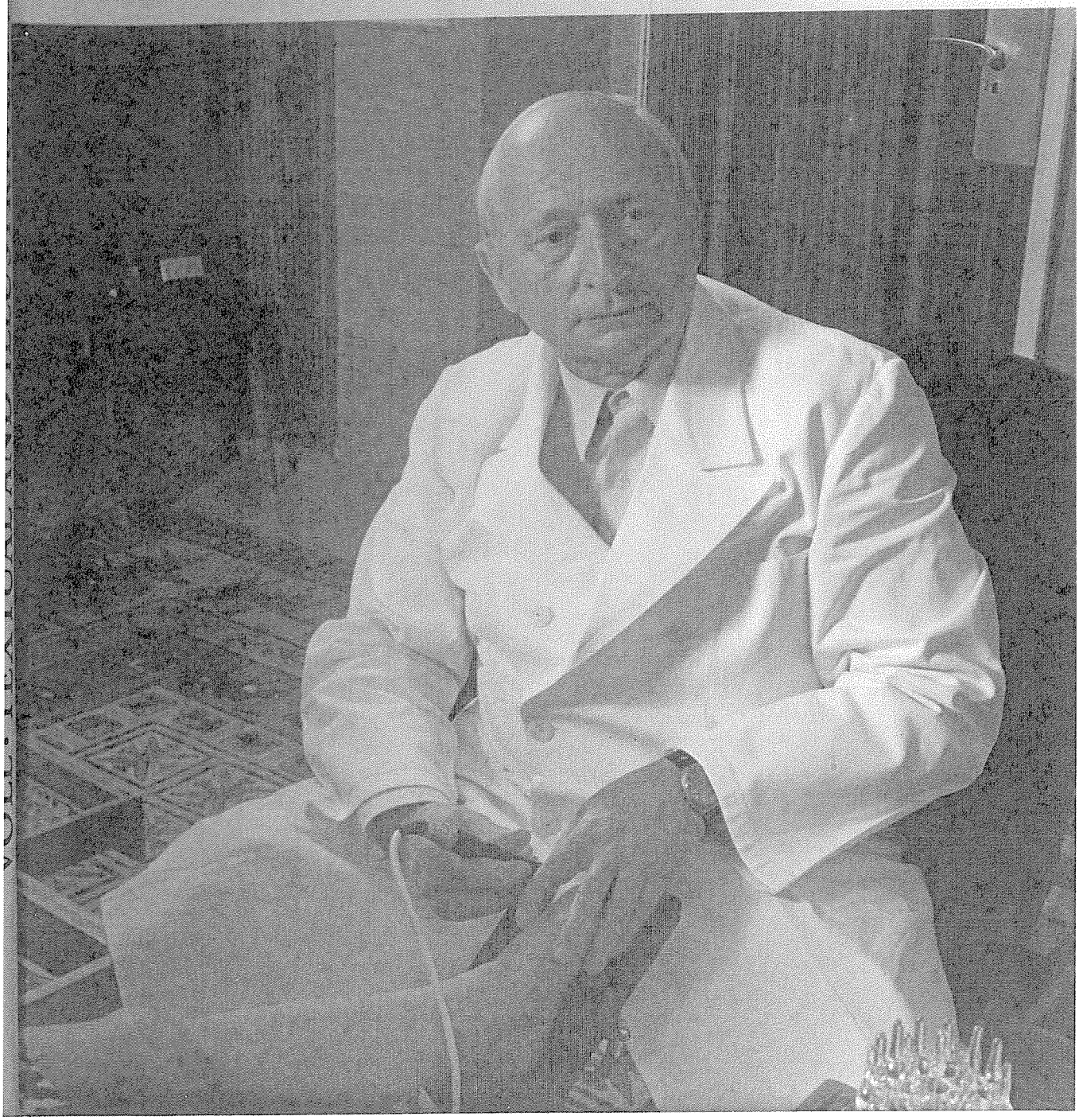
TOPOGRAPHIC POSITIONS OF THE
MEASUREMENT POINTS
IN ELECTRO-ACUPUNCTURE

TEXTUAL AND ILLUSTRATED VOLUME III



TOPOGRAPHIC POSITIONS OF THE MEASUREMENT POINTS IN ELECTRO-ACUPUNCTURE

Measurement points for the steering of the automatic system,
of the limbic system, and for the 20 jaw sections.
Etiologic therapy of neurodystonia

by

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Illustrated Volume III (anatomic atlas)

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Preface

The principle of specific therapy of neurologic diseases is based on differentiated diagnostics of faulty autonomic steering, which may add up, as a summation effect, to what is referred to as neurodystonia. The entire autonomic nervous system may be evidenced by 48 measurement points situated symmetrically on each side of the body and one additional asymmetrically situated measurement point, covering the individual plexuses, ganglia, the various portions of the vagus nerve and the sympathetic trunk.

Specific and etiologic therapy of neurodystonia can only be carried out by verifying chemical noxae and toxins which support parasympathetic and sympathetic ganglionitis. Case reports with respect to diagnostic findings and medication testing complete the various chapters. In addition to the measurement points for the autonomic nervous system new measurement points for the psychic autonomic nervous system, i. e., the limbic system, could be established. The limbic system constitutes the steering center for affective life, surrounding the areas of the cerebrum, the brain stem, and the hypothalamus. Thus EAV has measurement points for influencing emotional life.

Furthermore, this volume opens up new diagnostic means to the dentist and researcher in odontogenic focal disturbances by giving 20 separate measurement points for the upper and lower jaw sections to replace the hitherto known jaw measurement points, which had been used for decreasing elevated values down to 50 by low frequency direct current impulses using least intensity.

The verification of the new measurement point Deep cervical lymph nodes facilitates the specific treatment of the anterior portions of the eye, when the lymph drainage in this area is impeded by other organs in the head or the neck. Thus, angiospasm of the lymph may be removed to create normal functions of the anterior portions of the eye.

I wish to thank the ML-Publishing Co. for the printing of this volume and my colleague Dr. H. Schuldt for preparing this English edition. I hope that the reader of this book will be convinced that EAV was able to achieve yet more new basic aids for diagnosis and therapy.

June 1978

R. Voll, M. D.
Honorary president of the
International Association for
Electro-Acupuncture according to Voll

Translator's preface

The practical implications of this volume, with respect to diagnosis and therapy, are very important: for example, a low-level nervous damage or intoxication, by itself, can maintain an organic malfunction, which otherwise cannot be accounted for by conventional clinical means.

Theoretical considerations will find it interesting to realize, that by using identical qualities of measurement current, completely different tissue systems, such as organs and nerves, can be diagnosed and treated. The rationale behind this is seen in that the electric qualities used for measurements constitute generally applicable units 'equal' or 'similar' to biologic specific properties. The translator has tried to outline this in more detail in other publications.

Readers of this volume will find many new concepts in comparison to the previous volumes and are invited to communicate their comments to the translator for further evaluations in the interest of bioenergetic research.

H. Schuldt, M.D., M. Sc.

Measurement points for the autonomic nervous system

Summation measurement point (SMP.) for the entire autonomic nervous system = 1a. Nerval degeneration vessel

SMP. Vagus nerve = 10a. Stomach
SMP. Sympathetic nerve = 20. Gallbladder

A. Measurement points for the parasympathetic nervous system

Preganglionic fibres from the midbrain	= 10a. Gallbladder
Nuclei of the vagus nerve in the oblong bulb (medulla)	= 11b. Gallbladder
Cranial part of the vagus nerve	= 8d. Stomach
Pharyngeal plexus	= 16. Stomach
Esophageal plexus	= 15. Stomach
Pulmonary plexus	= 18. Stomach
Abdominal part of the vagus nerve	= 21. Stomach
Anterior gastric plexus	= 20. Stomach, left side
Posterior gastric plexus	= 20. Stomach, right side
Coeliac branches (rami) of the vagus nerve	= 20. Kidney
Hepatic branches (rami) of the vagus nerve	= 21. Kidney
Renal branches (rami)	= 19. Kidney
Preganglionic fibres from the sacral marrow	= 35. Urinary bladder
Pelvic plexus	= 34. Urinary bladder
Splanchnic nerves of the pelvis	= 32. Urinary bladder

There are 16 measurement points and 1 summation measurement point on each side of the body for the parasympathetic nerve and its plexuses.

B. Measurement points for the sympathetic nerve and the sympathetic trunk

Cranial part of the sympathetic nerve	= 19a. Gallbladder
SMP. for each cervical part of the sympathetic nerve	= 16. Governor vessel
SMP. Cervical ganglion on one side	= 1a. Triple-warmer
Superior cervical ganglion	= 10a. Urinary bladder
Middle cervical ganglion	= 10b. Urinary bladder
Inferior cervical ganglion	= 10c. Urinary bladder

SMP. Thoracic part of the sympathetic nerve	=	16. Urinary bladder
Thoracic aortic plexus	=	8e. Circulation, left side
Cardiac ganglia	=	8e. Circulation, right side
Cardiac plexus	=	8e. Heart
Coronary plexus of the mediastinal plexus	=	10d. Lung
Bronchial plexus	=	9a. Lung
SMP. Abdominal part of the sympathetic nerve	=	24. Urinary bladder
SMP. Coeliac plexus	=	44c. Stomach
Phrenic plexus	=	19. Stomach
Suprarenal plexus	=	1b. Kidney
Renal plexus	=	1-1. Kidney
Testicular plexus or ovarian plexus	=	30a. Stomach
Superior gastric plexus	=	22. Stomach, right side
Hepatic plexus	=	43c. Gallbladder
Superior mesenteric plexus	=	1a. Small intestine, right side
Inferior mesenteric plexus	=	1a. Small intestine, left side
Abdominal aortic plexus	=	8c. Circulation
Iliac plexus	=	1a. Large intestine, left side
Superior hypogastric plexus	=	1a. Large intestine, right side
SMP. Pelvic part of the sympathetic nerve	=	33. Urinary bladder
SMP. Inferior hypogastric plexus	=	63. Urinary bladder
Rectal plexus or haemorrhoidal plexus	=	4. Kidney
Vesical plexus	=	66c. Urinary bladder
Deferential, seminal, and prostatic plexus in the man	=	49d. Urinary bladder
Uterovaginal plexus in the woman	=	49d. Urinary bladder
Cavernous plexus of the penis or of the clitoris	=	50c. Urinary bladder

The sympathetic nerve with its sympathetic trunk and its plexuses disposes of

29 measurement points for the right side of the body,

28 measurement points for the left side of the body,

1 measurement point on the posterior median line,

1 summation measurement point for the sympathetic nerve for the left and the right side respectively.

