

## F O C A L   O C C U R A N C E   I I .

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Decade long experiences have exposed a different face of focus therapy. The exclusive elimination of chronic inflammatory processes in the mesenchyme as a monocausal effect of a focus disease and the "switching off" or removal of disturbance fields, such as scars, dysbacteremias etc. brought often only temporary or partial success. These unsatisfactory therapeutic results have lead to the development of serological and electrical test methods. These test methods reiterate the hypothesis of long-term stress caused by chronic inflammation and active disturbance fields lead to a complete blockage of the regulation function and consequently to a suppressed immune defense system. In case of such a blockage, the body is no longer capable to regulate the day to day onslaught of exogenous and endogenous stress; this results in disease profiles which for example belong to rheumatic type such as arthropathy of all discription, myalgias or rheumatoid arthritis. Also diseases such as allergies, asthma, cephalgias, iridocyclitis, trigeminal neuralgias, and so forth, are frequently traced to disturbance fields irritations. Even the increased infection susceptibility can be the result of a disturbed regulatory function. All of my effected diagnostic inquiries and the thorough health history have the exclusive purpose to recognize and locate disturbance fields, in order to determine the correct time for the surgical procedure.

As reference point for that, the most useful are the deflection curves of the regulation tests according to Bergsmann and Kellner.

In order to approach the normal phase as close as possible one has to use various therapies for the deviation phases.

In this picture you see first a normal reaction. <sup>of the Leucocyte test.</sup> This condition does not require a pretreatment.

2. the hyperergic reaction: pretreatment...

electrolyte treatment

organ preparation of the hormonal system

(total Thymus)

needle acupuncture

Surgical operations, invasive therapy only with massive antiallergic protection advised

Greatest focus action between the 6th and 11th day and up to the 20th day.

3. Delayed counter shock phase: pretreatment...

intestinal tract cleaning

neural therapy

own blood injection therapy

ozone treatment

nosode cure

acupuncture

Important...interim therapies, segmental therapies

ozone therapy

nosodes

own blood injection therapy

homeopathic remedies and Elpimed.

4. Defense Mechanism Weakness and Blockage:

Pretreatment essential to prevent further damage;

Walla blood preparations

Counter sensitization according to Theurer

Own blood injection with or without Ozon

Thymus additions, Elpimed

Nosodes, Neural Therapy

Intestinal tract cleansing and other biological conversion therapy

*Pause*

Again to summerize: in my practice the following therapies are used

1. The mesenchyme reactivation treatment, which is based on the triad, Nosodes, Homeopathy, Organ preparations

2 Ozon Therapy with major and minor own blood treatment

3. Trace Mineral Therapy

4. Intestinal tract cleaning with dietary measures

5. Counter sensitization according to Theurer

6. Neural Therapy

7. Acupuncture treatment

8. Treatment with mistletoe preparations

9. Removal of geopathic Stresses

10. Vaccination Treatment

#### ELECTRO ACUPUNCTURE

Before the begin of an electro-acupuncture test a Hand/Hand test with the hand electrodes must be done. The base value should not be below 80, because experience has shown that otherwise no meaningful values can be established. Here on the fingernail end-points and organ-specific acupuncture points the organ preparations, nosodes and homeopathic remedies are tested which are appropriate

for the mesenchyme re-activation. The Aspired Value or Therapy Value can fall between the 49 and 51 on the arbitrary selected 100 scale. The variability of the aspired value is due to the individual differences. The most accurate determination is achieved with organ-preparations. The suitable organ preparations indicate whether we deal with inflammatory or degenerative processes, and how far these may have advanced. Organ preparations found appropriate must be fitted into the E (inflammation) and/or D (degeneration) therapy series. Equally important for the mesenchyme-load release is the use of nosodes. All neurotropic stresses are measured on the Nerval degeneration point, for example the Viral stresses, to which the immune-vaccine nosodes belong. To these belong also all pesticides, herbicides, heavy metals.

HERBICIDE, PESTICIDE, INSECTICIDE

HEAVY METALS mercurius solibus, plumbum metallicum, cadmium metallicum

VIRUS all kinds for example: coxsackie virus, flu viruses etc.

VACCINE NOSODES polio, whooping cough, wasting, measles, yellow fever, typhus.

On LYMPH MERIDIAN the bacterial stresses of the head and respiratory tract are measured. Streptococci, pneumococci, staphylococci, diphthery, scarlet fever, Tbc, parotitis, etc.

On LARGE and SMALL INTESTINE MERIDIAN all bacterial and viral stresses of the G.I. tract are measured: anaerobics, aerobics, parasites (worms, fungi), typhus, paratyphus, cholera, Tbc., etc.

