THE BRIDGE

Linking Practitioners of German Biological Medicine

Volume 11, Issue #10, October 2015

Tuesday, 20 October 2015

Dear Colleagues, Friends and Supporters of OIRF,

➲ The busy fall season with its full schedule of seminars, workshops, conferences and activities is well underway. We have a full registration for **OIRF's 42nd Biological Medicine Group Tour program to Germany**, and I (Carolyn) am really looking forward to meeting this interesting and elite group of practitioners in Germany in just one short week.

We will publish a report on the activities and events scheduled for this tour program shortly after I return to the office. Note that Carolyn will be out of the office from today (actually I'm already on the plane as you read this) through until 09 November 2015. Elaine will keep the OIRF offices open during my absence and can reach me for any emergency or crisis.

➲ And now, **welcome to Volume 11, Issue #10 of "The Bridge" newsletter!** We have recently learned that the annual article contribution from ***Dr. Tony Scott-Morley*** will also be delayed due to ill health. With the weeks and days slipping past so quickly prior to my departure I went looking through our archives in hopes that I could avoid adding a new translation project to my overloaded "Things To Do" list.

In many ways I dislike relying on articles and information that we have published previously since I know you are all looking for the "newest" and the "latest" information. However in my wanderings through those (really amazing) archives I found an interview taken from the ***raum & zeit*** (Space & Time) magazine from way back in 2001. Hmm, could I really use something that old?

As I started reading that interview between ***Mr. Hans-Joachim Ehlers*** (one of the publishers of the magazine) and ***Dr. Heinrich Kremer***, I was transported back to the Germany Tour program where Dr. Kremer came to speak to the group with ***Dr. Juliane Sacher***. These were days of great optimism – days when the hope of acceptance of this knowledge would allow treatment and healing for those afflicted with that "scourge of a sexual disease".

But those hopes have not come to pass . . .

As I read through this interview as translated by ***Dr. Walter D. Sturm†*** there were multiple times when I gasped – or chuckled – or just shook my head. This interview definitely bears repeating. His book, "***The Silent Revolution in Cancer and AIDS Medicine***" ["*Die stille Revolution der Krebs- und- AIDS Medizin*"] is available in paperback and hardcover in both German and English. I strongly urge you to get this truly revolutionary book if it isn't already in your library. Over the years we have heard Dr. Juliane Sacher (a colleague of Dr. Kremer from the early days of the AIDS "epidemic") talk to our tour groups about cancer, AIDS and vaccinations. Featured again in this Issue is that all important interview.

➲ Did you miss the **Gateway Foundation for Biological & Integrative Medicine** conference on "**Curing the Incurables"** in St. Louis earlier last month? Man, I gotta say you missed a good one! Nearly 120 participants heard such speakers as ***Dr. Dietrich Klinghardt, Dr. Garry Gordon, Dr. Dan Beilin, Dr. Jeremy Kaslow, Marguerite Lane, Dr. Michael Gurevich, Dr. Michael Rehme, Dr. Robert Cass and Dr. Simon Yu.*** An optional pre-conference workshop with ***Marguerite Lane, ND*** covered **MORA BioResonance Therapeutic Possibilities**.

But all is not lost or missed. Video recordings of all sessions are being prepared and will be available for purchase shortly. Follow this link for information on Aurora Recording and to find the order form for the conference lectures. The video recordings of the optional MORA Therapeutics workshop will be available through OIRF shortly – we'll let you know when we receive them.

➲ All of your 2015 Volume #11 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 11, Issue #10.

➲ 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

➲ Here are your newsletter items for this Issue #10 . . .

An exclusive (encore) ***article for OIRF Supporters,***
re-published Oct. 2015,by Occidental Institute Research Foundation . . .

An Interview with Dr. Heinrich Kremer

on the deadly mistakes of conventional cancer and AIDS therapists

By Hans-Joachim Ehlers†

From an article in Raum&Zeit, Nr. 114, Nov/Dec 2001
Translation & redaction by: Dr. Walter D. Sturm†, OIRF

"We are biological hermaphrodites in the evolutionary scheme of life!"

Raum&Zeit: Dr. Kremer, you have written a remarkable book, "Die stille Revolution der Krebs- und- AIDS Medizin" *("The Silent Revolution in Cancer and AIDS Medicine*"). First a question about what AIDS has to do with cancer?

Kremer: The appearance of a rare cancer form, Kaposi's sarcoma, was first reported 20 years ago among homosexual patients in their mid-30s in the U.S.A. This was a sarcoma affecting the inner wall cells of blood and lymph vessels. Other homosexual patients – either with or in most cases without Kaposi's sarcoma – suffered from fungal infections of the lungs and other organs. These were linked to a high fatality rate, since specific chemoantibiotics proved a failure. Most patients developed cachexia, a loss of body cell volume that could not be offset by nutritional means.

The common characteristic of these cancer and infection patients was functional loss of the cellular immune defense against intracellular disease pathogens, while the antibody defense against extracellular microbes remained completely intact or even increased. *This disease constellation* – cell mass loss, fungal infection and eventually Kaposi's sarcoma – was later called "acquired immune deficiency syndrome" or AIDS. **It was noticeable that this combination of symptoms** occurred in exactly the same manner among patients with organ transplants who had been treated since the 1960s with the immunosuppressive agent azathioprine to prevent rejection of foreign organs. Thus the link between cancer and induced cellular immunodeficiency (AIDS) was known to physicians in 1981.

The serious consequences of misdiagnosis

Raum&Zeit: Yet the clinicians reported at the time that previously healthy AIDS patients had not been treated by immunosuppressive measures.

Kremer: These diagnoses were correct superficially, but they were far removed from reality. Up to the present these erroneous diagnoses have led to one of the most absurd mistakes in modern medicine – and one resulting in the most serious consequences. Due to the completely identical symptoms, it would have been absolutely logical to ask if substances with immunosuppressive agents and a pharmacodynamic cell toxicity profile analogous to azathioprine could have been the cause of AIDS before having announced the appearance of a "new fatal sex and blood epidemic". One would naturally have had to search for substances that had not been medically prescribed for immune system suppression, such as in the case of organ transplants.

Raum&Zeit: Were there any such substances?

Kremer: Yes. Addiction to "poppers" among homosexuals was rife in the metropolises of the U.S.A. and Europe during the 1970s. It involved inhalation of nitrogen gases as sexual doping agents for sphincter muscle relaxation during anal sexual intercourse and for extended penis erection. Nitrogen gases, amyl nitrite, and other agents were found in scientific animal experiments to be extremely dangerous immunosuppressive substances. Anyone can read in medical publications on the first AIDS patients that they were all nitrite users. Nitrites and the 'aza' group of azathioprine have a comparable pharmacodynamic nitrogen profile. These substance groups form nitrosothioles and nitrosamines and thereby inhibit specific enzyme activity in the respiratory organisms of our cells, the mitochondria.