All in all, the autonomic nervous system comprises 48 measurement points, which are situated symmetrically, and of one measurement point, which is situated asymmetrically.

Positions of the measurement points for the autonomic nervous system

The measurement points for the preganglionic fibres of the parasympathetic nerve in the midbrain and for the nuclei of the vagus nerve in the oblong bulb (medulla) are situated on the gallbladder meridian = 10a. and 11b. Gallbladder. For the preganglionic fibres of the parasympathetic nerve in the sacral marrow, there is a measurement point over the sacral bone, which is the trunk's lowest urinary bladder point = 35. Urinary bladder.

All other measurement points for the vagus nerve, that is, its summation measurement point and MP. for its various portions, are situated on the anterior side of the body, the 16. Small intestine point being situated on the anterior side of the neck. The point for the portions of the vagus nerve and its plexuses are situated on the stomach meridian, this being 8c. and 8d. Stomach, 10a. Stomach, 15. Stomach, 16 Stomach, 18. Stomach, 20. Stomach, 21. Stomach.

The coeliac, lienal, and renal branches of the vagus nerve are situated on the kidney meridian, i.e. 20., 21., and 22. Kidney.

The measurement points for the sympathetic trunk are situated on the urinary bladder meridian, i.e. 10a., 10b. Urinary bladder, 10c. Urinary bladder for the cervical ganglia, 16. Urinary bladder for the thoracic part, 24. Urinary bladder for the abdominal part, and 33. Urinary bladder for the pelvic part of the sympathetic trunk.

All the measurement points on fingers and toes for the plexuses are located over the distal osseous angles between diaphysis and capitulum of the middle phalanges with the exception of the mediastinal plexus, which is located over the proximal osseous angle of the terminal phalanx of the thumb.

Most of the other plexus measurement points are located in the vicinity of the organ measurement points themselves, such as:

MP. Coronary plexus of the heart = 7a. Circulation in comparison to 7. Circulation = MP. for the coronary vessels.

MP. Bronchial plexus = 9a. Lung in comparison to 10. Lung = MP. Bronchi.

MP. Rectal plexus = 4. Kidney in comparison to 6. Kidney for the rectum.

MP. Testicular plexus or ovarian plexus = 30a. Stomach in comparison to 31. Stomach, 11. Liver, 11. Pancreas for the MP. Gonad.

MP. Deferential, seminal, and prostatic plexus or utero-vaginal plexus = 49d. Urinary bladder in comparison to 49b. Urinary bladder for the spermatic cord or for the ampule of the tube. Furthermore 49c. Urinary bladder for the seminal vesicle or the interstitial part of the uterus and 50. Urinary bladder for the prostate or the uterus.

MP. Cavernous plexus of the penis or the clitoris = 50c. Urinary bladder in comparison to 51. Urinary bladder for the penis or the vagina.

The measurement point Parasympathetic esophageal plexus = 15. Stomach in comparison to the measurement point of the upper and lower esophagus = 13. Stomach and 14. Stomach.

SMP. Inferior hypogastric plexuses = 63. Urinary bladder in the neighbourhood of the 64. to 67. Urinary bladder points.
Renal plexus = 1—1. Kidney in comparison to the measurement points 1. and. 1 a. Kidney.

Plexus measurement points in close anatomic relations to organ points

The MP. Phrenic plexus = 19. Stomach, situated in the 6th intercostal space, adjacent to the lower part of the diaphragm.
The MP. Superior gastric plexus = 22. Stomach, located on the right side only, in close anatomic neighbourhood to the exit of the stomach.

Vagus nerve (pneumo-gastric nerve)

The nuclei of the vagus nerve are situated in the oblong bulb = MP. 11b. Gallbladder. The preganglionic fibres of the parasympathetic nerve originate in the midbrain = MP. 10a. Gallbladder, accompanying the facial nerve VII, the glossopharyngeal nerve IX, and the vagus nerve X.
They join the facial nerve to the sphenopalatine ganglion, to the submaxillary ganglion, and to the sublingual ganglion. Some fibres, join the oculomotor nerve III to the ciliar ganglion.
They join the glossopharyngeal nerve to the otic ganglion, and the vagus nerve to the ganglia in the innervated organs, such as heart, lung, stomach, liver, pancreas, kidney, intestines. After protruding from the foramen jugulare, the vagus nerve bulges out to form the nodose ganglion, which constitutes the nucleus of origin for most of the sensitive nerves of the vagus nerve.
The preganglionic fibres of the parasympathetic nerve from the sacral marrow possess one measurement point = 35. Urinary bladder.

The vagus nerve is composed of 5 kinds of physiologic fibres:

1. motor fibres for the pharynx, larynx, trachea, bronchi, esophagus and stomach,
2. secretory fibres mainly for the glands of the stomach,
3. inhibitory nerve fibres for the heart,
4. vascular fibres,
5. sensitive fibres.

The vagus nerve is made up of four large portions: cranial part, cervical part, thoracic part, and abdominal part, all having measurement points of their own.

Cranial part of the vagus nerve = 16. Small intestine
Cervical part of the vagus nerve = 8c. Stomach
Thoracic part of the vagus nerve = 16. Stomach
Abdominal part of the vagus nerve = 21. Stomach.

The summation measurement point for the vagus nerve is the 10a. Stomach (see Illustrated Volume I, Figure 7).
While the preganglionic fibres of the parasympathetic and the sympathetic nerve originate in various parts of the central nervous system, the postganglionic fibres of both nerves supply the organs simultaneously and mostly antagonizingly.

Measurement points for the parasympathetic nerve and for the portions of the vagus nerve

MP. for the preganglionic fibres of the parasympathetic nerve in the midbrain = 10a. Gallbladder.

Position:
Over the most posterior part of the squamous suture on the occiput approximately 1/2 finger breadth behind the vertical line passing through 11., 10., and 18. Gallbladder points (see Illustrated Volume II, Figure 26).

MP. Nuclei of the vagus nerve in the oblong bulb = 11b. Gallbladder

Position:
Over the posterior edge of the mastoid process on the level of the middle of the residual squamomastoid suture, where the 17. Triple-warmer = MP. for the middle ear and tympanic cavity is situated.

MP. for the cranial part of the vagus nerve = 16. Small intestine

The cranial part of the vagus nerve comprises the superior ganglion and the inferior ganglion. The superior ganglion is a sensitive ganglion of the vagus nerve.

Position:
Over the midposition between the sternal and the clavicular part of the sternocleidomastoid muscle approx. 1/2 finger breadth above the measurement point of the anterior pituitary lobe. (Intersection of the gallbladder, small intestine and triplewarmer meridians). See Illustrated Volume II, Figure A 20.
The cranial part of the vagus nerve emits branches to the meninges and the ear, and one connecting branch each to the glossopharyngeal nerve IX, the accessory nerve XI, and the superior cervical ganglion. The superior laryngeal nerve originates in the inferior ganglion of the vagus nerve.

MP. for the cervical part of the vagus nerve = 8c. Stomach

Position:
Over the hyoid bone approx. 1 finger breadth off the median line.
The cervical part of the vagus nerve has branches to the larynx and pharynx. This is also where the recurrent nerve originates, which emits branches to the cardiac plexus, to the trachea, and to the upper esophagus.

MP. for the thoracic part of the vagus nerve = 16. Stomach

Position:
At the lower edge of the 4th rib approx. 1/2 finger breadth laterally of the anterior median line. The thoracic part of the vagus nerve emits branches to the trachea, the bronchi, the lung, the pulmonary pleura, the esophagus, and the pericardium. The vagus nerve has its own plexuses i.e. pulmonary plexus = 18. Stomach, and esophageal plexus = 15. Stomach.
The pulmonary plexus is also made up of various fibres from the four upper thoracic ganglia of the sympathetic nerve.

MP. for the abdominal part of vagus nerve = 21. Stomach

Position:
Over the cartilaginous angle formed by the 8th and 9th rib. This is where fibres originate running to the stomach, large intestine, liver, spleen, pancreas, small intestine, kidney, and the suprarenal gland. The abdominal part of the vagus nerve contains the anterior and the posterior gastric plexus (20. Stomach). Both plexuses are also made up of sympathetic portions. The gastric plexuses are connected to the unpaired superior gastric plexus of the sympathetic nerve. The anterior gastric plexus is situated over the anterior side of the stomach. The posterior gastric plexus is situated over the posterior side of the stomach and the little curvature. The coeliac branches traveling to the coeliac plexus, the hepatic branches traveling to the portal part of the liver, and the renal branches traveling to the renal plexus, all of which possess measurement points of their own on the kidney meridian, that is, 19., 20., 21. Kidney.

MP. for preganglionic fibres of the parasympathetic nerve in the sacral marrow = 35. Urinary bladder

Position:
At the edge of the lower confinement of the sacral bone vertically below the lateral edge of the 4th sacral foramen.
The preganglionic fibres of the sacral marrow are contained in the sacral nerves I–III as they travel to the pelvic plexus. The postganglionic fibres supply the descending colon, sigmoid, rectum, urinary bladder, and genital organs.

Measurement points for the plexuses and branches of the vagus nerve

MP. Pharyngeal plexus = 8d. Stomach
Position:

One finger breadth vertically below the measurement point Cervical part of the vagus nerve = 8d. Stomach, situated over the omohyoid muscle between the cranial venter of the omohyoid muscle and the sternohyoid muscle.
The pharyngeal plexus is made up of the glossopharyngeal nerves, the vagus nerves, and the two cervical sympathetic trunks, thus forming a mixed plexus of predominantly parasympathetic steering.