On ALLERGY MERIDIAN all products are tested on this point which come into questions in relation to allergic-reactions, and anamnestic experience have revealed, because without these anamnestic hints

an inordinate amount of nosodes would need to be measured.

Job related allergies, pollen allergies, dental materials, medicines especially antibiotics, detergents, foods, etc.

The ALLERGY POINT with allergies should be balanced at 50 with the use of homeopathic calcium preparations before any testing is done.

On TRIPLE WARMER, I measure hereditary nosodes in the potencies of 1000 and up, as well as hormonal stresses. Hereditary nosodes in potencies of 1000 to 100 are usually balanced with high potencies: MEDORRHINUM, PSORINUM, LUESINUM, TUBERCULINUM.

CORTISONE, BIRTHCONTROL PILL, and HORMONE related MEDICAMENTS and ORGAN PREPARATIONS.

On the foot, the

PANCREAS MERIDIAN, I measure all toxic stresses which can not be included on the NERVAL DEGENERATION POINT.

The possibilities for toxic stresses should be ascertained from the anameses, because the number can be without end.

STIMULANTS: tobacco, alcohol, drugs,....food additives...products from the decomposing protein, such as a damaged tooth or from the jaw area, anesthetics, etc.

KIDNEY and BLADDER MERIDIAN, I measure bacterial and toxic stresses of the urinary tract. All types of coliform bacteria, pyocyaneus (psuedomonas aeruginosa), venereal diseases, streptococci, staphylococci, trichomonas infection, ... especially good to include are sulfonamide and analgesics.

On the SPLEEN MERIDIAN and the MS-6--master of the blood--found on it, I measure the Walla blood preparations on it.

GRANULOCYTES, LYMPHOCYTES, ERYTHROCYTES, THROMBOCYTES, BONE MARROW, organ preparations: SPLEEN/THYMUS, LYMPH NODES from Walla, and the REVIDE PREPARATIONS from Theurer

In addition to the organ preparations and nosodes, we measure medicaments according to the homeopathic rule on all the organ-specific measurement points. The quantity of organ preparations, nosodes and homeopathics should be limited to the minimum. At the end of the testing period all the "tested" preparations should be checked again on the HYPOTHALAMUS point.

The mesenchyme reactivation treatment is supported in my practice additionally with own-blood treatments. The blood volume is increased from 1 to 3 cm<sup>3</sup>. The injection of the "tested" medicants organ preparations and nosodes should follow the indicated schedule. For low potencies to be effective, my experience has shown it to be best when given weekly. From D 30 to D 60 they are given once every fourteen days. D 60 and D 100 every 3-4 weeks one time. High potencies every 4-6 weeks once depending on the reaction. The complete mesenchyme reactivation treatment takes a time span of 3-4 months. In this preparatory therapy one has to be aware of a possibility of sudden indisposition of the patient. Should this occur, contemplate a post-or-after testing, because frequently the potency difference are responsible for this. That is to say, that the measured potencies, especially with nosodes, in the administered sequence does not fit any more. During the total mesenchyme reactivation therapy it is a must for a daily intake of 1-2 liters of fluid (un-carbonated), or specific herbal tea should be used additionally, to expedite the excretion of toxins. To augment or potentiate the action of the mesenchyme reactivation therapy, by injecting "tested" medicants into the organ specific acupuncture points according to the prescribed rules of classical acupuncture. Also the classical neural therapy on scar disturbance

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fields, including the gynecological as determined per health history, should be repeatedly performed. As is demonstrated here by the Chief of Staff, Dr. Bergmann.

## OZONE

The minor and major own blood therapy has a distinct success in RES weakness and blockade of the regulatory system which can be traced to oxygen depletion and utilization disturbances in the mesenchyme. Intravenous administration of ozone-oxygen mixture is not advise because complications can not be avoided. The application of ozone-oxygen mixture intramuscular is also not advisable, with the exception when a small amount is quaddled with a local anesthetic. In my practice the minor and major own blood therapy is carried out. The minor own blood therapy has its indications in diseases of infectious, toxic and allergic nature.

- 1 Conversion Therapy
- 2 Stimulant Therapy
- 3 Skin Diseases (acne, eczema, furuncle)
- 4 Allergies
- 5 Psoriasis
- 6 Liverdamages
- 7 Colon Irritations
- 8 Asthma/Bronchitis

The indications for a major own blood therapy are generally pre- and post treatments in focus therapy of chronic diseases in form of ozonized own blood.