Raum&Zeit: What are the consequences?

Kremer: The result is blockage of oxygen-dependent cell respiration. The cells die or switch to energy production typical of cancer cells, namely through fermentation independent of oxygen.

Numerous studies during the 1970s also demonstrated that promiscuous gay men had by far the highest infection occurrence among all risk groups in the U.S.A. and Europe. Since 1969 the chemoantibiotic co-trimoxazole (Bactrim®, Septrin®), that contains the substance trimethoprim as well as a sulfonamide, has been viewed as a wonder weapon against multi-infectious incidence. Promiscuous homosexuals were the risk group with the greatest consumption of co-trimoxazole. According to a statement by the world's greatest Bactrim® (co-trimoxazole) producer, the Swiss pharmaceutical concern Hoffmann-La Roche, the drug is regarded as "one of the most successful substances that has ever been developed".

In reality Bactrim® (co-trimoxazole) is one of the most dangerous substances. It is prescribed for more than 5% of the population each year. Due to the structural analogy of the pharmacodynamic nitrogen profile for azathioprine and trimethoprim, the immune-suppressive characteristics of trimethoprim had already been tested on animals in England during 1970. The result was absolutely clear: trimethoprim, given in comparable doses as co-trimoxazole treatment among human beings, prevented rejection of skin transplants precisely as long as azathioprine. It was proved in 1971 that one of the most common AIDS indicator illnesses, systematic candida fungus infections, appeared after co-trimoxazole treatment taken according to the usual dosage and length of administration. It was demonstrated in 1981 that co-trimoxazole caused massive DNA damage in human cells immediately after a brief intake period. At the outset of the 1980s researchers administered antibiotics such as co-trimoxazole along with nitrogen gases in animal experiments. The animals developed cancer.

Raum&Zeit: Were the necessary conclusions drawn from these findings?

Kremer: Absolutely not. Although the causes of AIDS were obvious, the gay-male AIDS and cancer illnesses were explained as a mystery. Instead it was postulated that there had to be a “new virus” causing the illnesses. Otherwise one would have had to reckon on a pharmaceutical catastrophe with unforeseeable consequences. There were parallels in medical history. During the 1960s a massive outbreak of muscular and nerve damage with high mortality appeared in Japan and was viewed as mysterious. Virus researchers maintained they had discovered a “new virus” as the cause of these illnesses. This disease theory was accepted worldwide in all medical textbooks. Years later a few physicians noted that all these patients suspected to be infected by viruses had been treated with the Entero-Vioform® [iodochlorhydroxyquin] preparation from the Swiss pharmaceutical concern CIBA-Geigy. The preparation was withdrawn from commerce after liability suits, and no new cases of the disease appeared. The “new virus” had never existed. The antiparasitic agent Entero-Vioform® also had a pharmacodynamic profile toxic to mitochondria similar to azathioprine, co-trimoxazole, nitrites, etc.

Utterly wrong theories of disease

Raum&Zeit: In your book you document in detail that previous theories on the causes of disease and death involving AIDS and cancer are basically false. Why do virus cancer researchers dominate AIDS research to this day?

Kremer: A crucial clinical phenomena surfaced in cases of Kaposi cancer patients with organ transplants: If azathioprine was discontinued, even tumors the size of chicken eggs receded without leaving a trace. This fact strictly contradicted the cancer theory dominating up to the present that cancer is triggered by an irreparable mutation of the DNA nucleus and that cancerous tumors can only be “combated” by operations,

chemotherapy, and radiation. Transformation to cancer cells is regarded as irreversible. The disappearance of azathioprine-induced Kaposi's sarcoma among organ transplant patients endangered the theoretical structure of the profitable cancer industry. In 1971 then U.S. President Nixon called for a "war against cancer", and set in motion the greatest capital investment in medical history up to that point in time. It was primarily retrovirus cancer researchers who profited from this, though they have been totally unsuccessful to this day.

The appearance of Kaposi cancer among homosexuals and patients with immune systems weakened by toxic drugs brought the retrovirus cancer researchers to a simple but extremely viable idea from a commercial standpoint. As in Japan, laboratory techniques had been developed in order to fake the existence of retroviruses that one could indeed demonstrate with electron microscopy in birds and mice but never in human cancer cells. Researchers bred immune cells, which were reduced in the blood of AIDS patients, alongside leukemia cancer cells. In addition, this cell culture was stimulated with highly oxidizing substances and the growth factor interleukin-2. The stress proteins exported from this cellular mix and a repair enzyme protein were explained exclusively as indirect markers for infection of these cells by a "new retrovirus". Later it was also possible to determine the synthesis of these proteins induced by pro-oxidative cellular stress in other human cells. Thus they produced the assumed "new immune deficiency virus, HIV". In other words, as in the Japanese example, the "new virus" had never existed. However, once these human test proteins were brought into contact with human sera, they logically prompted an antigen antibody reaction, just as with other foreign proteins – as well as in the sera of healthy test subjects.

Thus researchers knew that these reacting proteins, stimulated in AIDS and cancer cells with all possible antibodies, also reacted in blood serum of healthy patients who were beyond suspicion of having been infected by the presumably "new fatal HIV". Yet, since they also knew that most AIDS patients showed increased polyspecific antibody levels, the test-reaction threshold was set at a specifically high antibody level. In this way it was seemingly proven in a logical cycle conclusion that only the test subjects from risk groups with more or less pronounced cellular immune deficiencies reacted positively to this "anti-HIV antibody test". That is, they had to be infected with "HIV" according to this topsy-turvy logic. Using this manipulated "AIDS test", millions of human beings were selected as assumed victims of the "fatal sex and blood epidemic HIV" during the past 17 years, and countless people were killed by aggressive cellular toxins based on the medical assertion that one was extending the lives of these patients.

Sacrificing humans to appraise cancer theory

Raum&Zeit: Did these lab tricks suffice to convince the scientific community?

Kremer: No. A seemingly plausible theory was formulated – at least considering the denial of pharmaceutically contributed toxic causes. It held that the apparent virus linked the cause of AIDS to the cause of cancer. Retrovirus cancer researchers postulated from 1983 on that retroviruses were not directly colonized cells transformed into cancer cells but that the "HIV retrovirus" would destroy T4 immune cells responsible for intracellular immunity resistance. The lack of immune cell surveillance would mean that tumor cell clones which form in every organism by incidental mutation would no longer be held in check and could increase at will. Hence Kaposi's cancer would develop without substance-induced immunosuppressive agents. Thus a call was made at the '1st International Congress on AIDS' in 1983 to carry out a series of human experiments to test this cancer theory. Meanwhile, after use of another immunosuppressive agent for organ transplant patients, cyclosporin A, not only Kaposi cancer tumors but also lymph cell cancer developed in the brain along with solid carcinomas in a variety of organs.