MP. Esophageal plexus = 15. Stomach
Position:

Over the midposition of the 3rd intercostal space approx. 5 finger breadths off the anterior median line.
The esophageal plexus is formed by the two vagus nerves and, in its upper part, also by the left recurrent laryngeal nerve, which constitutes a branch of the vagus nerve.

MP. Pulmonary plexus = 18. Stomach

Position:
Over the midposition of the 5th intercostal space approx. 6 finger breadths off the anterior median line. In male youths and young men without obesity, this point is situated vertically below the mammilla.
The pulmonary plexus is situated at the hilus of the lung and emits branches to the bronchi, to the vessels of the lung, and to the visceral pleura.

MP. Anterior gastric plexus = 20. Stomach, left side
MP. Posterior gastric plexus = 20. Stomach, right side

Position:
Over the cartilaginous costal angle of the 7th intercostal space.
The anterior gastric plexus originates from the esophageal plexus traveling to the anterior side of the stomach. The posterior gastric plexus originates from the esophageal plexus to travel to the posterior side of the stomach.

MP. Hepatic branches of the vagus nerve = 21. Kidney

Position:
Over the medial edge of the 7th costal cartilage on the level of the tip of the xiphoid process, that is, on the same level as the 15. Conception vessel point.
The hepatic branches of the vagus nerve originate in the anterior gastric plexus to travel to the portal part of the liver.

MP. Coeliac branches of the vagus nerve = 20. Kidney

Position:
Over the medial edge of the costal arch four finger breadths off the anterior median line.
The coeliac branches of the vagus nerve originate in the anterior gastric plexus to travel to the coeliac plexus.

MP. Renal branches of the vagus nerve = 19. Kidney

Position:
In the epigastric region on the same level as the 12. Conception vessel point, which is situated over the midposition of the connecting line between the navel and the end of the xiphoid process. The 19. Kidney point is situated approx. four finger breadths off the anterior median line of the body.
The renal branches of the vagus nerve originate in the anterior gastric plexus to travel to the kidney.

Measurement points for plexuses and nerves of the parasympathetic nerve

MP. Pelvic plexus = 34. Urinary bladder

This plexus is composed of the preganglionic fibres of the parasympathetic nerve originating in the sacral marrow, the splanchnic nerves of the pelvis (formerly nervi erigentes), postganglionic fibres originating in the sacral part of the sympathetic nerve and afferent fibres. In other words: This plexus is made up of parasympathetic and sympathetic portions. Its measurement point is situated between the SMP. Pelvic part of the sympathetic nerve = 33. Urinary bladder and MP. Preganglionic fibres of the parasympathetic nerve originating in the sacral marrow = 35. Urinary bladder.

Position:
Over the lateral confinement of the 4th sacral foramen.

MP. for the splanchnic nerves of the pelvis = 32. Urinary bladder

Position:
Over the lateral edge of the 2nd sacral foramen.
The parasympathetic nerves of the viscera supply the pelvis and the genital organs and are also contained in the pelvic plexus.

The cranial part of the sympathetic nerve

The cranial part of the sympathetic nerve comprises the sympathetic plexuses of the otic ganglion, the sphenopalatine ganglion, and the ciliary ganglion, all of which originate in the inner carotid plexus. These ganglia are similar to parasympathetic ganglia and resemble ganglia of the sympathetic trunk, that is, they emit connecting fibres, that is, interganglionic branches, to the cerebrospinal nervous system, i.e. rami communicantes. These ganglia, however, do not emit transverse branches. There exist interganglionic branches between the otic ganglion and the sphenopalatine ganglion, both of which are not connected with the ciliary ganglion. The cervical ganglia do not emit such interganglionic branches (rami).

Anatomic position of the ganglia

The sphenopalatine ganglion is situated below the sphenoidal sinus in the pterygopalatine fossa. The ciliary ganglion is situated in the posterior portion of the orbita at the lateral side of the optic nerve. The otic (auricular) ganglion is located below the oval foramen.

MP. Cranial part of the sympathetic nerve = 19a. Gallbladder

Position:
In the midposition between the 19. and 20. Gallbladder point, exactly where the muscles of the occiput insert.

The 19. Gallbladder point is located on the lambdoid suture three finger breadths off the median line. It is hard to state a distance between the insertion of the muscles of the nape and the lambdoid suture, this distance is varying from person to person because of the different level of the occipital bone (for MP. Sympathetic nerve = 20. Gallbladder, see Illustrated Volume I, Figure 22, and Textual Volume I, page 47).

There are connections between the ganglia of the cranial part of the sympathetic nerve an the superior cervical ganglion via the internal carotid nerve, which originates in the superior cervical ganglion. The carotid nerve has a strong and a weak branch. The strong lateral branch emits plexus fibres to the internal carotid plexus, to the tympanic cavity, to the mastoid cells, and to the tympanic nerve, furthermore to the sphenopalatine ganglion, which emits branches to the nasal cavity, to the paranasal sinuses, to the hard and the soft palate, to the gums, to the area around the tonsils, and to the orbital cavity.

The weak branch of the internal carotid nerve with its fibres, mainly forms the cavernous plexus, which is situated in the cavernous sinus. This plexus emits further fibres to the abducent nerve VI, to the oculomotor nerve III, to the trochlear nerve IV, to the ciliary ganglion, to the internal carotid artery and to the plexus of the cerebral artery.

The sympathetic origin of the otic ganglion is a plexus encircling the medial meningeal artery. The otic ganglion also emits peripheral nerves to the tensor muscle of the tympanon and others.

The cervical part of the sympathetic nerve

The sympathetic trunk of the sympathetic nerve being situated next to the spine extends from the base of the skull to the coccyx. The sympathetic trunk is divided into four portions: cervical portion, thoracic portion, abdominal portion, and pelvic portion.

The cervical portion of the sympathetic trunk has three ganglia: upper, medial, and lower ganglion. Each ganglion possessess one measurement point of its own. The cervical ganglia are distinguished by the fact that they do not possess transverse branches (rami transversi), in contrast to the other ganglia of the sympathetic trunk. This is the reason, among other things, why focal disturbances in the head sometimes may have remote effects only on the homolateral side of the body.

Summation measurement points for the cervical part of the sympathetic nerve

The cervical part of the sympathetic nerve disposes of two summation measurement points, one point being situated on the governor vessel = 16. Governor measurement point, responsible for the left and right cervical portion. The other point is situated on the endocrine meridian = 1a. Triple-warmer, by means of which the left and the right cervical portions can be measured separately.

SMP. for bilateral cervical parts of the sympathetic nerve = 16. Governor

Position:
Over the nuchal septum on the level of the 10. Urinary bladder point = MP. Oblong bulb (medulla oblongata) (see Textual Volume I, page 47).

SMP. for the unilateral cervical part of the sympathetic nerve = 1a. Triple-warmer

Position:

Over the distal osseous angle formed by diaphysis and capitulum of the medial phalanx at the ulnar side of the 4th finger.
In amputees, who lost an arm on one side, one can compare the readings of the SMP. 16. Governor with the SMP. 1a. Triple-warmer on the existing hand to verify the presence of a cranial disturbance on the amputated side. When a focal disturbance is present there, SMP. 16. Governor will give an indicator drop, whereas SMP. 1a. Triple-warmer will not. In order to locate the focus or the focal disturbance in the jaw, in the tonsils, in the paranasal sinus or the ear, one takes measurements from the three various cervical ganglion measurement points. Thus, one will immediately obtain a reading to find out if the paranasal sinus or the ear (10a. Urinary bladder), the jaw (10b. Urinary bladder) or the tonsils (10c. Urinary bladder) are affected (see the following pages).

Measurement points for the cervical ganglia.

1) *MP. Superior cervical ganglion* = 10a. Urinary bladder

The upper cervical ganglion is situated in front of the transverse process of the 2nd and 3rd cervical vertebrae. The upper cervical ganglion emits fibres to the petrous ganglion of the glossopharyngeal nerve and to the jugular ganglion of the vagus nerve. It connects furthermore to the hypoglossal nerve and to the nodose ganglion of the vagus nerve. The fibres travel via the meningeal plexus to the otic ganglion. Other fibres accompany the internal carotid artery and the common carotid artery, and travel to the carotid sinus (glomus), to the upper thyroid artery, to the external carotid artery, to the lingual artery, to the external and internal maxillary artery, to the ascending pharyngeal artery, to the superficial temporal artery, and to the middle meningeal artery. A major branch travels as upper cardiac nerve to the cardiac plexus and emits on its way branches to the thyroid.

Position:

Over the transverse process of the 3rd cervical vertebra approx. 1 1/2 finger breadths off the median line, and 1 finger breadth higher than the 14. Governor point, which is situated in the muscular angle formed by the left and the right upper edges of the musculus splenius capitis. The measurement point for the upper cervical ganglion is located over the medial edge of the musculus splenius capitis.

Locating the point:

When the 14. Governor vessel point is found, which is situated on the dorsal median line in the muscular angle formed by the left and the right upper edges of the musculus splenius capitis, proceed upwards along the upper edge of this muscle to reach the point at a distance of one finger breadth off the median line.
The upper cervical ganglion may be highly irritated energetically by inflammatory processess in the paranasal sinuses or in the cavernous sinus. This may also be the case when otic focuses are present.

2) *MP. Middle cervical ganglion* = 10b. Urinary bladder

The middle cervical ganglion is situated on the level of the 6th cervical vertebra. It emits branches to the carotid sinus, which is located on the common carotid artery and proceeds to the cardiac plexus via the middle cervical cardiac nerve.

Position:
Over the transverse process of the 6th cervical vertebra, 1 1/2 finger breadths off the median line on the same level as the 6th spinous process over the upper edge of the minor rhomboid muscle.
Odontogenic foci may irritate the middle cervical ganglion, which in turn may exhibit an indicator drop. When, in thumb- and arm amputees, the 6th lymph vessel point is missing, this point may give an immediate diagnostic hint as to an odontogenic focal disturbance.

