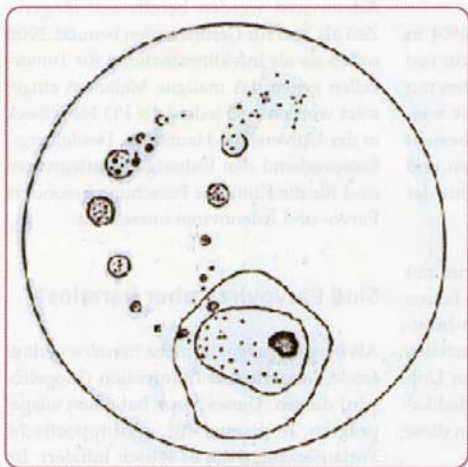
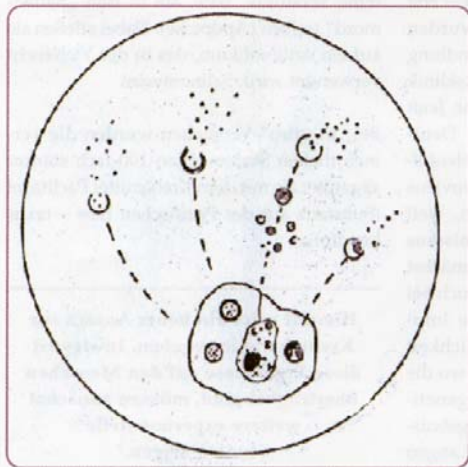
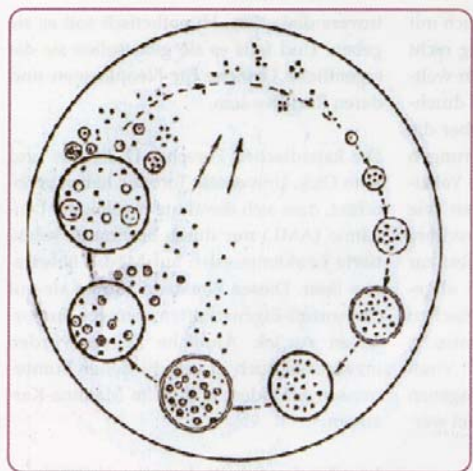
At the beginning of the 20th century Antoine Nebel (1870 to 1954) already described “blood microbes” which he had cultivated from carcinomas and sarcomas and called “*Onkomyxa*”. He divided

three of these so determined microbe stems into categories A, B and C, and considered them as mycetogenetic (fungus) which in the course of their cyclogeny also emerged in the form of bacteria and viruses. This work proves in any case that microbes possess a clear affinity to certain tissue structures (see Figure “Les Cycles ...” on next page).

Thus Dr. Nebel along with some other scientists belonged to the first pioneers who uncovered a connection between tumor and virus or fungus attack. His work and that of his colleagues cannot be highly enough rated if you consider that at his time the entire microscopy technology was in children's shoes. Regrettably further intense follow up of the microbiological investigation and cancerous effect was neglected.

In 1927 Julius Wagner-Jauregg (1857 to 1940) won the Nobel Prize for medicine with his formulation for “malarial therapy”. He had patients who were suffering from syphilis in the progressive paralysis stage infected with the malaria pathogen [*plasmodium malariae*]. At the same time it became apparent that the bacterium “*Treponema pallidum*” is destroyed by temperatures of over 41 degrees Celsius. The objective was to generate a fever reaction triggered by the malaria.

At the same time the fight against pathological processes by other non-pathogenic, avirulent, microbial development stages prove Dr. Freiherr von Seld, Prof. Enderlein and Dr. v. Brehmer. Particularly worth mentioning is the discovery of Prof. Friedmann. With his so called “turtle vaccine” [12] he had almost wiped out the national



Dr. Antoine Nebel: "Les Cycles d'evolution des parasites du cancer humain" [*The Cycles of evolution of the parasites of human cancer*]; Lausanne, Impr. Borel & Seiler, 1932

tuberculosis epidemic in Pestszébet, Hungary [13]. Unfortunately, he was also fought. The method applied by Prof. Friedmann was later supported on a wide basis by Prof. Enderlein and Dr. v. Brehmer and was also used among other things against cancer. Although many successes were recorded, the whole procedure went more and more into the background, not the least by propaganda from elitist circles and state restrictions.

In the area of natural healing cancer patients appear over and over again whose past infections have at least weakened the immune system and thus the precondition was laid for a precancerosis. This weakening of the immune system can be fought with different measures. In the search for such a concept one comes across the little book by Rudolf Breuß "*Krebs – Leukämie – Ratschläge für Krankheitsfälle*" [*Cancer – Leukemia – Advice for Illness Cases*"]. Here a juice cure is recommended which can be absolutely valuable for the purpose of an improvement of the vitality in heavy cases and hence is already advisable. According to the research of Professors Danny Burke and Gerard Potter, Salvestrol**, which contains mainly the "juice mixture of beet root, carrots, celery, [large white] radish and potato", seems to have caused the healings described by Breuß.