Raum&Zeit: Your book documents the substances which these "planned experiments" were or still are being carried out with AIDS patients and "HIV positives". What were the results?

Kremer: All AIDS patients were treated with the immunotoxic chemoantibiotic co-trimoxazole of all things, and related substances such as long-term prophylactics against the lung fungus infection PCP. From 1987 on azidothymidine (AZT) was also used against "HIV", supplemented from 1989 on by AZT medication for "HIV positives" without symptoms. During the 1990s a complete battery of AZT-related substances plus other preparations toxic to mitochondria were prescribed as "cocktail" or "combined therapy". Sooner or later these substances logically produced AIDS and cancer among the patients. Naturally none of those affected would have taken part in these medical experiments if they had been informed that the goal was to disable the cellular immune defense medically in order to test the immunosurveillance cancer theory. The manipulated fear of death from the "fatal HIV infection" made the patients and parents of newborns and children with "HIV positive" test results willing to cooperate in taking unlimited AZT, co-trimoxazole, etc.

Raum&Zeit: You are the first researcher who explained the real pharmacodynamic mechanism of AZT and co-trimoxazole based on results of international research on nitric oxide (NO). You drew the conclusion from published clinical studies with these substances that long-term medication with AZT and co-trimoxazole leads to dangerous bodily harm with fatal consequences.

Kremer: AZT has the identical nitrogen action profile as azathioprine. The ‘azido’-group in AZT blocks cell respiration in the mitochondria just as the ‘aza’-group does in azathioprine and the analogous action group in thimethoprim. The inevitable results are with very high probability AIDS, cancer, as well as nerve and muscle cell degeneration, as hundreds of clinical studies on HIV/AIDS medicine have proved beyond doubt. The published evidence is overwhelming.

Raum&Zeit: Have AIDS and cancer virus researchers been able to prove the immuno-surveillance theory of cancer causation with their perverse experiments on human beings?

Kremer: No, since they were fixated on mutations in the DNA nucleus and viewed cancer cells as foreign bodies, they were investigating the wrong scene of the crime. Nor have they solved the so-called AIDS puzzle. **What they could not foresee was the fact that fundamental findings outside orthodox AIDS and cancer medicine were gained from the end of the 1980s, which showed the absurdity of virus researchers’ theories.**

Raum&Zeit: Can you brief us on the results of these most important findings?

Kremer: All human cells are the genotype of a primeval single-celled organism’s plasmogamy [union of two or more cells with preservation of the individual nuclei; WDS] about 1.5 to 2 billion years ago with energy provision not reliant on oxygen but by acquisition of energy through oxidation. The latter, called mitochondria, continue to live as cell colonies in all cells of algae, plants, fungi, animals, and human beings. Genotypes of both single-cell organisms were integrated into a “nucleus”. The mitochondria conserved a residual genotype for synthesis of independent proteins in cooperation with protein encoded within the nucleus imported into the mitochondria. The more than 1,300 mitochondria existing on average in all human cells possess collectively about 50,000 active genes – a greater number than in the nucleus. Between the mitochondria colonies (that represent 90% of the total energy in the cells latent and active phases) and the “host cells” there is also a complex import-export system operating through mitochondrial floodgates for proton and electron flow, ionic exchange, production of the universal energy carrier molecule ATP, and various metabolic products.

Since ATP cannot be stored, the mitochondria – amounting to more than 1,000 times the number of our body cells – produce an unbelievable amount of ATP daily. It equals roughly the magnitude of our body weight. **The mitochondrial floodgates –** and this is the new finding – are controlled by a mixture of gases consisting of nitric oxide (NO) and superoxide anions. The latter accumulate as a product of the oxidative respiration chain in the mitochondria. NO gas was verified during the mid-1980s as a basic functional gas found in almost all human cells. There is a gas-controlled alternating rhythm in the form of energy production between the mitochondrial colony and the cells as a whole. During

the late cell division phase, the early wound healing phase, and the embryonic phase, up to the moment of birth, provision of potential energy is overwhelmingly shifted to production of nonoxidizing and fermenting ATP. This protects the genome portions of disorganized host cells that during cell division are more sensitive to oxides and their derivatives than the mitochondrial genome portions. Depending on redox activity, these primordial genome portions express the necessary enzyme protein for alternative switching of oxidizing to nonoxidizing energy production. Thus our primeval cell symbiosis possesses a genotype duplicate and a duplicated energy production system. ***We are biological hermaphrodites in the evolutionary scheme of life!***

All bioenergetic and biochemical processes – above all naturally those in the mitochondria too – depend on a varyingly intensive negative redox potential as a biophysical prerequisite for complex proton and electron flow. (Redox potential is a measurement of oxidation or reduction power. Systems with negative redox potential can reduce systems with positive redox potential, but also be oxidized by them.) This negative redox potential is guaranteed chiefly by glutathione, a tripeptide unique to quantum physics, which via the hydrogen sulfide group avails its central molecule, the amino acid cysteine, with especially freely convertible protons for all detoxification tasks.

The Glutathione System

Raum&Zeit: What are the consequences of these findings in understanding the causation of cancer, the causes of AIDS, and therapy for cancer and AIDS?

Kremer: The consequences are fundamental. In the case of cancer and “HIV positives” it means increased production of many specific antibodies. In full-blown AIDS (that is, intracellular fungus, protozoa, and mycobacteria infections as well as a few truly existing virus infections), it means ulcerative colitis, severe traumas, burns and other systemic and chronic diseases. We have a systemic lack of cysteine and glutathione as the result of excessive cysteine and glutathione use (as with the nitro compounds above) and/or lack of cysteine uptake and/or disturbance of new cysteine synthesis from methionine in the liver (for example, through folic acid inhibitors such as co-trimoxazole) and/or disturbance of new glutathione synthesis (toxic and pharmatoxic due to a variety of substances). The organism suffers from a striking lack of freely convertible protons.

Under current civilization conditions, the organism must dispose of more than 60,000 poisons via the glutathione system. Transformation to cancer cells can develop through a shortage of glutathione when the mitochondrial respiration chain’s reserve capacity for ATP production is reduced insidiously below a critical level of reserve energy (apparent lack of oxygen, pseudo-hypoxia). The primordial genome portions in the nucleus genotype function in this case as a proton deficiency memory. In genetic and

supragenetic terms, it develops into highly complex counterregulation. Alternating switching with the mitochondria is blocked. The cells can no longer switch back after cell division and remain caught in the division cycle. Nor are cancer cells transformed in this way any longer able to die a programmed cellular death, because the mitochondrial floodgates that would need to open remain closed due to intense counterregulated NO gas synthesis.