3) *MP. Lower cervical ganglion* = 10c. Urinary bladder

The lower cervical ganglion is situated between the transverse process of the 7th cervical vertebra and the first rib. Occasionally, it may fuse with the 1st thoracic ganglion and with the 2nd thoracic ganglion to form the stellate ganglion. This ganglion emits branches to the thyroid artery, numerous branches to the vertebral artery, to the anterior subclavic artery, and to the mammary artery. Furthermore, it emits fibres to the thyroid and to the parathyroid. One branch, as the lower cardiac nerve, travels to the cardiac plexus.

Position:
Situated in a depression between the spinous and transverse process of the 7th cervical vertebra approx. 1 1/2 finger breadths off the median line over the edge of the minor rhomboid muscle.
This lower cervical ganglion is mainly irritated by the five tonsils of the lymphatic ring (Waldeyer). The measurement point of the five tonsils should always be measured and controlled, i.e. measurement point = 1-2. Lymph vessel (see Illustrated Volume II, Figure 5). When the lymph vessel points = 1-2., 2., and 3. are missing in thumb- or arm amputees, measurement points 10a., 10b., 10c. Urinary bladder should be used.

The thoracic part of the sympathetic nerve

The thoracic part of the sympathetic nerve comprises the 11th—12th ganglia in a row, the thoracic ganglia being situated next to the thoracic spine. The 6th—9th thoracic ganglia emit the large intestinal nerve, that is, the major splanchnic nerve. The 10th—11th thoracic ganglia emit the little intestinal nerve, that is, the minor splanchnic nerve. Both penetrate the diaphragm to reach the coeliac plexus.
There are important connections between the thoracic ganglia and the thoracic aortic plexus, the cardiac plexus, the coronary plexus of the heart, the mediastinal plexus, and the bronchial plexus.

Measurement points for the sympathetic trunk of the thoracic part

Summation measurement point (SMP.) for the thoracic part of the sympathetic nerve = 16. Urinary bladder

Position:
Situated between the transverse process of the 6th and 7th thoracic vertebrae.
In classical acupuncture, this is the associated point for the blood. By this, the autonomic (vegetative) steering of the blood is meant.

Measurement points for the plexuses of the thoracic part of the sympathetic nerve

1) *MP. Thoracic aortic plexus (unpaired)* = 8e. Circulation, left side

Position:
Situated over the distal osseous angle between diaphysis and capitulum of the middle phalanx on the radial edge of the 3rd left finger.
This measurement point in EAV was until now reserved as the measurement point for the thoracic aorta, but, in addition, it contains the thoracic aortic plexus. This plexus emits branches to the abdominal aortic plexus and the coeliac plexus.

2) *MP. Cardiac ganglia* = 8e. Circulation, right side

The aortic arch, MP. 8e. Circulation, right side, is superimposed by a number of small ganglia, which receive terminal fibres for the upper cardiac nerve, which comes from the upper cervical ganglion.

3) *MP. Cardiac plexus (paired)* = 8e. Heart

Position:
Situated over the distal osseous angle of the middle phalanx on the radial side of the little finger.
This plexus also emits branches to the coronary plexus of the heart.

4) *MP. Coronary plexus of the heart (paired)* = 7a. Circulation

Position:
Situated on the volar side of the hand over the distal wrist-joint in midposition between os lunatum and os capitatum.

5) *MP. Mediastinal plexus (paired)* = 10d. Lung

Position:
Situated 1/8 finger breadth above the proximal angle between diaphysis and basis of the terminal joint of the thumb and approx. 1/4 finger breadth off the 11. Lung point.

Note:
This point lies above the proximal osseous angle of the terminal phalanx, the meridian having only a very short distance to reach the 11. Lung point close to the angle of the nail bed (see Figure 5). This plexus supplies the organs of the posterior mediastinum and the mediastinal pleura.

6) *MP. Bronchial plexus (paired)* = 9a. Lung

The cardiac plexus also emits connecting fibres to the bronchial plexus.

Position:
Situated on the volar side of the hand over the distal wristjoint in midposition between the navicular and the major multangular bone. The vagus nerve emits branches to this plexus.

The abdominal part of the sympathetic nerve

The abdominal part of the sympathetic trunk contains 4—5 lumbar ganglia. It is situated on the anterior side of the lumbar vertebrae. The coeliac plexus is the largest sympathetic plexus, situated on the initial part of the aorta abdominalis. This ganglion is formed like a half moon on either side and may adopt the shape of a circle when it fuses, which accounts for its name of solar plexus.

The most important roots of the coeliac plexus are:

1. splanchnic nerves,
2. abdominal branches of the vagus nerve,
3. connections to the thoracic aortic plexus,
4. several branches of the two final thoracic vertebral ganglia and the two first lumbar ganglia.

The following important secondary plexuses originate in the coeliac plexus:

1. phrenic plexus together with the phrenic nerve — paired,
2. suprarenal plexus — paired,
3. renal plexus — paired,
4. testicular or ovarian plexus — paired,
5. upper gastric plexus — unpaired on the right side,
6. hepatic plexus — paired,
7. upper mesenteric plexus — unpaired on the right side.

Further plexuses proper to the abdominal part of the sympathetic nerve:

1. abdominal aortic plexus — paired,
2. lower mesenteric plexus — unpaired, left side,
3. iliac plexus together with femoral plexus and popliteal plexus — unpaired, left side,
4. upper hypogastric plexus — unpaired, right side.

Measurement points of the abdominal part of the sympathetic nerve

SMP. Abdominal part (lumbar part) of the sympathetic nerve = 24. Urinary bladder

Position:
On the level below the transverse process of the 3rd lumbar vertebra approx. 1 1/2 finger breadths off the median line.

SMP. Coeliac plexus = 44c. Stomach

The summation measurement point Coeliac plexus comprises five paired and two unpaired secondary plexuses.

Position:
Over the distal osseous angle between diaphysis and capitulum of the middle phalanx of the second toe on the fibular side.

MP. Phrenic plexus = 19. Stomach

The fibres of this plexus are connected with the phrenic nerve. This connection is effected on the right side by the phrenic ganglion which forms a loose plexus around the lower phrenic artery.

Position:
Situated over the cartilaginous angle of the 6th and 7th rib.

MP. Suprarenal plexus = 1b. Kidney (EAV-numeration).

This plexus governs the function of the adrenal gland.

Position:
Situated over the distal osseous angle between diaphysis and capitulum of the 5th metatarsal bone on the tibial side.
This point has to be distinguished from the 42. Gallbladder point.
The measurement point 1b. Kidney = suprarenal plexus, may be of differential diagnostic importance, when the summation measurement point for the gonad and adrenal gland = 1. Triple-warmer point exhibits an indicator drop. This indicator drop has to be associated with either the gonad or the adrenal gland. When the 1b. Kidney exhibits an indicator drop, the indicator drop on the 1. Triple-warmer

point refers to the adrenal gland. However, when the summation measurement point 64. Urinary bladder exhibits an indicator drop, the ovary in women or the testicle in men is affected. Moreover, the 64. Urinary bladder point is the measurement point for the abdominal ostium of the tube and for the epididymis, these organs being always involved in disturbances of the gonads.

MP. Renal plexus = 1-1. Kidney (EAV-numeration)

The renal plexus is responsible for the kidney. Some fibres travel to the abdominal part of the ureter. The plexus itself accompanies the renal artery.

Position:
Situated over the distal osseous angle between diaphysis and capitulum of the middle phalanx of the little toe on the tibial side.
This point should be carefully distinguished from the 1-2. Kidney control measurement point.

MP. Testicular or ovarian plexus = 30a. Stomach

The fibres of this plexus travel to the scrotum in men and to the ovary and the fundus of the uterus in women. The latter join with the utero-vaginal plexus. One of the fibre bundles travels to the abdominal ostium of the tube. The internal spermatic vasa are accompanied by fibres of the plexus.

Position:
Situated over the muscular sulcus between the musculus adductor longus and the musculus pectineus in midposition between 30. and 31. Stomach points.

MP. Upper gastric plexus = 22. Stomach, right side

Fibres accompany the left gastric artery to the little curvature of the stomach and continue along the right gastric artery to reach the hepatic plexus.

Position:
Situated over the cartilaginous angle of the 9th and 10th rib.

MP. Hepatic plexus = 43c. Gallbladder

This plexus is responsible for the ductus choledochus, cysticus, and hepaticus, for the gallbladder, and the liver. Branches of this plexus travel to the large and little curvature of the stomach and to the pancreas. These branches follow the hepatic artery, right gastric artery, and gastro-duodenal artery. This nervous supply is measured on the right measurement point.

MP. Hepatic plexus = 43c. Gallbladder, left side

Other fibres travel to the spleen, to the body of the stomach, to the large curvature on the left side, and to the tail of the pancreas. On the left side, this nervous supply is governed by the measurement point hepatic plexus.

Position:
Situated over the distal osseous angle formed by diaphysis and capitulum of the middle phalanx of the 4th toe on the fibular side.

MP. Upper mesenteric plexus = 1a. Small intestine, right side

The splanchnic nerves and the vagus nerve contribute to this plexus. This plexus is responsible for:
Cranial part of the pancreas, lower part of the duodenum, jejunum and ileum, coecum, ascending colon, right part of the transverse colon, furthermore, myenteric plexus *(Auerbach)*, which is situated between the longitudinal and annular layer of the muscles of the small and large intestine, the submucous plexus *(Meißner)*, and the ganglion cells for *Brunner's* glands and for *Lieberkühn's* glands in the mucous membranes.
Fibres join the upper mesenteric artery and its branches.

Position:
Situated over the distal osseous angle formed by diaphysis and capitulum of the middle phalanx of the right little finger on the ulnar side.

Further plexuses of the abdominal part of the sympathetic nerve

MP. Lower mesenteric plexus = 1a. Small intestine, left side

Part of its branches travel to the upper part of the rectum and form the upper hemorrhoidal plexus.

Position:
See upper mesenteric plexus = 1a. Small intestine, right side (not situated on the left little finger).

MP. Abdominal aortic plexus = 8c. Circulation

The fibres of this plexus lie on either side of the abdominal aorta and encircle the lower mesenteric artery. They also emit fibres to the descending colon, to the sigmoid, and to the upper rectum.

Position:
Situated over the distal osseous angle formed by diaphysis and capitulum of the basal phalanx of the 3rd finger on the radial side.
This measurement point is simultaneously the measurement point for the abdominal aorta.