Finally as far as the connection between cancer origin and microbial infection is concerned, only one case from a naturopathic practice shall be described:

** Salvestrols are natural compounds in the diet which are converted inside diseased cells, by a specific enzyme, into compounds that can destroy the diseased cell. They are part of a natural rescue mechanism and may be essential to maintain good health.

Olivier C.-M., 45 years old

Diagnosed adeno-cystic carcinoma 1995 in neck area of the left submandibular gland and removed with subsequent irradiation.

Relapse 2009 in the parotid gland and lung metastases without operation, however irradiation. To date light growth. In the constant mucous secretion in the bronchi it was clinically proven: Mycoplasma pneumoniae, Haemophilus influenza, Monilia albicans. By means of BFD*** could be proven: Bacterium pyoceaneus, Scarlatimun, Mycoplasma pneumoniae.

*** BFD here stands for Biological Functions Diagnosis, an intermediary point and medication testing method developed and utilized in the years between EAV and the introduction of VEGA.

To what extent these microbe groups are/were road-preparing or trigger factors cannot be said afterwards because every form of cancer development is always a multifactorial problem. But the fact of its presence proves the affinity of infectious material on the tumor situation.



Heinrich Schürg
Wiesbaden, Germany

Annotations:

1. Harald zur Hausen, Katja Reuter: Gegen Krebs - Die Geschichte einer provokanten Idee, S. 279, Rohwolt Verlag GmbH, Reinbek bei Harnburg. 2010
2. Ebda. S. 316
3. Nature, Volume 478, S. 12, 13. Oktober 2011
4. Nature Reviews Cancer 6, 193-203, 1.3.2006
5. Science 18.1.2008, Vol. 319, No. 5861, pp. 336- 339
6. Breitenbach et al.: Intravenous delivery of a multi-mechanistic cancer-targeted oncolytic poxvirus in humans, Nature 1.9.2011, Vol. 477, pp 99-102
7. Viren gegen Krebs, Frankfurter Rundschau, 7.12.2011
8. Doc Check Flexikon
9. Mammakarzinom - Erstmals Wirkstoff gegen Tumorstammzellen. Deutsches Ärzteblatt. 14.8.2009
10. Deutsches Ärzteblatt 1996; 93 (43)
11. Quelle: FAZ 11.9.2011
12. Eine aus Kaltblüter-Tuberkulose abgeschwächte Form, die auf Warmblüter nicht mehr pathogen wirkt. (Vergleichbar mit der Pocken-Impfung).
13. Petra Werner: Der Heiler - Tuberkuloseforscher Friedrich F. Friedmann, Köhler & Amelang, Verlagsgesellschaft mbH, München, Berlin, 2002, S. 236
14. Wolfgang Spudy: Schutz- und Abwehrsysteme des Organismus, Der Heilpraktiker, Januar 2012, S.10-14

The following study was mentioned in the same issue of Naturheilpraxis under the heading "Every Sixth Cancer Case Worldwide is Caused by Infections"!!

POINTS OF INTEREST

The Lancet Oncology

Volume 13, Issue 6, Pages 607-615, June 2012

Doi: 10.1016/S1470-2045(12)70137

Published online: 09 May 2012

Global burden of cancers attributable to infections in 2008: a review and synthetic analysis

Catherine de Martel MD, Jacques Ferlay ME, Silvia Franceschi MD, Jérôme Vignat MSc, Freddie Bray PhD, David Forman PhD, Dr Martyn Plummer PhD

Summary

Background

Infections with certain viruses, bacteria, and parasites have been identified as strong risk factors for specific cancers. An update of their respective contribution to the global burden of cancer is warranted.

Methods

We considered infectious agents classified as carcinogenic to humans by the International Agency for Research on Cancer. We calculated their population attributable fraction worldwide and in eight geographical regions, using statistics on estimated cancer incidence in 2008. When associations were very strong, calculations were based on the prevalence of infection in cancer cases rather than in the general population. Estimates of infection prevalence and relative risk were extracted from published data.

Findings

Of the 12·7 million new cancer cases that occurred in 2008, the population attributable fraction (PAF) for infectious agents was 16·1%, meaning that around 2 million new cancer cases were attributable to infections. This fraction was higher in less developed countries (22·9%) than in more developed countries (7·4%), and varied from 3·3% in Australia and New Zealand to 32·7% in sub-Saharan Africa. *Helicobacter pylori*, hepatitis B and C viruses, and human papillomaviruses were responsible for 1·9 million cases, mainly gastric, liver, and cervix uteri cancers. In women, cervix uteri cancer accounted for about half of the infection-related burden of cancer; in men, liver and gastric cancers accounted for more than 80%. Around 30% of infection-attributable cases occur in people younger than 50 years.