Crucial here too is that the circulatory calcium exchange formed between the mitochondria and the cell plasma is also handicapped. Cancer cells have a striking embryonic character in many respects. Thus it involves a surviving reswitching mechanism on the disorganized gene and energy program – a regression that could not be explained in the past by "malignant" coincidental mutation. From an evolutionary medicine standpoint concerning the cell symbiosis processes, one can comprehend cancer cell transformation if one understands the laws of coevolution.

Raum&Zeit: Can the blockage of defective alternating switching of cancer cells be reversed?

Kremer: That is the cardinal question for therapy. The disappearance of Kaposi sarcoma after eliminating azathioprin, that caused high use of glutathione as well as all nitro compounds, suggests this. Yet in the meantime we have an abundance of other evidence. It was also possible in animal experiments to prompt tumor cells as well as metastases to disappear completely by stimulating synthesis of NO gas. **Undoubtedly the most impressive is the success in healing cancer by balanced high dosages of cysteine and glutathione to regulate the redox potential by means of preparations with good bioavailability.**

Basic Theory: Glutathione Balance

Raum&Zeit: Does glutathione therapy suffice? Or must other measures be combined with it?

Kremer: Cell symbiosis therapy to harmonize redox with equal amounts of cysteine and glutathione is a must as basic therapy. Yet cancer is a highly individualized and highly complex event. Countless studies during the last 10 years have proved the effectiveness of various therapeutic options in counterregulating cancerous cells by nonaggressive inhibition. The art of healing through counterregulated cancer cells calls for a carefully thought out interplay between "gas pedal and brake", so to speak. Since basic understanding of cell symbiosis programmed by evolutionary biology was not yet sufficiently advanced, past cancer therapy lacked broad-based testing of a systematically combined and rationally assured overall concept of biological compensation therapy or, expressed in traditional terms, harmonizing of the "yin and yang".

In the meantime, however, we did understand why cancer patients died mainly from cachexia's tuberculosis syndrome as the result of a nitrogen and energy imbalance. If you ask cancer specialists how to stop their cancer patients cachexia, even today you will hear "by supplying high-calorie protein". A study in German clinics found half of the cancer patients to be "undernourished". As one can verify in the standard works of AIDS medical officialdom, therapists treating AIDS as well as cancer have for decades confused cachexia (called "HIV-related wasting syndrome" in the case of AIDS patients) with a chronic state of hunger. They have not understood why the protein was mainly excreted as urea.

On one hand, cachexia results from a proton deficit due to lack of cysteine in the liver that leads simultaneously to a lack of glutamine and arginine as well as to an increase of glutamate in the plasma. On the other hand, recycling in the liver produces the glycolysis product lactate. This occurs due to a twenty times higher glycolysis decomposition by fermentation in the cancer cells, an excessive use of protons, and higher investment in energy than was obtained originally as energy from fermentation of glucose. These feedback processes are regulated via type-2 cytokines, communication proteins that are synthesized by force due to the gluthation shortage and as a net result prevent protons from splitting out of the cysteine. Thus the primordial anaerobic principle of low-fluid proton fixation also shows up with cachexia in comparison to the high-fluid proton floating of intact cell symbioses. Check the laboratory findings notes of clinics and medical practices. Then it will be clear to you why the causes of systemic amino acid dysregulation are usually misunderstood and inadequately balanced.

Chemotherapy is not necessary!

Raum&Zeit: Can biological compensation therapy dispense with chemotherapy?

Kremer: In principle, yes. Chemotherapy seeks above all to inactivate the cell division process. Yet it primarily affects the mitochondrial structures. As descendants of eukaryotic bacteria, they possess no protective proteins and no effective repair mechanisms for their genes. However, they are many times more sensitive to pro-oxidative chemotherapy as, for example, genes in the nucleus that are especially protected. During the long course of evolution the mitochondria have functioned very well. Among animals living wild, DNA defects in mitochondria have rarely been detected, while the list of congenital and acquired mitochondrial illnesses among human beings from Alzheimer's to Parkinsonism and severe heart myopathy becomes ever longer.

The problem of any chemotherapy is that cells in tumors are found with variously intensive degrees of counterregulation. Thus one can use chemotherapy to kill part of the cancer cells. That's called remission. Other cancer cells must encounter intensified

counterregulation. This is due precisely to the intentional simultaneous attack on the mitochondria. It also applies to cells that are not yet transformed and still exist in the compensated state of cell dysymbiosis. As a result, metastatic cells or secondary tumors can be selected. Cancer patients who have received biological compensation therapy before and during chemotherapy report less side effects and better tolerance to chemotherapy.

Yet the problem is the later consequences of chemotherapy: once damaged, mitochondrial DNA is no longer reparable. Defects can build up over the course of years. This cannot be calculated on an individual basis. **Based on a long-term study at the 'German Cancer Research Center'**, the average survival period for cancer patients after chemotherapy amounts to 3.5 years, and without chemotherapy 12 years. The finding dates back more than a decade, but not much has improved in the meantime in regard to survival odds with most solid carcinomas. In the U.S.A. the "war against cancer" declared in 1971 was considered lost in 1996.

Raum&Zeit: What is your advice for those affected?

Kremer: For those affected and their family members as well as those not yet affected – since every third human being will be diagnosed with cancer during the course of their life – the only advice is not to be driven into panic by the shock of diagnosis. Rather, adapt to the basic knowledge about ***why*** cancer cells are not foreign bodies but reactions programmed by the evolutionary biology of our cell symbioses that can be reversed in principle if one consistently gives the body what it really needs. Obviously at the end of the day the informed patient can only decide in cooperation with enlightened therapists if he has the necessary mental support.

Raum&Zeit: What are the consequences for the causes, diagnosis, and therapy in case of "HIV"/AIDS?

Kremer: The crucial thing is the knowledge that the T4 helper immune cells in the blood are not destroyed by some sort of virus (neither by "HIV" nor by another virus) and that the cellular immunity is capable of recovery. Since the outset of the 1990s, it has been proven in human beings that there are two subgroups of T4 cells, as with all mammals. These are not differentiated in laboratory measurements by "HIV"/AIDS researchers. Yet the T4 cell count in the bloodstream is determined by the relationship of these two subgroups called TH1 and TH2. Dominant TH2 cells are formed by lack of cysteine and glutathione. They have migrated from the blood stream and stimulate antibody production in the lymph organs.

The number of these T4 cells in the bloodstream declines automatically. This produces cytotoxic NO defense gas as TH1 cells against those cells that contain pathogens internally. This "switch" in the T4 cell balance – as in the case of cancer cell transformation – is regulated by type-2 cytokine. If it is lasting, it causes the disposition

for AIDS. As has been proved, the really endangered among the “HIV positives” have type-2 cytokin dominance. This also applies for the dual strategy of immune defense in the cell’s interior and in their outer environs. The same programmed evolutionary biology laws of counterregulation prevail when lacking freely convertible protons as they do with cancer. Since most therapists do not seem aware of these laws – or do not want to know about them – sooner or later they unintentionally kill those stigmatized as “HIV positive” (even those not even primarily endangered by AIDS).