MP. Iliac plexus = 1a. Large intestine, left side

This plexus accompanies the common iliac artery, the external iliac artery, and the femoral and popliteal artery. In the case of the latter arteries, one refers to the femoral plexus and the popliteal plexus.

Position:
Situated over the distal osseous angle between diaphysis and capitulum of the middle phalanx of the left index finger on the radius side.
This measurement point is significant in that it governs the predominantly sympathetic function of the arteries of the lower portion of the body, including the arteries of the extremities.
This refers also to the next plexus measurement point.

MP. Upper hypogastric plexus = 1a. Large intestine, right side

Position:
Situated at the same location as the preceding point on the right hand only. This upper pelvic plexus governs the vascular function. With its fibres it accompanies the hypogastric artery and continues to the lower pelvic plexuses, i.e. the lower hypogastric plexuses.

The pelvic part of the sympathetic nerve

Numerous branches of the four sacral ganglia travel to the lower hypogastric plexus which in turn, like the coeliac plexus, emits the following secondary plexuses:

1. rectal plexus,
2. vesical plexus,
3. deferential, seminal and prostatic plexus in males, utero-vaginal plexus in females,
4. cavernous plexus of the penis in men, cavernous plexus of the clitoris in women.

Measurement points

SMP. Pelvic part of the sympathetic nerve = 33. Urinary bladder

Position:
Situated over the sacral bone, i.e. over the lateral confinement of the 3rd sacral foramen.

Note: MP. Pelvic part of the parasympathetic nerve = 35. Urinary bladder (see page 70).

SMP. Lower hypogastric plexus = 63. Urinary bladder

Position:
Situated on the lateral foot in front of the outer malleol over the calcaneo-cuboid joint on the same level as the 62. Urinary bladder point.

MP. Rectal plexus or middle hemorrhoidal plexus = 4. Kidney

Note:
The upper hemorrhoidal plexus is part of the lower mesenteric plexus (see page 30), which in turn belongs to the abdominal part of the sympathetic nerve. Both plexuses emit branches into the wall of the rectum.

Position:
Situated on the medial foot over the angle formed by the calcaneus and the insertion of the Achilles tendon at the tuber calcanei.

MP. Vesical plexus = 66c. Urinary bladder

The fibres of the plexus of the urinary bladder travel to the lower part of the ureter, the pelvic part, to the fundus of the urinary bladder, and to the body of the urinary bladder.

Position:
Situated over the distal osseous angle formed by the diaphysis and the capitulum of the middle phalanx on the little toe on the fibular side.

MP. Deferential, seminal, and prostatic plexus or utero-vaginal plexus = 49d. Urinary bladder

Fibres encircle the ampule of the spermatic cord, the seminal vesicle, and down to the prostate.
The utero-vaginal plexus in women constitutes the main mass of the lower part of the inferior hypogastric plexus, sending its branches to the vagina, to the uterus, and to the urinary bladder. The plexus possesses paracervical ganglia *(Frankenhäuser)*. The fundus of the uterus also contains fibres of the ovarian plexus of the abdominal part of the sympathetic nerve.

Position:
Situated on the urinary bladder meridian on the posterior side of the thigh, one finger breadth off the 50. Urinary bladder point, which is the measurement point for the prostate or uterus.

MP. Cavernous plexus of the penis or the clitoris = 50c. Urinary bladder

This plexus originates in the prostatic plexus or the utero-vaginal plexus sending its fibres to the urethra, the intestines, and the penis or clitoris.

Position:
Situated on the posterior side of the thigh one finger breadth off the 51. Urinary bladder point, which is the measurement point for the penis or the vagina.

Procedure for diagnosing the function of the autonomic (vegetative) system

Survey diagnosis for the autonomic (vegetative) system

Summation measurement point (SMP.) for the entire autonomic nervous system to be measured on the right or left index finger respectively = 1a. Nerval degeneration measurement point.

Position:
Situated over the distal osseous angle formed by diaphysis and capitulum of the middle phalanx of the second finger on the ulnar side.
When an indicator drop on one of these points is present, the two next summation measurement points have to be checked.

SMP. Vagus nerve = 10a. Stomach
(see Illustrated Volume I, Figure 7, and Textual Volume page 47).

SMP. Sympathetic nerve = 20. Gallbladder
(see Illustrated Volume I, Figure 22, and Textual Volume page 47).

Measuring the parasympathetic nerve or the various portions of the vagus nerve

When an indicator drop results at the summation measurement point Vagus nerve, the measurement points for the portions of the parasympathetic nerve or for the vagus nerve have to be measured. If an indicator drop is present at one of the measurement points of the portions of the parasympathetic or the vagus nerve, further indicator drops at the plexus measurement points of the vagus nerve, MP. Splanchnic nerve of the pelvis, and MP. Pelvic plexus should be verified. When an indicator drop is present at one of these measurement points, the control measurement points for the plexuses innervating the respective organs have to be checked for indicator drops. In extreme vagotonia of an organ during day time, the control measurement point of the respective organ may yield an indicator drop within the non inflammatory range, that is between 78—58 units on the scale.

Measuring the sympathetic nerve and its plexuses

When an indicator drop on the SMP. Sympathetic nerve results, the measurement points for the portions of the sympathetic nerve have to be measured, that is, the measurement points for the cervical, thoracic, abdominal and pelvic parts.
The SMP. Cervical part of the sympathetic nerve on the 4th finger = 1-1. Triple-warmer (endocrine meridian) is easily accessible. This measurement point is bilateral, that is, separate for the left and right cervical part. In contrast to this, the SMP. Cervical part of the sympathetic nerve on the governor vessel refers to the left *and* right side.

SMP. Cervical part of the sympathetic nerve = 16. Governor vessel point

Position:
On the nuchal line and on the same level as the 10. Urinary bladder point (MP. for the oblong bulb [medulla]).

SMP. Thoracic part of the sympathetic nerve = 16. Urinary bladder is harder to be measured, as the upper part of the back has to be unclothed. Apart from this, the measurement points for the individual plexuses of the thoracic part of the sympathetic nerve on the hand may easily be measured, this being:

Thoracic aortic plexus,
cardiac plexus,
coronary plexus of the heart,
mediastinal plexus,
bronchial plexus.

Instead of measuring SMP. Abdominal part of the sympathetic nerve = 24. Urinary bladder on the lower part of the back, one may take the SMP. Coeliac plexus, that is, secondary plexuses. When an indicator drop results on the MP. Coeliac plexus, the individual measurement points of the various plexuses have to be measured. When the coeliac plexus exhibits no indicator drop, the measurement points of the further plexuses of the abdominal part of the sympathetic nerve have to be measured, this being:

MP. Abdominal aortic plexus,
MP. Lower mesenteric plexus,
MP. Iliac plexus,
MP. Upper hypogastric plexus.

When the SMP. Pelvic part of the sympathetic nerve exhibits an indicator drop (ID.), the SMP. Lower hypogastric plexus should be measured. When this one exhibits an indicator drop, its secondary plexuses should be measured, this being:

MP. Rectal or Hemorrhoidal plexus
MP. Vesical plexus,
MP. Deferential, seminal, and prostatic plexus,
MP. Utero-vaginal plexus,
MP. Cavernous plexus of the penis or the clitoris.

When in this case a plexus measurement point has an indicator drop (ID.), the control measurement points of the organs depending on this plexus should be measured (see pages 35—37 for organs supplied by the sympathetic plexuses).

Organ innervation by parasympathetic plexuses and branches (rami)

Note:
The following table gives a survey for the treatment of the respective autonomic ganglia, plexuses and rami for the normalization of the autonomic steering of the individual organs according to their parasympathetic and sympathetic functions. Following this, the two portions of the autonomic nervous system, that is, the parts supplied by the parasympathetic nerve and the sympathetic nerve are listed:

Pharyngeal plexus = 8d. Stomach	Pharynx Larynx
Pulmonary plexus = 18. Stomach	Bronchi Lung Pericardium
Esophageal plexus = 15. Stomach	Esophagus Mediastinal pleura Pericardium

Anterior gastric plexus = 20. Stomach, left side,	Stomach, anterior wall
Posterior gastric plexus = 20. Stomach, right side,	Stomach, posterior wall
Pelvic plexus = 34. Urinary bladder	descending colon, sigmoid, rectum, and urinary bladder
Pelvic splanchnic nerves = 32. Urinary bladder	Pelvic and genital organs

Part of the branches of the vagus nerve travel to the coeliac plexus dissipating there, while other branches penetrate the coeliac plexus. In addition, there are direct branches of the vagus nerves reaching the organs of the liver, the spleen, the pancreas, the small intestine, the kidney, and the adrenal gland.

Coeliac branches – coeliac plexus = 20. Kidney	Spleen Pancreas Duodenum Small intestine Large intestine including transverse colon.
Hepatic branches – hepatic plexus = 21. Kidney	Liver Gallbladder
Renal branches – renal plexus = 19. Kidney	Kidney Adrenal gland.

Innervation of organs by sympathetic plexuses and ganglia

Organ innervation by sympathetic cervical ganglia

Upper cervical ganglion = 10a. Urinary bladder	Thyroid
Middle cervical ganglion = 10b. Urinary bladder	Thyroid
Lower cervical ganglion = 10c. Urinary bladder	Thyroid Parathyroid

Organ innervation by sympathetic plexuses situated in the thoracic cavity

Cardiac plexus = 8c. Heart	Heart Bronchi Trachea Thoracic aorta
Coronary plexus of the heart = 7a. Circulation	Coronary vessels
Thoracic aortic plexus = 8e. Circulation, left side	Thoracic aorta

Mediastinal plexus = 10d. Lung	Thoracic aorta Esophagus Mediastinal pleura
Cardiac ganglia = 8e. Circulation, right side	Ascending aorta

Organ innervation by sympathetic plexuses situated in the abdominal cavity

Coeliac plexus = 44c. Stomach
has secondary unpaired plexuses, while the phrenic plexus, renal plexus, and hepatic plexus have paired secondary plexuses. The upper gastric plexus, right side, and the upper mesenteric plexus, right side, also have unpaired secondary plexuses.