Interpretation

Around 2 million cancer cases each year are caused by infectious agents. Application of existing public health methods for infection prevention, such as vaccination, safer injection practice, or antimicrobial treatments, could have a substantial effect on the future burden of cancer worldwide.

Funding

Fondation Innovations en Infectiologie (FINOVI) and the Bill & Melinda Gates Foundation (BMGF).

[http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(12\)70137-7/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(12)70137-7/fulltext)

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

A Treatment Approach to Allergies Using Pulsed Electromagnetic Field Therapy

By Theodore J. Cole, DO, NMD
(OIRF Medical Advisor)

Dr. Cole can be contacted by e-mail at: tedjcole@gmail.com

© Copyright 2012, Dr. Ted Cole, Cincinnati, Ohio, USA

Allergy is one of those topics that generate a great deal of debate. There is even disagreement about basics, such as what allergies are, the mechanisms of allergy reactions, methods of testing, etc. I am not going to address these issues here, as there are volumes of information available. Rather, I am going to present a brief description of a method of therapy I've developed by combining and expanding two separate approaches.

Sensitivity Removal Technique (SRT) is an allergy therapy developed by **Sherri Tenpenney**, DO. SRT itself was developed from NAET and other similar approaches.

The process of SRT is outlined below:

- 1) The patient is checked for switching, which is a disruption in the electromagnetic field of the body. If present, it must be corrected or therapy is postponed.
- 2) On the first visit, the patient is checked for a relative degree of toxicity. If their toxicity score is too high, they must first go through two weeks detox before starting therapy.
- 3) Muscle testing is used to determine which agent(s) a person is reacting to. The first three treatments are typically standard for everyone, covering a wide variety of items. After the third treatment, ferrum met. is used to determine which agent a patient will be treated for on each visit.
- 4) The items that the person reacts to are placed in contact with the patient. In addition, a finger stick blood sample is taken, and is used in every treatment.
- 5) Once these items are in contact with the patient, they are checked for finger positions (mudras), which represent how an area is affected. The patient holds these fingers together throughout the rest of the testing. The positions and indications are:
 - (a) Thumb and first finger touching to form an O: Anatomy
 - (b) Thumb and second finger: Physiology
 - (c) Thumb and third finger: Emotional
 - (d) Thumb and little finger: Circulation

-
- 6) Next, the organ affected is found by touching the appropriate contact points on the body. The corresponding sarcode is then added to the above items.

In SRT, the next step is treatment using acupressure while in contact with all of the above items. Although this approach has good success, I believe that there are more effective interventions than acupressure for this purpose. In addition, there are items not contained in the usual SRT allergy set that require attention. In response to this, I added a number of items to expand coverage.

I also dropped the use of acupressure and replaced it with Pulsed Electromagnetic Field Therapy using the Medisend Super device produced by Advanced Medical Systems. We use the frequencies of 3.0/300 with an intensity of 3 for 10 minutes per treatment as listed in the Medisend Super III manual. All of the items tested for above are placed in the Medicine Cup during the PEMF session.

Once the treatment is finished, the patient must not eat or drink anything other than purified water from a glass container. In addition, for the second treatment ONLY (the session for chemicals), the person must not touch any items that might expose them to any environmental chemicals.

There are no time limits (other than the three hours) on the frequency of treatments. Most people will need between 15-20 sessions. The sessions are painless and non-invasive, making this an ideal approach for children and the needle phobic.

We have used this approach for less than a year, and don't have firm statistics regarding results. However, a preliminary review is very positive, indicating response rates near or above 90%. I'll continue to follow the results and report at a later time with more definitive numbers. In the meantime, I suggest that you look at more information regarding SRT and PEMF and consider adding them to your list of options for patients.



Dr. Cole will lecture on his experiences with PEMF at a scheduled Symposium within the Medicine Week Congress, and the 39th Biological Medicine Tour to Germany program includes a special English language seminar and workshop on the use of these devices.

As well, for the first time in many years, **Advanced Medical Systems** has just announced a 6% price increase on most items. The additional funding received from this price increase is being applied directly to EC and international certification and registration procedures which have been recently instigated.

Please contact Elaine at 1-800-663-8342 for a current price list and visit our website at www.oirf.com for descriptions and further details.

*An **editorial comment for Affiliates**, published October 2012
by Occidental Institute Research Foundation . . .*

The Crisis in Biological Medicine in North America

By Carolyn L. Winsor-Sturm
(OIRF Managing Director & CEO)

Mrs. Winsor-Sturm can be contacted by e-mail at: support@oirf.com

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Over the past few years we have witnessed the continuing losses of the men and women who pioneered this field of Biological Medicine, and who have struggled so hard to find, research and apply those methods which are most effective. However even in light of these losses, I cannot yet see where the “next generation” – the “younger” practitioners – are stepping forward to take on the research work necessary to support the continuation of these methods into the future.