This occurs because they measure neither the cysteine and glutathion levels nor other important laboratory parameters. Instead they prescribe unlimited glutathione-consuming chemotherapy and chemoantibiotics toxic to mitochondria. Or if they do make measurements, the “HIV” fixation prompts them to carry out chemotherapy anyway. A minority resort to a lazy compromise, treating simultaneously with a halfhearted “supplemental therapy” using L-cysteine or reduced glutathione. But in the long run this cannot compensate for the counterproductive toxic effect of the chemical substances.

Chemotherapy intensifies deficiency states

Raum&Zeit: But what happens in the organism of the “HIV-positives” who “feel better” subjectively after beginning the cocktail therapy?

Kremer: This is the so-called “lawn mower effect”. The most frequent opportunistic pathogens, fungi, and protozoa also possess mitochondria whose respiration chain is inhibited by AZT and co-trimoxazole. But this effect should not be confused with the fictitious “HIV” inhibition. The crucial point is that individual fungi and protozoa can survive the chemotherapeutic target attack just as individual cancer cells can survive by counterregulation. That is the so-called “resistance problem”.

The real basic evil is that the primary lack of glutathione and the deficient production of NO defense gas dependent on it, are not in balance. Thus the body refuses the surviving means of self-help. Instead, the deficient state resulting from the chemotherapy intensifies, and counter-regulated “resistant” parasites and cancer cells are bred. The detoxifying role of the mitochondria in immune and nonimmune cells is forcefully weakened even more until reaching the point of critical stress.

Hence extending survival of the so-called “inevitably fatal infection” really reflects an error in therapeutic approach that maintains the conditions of the vicious clinical circle. Several clinical course studies in the U.S.A. in the meantime have confirmed that precisely those patients die whose alleged viral load – measured by the extremely dubious PCR method in this case – was lowered by combined therapy.

This was seemingly confirmed by the relative increase in T4 cells within the blood serum. The relative increase in T4 cells is based on the reverse current of TH2 cells that can no longer carry out their helper function for cells producing antibodies, since their

maturity is blocked by chemotherapy. The alleged decrease in “HIV” RNA is the result of increased RNA consumption from the serum for DNA repair by genes made defective by the chemotherapy. Therefore, viewed over the long term, these are therapeutic pseudosuccesses that deceive both patients and therapists about the favorable effects of chemotherapy and chemoantibiotics. Without consistent compensation therapy, it is merely a question of the patient’s disposition how long it takes before the point of no return is reached as a result of long-term chemotherapeutic poisoning of respiration in the immune and nonimmune cells.

But the time fuse effects should also be taken very seriously among “HIV positive” patients who have taken long-term AZT and co-trimoxazole for instance, then distance themselves from it at the critical point, “live healthily” a few years, and suddenly develop fatal organ failure, heart attack, ventricle failure, sepsis, brain or liver coma, etc. These events have nothing to do with “HIV”, even if “HIV”/AIDS physicians suggest it. Rather they concern late vascular symptoms of chemotherapy: irreparable mitochondrial DNA defects resulting from absolutely contraindicated “anti-HIV” medication and long-term anti-AIDS prophylaxis.

Several orthodox “HIV”/AIDS research groups in the U.S.A. have published that the proven damage to mitochondrial DNA after combined therapy “resembles intense inborn mitochondrial DNA damage”. We have known for a long time that this damage can accumulate and buildup after continued division of the mitochondria and added stress, that cell respiration fails, and that fatal organ failures can appear in tissues and organs with abundant mitochondria or, in case of cellular counterregulation, cancer transformation. It is crucial that those affected be told how one must arrest this danger and can compensate for it with biological nontoxic means. This applies regardless of whether primary risks have led to the “HIV positive” test effect.

However those affected are particularly hepatitis patients, whereby the hepatitis C diagnosis is just as false as “HIV”, but an autoimmune hepatitis can emerge. In my experience, it is mainly those affected with blood groups B, A, and AB who show an increased disposition for deficiencies of freely convertible protons and are endangered by systemic diseases. Since about 50% of the population has blood group O, this fact is one of many that explains the varying disposition to disease at the same or even higher exposure to risks.

Delayed effects of mass vaccinations

The association for increased disposition among human beings with certain blood groups (B, AB, and A) to certain forms of cancer, asthma, etc. (polymorphism enzyme) is known, but very little systematic research has occurred on it.

This also applies for the suspicion of delayed symptoms after mass vaccinations that can apparently trigger an increased disposition for a TH1-TH2 switch – particularly among vaccination subjects with blood groups B, A, and AB. During pregnancy, there is a type-2 cytokin status in the placenta, and after birth a natural TH1 (type-1 cytokin) – TH2 (type-2 cytokin) balance must be trained in the most natural way possible.

Indeed, those affected have strikingly few bacterial infections in childhood. This is due to induced elevation of the TH2 status. It results from vaccinating against unwanted programming at a lowered sensitivity threshold for the TH1-TH2 immune cell switch and the cytokin type-1 – type-2 switch in the sensitive formative phase during early childhood. The advantage is improved antibody production. The disadvantage is reduced NO defense gas synthesis, increased preparedness to react against foreign protein and toxic substances, and increased consumption of glutathione. However asthma, neurodermatitis, allergies, cancer, etc. can probably develop with greater frequency later.

The striking thing is that AIDS patients stigmatized as “HIV positive” have almost all been born after World War II, i.e., in an era when the human immune system had to cope for the first time with antibiotics and vaccines. Indeed an “HIV infection” supposedly communicable to anybody would hardly have spared older patients.

This also addresses the chemoantibiotics thesis that researchers first recognized as clinically relevant: the most frequent AIDS indicator illness, namely lung infections with the airborne pneumocystis fungus (PCP). This occurred at the end of the 1930s as prematurely born babies were treated against bacterial sepsis with the newly developed sulfonamide drugs and developed PCP instead of bacterial infections. Sulfonamide (developed from azo dyestuffs!) inhibits folic acid synthesis in bacteria and in human mitochondria, consuming extreme amounts of cysteine and glutathione. The lung’s mucous membrane requires a roughly 100 times higher cysteine and glutathione level than in plasma. Prematurely born babies died 60 years ago of pneumocystosis (PCP) after sulfonamide therapy for “white lungs”.