Phrenic plexus = 19. Stomach	Diaphragm Adrenal gland.
Renal plexus = 1-1. Kidney	Kidney Testicles Ovary.
Suprarenal plexus = 1b. Kidney	Adrenal gland Abdominal part of the ureter.
Hepatic plexus, right side, = 43c. Gallbladder, right side	Liver Biliary ducts and Gallbladder Stomach Pancreas
Hepatic plexus, left side, = 43c. Gallbladder, left side	Spleen Stomach Caudal part of the pancreas
Upper mesenteric plexus = 1a. Small intestine, right side	Duodenum Pancreas Jejunum Ileum Coecum Ascending colon Transverse colon, right portion Ovary
Upper gastric plexus = 22. Stomach, right side	Stomach Liver
Abdominal aortic plexus = 8c. Circulation	Transverse colon, left portion Descending colon Sigmoid Upper rectum

Testicular or ovarian plexus = 30a. Stomach	Testicles Ovary Uterine tube Fundus of the uterus

Organ innervation by sympathetic plexuses situated in the minor pelvis

Lower mesenteric plexus = 1a. Small intestine, left side	Upper rectum.
Rectal plexus = 4. Kidney	Lower rectum.
Vesical plexus = 66c. Urinary bladder	Ureter, pelvic portion Urinary bladder.
Deferential, seminal, and prostatic plexus = 49d. Urinary bladder	Prostate Seminal vesicle Spermatic cord
Utero-vaginal plexus = 49d. Urinary bladder	Urinary bladder Uterus Vagina.
Cavernous plexus of the penis	Penis, urethra
Cavernous plexus of the clitoris = 50c. Urinary bladder	Clitoris

Cervical and thoracic organs and their parasympathetic steering

Pharynx	— Pharyngeal branches of the cervical part of the vagus nerve and pharyngeal plexus
Larynx	— Upper laryngeal nerve from the lower ganglion of the cranial part of the vagus nerve. Lower laryngeal nerve and recurrent nerve, originating in the cervical part of the vagus nerve and the pharyngeal plexus. (Instructions for normalizing the autonomic steering of the larynx, see page 44)
Trachea	— Lower laryngeal nerve from the recurrent nerve as branch of the cervical part of the vagus nerve and tracheal branches from the thoracic part of the vagus nerve
Bronchi	— Bronchial branches from the thoracic part of the vagus nerve and pulmonary plexus

Pulmo (Lung)	— Bronchial branches from the thoracic part of the vagus nerve and pulmonary plexus
Esophagus, upper portion	— Upper esophageal branches from the recurrent nerve (cervical part of the vagus nerve)
Esophagus, lower portion	— Esophageal branches of the thoracic part of the vagus nerve and esophageal plexus
Pulmonary pleura	— Bronchial branches of the thoracic part of the vagus nerve and pulmonary plexus
Mediastinal pleura	— Esophageal plexus
Pericardium	— Pericardial branches of the thoracic part of the vagus nerve Pulmonary plexus and esophageal plexus

Abdominal and pelvic organs and their parasympathetic steering

Stomach, anterior wall Cardia, little curvature to the pylorus	— Abdominal part of the left vagal anterior gastric plexus from the left anterior vagus nerve
Stomach, posterior wall	— Abdominal part of the right vagus nerve and posterior gastric plexus from the right posterior vagus nerve
Liver, gallbladder and biliary ducts	— Hepatic branches of the abdominal part of the left vagus nerve. Coeliac branches of the right abdominal part of the vagus nerve
Kidney, ureter = abdominal part Adrenal gland and ureter, pelvic portion	— Hepatic branches and renal branches of the abdominal part of the vagus nerve
Pancreas	— Hepatic branches of the abdominal part of the vagus nerve Coeliac branches of the abdominal part of the vagus nerve
Small intestine	— Coeliac rami of the vagus nerve
Duodenum	— Coeliac rami of the vagus nerve
Coecum, ascending colon and transverse colon	— Coeliac branches of the right vagus nerve
Descending colon	— Pelvic plexus and splanchnic pelvic nerves
Sigmoid	— Pelvic plexus and splanchnic pelvic nerves
Rectum	— Pelvic plexus and splanchnic pelvic nerves
Urinary bladder	— Pelvic plexus and splanchnic pelvic nerves
Genital organs	— Pelvic plexus and splanchnic pelvic nerves

Cervical organs and the sympathetic steering

Thyroid	— Upper cervical ganglion via the upper cardiac nerve — Middle cervical ganglion via the carotid nerve, fibres of which form the lower cervical ganglion from the common carotid plexus (sinus caroticus), which emits several branches to the thyroid. Lower cervical ganglion via the subclavian plexus (instructions for balancing the autonomic steering of the thyroid, see page 44).
Parathyroid	— Lower cervical ganglion via the subclavian plexus
Larynx	— Lower cervical ganglion via the upper cardiac nerve

Thoracic organs and their sympathetic steering

Heart	— Cardiac plexus — Middle cervical ganglion via the middle cardiac nerve — Upper cervical ganglion via the upper cardiac nerve — Lower cervical ganglion via the lower cardiac nerve — Thoracic cardiac nerve from the II–IV thoracic ganglia (on page 44 an example is given for the treatment of the heart by balancing the autonomic steering).
Coronary vessels of the heart	— Coronary cardiac plexus.
Bronchi including trachea	— Bronchial plexus — Cardiac plexus.
Thoracic aorta	— Thoracic aortic plexus — Cardiac plexus — Mediastinal plexus — Major splanchnic nerve from the thoracic part of the sympathetic nerve
Ascending aorta	— Cardiac ganglia — Upper cervical ganglia via the upper cardiac nerve — Cardiac plexus
Esophagus	— Mediastinal plexus
Cervical pleura	— Lower cervical plexus via fibres from the subclavian plexus

Mediastinal pleura	— Mediastinal plexus
Lung	— Fibres of the sympathetic nerve in the parasympathetic pulmonary plexus — Cardiac plexus

Abdominal organs and their sympathetic steering

Diaphragm	— Phrenic plexus
Kidney	— Renal plexus — Coeliac plexus — Abdominal aortic plexus — Thoracic part of the sympathetic trunk via the minor splanchnic nerve (an example for the treatment of the kidney by normalizing the autonomic steering, is given on page 46).
Adrenal gland	— Suprarenal plexus — Coeliac plexus — Phrenic plexus
Liver	— Hepatic plexus — Upper gastric plexus — Coeliac plexus, right side
Biliary ducts and Gallbladder	— Hepatic plexus
Spleen	— Coeliac plexus, left side — Hepatic plexus, left side
Stomach	— Coeliac plexus — Upper gastric plexus — Hepatic plexus — Lienal plexus — Thoracic part of the sympathetic trunk via the major splanchnic nerve (an example for the treatment of the stomach by normalizing the autonomic steering, is given on page 45).
Pancreas	— Upper mesenteric plexus — Hepatic plexus — Lienal plexus
Duodenum	— Upper mesenteric plexus
Jejunum	— Upper mesenteric plexus
Ileum	— Upper mesenteric plexus
Coecum	— Upper mesenteric plexus
Ascending colon	— Upper mesenteric plexus

Transverse colon, right side	— Upper mesenteric plexus
Transverse colon, left side	— Abdominal aortic plexus
Descending colon	— Abdominal aortic plexus
Sigmoid	— Abdominal aortic plexus

Pelvic organs and their sympathetic steering

Upper rectum	— Abdominal aortic plexus — Lower mesenteric plexus
Lower rectum	— Rectal plexus — Lower hypogastric plexus
Ureter, abdominal part	— Renal plexus
Ureter, pelvic part	— Vesical plexus — Lower hypogastric plexuses
Urinary bladder	— Vesical plexus
in woman	— Utero-vaginal plexus
Prostate	— Deferential, seminal, and prostatic plexus
Seminal vesicle and spermatic cord	— Deferential, seminal, and prostatic plexus
Penis	— Cavernous plexus of the penis
Uretra	— Cavernous plexus of the penis
Testicle	— Testicular plexus
Uterine tube	— Ovarian plexus
Uterus	— Utero-vaginal plexus — Lower hypogastric plexus
Fundus of the uterus	— Utero-vaginal plexus
Cervix of the uterus	— Utero-vaginal plexus
Vagina and clitoris	— Cavernous plexus of the clitoris
Ovary	— Ovarian plexus

For therapeutic applications in the autonomic steering, see
1. example for a kidney treatment on the left side, on page 46
2. example for the treatment of the stomach, on page 45
3. example for two treatments of an irritated urinary bladder on pages 46 and 47.

Sympathetic steering of the vessels of the head, of the neck, and of the upper extremity

The arterial vessels of the head and of the neck are governed sympathetically by the three cervical ganglia, the upper cervical ganglion forming the largest part. For therapeutic procedure, therefore, it is recommended to treat the three cervical ganglia in all vascular functional disturbances.

Axillary Artery	— Lower cervical ganglion
External carotid artery	— Upper cervical ganglion

Common carotid artery	— Upper cervical ganglion
together with carotid sinus	— Middle cervical ganglion
Upper thyroid artery	— Upper cervical ganglion
Lower thyroid artery	— Middle cervical ganglion
Lingual artery	— Upper cervical ganglion
External maxillary artery	— Upper cervical ganglion
Internal maxillary artery	— Upper cervical ganglion
Submental artery	— Upper cervical ganglion
Ascending pharyngeal artery	— Upper cervical ganglion
Occipital artery	— Upper cervical ganglion
Posterior auricular artery	— Upper cervical ganglion
Superficial temporal artery	— Upper cervical ganglion
Middle meningeal artery	— Upper cervical ganglion
Vertebral artery	— Lower cervical ganglion

Sympathetic steering of the vessels in the thoracic cavity

The arteries of the thoracic cavity are governed sympathetically by the cardiac plexus, by the thoracic aortic plexus, by the splanchnic nerves, and by the upper and lower cervical ganglia.