Think about all those we have lost in the recent past. They include our own Walter Sturm, Brian MacCoy, and now Craig Wagstaff. Retirement has claimed those like Sandy Wood and Chrystyne Jackson. Added to this are the losses of the great German researchers like Helmut Schimmel, Franz Morell, Erich Rasche and so many, many others. Is their work and research simply to be lost? Where are our new (and younger) practitioners going to learn the necessary history and supporting research to make intelligent decisions regarding tools and methods?

I perceive that those of us within Biological Medicine have reached not just a crossroads, but rather an actual crisis. Especially here in North America if we are to continue bringing this field into the future, we must look toward a number possibilities – many that I have touched on in previous editorials (or rants as my staff like to call them):

- [There has to be](#) cooperation between the legitimate providers of services, products, devices and remedies.
- [There has to be](#) a concerted effort to differentiate between:
 - those methods or devices which are knockoffs,
 - those which are truly effective, and
 - those which are totally unreliable or deceptive.
- [There has to be](#) an influx of educated, trained and dedicated new practitioners willing to place these methods into their practice.

I have to be honest with all of you – this is the fortieth (yes, the 40th) anniversary of Occidental Institute. I am a founding director and even though I am dating myself in admitting that, it is important for everyone to realize that “my generation” is getting worn out! We have fought the good fight for too many years to walk away, but who is going to take us into the future?

So many times as I put the newsletter issues together, or when I have the opportunity to meet you at a conference, I feel like I am “preaching solely to the converted”. I see MORA devices that are still in effective daily practice after 28 years(!), but fewer and fewer new models being placed into current practices. The effort needed to bring new and younger practitioners into the Institute, and to educate or train them sufficiently to utilize these long standing effective methods in their practices, becomes more and more difficult with the proliferation of knockoffs (both methods and devices) which give no credit to the original researchers. And I see this as the crux of our crisis in this field.

Even though many of the “older” technologies like MORA BioResonance and EAV diagnostics have been redesigned, updated and modernized, why are we losing the legacy of their history and pedigree as we lose those honored and valued pioneers one by one? As time goes on, we can no longer rely on the pioneers to remember all the details and to teach us – because those “old rabbits” are leaving us due to illness, retirement and now more often death.

I know that this field of Biological Medicine is exploding with new information, new research, new devices, new remedies and new products. And truly that is the wave of the future. All these new tools are packaged attractively and marketed aggressively, and there is no doubt that the glitz appeals to the newer practitioners. Of course, nothing can ever stay the same and there should be constant improvement. However, it is only that legacy and history of research and efficacy which can clarify our decisions about those new developments, new research and especially new products.

OIRF is working diligently to achieve new Health Canada and US F&DA device registrations, but it is only with many practitioners and patients learning about and asking for these therapies that we in the field of Biological Medicine will finally achieve the respect, acceptance and legitimacy that we deserve – not to mention the extensive funding required to complete such expensive projects.

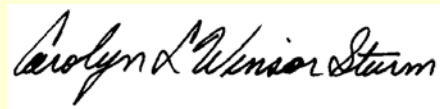
OIRF is actively promoting cooperation in the field by arranging cooperative events and activities with various other organizations (including **BioMed Int’l** and **Prevention and Healing**) to ensure a united approach to promotion of the most effective products in this field of Biological Medicine.

But to reverse this crisis – or make the right choice at this crossroads – [we need your help!](#) Please support your Occidental Institute as we continue to preserve this knowledge and teach it to more and more practitioners.

For example, it is almost time to renew your OIRF membership for 2013 and you will find a new application form at the end of this Issue (there's even a renewal discount). Then, help us build the OIRF membership rolls back up to previous levels of 500 members per year by recommending us to one or two of your colleagues and encouraging them to apply. Or, sponsor a membership for a student. Or, . . .?

We ask you to stand up and talk about Biological Medicine – not just to your patients, but to your colleagues. Do not hesitate to tell your colleagues about MORA BioResonance and EAV and Vega and BE-T-A and Homeopathy and the many other tools and methods in effective use today. These are the pillars of your practice and we do not want to lose them.

As I make my final preparations for the forthcoming **Biological Medicine Group Tour #39 to Germany**, I can feel the excitement building. Although a smaller group this year (which allows for much more personal interaction) it is a good mix of first-timers and many-timers and it is a great opportunity to introduce these methods to more and more practitioners. If you are not joining us for this tour program, be sure to watch for my usual report on our activities in the final 2012 Issue #6 of "The Bridge" due for publication in early December. And then join us as we move into a new year of activities and programs in 2013.