Long-term medication with the trimethoprim/sulfonamide preparation co-trimoxazole and other folic acid inhibitors has occurred in exactly the same way since the 1970s. It has become the joint determining cause of disease and death for by far the most frequent AIDS indicator disease, PCP, and other fungus infections dominating in the AIDS disease catalog. After a series of fatalities following co-trimoxazole treatment of non-“HIV” positives registered during the 1985-1995 period, the responsible officials in England and the U.S.A. sharply restricted the indication recommendation for co-trimoxazole to a half dozen rare infections for a treatment duration of seven days, with a maximum of 10 days. Absurdly – one must even say criminally – unrestricted co-trimoxazole treatment of already immune deficient “HIV positives” and AIDS patients was the only exception to this new restriction. In Germany there are still absolutely no restrictions on co-trimoxazole.

Raum&Zeit: Clinical “HIV”/AIDS researchers have contended for a few years that a protease inhibitor plus drugs such as AZT and one like nevirapine introduced since 1996 had brought about a therapeutic breakthrough in treating “HIV”/AIDS and speak of eliminating “HIV” in three to four years. The media suggests the so-called “Lazarus-effect” by medication with AZT plus nevirapine plus protease inhibitors.

Kremer: The campaign for Viramune® (nevirapine), Crixivan® [indinavir sulphate], etc., was initiated in 1996 by the multinational public relations firm Burson-Marsteller, advertising partner for mega pharmaceutical concerns such as Glaxo Smith Kline, Pfizer, Eli Lily, and Bristol Myer Squibb. All healing claims have had to be retracted since 1999. The consequences of a medication like nevirapine plus AZT and protease inhibitors such as Crixivan® were too obvious this time to be able to project this to “HIV”. Drugs like Crixivan® had caused failure of the liver, pancreas, and kidneys, diabetes, massive lipometabolic disturbances, high blood pressure, heart attacks, strokes, etc. According to clinical studies, it clearly involved the approach of orthodox “HIV” research groups to pharmacotoxically induced mitochondrial diseases.

Fatalities by liver failure after medication with drugs like Crixivan® are not counted as AIDS fatalities, since they often appear before development of the official twenty-nine AIDS indicator diseases, even among patients previously without symptoms. Since then it has been publicized that “HIV” requires a medical elimination period of 10-60 years(!). But regrettably the tolerance of “combination therapy” – for instance, AZT plus nevirapine plus protease inhibitors – is limited to a maximum of two to three years. **The collective virus obsession enables “HIV”/AIDS medicine to operate in a lawless sphere without responsibility for the often fatal consequences.**

Yet ignorance and unwillingness to know can no longer be an alibi for the humiliating helplessness and indifference among officials, professional medical associations, and almost all fellow human beings who face such an unprecedented lack of scientific and medical ethics. It is worth noting that journalists from *Der Spiegel* [a popular German weekly magazine] have been making passing comments about AIDS for almost 20 years and despite better information on the latest prognoses of unscrupulous propagandists for “HIV”, AZT, etc. In the next 10 years the survivors of “combination therapy” are increasingly likely to develop cancer and heart attacks as consequences.

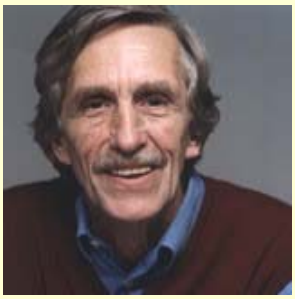
What *Der Spiegel* does not report is this: In all studies on “HIV positives” who remain free of symptoms longer than ten years, it has been determined that those affected are being termed “long-term survivors” or, more to the point, as long-term objectors who never – or among a low number only for a very short term – were treated with drugs such as AZT, co-trimoxazole, or protease inhibitors.

Raum&Zeit: How do you think your colleagues will react to publication of your book?

Kremer: I think it will be overwhelmingly positive, since the immediate value of the new findings is obvious for survival of the patients affected. I see my role as a mediator independent of the pharmaceutical industry with assured basic knowledge of diagnostic and therapeutic practice.

Evolutionary medicine's plausible explanation for the causes, diagnostics, prevention, and therapy concerning AIDS, cancer, and degeneration of nerves and muscle cells among other maladies can no longer be argued away by yesterday's theories. There is an urgent need for anxiety free enlightenment among those affected and for rational continuing education available to open-minded therapists. After many years of my own medical experience, I think that knowledge of the elementary laws of cell biology, goal oriented laboratory diagnostics, and differentiated treatment with biological compensation therapy should be indispensable, fundamental, and helpful for any therapeutic approach rooted in natural science in waging the 30-year "war against cancer" and pursuing the 20-year "hunt for the virus".

Raum&Zeit: Dr. Kremer, we wish you much success in your educational work, and sincerely thank you for taking the time for this interview.



Did you catch this one (Page 15, Paragraph 3)?

"The striking thing is that AIDS patients stigmatized as "HIV positive" have almost all been born after World War II, i.e., in an era when the human immune system had to cope for the first time with antibiotics and vaccines. Indeed an "HIV infection" supposedly communicable to anybody would hardly have spared older patients."

Added notes: The last time I heard from or about Dr. Kremer, he is now "retired", is no longer living in Germany (but rather somewhere in Spain) and is no longer practicing or researching. He has experienced extreme persecution and rejection by his peers and the political powers of Germany as a result of the publication of his revolutionary findings. CLW

One "historical" source regarding this research states: "*So he [Kremer] knew [after his rejection by the mass media] that it [the AIDS scam] was intentional from the very beginning. They [the higher-ups, politically, in Germany and, by implication, elsewhere] wanted to have a blood and sex plague...He [Kremer] was dealing at the top political level. They told him off the record, that they knew [about the fraud], they didn't care, it was about how to deal with the drug problem and with the homosexuals." The meaning of this is clear. Drug users and certain areas in the gay community were experiencing high levels of Hepatitis B – and added to this, the Hepatitis B vaccine was also used widely in these groups. The result was a falsely positive HIV test – leading to the domino effect of death I've described above. It's called depopulation. Lanka continues, "They even tried to kill him [Kremer], and this didn't succeed. He had a good intuition and got out of his car before the tire blew out...the German government was carrying out a secret psychological investigation, trying to prove that he was mentally ill...and in danger of committing suicide...*" http://www.whale.to/a/kremer_h.html
See also: http://www.virusmyth.com/aids/index/hkremer.htm

Practice Applications:

MORA® Nova

True BioResonance Therapy with the Patient's own Frequency Spectrum
From Med-Tronik, Germany

- Design meets Technology – presenting the MORA® Nova by Med-Tronik
- Standard EAV or MORA Optima assessment capabilities of the **Nova® MED Professional**.
- Full EAV assessment software incorporated into Nova® MED Professional for fast accurate testing and assessment using actual or electronic test sets.
- Optional "Tooth Testing" module for standard currents in the mouth, as well as assessment of dental foci.
- Cancer and Mitochondropathy 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.
- For those who already have other testing and diagnostic methods in place, or for beginning BioResonance practitioners, the recently introduced **Nova® MED Basic** offers a less costly device with "therapy only" applications.
- **MORA® BioResonance Assessment and Therapy**
  - EAV, MORA Optima or Vega-style diagnostics to confirm infection.
  - Major applications for detoxification and intolerance.
  - The BioResonance concepts make MORA Therapy highly effective, besides just for detoxification, but also for allergies (especially), intolerances, skin disorders, bowel disorders and so many more
  - MORA alone will initialize the detoxification response and can be utilized individually as well as in combination with other therapies.
    - Support with drainage
    - Organ specific remedies (which can also be delivered electronically via BioResonance
    - Lots of good water

Practice Applications (Mora Therapy Continued)**:**

- Building immune system.
- Delivery of medication information.
- MORA BioResonance Therapy will always increase speed and efficacy of complementary therapies.
- Can also be complemented by:
  - BioPhoton Therapy – especially for skin rashes and other skin disorders
  - Inhaled Ionized Oxygen – for increase of healing energy and regeneration of cell respiration
- Follow this link for MORA BioResonance details.