## MINOR OWN BLOOD THERAPY

In the minor own blood therapy one proceeds as follows: I withdraw

5cc venous blood in a 20 cc syringe. A second 20cc syringe is filled with ozone-oxygen with a concentration of 30-40mcg% ozone per cc. The syringe should be filled at least twice, to insure the removal of all possible remaining air. This oxygen gas mixture is then added to the first syringe containing the 5cc of blood, and is then shaken. The procedure is repeated again. The ozone-oxygen enriched blood is then injected into the patient i.m.

#### MAJOR OWN BLOOD THERAPY

In the major own blood therapy I proceed as follows: preparation of the vacuum bottle and the infusion instruments. Aspiration of 5 cc sodium citrate solution. The butterfly valve needle is placed into the vein and a volume of 50 to 60 cc of blood is drawn. The volume can be varied individually. .... not intelligible.....sodium (?) solution.

While the blood is ozonized in the vacuum bottle, the butterfly valve needle is left in place in the vein after being flushed with an appropriate homeopathic substance. My experience has shown that 800 to 1000 mcg of ozone oxygen is the suitable amount for the enrichment of venous blood. My measurements have shown that higher ozone oxygen amounts can lead to blockades. To eliminate the air from the vacuum bottle an additional needle is inserted. Patient tolerance dictates the speed of reinjection of the blood.

#### INTESTINAL TRACT CLEANSING

My experience has taught that 90% of all patients have a diseased intestinal tract and this poses a certain stress for the total organism. With the aid of electro-acupuncture through the use of



indicators "Indole" and "Skatole", one is in a position to recognize toxic states and to initiate a specific intestinal cleansing treatment. The patient is advised to have the stool microbiologically examined. Additionally appropriate medicaments are tested out via electro-acupuncture. For this purpose I have put together a test series

PRO-SYMBIOFLOR

SYMBIOFLOR I

SYMBIOFLOR II

COLIBIOGEN

EUGALAN

REPHALYSIN

METIFLEX

ACIDOPHILUS

PERENTEROL

MYRRHINIL

SULFREDOX

VENTRACID

UNEXYM

SPASMO-CANULASE

The intestinal tract cleaning treatment is quite protracted. It can take as long as two years, and must be supported through strict dietary measures

animal-protein free diet according to Prof. Koch; lacto-vegetive food; Hay's separation diet, possible without meat; Mayr-kur (controlled interval enemas or intestinal baths)

When all the previously mentioned treatment methods for the re-activation of the mesenchyme are carried out appropriately long

enough, a repeat testing must than be used to determine the proper time for the surgical procedure.

Is the regulation capability of the organism brought again close to normal, as one can recognize it here when compared to the first measurements, can in accordance with the biorythm the time for the operation be set. In consideration of my experience in biorythms it isn't the positive or negative total phases that play a role, but rather the switch-over days. That is the transition from positive to negative, or the inverse. Double transition days are inappropriate for the operative target-time days.

Now a brief insight into my operation methods:

#### SURGICAL FOCUS SANITATION (SUCH AS BY CLEANING OR STERILIZING)

Even in the mouth a surgical operation should be carried out under the most aseptic conditions. That means, covering the patient, adequate disinfection of the operators hands, sufficient disinfection of the oral cavity, that is cleaning of pockets, interdental spaces and bridgeworks. This can be accomplished simply with the use of ozonized water.

The jaw surgery utilization:

Extensive disinfection of the oral cavity before the surgical operation; cooling of the drill during the surgical operation; rinsing of the wound to stop the bleeders. Disinfection of the wound surface and oral cavity. Treatment of infected wounds and rinsing of sinuses in acute infections and sinus operations.

Before us we have the surgical cleaning of the left upper jaw, and so before the surgery we render the oral cavity possible germ-free with the use of ozone water. With the use of ozonized water the disinfection of the bony wound is also accom-

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plished. Substances such as fluorides, ether and mercaptan are oxidized and rendered harmless.

The pretested substances are now given for blockage and infiltration anesthesia. We use the electrosurge for the initial cut at a setting of between 2 and 3. For the initial incision cut we have used the electrosurge for about 15 years now. And so we cut what could be practically called a comb-cut. Before the surgery appointment we have tested on the patient a condition which indicated the entire upper left jaw has residual osteitis. Areas of inflammatory change the cortical plate is exposed buccally. For the purpose I use a Lindermann bur. The piece is now removed and saved because it will be examined later. Here all the tissue is soft; it is rinsed out with ozone...and to find the healthy spongiosa. Here in this surgery we seem to have located a residual root, a bicuspid root from a #4 or #5. I don't know if you can see that on the screen, let me point to it. Here a colleague has left behind a root fragment, I will take it out now. This is a root fragment which a colleague, perhaps 20 years ago, has inadvertently, you understand, failed to remove and this has now been operated on three times.