An Added Personal Note

I have been involved with Occidental Institute since its inception in July 1972 in Weston, Ontario Canada. In the intervening years I shared the executive administration with my husband Dr. Walter Sturm and since his passing in 2004 I have been the sole proprietor of Occidental Institute. I have in essence dedicated my entire professional career to the promotion, preservation and education of Biological Medicine in North America.

It is only through the support of our members and colleagues that the Institute has been able to continue this research work for so many years. As we move forward into the future of Biological Medicine in North America we will endeavor to maintain the quality and integrity of OIRF while addressing the changes and innovations of the present.

To preserve that integrity and research work into the future, we are seeking someone who is willing to take on an active role in promoting OIRF with a view to taking control over the complete organization within the next few years.



LEGACY PROJECT

This is a legacy project with a dual purpose. Initially our goal is to protect and preserve this information and the unique remedies that have been left to us. Secondly all funding will be used to support Occidental Institute and its research and work in this field.

All of these remedies were purchased over a period of nearly 30 years by Dr. Walter Sturm as a way to create working test sets for his medical office. Most of the “single” ampules were purchased in boxes of five or ten ampules and then one of those ampules was incorporated into Walter’s personally organized test sets.

The remaining 4 or 9 ampules were initially safely stored and have now been divided into four additional separate test sets. Because there are multiple copies of many of the unique test sets (Sanum, Pascoe, Heel, Nestmann, etc.) those duplicate test sets will also be included in the following 4 sets of remedies. Items such as the 10-amp KuF series were not duplicated and thus will not be included in the following sets.

Although I have not been able to keep up with cataloging all of the Staufen, Wala and Heel ampules since Walter passed away (a huge job for which we simply never found the time), at the time of his death eight years ago nearly 50% of the remedies in these sets (especially all the low potency items) had been discontinued. By now I estimate nearly 70-80% are no longer available through these companies. Most will not be available in true electronic (non-radionic) test sets.

There are five separate test sets:

- 1) **Primary set:** Walter’s complete set from his “seated test position”. He told us that he had at least 30,000 remedies at that position. All are methodically organized into the specially designed cabinets that were imported from Germany.
This set includes prepared test sets from numerous companies, personally designed test sets (like for Dr. Morell’s old punch card system which is now incorporated into the ETS software) and test sets from many smaller international companies.
Also included in this set are 10’s of thousands of individually sorted and organized “single” ampules representing every available remedy from Staufen, Wala, Heel, Nestmann, Kern (and so on). As well, there are multiple drawers of 10-amp boxes from Wala and Staufen (KuF series).
This primary set is not for sale (see pictures on next page).
- 2) **Set #1:** Complete set of all duplicate single remedies and test sets – **SOLD**.
- 3) **Set #2:** Complete set of all duplicate single remedies and test sets – **SOLD**.
- 4) **Set #3:** Complete set of all duplicate single remedies and test sets – 16,775 amps
- 5) **Set #4:** Incomplete set of all duplicate single remedies and test sets (from boxes which contained broken or missing amps, insufficient copies of test sets, etc.) – 16,200 amps

As we separated the sets we made a careful count of the number of ampules, test sets and remedies. We are not cataloging them in any way – we are not recording what amps are included nor the potencies.

For the Staufen amps we attempted to keep the remedies together within alphabetical groupings – all amps beginning with A, or B or M or whatever. They are not in order,

they are not organized and they are not listed. All amps were placed into the five-amp boxes. So, in other words you will be receiving a whole bunch of little five-amp boxes with five different ampules inside (or in the case of Set #4 a few of the marked boxes only have 4 amps with 1 amp missing). The Wala and Heel remedies were packaged similarly.

All of these remedies have been carefully and jealously guarded. They have been safely stored all these years (Walter first started his "collection" in the mid-1970's) with care taken regarding temperature, electrical/magnetic fields, etc. None of the amps have been touched with bare hands. All separation work with them was completed while wearing cotton gloves. The separated sets have been placed into steamer style trunks or bins. Packing, shipping and transportation is not included in the quoted prices.

In regard to the pricing, to purchase any of these premium ampules today (if they were available at all) you are looking at about CDN \$2.40 to \$3.40 per amp (or \$12 to \$17 per box of 5) – based on the Staufen order information from the RWS Software. The two remaining sets are available for \$2.00 per amp – you worry about packing and transportation. I think that is more than fair considering the rare and unique nature of the remedies. At this time, if you are serious about purchasing one set of these remedies, I ask you to forward a good faith deposit of \$10,000. The balance is to be paid prior to the time of pick up or shipment.

I trust your sense of respect for this incredible legacy that Walter has left us and hope that you will be able to help us continue to make this information available to all practitioners.