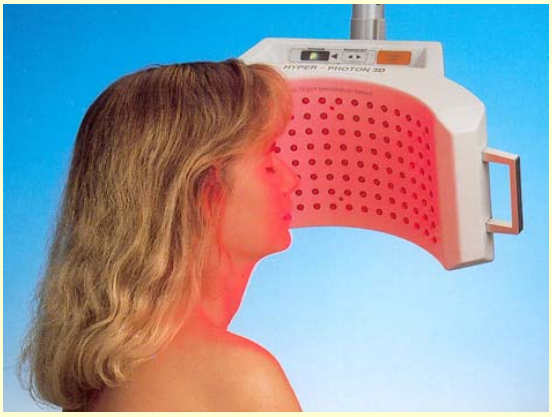
- For order, delivery & pricing information contact OIRF Office at 1-800-663-8342

Biophoton HPT 3D Standard
BioPhoton Light/Laser Therapy
From Medical Electronics, Germany

The most modern large area laser therapy, the Biophoton light therapy, with optional magnetic field therapy, depth relaxation, super-learning and energetic homeopathy, make this therapy apparatus a particularly effective instrument.

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

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



- Eminently suitable for hair, face and body treatment. Impressive results within a short time – in particular with cellulite and other large area tissue problems.
- New modulation frequencies stimulate the body to produce endorphins. Endorphins improve the mental attitude, activate the immune system and optimize all the body's own self-healing effects.
- That is modern overall therapy – the therapy of the future! With this apparatus it can be impressively confirmed what modern energy therapy is able to do!

Practice Applications (BioPhoton Therapy Continued)**:**

- **Optional accessories** for the HPT 3D HyperPhoton device include:
  - Magnetic coils (in three sizes) – to add a stronger and more focused magnetic field therapy component
  - Music modulation – to incorporate relaxing and healing sound through the BioPhoton field (e.g. reflection and meditation music of Arndt Stein, etc.)
  - Specially designed honeycomb for delivery of medication and remedy information
  - Either a rolling floor stand or a wall mounted "swinging" arm
- See further details and information at www.oirf.com/inst-biophoton.html
- For order, delivery & pricing information contact OIRF Office at 1-800-663-8342

Oxygen Ion 3000 with VNS Diagnosis 3000

By Prof. Dr. Ivan Engler, Inhaled Ionized Oxygen Therapy
From CS Tronic, Austria

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.

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.

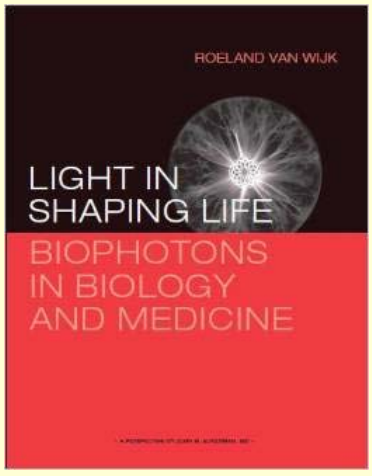
- See further details and information at www.oirf.com/inst-oxygenion3000.html and www.oirf.com/inst-vnsdiagnosis.html
- For order, delivery & pricing information contact OIRF Office at 1-800-663-8342

Where I have just a little space "left over" here's a private picture of ***Dr. Heinrich Kremer*** and ***Dr. Juliane Sacher*** taken during the break of one of their seminars. I send heartfelt and grateful wishes to them for both their courage and their brilliance.

BOOK REVIEWS:

Light in Shaping Life – BioPhotons in Biology and Medicine (An Interdisciplinary Textbook)

By Prof. Dr. Roeland van Wijk



Published 2014 by Meluna, Geldermalsen, The Netherlands

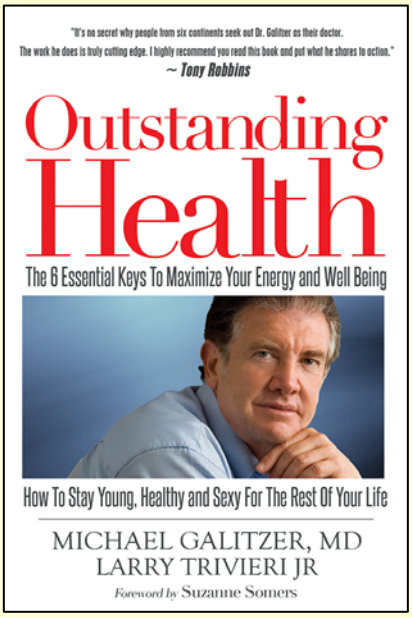
"*Welcome to the study of the photonics of life!*
The production of biological light (*ultra-weak photon emission or biophotons*) within many types of cells and itssues is characteristic of an alive organism. You will begin a journey of discovery about biophotons in relationship to biological matter and about how such biophotons can be detected utilizing specialized very photon-sensitive technologies. In this book, Roeland van Wijk provides a unified synthesis that facilitates easy entry into an exciting sub-field of biology. *Light in Shaping Life* encompasses the history of biophoton research, insight into how biophotons are generated, and into their involvement with lifeAlso included, is an overview of the potential benefits of such research to a better understanding of health and medicine.

Order this book direct from Amazon.com at:
http://www.amazon.com/Light-Shaping-Life-Biophotons-Medicine/dp/9081884328

NOTE: This book is highly recommended by OIRF. It is a bit pricey at US $100, but represents a true textbook and resource. Prof. van Wijk will be speaking to the Germany Tour group later this month where he will be filling us in on the practical applications of this research including how biophotons can activate stem cells leading to much greater effectiveness with that therapy as well as applications for stress and chronic fatigue.