Pulmonary artery	— Cardiac plexus
Ascending artery	— Cardiac plexus
	— Major splanchnic nerve from the lower thoracic ganglia of the sympathetic nerve
	— Cardiac ganglia
Coronary artery	— Coronary cardiac plexus
	— Cardiac plexus
Bronchial artery	— Thoracic aortic plexus
Arteria anonyma	— Lower cervical ganglion
Common carotid artery	— Upper cervical ganglion
Subclavian artery	— Lower cervical ganglion
Internal mammarian artery	— Lower cervical ganglion
Thoracic aorta	— Thoracic aortic plexus Major splanchnic nerve
Axillary artery	— Lower cervical ganglion

Since there is no measurement point for the major splanchnic nerve, the measurement point Thoracic part of the sympathetic nerve = 16. Urinary bladder should be used.

Sympathetic steering of the vessels of the abdominal and the pelvic cavity

The arteries of the abdominal and the pelvic cavities are governed sympathetically by the following nerves: Abdominal aortic plexus, coeliac plexus, upper mesenteric plexus, inferior mesenteric plexus, renal plexus, testicular or ovarian plexus, upper gastric plexus, hepatic plexus, phrenic plexus, iliac plexus.

Abdominal aorta	— Abdominal aortic plexus — Coeliac plexus
Upper mesenteric artery	— Upper mesenteric plexus
Lower mesenteric artery	— Abdominal aortic plexus
Left colic artery	— Lower mesenteric plexus
Upper hemorrhoidal artery	— Lower mesenteric plexus
Common iliac artery	— Iliac plexus
External iliac artery	— Iliac plexus
Femoral artery and popliteal artery	— Iliac plexus
Lienal artery	— Lienal plexus — Phrenic plexus
Lower phrenic arteries	— Phrenic plexus
Renal artery	— Renal plexus — Abdominal aortic plexus — Coeliac plexus — Spermatic plexus
Left gastric artery	— Upper gastric plexus — Hepatic plexus
Hepatic artery	— Hepatic plexus
Gastroduodenal artery	— Hepatic plexus

Therapeutic balancing of the autonomic steering of the arteries of the leg

1. Balancing of the measurement point 1a. Large intestine, left side = Iliac plexus.
2. Balancing of the measurement point 8c. Circulation, bilaterally = Abdominal aortic plexus.

The abdominal aorta emits the common iliac artery as the strongest branch. The external iliac artery is followed by the femoral artery, which is called popliteal artery after penetrating the adductor slit in the distal third of the thigh. (See example on page 48).

The following eight examples are given for the therapeutic balancing of the autonomic steering of organs and vessels by means of positive low frequency current impulses (relaxation oscillations-Kipp) with least current intensity, also referred to as Abbau (decreasing).

I. Therapeutic balancing of the autonomic steering of the thyroid by means of:

Decreasing the MP. 10a. Urinary bladder = Upper cervical ganglion
Decreasing the MP 10b. Urinary bladder = Middle cervical ganglion
Decreasing the MP 10c. Urinary bladder = Lower cervical ganglion
Decreasing the MP. 12. Stomach = Carotid sinus

II. Therapeutic balancing of the autonomic steering of the larynx by means of:

Decreasing the MP. 16. Small intestine = Cranial part of the vagus nerve for the upper laryngeal nerve
Decreasing the MP. 10a. Urinary bladder = Upper cervical ganglion for the laryngo-pharyngeal branches (rami)
Decreasing the MP. 8c. Stomach = Cervical part of the vagus nerve for the recurrent laryngeal nerve
Decreasing the MP. 8c. Stomach = Pharyngeal plexus of the vagus nerve.

III. Example for treating the heart by means of balancing the autonomic steering

	left heart			right heart		
	before treatment	1	2	before treatment	1	2
MP. Aortic valve	80	52	52			
MP. Pulmonary valve				70	54	50
MP. Pericardium	78	56	50	70	56	50
MP. Mitral valve	80	70	50			
MP. Tricuspid valve				70	58	58
MP. Conduction system	80	54	54	80	54	50
MP. Myocardium	88/82	70	54	70/66	66	54
MP. Coronary vessels of the heart	74/72	64	50	74/70	66	56

1. The sympathetic portions were decreased to 50 bilaterally

MP. Cardiac plexus = 8c. Heart
MP. Upper cervical ganglion = 10a. Urinary bladder
MP. Middle cervical ganglion = 10b. Urinary bladder
MP. Lower cervical ganglion = 10c. Urinary bladder
MP. Coronary plexus of the heart = 7a. Circulation

2. Furthermore, the vagotonic portions were decreased to 50 bilaterally

MP. Thoracic part of the vagus nerve = 16. Stomach
MP. Pulmonary plexus = 18. Stomach
MP. Esophageal plexus = 15. Stomach

In order to balance the measurement values of the heart down to 50, it turned out that in addition to the sympathetic steering the vagotonic steering had to be balanced as well.

IV. Example for treating the stomach by means of balancing the autonomic (vegetative) steering

	before treatment	1	2	3	4	5	6	7
MP. Cardia	90	74	70	52				
MP. Little curvature, left portion	88	84	66	60				
MP. Fornix	92	80	76	54				
MP. Body of the stomach, left portion	80	74	66	54				
MP. Body of the stomach, right portion	88	80	60	58				
MP. Little curvature, right portion	90	82	76	58				
MP. Pyloric antrum	90	82	74	56				
MP. Pylorus	09	76	62	56				
MP. Esophagus lower portion, left side	94	92	92	92	70	66	56	50
MP. Esophagus lower portion, right side	94	92	92	92	70	64	56	50
MP. Esophagus upper portion, left side	96	96	96	96	70	60	58	50
MP. Esophagus upper portion, right side	96	96	96	96	70	64	58	56

1. The MP. Upper gastric plexus = 22. Stomach, right side, situated on the right side only, and MP. Hepatic plexus, situated bilaterally, were decreased.
2. MP. Coeliac plexus was decreased bilaterally = 44c. Stomach.
3. MP. Abdominal part of the vagus nerve = 21. Stomach was decreased bilaterally.
   MP. Anterior gastric plexus and MP. Posterior gastric plexus = 20. Stomach, right side, were decreased.
4. MP. Mediastinal plexus was balanced bilaterally = 10d. Lung.
5. MP. Cervical part of the vagus nerve was decreased bilaterally = 8c. Stomach.
6. MP. Thoracic part of the vagus nerve was decreased bilaterally = 16. Stomach.
7. MP. Esophageal plexus was decreased bilaterally = 15. Stomach.

This example clearly shows that the measurement values of the esophagus can under no circumstances be balanced by treating the stomach only. Only the sympathetic and vagotonic balancing of the esophagus, by means of its measurement points, can bring the esophagus measurement values down to 50.

V. Example for treating the renal pelvis, bilaterally, by balancing the autonomic steering

	before treatment	1	2	3	4
MP. Renal pelvis	82	76	62	56	52
MP. Abdominal part of the ureter	90	90	90	90	50
MP. Pyelorenal region	88	74	70	54	50
MP. Renal medulla	82	72	68	50	50
MP. Renal cortex	88	72	66	54	50

1. MP. Coeliac plexus = 44c. Stomach and MP. Abdominal aortic plexus = 8c. Circulation were decreased on the left side.
2. MP. Thoracic part of the sympathetic nerve = 16. Urinary bladder, for normalizing the steering of the minor splanchnic nerve, was decreased on the left side
3. MP. Renal plexus was decreased on the left side = 1-1. Kidney
4. MP. Hepatic branches of the vagus nerve = 21. Kidney, and
   MP. Renal branches of the vagus nerve = 19. Kidney were descreased on the left side.

Only by balancing the vagotonic steering of the abdominal portion of the ureter (see under 4), the value of 50 for normotonia could be obtained.

VI. Autonomic therapy of the irritated urinary bladder in a male patient

	First example								
	before	1	2	3	4	5	6	7	8
left									
MP. 67. Urinary bladder	90	82	72	72	64	60	60	66	50
MP. 66. Urinary bladder	92	80	72	72	66	62	60	60	50
SMP. 65. Urinary bladder	92	78	72	72	70	62	60	60	50
SMP. 64. Urinary bladder	92	80	72	72	70	70	66	60	50
right									
MP. 67. Urinary bladder	92	84	70	70	62	62	60	60	50
MP. 66. Urinary bladder	92	84	70	70	64	64	60	60	50
SMP. 65. Urinary bladder	92	84	70	70	70	60	60	60	50
SMP. 64. Urinary bladder	92	84	70	70	70	70	66	60	50

The following measurement points were balanced by means of positive relaxation oscillation impulses with least current intensity (Abbau — decreasing)

1. 35. Urinary bladder = MP. Preganglionic fibres of the parasympathetic nerve
2. 34. Urinary bladder = MP. Pelvic plexus
3. 33. Urinary bladder = SMP. Pelvic part of the sympathetic nerve
4. 63. Urinary bladder = SMP. Lower hypogastric plexus
5. 49d. Urinary bladder = MP. Deferential, seminal, prostatic plexus
6. 50c. Urinary bladder = MP. Cavernous plexus
7. 30a. Stomach = MP. Testicular plexus
8. 66c. Urinary bladder = MP. Vesical plexus

Epicrisis:
In treating this irritated urinary bladder, the balancing of the MP. Pelvic part of the sympathetic nerve could not be achieved. When the measurement point Prostatic plexus is balanced, the SMP. Urinary bladder revealed lower values, whereas the SMP. 64. Urinary bladder does not. This latter point is only balanced, when the MP. Testicular plexus is treated. The Testicular plexus belongs to the abdominal part of the sympathetic nerve.

VII. Autonomic therapy of an irritated urinary bladder by means of the MP. Splanchnic nerves of the pelvis, i.e. 32. Urinary bladder = parasympathetic nerves of the intestines

Second example

	before	1	2	3	4	5	6
left							
MP. 67. Urinary bladder	90	68	62	56	50	50	50
MP. 66. Urinary bladder	95	70	62	56	50	50	50
SMP. 65. Urinary bladder	84	70	62	62	62	50	50
SMP. 64. Urinary bladder	86	70	62	62	62	62	50
right							
MP. 67. Urinary bladder	90	70	62	56	50	50	50
MP. 66. Urinary bladder	90	70	62	56	50	50	50
SMP. 65. Urinary bladder	90	70	62	62	60	50	50
SMP. 64. Urinary bladder	90	70	62	60	60	60	50

The following measurement points were treated by positive relaxation oscillation impulses (kip) with least current intensity (Abbau = decreasing).