The Primary Set in OIRF Medical Office, above the arrangement of the cabinets with a few views of how the ampules and test sets are arranged.



Biological Medicine Symposium 2012

Diagnosis and Therapy Applications For Your Biological Medicine Practice

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

If you missed this important Symposium, here is your chance to hear all of the lectures from the comfort of your own office or home without traveling to Vancouver. **The full set of lectures on 12 DVDs with Symposium manual is available for \$500.** Contact OIRF office toll free at 1-800-663-8342 today to place your order.

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

Featured Speakers/Topics:

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

Mission Statement

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

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

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

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

OIRF Instrumentation Policy:

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



WEBWATCH

Dr. Oz has put together an excellent patient presentation about the effects of the use of **artificial sweeteners**. There are good examples of symptoms, some patient interviews and a segment on how to reduce/eliminate such sweeteners from your diet.

<http://www.doctoroz.com/episode/should-you-give-artificial-sweeteners>





The New MORA Nova
from Med-Tronik, Germany

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

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

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

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

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

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 Registrations now closed!
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, Karim Dhanani, ND

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

OCTOBER NEWS & UPDATES

Changes to Regular Office Hours

I must say that Elaine and I really enjoyed our Fridays off during this past summer. In lieu of holidays, and as so many of our members do on a regular basis, we opted to simply close on Fridays. The extra time spent with our families and (for me) just resting has been greatly appreciated and enjoyed. But I have to admit that trying to go back to the full work week after the Labor Day Weekend was difficult.

For this reason we have once again changed our regular office hours to allow us that bit of extra time on Fridays. And thus our normal hours are now 8:30 AM to 4:30 PM Pacific Time Zone Monday through Thursday and 8:00 AM to 12 Noon on Fridays.

During busy times and when necessary you know we will both be here on Friday afternoons, but with the phones turned off we can clear our desks a little easier. Thank you for your understanding and patience.

I remind you that we continue to offer our personal service and friendly response to all requests and contacts. There is no voice mail maze on our phones, no extension numbers and no impersonal automatic emails. We welcome your calls, letters and emails and will reply as efficiently and quickly as possible.

The MORA Nova

During the forthcoming journey and tour program in Germany we will be learning so much more about this incredible new device. As instructors **Dr. Karim Dhanani**, **Dr. Ted Cole** and Carolyn will all be receiving special training with this device, and there will be opportunities for tour participants to actually work with

the device and hear about its many features and developments.



In recent phone conversations I have heard about how one doc is working with an old MORA III that is 25 years old and another doc with a MORA Super that is 18 years old – and then there is that MORA Combi still ticking away after 28 years! The quality and effectiveness of the Med-Tronik devices is unmatched within the field, even in Germany.

But with devices that are working so well, why bother to upgrade to a new MORA Nova? It is a valid question and definitely depends on how you incorporate this true BioResonance Therapy into your practice.

Within a regular practice – whether or not you are currently working with an older model – I know you will find greatly improved ease of use and application with the newer technology. I certainly prefer the built in computer function that eliminates a ‘bunch’ of peripheral equipment and makes access to the Electronic Test Sets much simpler and faster. Note that all the Electronic Test Sets have been re-digitized and re-organized, and the software is fully re-designed for this new device. The three years of R&D behind this device along with nearly one year of clinical and field practice reassures me that this device is well worth the price to upgrade.

Personally, I am looking forward to the arrival of our own MORA Nova shortly

after I return from Germany and our registration applications with Health Canada will be submitted shortly after its arrival. Please contact Elaine for price quotes and order/delivery details. Although these units are in full production, they are being placed into clinics, hospitals and practices around the world and are in high demand.

Symposium Videos

We have complete sets of the 12 DVD's from the Biological Medicine Symposium 2012 prepared and available for im-

mediate shipment. Because many of you were unable to join us for this Symposium program, we made separate arrangements for videotaping of all the lectures.

Each of the main speakers was professionally recorded and DVD's are now available. The full set of recordings with a copy of the Symposium Manual is available for \$500 plus shipping (sorry Canadians also plus HST). You can contact Elaine at 1-800-663-8342 to place your order.

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

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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:

As we approach the end of another year and suffer the loss of yet another pioneer, I felt compelled to repeat once again why those tried and true methods that **Dr. Walter Sturm** used in his busy but highly specialized practice continue to be recommended so strongly by OIRF. And primarily, it is because these are the methods and techniques that have allowed so many practitioners to build a long term successful practice!

Join with me as I take you on a verbal tour of Dr. Sturm's office and his practice. As a "court of last resort" for many patients his approach was to charge one (quite astronomical) fee for each patient and then he could spend the time needed to personally work with them three times a week for a period of two to six weeks. The initial visit easily lasted four or five hours (with lots of breaks) and subsequent re-test and therapy sessions often lasted one or two hours. The purpose of this format was to permit the incorporation of whichever diagnostic or therapeutic methods were appropriate for that individual patient into the treatment course without having to bill each method individually.