Outstanding Health
The 6 Essential Keys to Maximize your Energy and Well Being
How to Stay Young, Healthy and Sexy for the Rest of Your Life

By Dr. Michael Galitzer and Larry Trivieri, Jr. with Forward by Suzanne Somers



For more than 25 years, stars like Suzanne Somers and Vanessa Williams, as well as the “movers and shakers” in the business and entertainment industry, and other doctors, have sought out Dr. Michael Galitzer because of his revolutionary approach to health that consistently helps his patients look and feel much younger than they actually are.

The reason his program is so effective is because of its unique combination of conventional and complementary medicine – and in particular, its focus on Energy Medicine, which addresses health at the cellular and energetic level. Now, in Outstanding Health, Dr. Galitzer is sharing his wisdom with the world so that you, too, can achieve the same benefits as his patients.

In this groundbreaking book you will discover how to renew and revitalize yourself in body, mind, and spirit, so you can enjoy outstanding health at any age. Your journey begins with a new understanding of yourself as a dynamic "being of energy," and how to use Energy Medicine to detect and correct health problems long before they ever develop into physical symptoms. Then you will discover the 6 Essential Keys to Outstanding Health, and everything you need to do to incorporate them into your daily life so that you can start to look and feel fantastic. You will also discover breakthrough solutions for keeping your brain and heart healthy and youthful for the rest of your life, along with little-known, futuristic medical technologies that are available today.

In this one-of-a-kind health guide, you will discover a new standard of health and well-being that goes far beyond most doctors' understanding, and then learn how you can commit to achieving outstanding health for yourself and loved ones, starting with detailed guidance for determining your current health status right in the comfort of your own home. From there, you will be guided to create your own action health plan by applying Dr. Galitzer's 6 Essential Keys to Outstanding Health, including how to achieve emotional mastery and the ideal mindset for healing, how to cleanse and detoxify your body, how to optimize your diet and become more energized, how to achieve deep, restful sleep, and how to most effectively banish stress from your life.

You will also discover how to rejuvenate your hormones and recapture the sexual vigor and enthusiasm of your youth, while also keeping your brain and heart free from the many ravages of aging and the hazards of our modern lifestyle.

Most of what Dr. Galitzer teaches you can be done on your own, empowering you to be in control of your health for the rest of your life, and to achieve the same type of results as those experienced by Dr. Galitzer's patients. Read this book and create your own Outstanding Health starting now.

Available on Amazon US $19.50 Paperback and eBook US $8
Click on the book cover above for US order information.

"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.**

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).

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Phone: 800-663-8342 or (250) 490-3318
Website: www.oirf.com Email: support@oirf.com

➲ OIRF Resource Materials:

- 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.

➲ **Conferences and Conventions**: As a new approach to bring this information and education to a broader range of practitioners this year OIRF will sponsor speakers and lecturers in a number of conferences and events throughout the USA and Canada. Here are **some** of the events where our OIRF Board of Directors and Advisors are giving presentations and participating. As we move into the busy fall season, plans are already underway for many more events for the new year 2016.

Be sure to check out the events and conferences announcements enclosed and on the Calendar of Events on our website. Make plans **now** for which events you will attend this year and on into 2016. Your support for the organizers is greatly appreciated, and gives you the return of fascinating, informative and educational programs that will enhance your practice – and CEU's! OIRF directors, advisors and/or members are active in each of the recommended events. See Pages 3, 16 and 17 for further details.

- **Comprehensive Course in Neural Therapy (NT)**. This training course consists of six segments, three days each extending over a two-year period culminating with an exam and certification. ***Dr. Ulrike Aldag*** is a medical specialist for surgery and an experienced and accredited German Neural Therapy Association teacher. This is a unique opportunity to have practical hands-on and educational workshops.

For more details on continuing courses contact ***Michael Gurevich, MD*** at www.holisticmd.org/neural-therapy-course-announcement/

- Here is a listing of **MORA Therapy and BioResonance training sessions** available in English. The following three sessions will be held in Friesenheim, Germany at the Med-Tronik training center:

~~March 21-22, 2015~~ ~~Basic MORA and BioResonance~~ Completed
~~July 18-19, 2015~~ ~~Advanced MORA and BioResonance~~
October 24-25, 2015 Masters Level MORA and BioResonance

Note: The Master program takes place the weekend before the start of the OIRF Tour #42 (on Oct. 27) and the start of the famous Medicine Week Congress (on Oct. 28). If you are interested in attending this program, contact Carolyn or Elaine for "Optional Tour Add-Ons".

MORA Therapy Training Continued . . .

~~September 10, 2015~~ **Completed**	MORA BioResonance Therapeutic Possibilities With ***Marguerite Lane, ND***, Australia at the "**Curing the Incurables**" Conference, St. Louis MO Sept 11-13, 2015

Video recordings of this special 1-day course will be available through OIRF soon!

- **49th Medicine Week Congress**, Oct. 28 to Nov. 01, 2015, Baden-Baden, Germany, Directors and Germany Tour participants attending. Usually more than 3,000 doctors participate with nearly 200 lectures, workshops and courses (in German language). Main theme this year is "The Whole Keyboard of Healing". Exhibit area with more than 220 exhibits providing you an excellent insight into the big product offerings in natural healing and complementary medicine. There you can find out directly, and compare. Contact OIRF for attendance possibilities.

- **Biological Medicine Tour #42 to Germany**, October 27 to November 2, 2015. Join us for our **42nd** 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. See details previously listed in this Issue. Registrations for this program are being received regularly and attendance **is** limited.

Full details and registration information available on our website at:
http://www.oirf.com/germany2015.html

➲ Follow this link to our website to see Issue #10 in print/PDF format.

➲ Updates, Reminders and Announcements:

- Too late! If you are not already registered for Germany Tour #42, we will miss you! Interestingly I have already heard from two different companies wanting to present lectures to the group for the **43rd Germany Tour** to take place in conjunction with the **50th Anniversary Medicine Week Congress in Baden-Baden** in Oct/Nov of **2016**! Is this enough notice for the next one??

- Watch for Volume 11, Issue #11 of the "The Bridge" newsletter to arrive in your Inbox around mid-November. We are hoping to receive the delayed articles from Advisor/Directors ***Dr. Tony Scott-Morley*** and ***Dr. Karim Dhanani***. Always interesting, sometimes controversial and always challenging we are looking forward to hearing from them.

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

I trust you have found much of interest in these pages. All the arrangements, plans and details for our fall 2015 events and activities have been finalized, and additionally there are many informational articles being prepared for the next Issues of Volume 11 and Volume 12 of “The Bridge”. Electronic publication with access open to all will continue throughout 2015 and into next year and we will continue to bringing you that cutting edge information for which OIRF is famous.

We look forward to meeting you during our 2015 and 2016 activities and programs. As always your comments are welcome. Remember that this is your newsletter – your suggestions, article contributions, critiques, FAQ’s and compliments – are gratefully accepted.

Yours in health,

Carolyn

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