The most important pathological findings which are diagnosed histologically, are the bone scar with disarray of spongy tissue, connective tissue strands, permeated with secondary bone tissue, in a sense of ossifying osteitis. These bony scars will always develop in cases of secondary healing intend extraction wounds.

The second form is the rarefied osteitis with chronic inflammatory characteristics. Here we find healthy bonemarrow next to areas of complete cell absence; perivascular round cell infiltrations and massively enlarged lymph vessels. Sequestered spongy bone particles,

remains of the original bone.

The original bone is now completely replaced by secondary bone.

connective tissue-altered bone tissue. The ossifying osteitis which is viewed as a compensating function of the bone tissue, is always based on a chronic rarefied osteitis. It consists of massively stored bone fibers.

As the last important findings are the foreign body inclusions in the bone, which present a permanent irritation in the sense of a foreign body reaction in the mesenchyme.

The laying of a flap should be done not only in an edentulous jaw but also in cases of simple extractions.

Following the mucous membrane dressing and the smoothing of the bony edges, each wound should be sutured with saliva tight stitches, if possible. I place my stitches about every 2 or 3 mm. The mouth is now cleaned thoroughly of any blood, again with ozone. So that the edentulous.....(interruption in tape).....

.....not only in edentulous jaws but also in simple extraction a flap should be layed...following the mucous membrane dressing and the smoothing of the bony edges, each wound should be sutured with saliva tight stitches, if possible. I place my stitches about every 2 or 3 mm; The mouth is now cleaned thoroughly of any blood, again with ozone; so that the edentulous sutured wound is clean. Now comes the interoral bandage... clean the total lower prosthesis it was cleaned before with ozone. Now we place over the surgical site some bees wax... we place the prosthesis in hot water, the water is about 45 to 50°C hot (113 to 122°F) ... The prosthesis is now inserted and you can see some of the wax oozing out. The excess of the wax is trimmed away and again reinserted...because of the wound dressing we have...we get no...no subperiosteal hematoma, the wound is protected from mechanical damage and the saddle base

The wave-swing treatment reduces the shock of surgery, and should in the first 4 to 5 days be given constantly or in small time intervals. For this purpose the soft pliable electrodes have proven practical, they provide good contact with the skin. One could also use a hand electrode and a plate electrode. The plate electrode must be insulated against the holding hand. The homeopathic remedies and organ preparations tested by electro-acupuncture following the surgery, are used to support the healing process.

The most important cover is the anti-allergic, the most critical time for the focus reaction is between the 6 and 11 day. That is the reason for emphasis of allergic suppression to be carried through to the 11 day. In our practice we use AVIL and FENESTIL. To cover the patient with the use of antibiotics is not recommended, because penicillin is a mesenchyme blocker, and it retards the proper healing process.

Here you can see a surgical wound as it looks after the removal of stitches on the 6 day.

As a rule I operate only on one quadrant at a time. Before a second procedure is considered, it is advisable to support therapy the patient until they have become regulated. Because any surgical procedure is a shock to the basic regulatory system. My experience has taught me to use longer rest intervals in cases of great compromise, and shorter ones in less complicated cases.

The final surgical procedure does not represent the end of therapy. Only after a comprehensive post-treatment with all therapy forms, which also considers and includes the pre-treatment, included should also be the climatic-cure-sanatoriums etc., only then can a focus therapy be considered a success.

is properly formed because we press the periosteum against the bone so it can stick to it, and later on we have the same "jaw-form" as before. "Please bite down now! So, and now please keep your mouth closed tightly, and you should not talk for at least one half hour."....this concludes the surgery and we will test our patient again...but before this I would like to mention that this interoral wound dressing should remain in place at least 2 to 3 days; the patient is on a liquid diet for that period of time.

To begin with we check the circulation substances on the circulation 9 and we also check on circulation on the venous measuring point.

I find this point through the AURICULO-CARDINAL reflex (?) I can test the location of the venous measuring point.... There...here is the venous measuring point. So, and now come the high potencies in drop form ..... this is somewhat improvised, because usually it is done in the testing room...after the hemorrhage control substances, the individual meridians are tested on the hand. I have covered all the meridians with these medicaments which influence the energetic areas of the jaw region.....that is all the meridians of the hand that have to be covered.... and now come the organ preparations, jaw ostitis, mandibulla, that is maxilla....

nosode jaw ostitis..... and now as the last thing the palatine tonsil....these substances, the tested substances, are now given to the patient i.m. as a cover for an enhanced wound healing.... the hemorrhage control substances are given by mouth, from each of the high potency bottles every 20 minutes 5 drops are taken and the ampulles are taken 3x daily by mouth.