His goal was always to reduce or eliminate as many medications as possible that the patient was taking and to teach the body to heal itself. For the naturopathic practitioner the incorporation of remedies and medications in the therapy is critically important (both for the approach to healing and economically within the practice). As a homeopath primarily, Dr. Sturm thought in terms of energy and energy information and because of his licensure and position with OIRF he seldom prescribed medication for any patient. Theoretically he certainly could have done such prescriptions, but he chose not to unless it was critically important for the patient to utilize the

actual substance on a chemical or reaction level – such as insulin. On the other hand, he was a strong proponent of prescribing and utilizing those German homeopathic medications which were registered and available in North America, such as SANUM and Heel.

Usually however, he turned to his basic triumvirate – his so called "three-legged therapy stool". Initially and with every patient Dr. Sturm used:

- 1) Inhaled Ionized Oxygen
- 2) BioPhoton Light Therapy
- 3) MORA BioResonance Therapy

To these were added the various diagnostic procedures (his choices remained with EAV, Performance 2001, BEV and the Vega DFM). He would have loved the AMSAT (fast and accurate segmental type diagnostics) had it become available before his passing. Additional therapies when needed included pulsed electro-magnetic field therapy, laser for pain and color therapy. In light of his research and teaching position with OIRF he was fortunate to have access to all of these techniques (including VEGA) and was able to assess the areas of greatest effectiveness for each method. However, if he had gone into private practice, he would have maintained the previously mentioned triumvirate as his basic and most often used techniques.

Why would Dr. Sturm (and many, many others including Dr. MacCoy, Dr. Wood and Dr. Wagstaff) choose to use that triumvirate as the basis of their practice?

Step One is Inhaled Ionized Oxygen.

This was the first method every patient experienced in Dr. Sturm's office. With the push of a button on the *VNS Diagnosis 3000* an appropriate therapy program is chosen (based on their state of

vagotonia or sympathictonia) and sent to the *Oxygen Ion 3000* (both from CSTronic and according to **Prof. Dr. Ivan Engler**). Therapy begins with the push of one more button. Easy, simple and delegable. But what does it do? Pure oxygen from either a tank or a concentrator is forced through the ionization chamber of the Oxygen Ion device and delivered to the patient via a mask. The patient is breathing pure oxygen that has been given a positive or negative charge (change of spin). The patient is simply breathing oxygen the way we normally breath, however because the body does not need to process or filter that oxygen it becomes a pure and natural energy donator. Thus, we have given the body pure energy that allows the healing process to begin – and relaxes all the little stresses and problems of the day (the traffic jam getting to your office, last night's hangover, the fight with their spouse, the teenager that annoyed them, etc., etc.) before you start your diagnostic process. We have simply given the body energy and evened out the playing field.

Step Two is always **BioPhoton Light Therapy**. As we learned from **Dr. Fritz-Albert Popp** (another genius and pioneer who has recently retired due to illness) BioPhotons are the small quantum of light. It is via BioPhotons that cells communicate and transfer information, in other words using light particles as the primary carriers of information in the body. Using the *HPT 3D HyperPhoton* device from Medical Electronics, one simple BioPhoton therapy session (either Alpha frequency on the head or Poly frequency on the body) is giving the body the information about how to communicate this healing energy. Again, therapy begins with the push of one single button and automatically stops approximately 8 minutes later – easy, simple and delegable. Even before the

next step in this cycle we have already started the healing process. For pain or trauma a second therapy session can be added later in the cycle.

Step Three was then **diagnostics**. What is it that this patient needs? What is the cause of the discomfort or illness? And what direction do we need to take in order to focus and promote the healing process? Here, Dr. Sturm believed you could never have enough toys (you know that guy thing). He always primarily relied on EAV (with an old RM-10S and also the diagnostic portion of the MORA) which is a technique that he first learned in the late 1960's, where he felt comfortable and skilled, and for which he had collected that amazing set of actual homeopathic remedies and test sets. He also incorporated BEV and the Vega DFM. In this step he spent a lot of time, laughing (often singing) and talking with the patient, and he called himself the ultimate private detective. He delighted in back tracking or determining the cause and origin of the patient's disorder and we always heard loud whoops of triumph (from both Walter and the patient) when that initial cause was discovered.

Then moving into **Step Four**, the therapies become more individual and designed specifically for that patient. **MORA BioResonance Therapy** from Med-Tronik was always at the top of the therapy list. This therapy 'reads' the patient's own energy and information, processes it (filtered and/or inverted, etc.) and gives it back to the patient as their therapy. We have given the body the energy to heal (IO₂), we have taught the body how to communicate that healing energy (BioPhotons) and now we must teach the body how to utilize that energy. Whether you utilize remedies, or strictly MORA Therapy in essence here

you must give the body the information it needs to bring about the healing process.

For many disorders, Dr. Sturm also added **Pulsed Electro-Magnetic Field Therapy** from Advanced Medical Systems with great success and effectiveness. And, of course you can always go back and run a quick diagnostic re-test to determine that your therapy has been effective and has actually started the healing process.

All in all, it is a time consuming and complicated process. It is also a process that often will not fit into a busy and fast paced private practice (as so many of you face). However the concept of the process and the application of the three basic devices can easily be incorporated

into any modern practice and readily combined with existing methods already in place.

Once again I have added basic information on the four therapy methods mentioned here. It's not fancy color brochures but you can get the idea. There's more information on our website at www.oirf.com and we welcome your phone calls and emails with enquiries, questions and comments.

Once again I ask you to join with OIRF and help us to disseminate this critical therapy information and to bring new practitioners into the knowledge of their effectiveness. Here now are our "Features of the Month" for October.

Following here are the information sheets on the Features of the Month. And that seems to bring Volume 8, Issue #5 to a close. I trust you will find much of interest in these pages. We look forward to meeting you during our 40th Anniversary year of activities, celebrations and innovation. As always your comments are welcome. Remember that this is your newsletter – your suggestions, article contributions, critiques, FAQ's and compliments are gratefully accepted.

That's all folks until your December Issue #6 which is scheduled for publication in early December (after my return from the Germany Tour). We will be featuring an article from **Dr. Sir Zenon Gruba** and I've already got another journal article translation picked out and underway.

Published in Canada

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

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

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

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.

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- 2 channel technology
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- 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:

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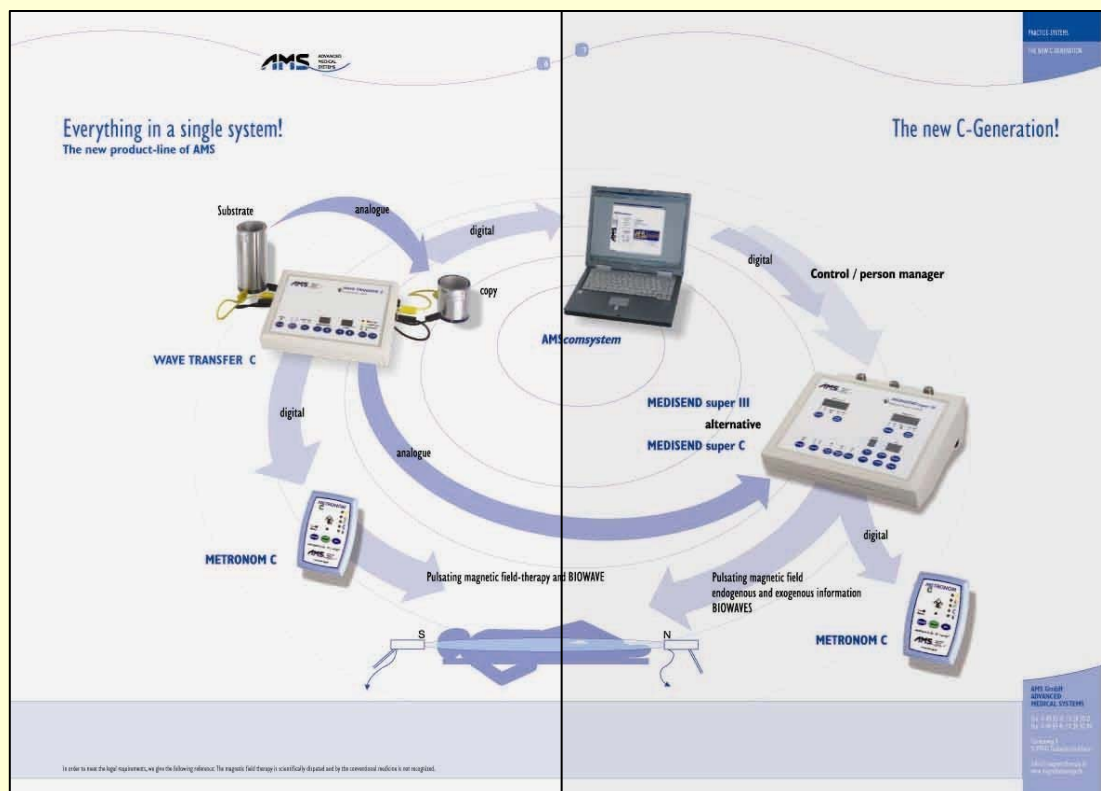
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Occidental Institute functions as an information and technology bridge linking top German practitioners and suppliers involved with aspects of Biological Medicine, with progressive English-speaking practitioners.

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