I. 32. Urinary bladder = MP. Splanchnic nerve of the pelvis
II. 34. Urinary bladder = MP. Pelvic plexus
III. 35. Urinary bladder = MP. Preganglionic fibres of the parasympathetic nerve.

IV. 33. Urinary bladder = SMP. Pelvic part of the sympathetic nerve

V. 49d. Urinary bladder = MP. Deferential, seminal, and prostatic plexus

VI. 30a. Stomach = MP. Testicular plexus

Epicrisis:

When the author was able to verify the MP. Splanchnic nerves of the pelvis, he could balance all measurement points for the urinary bladder and the organs of the genito-urinary space. A further decrease of the values is achieved by the MP. Pelvic plexus. The MP. for the Preganglionic fibres of the parasympathetic nerve and the MP. Pelvic part of the sympathetic nerve will balance the values of the urinary bladder down to 50. This, however, cannot be achieved with respect to the genito-urinary organs which require the treatment of their specific plexus points.

VIII. An example for the treatment of the arteries of the leg by balancing the autonomic steering

32. Stomach = MP. Arteries of the leg

MP. Allergy vessel = MP. Arterio-sclerosis (Ill. Vol. II, Fig. 21)	MP. Arteries of the leg		MP. Arterio-sclerosis	
	right	left	right	left
Before the treatment	82	82	76	72
Balancing the:				
MP. 1a. Large intestine of the left side = Iliac plexus	62	62	64	64
MP. 8c. Circulation bilaterally = Abdominal aortic plexus	56	54	60	60
MP. 8e. Circulation, left and right side, = Thoracic aortic plexus for the left side and Cardiac ganglia for the right side	50	50	60	60

The increase of the values of the MP. 8c. Circulation bilaterally made, that the values of the arteries of the legs got down to 50 from previous values of 56 and 54 respectively. An interesting result is seen in the treatment of arteriosclerosis when the autonomic steering results in considerable decrease of the MP. Arteriosclerosis.

Two examples for balancing the autonomic steering of the eyes and the ears

I. Example for treating both eyes by balancing the autonomic steering of both measurement values with positive relaxation-oscillation impulses with least current intensity (Abbau = decreasing)

MP. Anterior portion of the eye = 21. 3-W.
MP. Posterior portion of the eye = 1. Gbl.

	Measurement point Anterior portion of the eye		Measurement point Posterior portion of the eye	
	right	left	right	left
Before treatment	80	82	88	88
Balancing the:				
MP. Cranial part of the vagus nerve = 16. Small intestine	82	82	86	88
MP. Cranial part of the sympathetic nerve = 19a. Gallbladder	82	82	74	74
MP. Cavernous sinus = Secondary plexus	82	82	68	70
MP. Upper cervical ganglion = 10a. Urinary bladder	82	82	60	62
MP. Nuclei of the vagus nerve in the oblong bulb = 11b. Gallbladder	82	82	60	60
MP. Cervical part of the vagus nerve = 8c. Stomach	82	82	60	60
MP. Carotid sinus = 12. Stomach	82	82	52	52
MP. Deep cervical lymph nodes = 16a. Triple-warmer	70	72	52	52
MP. Upper cervical ganglion = 10a. Urinary bladder	60	64	52	52
MP. Middle cervical ganglion = 10b. Urinary bladder	58	80	52	52
MP. Lower cervical ganglion 10c. Urinary bladder	56	58	52	52
MP. 2nd UJS (Upper jaw section) = Sec. vessel	56	58	52	52
MP. 2nd LJS (Lower jaw section) = Sec. vessel	54	54	52	52

Epicrisis:
For the anterior portions of the eye (1. MP. Eye = Conjunctiva and Vitreous body) values are getting lower after treating the MP. Deep cervical lymph nodes. The MP. for the Posterior portions of the eye = Retina–chorioid membrane, was

decreased already when the MP. Cranial part of the sympathetic nerve was treated, and was lowered yet more after the treatment of the MP. Cavernous sinus and the MP. Upper cervical ganglion down to 52.
It was interesting to note that the decrease of the 1. MP. Eye down to 54 was effected when the 3rd lower odonton was treated on the 2nd lower jaw section point, whereas the 3rd upper odonton, which corresponds to the posterior eye section, yielded no decrease of the 1. MP. Anterior eye section.
It should be mentioned furthermore, that the lymph drainage through the deep cervical lymph nodes also takes care of the thyroid, the parathyroid, and the upper portions of the deep respiratory passages, the larynx and the trachea, in addition to the esophagus and cervical spine.
When these organs are affected, the treatment of the cervical ganglia and of the 3rd lower odonton will not balance the MP. Deep cervical lymphnodes.

II. Relaxation-oscillation therapy in increased middle ear- and internal ear values by means of treating measurement points Cranial part of the vagus nerve and Cranial part of the parasympathetic nerve

	Middle ear		Internal ear	
	right	left	right	left
Initial values	88	82	86	88
Decreasing the MP. Cranial part of the vagus nerve = 16. Small intestine	72	70	86	86
Decreasing the MP. Cranial part of the sympathetic nerve = 19a. Gallbladder	72	70	64	66
Additional treatment of the MP. Upper cervical ganglion = 10a. Urinary bladder	56	56	64	64

By balancing the MP. Cranial part of the vagus nerve a decrease of both values for the middle ear results. Balancing the MP. Cranial part of the sympathetic nerve, however, yields no results for the middle ear values. Only when the upper cervical ganglion is continued to be treated, will the middle ear values approach the normal value of 50. For the internal ear the balancing of the MP. Cranial part of the vagus nerve yields no results, whereas the balancing of the MP. Cranial part of the sympathetic nerve does, with considerable improvements of the values.

Reasons:

The MP. Cranial part of the vagus nerve comprises the jugular ganglion and the nodose ganglion. The jugular ganglion emits the auricular branch of the vagus nerve.
The MP. Cranial part of the sympathetic nerve comprises the otic ganglion and the sphenopalatine ganglion.
The upper cervical ganglion, by means of one of its upper branches, i.e., the jugular nerve, is connected with the jugular ganglion of the vagus nerve.

Approved relations between vagus nerve and tuber cinereum

For example, on decreasing the measurement points for the vagal portions by means of low frequency current impulses down to 50, one will obtain results on the summation measurement points for the Vagus nerve, Sympathetic nerve, and Tuber cinereum:
SMP. Vagus nerve before treatment, right side 88, left side 88 = 10a. Stomach
SMP. Sympathetic nerve before treatment, right side 84, left side 84 = 20. Gallbladder
MP. Tuber cinereum before treatment, right side 84, left side 84 = 8. Gallbladder
Measurements where taken at 8.30 a.m., in the morning, which accounts for the preponderance of the vagus nerve.

Treatment results:

	r^{I}	l	r^{II}	l	r^{III}	l	r^{IV}	l	r^{V}	l
SMP. Vagus nerve	80	80	72	72	62	64	54	56	50	50
SMP. Sympathetic nerve	84	84	84	84	84	84	84	84	84	84
MP. Tuber cinereum	80	80	80	80	72	72	68	70	66	66

I. Decreasing the MP. Preganglionic fibres in the midbrain and the MP. Nuclei of the vagus nerve in the oblong bulb.

II. Decreasing the MP. Cranial part = 16. Small intestine, the MP. Cervical part of the vagus nerve = 8c. Stomach and the MP. Pharyngeal plexus = 8d. Stomach.

III. Decreasing the MP. Thoracic part of the vagus nerve = 16. Stomach, the MP. Pulmonary plexus = 18. Stomach, and the MP. Esophageal plexus = 15. Stomach.

IV. Decreasing the MP. Abdominal part of the vagus nerve = 21. Stomach, the MP. Anterior gastric plexus = 20. Stomach, left side, and MP. Posterior gastric plexus = 20. Stomach, right side, MP. Coeliac branches = 20. Kidney, MP. Hepatic branches = 21. Kidney, and Renal branches (rami) of the vagus nerve = 19. Kidney.

V. Decreasing the MP. Preganglionic fibres in the sacral marrow = 35. Urinary bladder, and the MP. Pelvic plexus = 34. Urinary bladder.

Evaluation:

Epicrisis:
By decreasing all the vagus nerve measurement points, the SMP. Vagus nerve will lower to fifty and the MP. Tuber cinereum, i.e., the center for degeneration processes, will decrease by 14 scale units. This is a proof for the unphysiologic augmented vagotonia during the day supporting the development of degenerative processess. The treatment of all portions of the vagus nerve results in an additional therapy of the degenerative processes.

The strongest decrease of the tuber cinereum, that is by 8 points, was achieved by balancing the vagus nerve measurement point in the thoracic region. After balancing the vagus nerve measurement points in the abdominal region, a further considerable decrease by four scale units was achieved. It should be noted that the treatment of the vagus nerve will only result in values of 66 to 70 related to the tuber cinereum; this appears to be plausible since this treatment interferes only with the autonomic steering of the degenerative processes.

Approved relations between sympathetic nerve and hypothalamus

Example for balancing the measurement points for the portion of the sympathetic nerve after treating the vagus nerve.
SMP. Sympathetic nerve = 20. Gallbladder before treatment, right side = 84, left side = 84.
MP. Hypothalamus = 20. Triple-warmer before treatment, right side = 86, left side = 86.

	r^{I}	l	r^{II}	l	r^{III}	l	r^{IV}	l	r^{V}	l
SMP. Sympathetic nerve	80	80	68	68	64	64	56	56	50	50
MP. Hypothalamus	82	82	70	70	66	66	58	58	52	52

I. Decreasing the MP. Cranial part of the sympathetic nerve = 19a. Gallbladder
II. Decreasing the MP. Cervical part of the sympathetic trunk = 16a. Governor, and MP. for the three cervical ganglia: upper cervical ganglion, middle cervical ganglion, and lower cervical ganglion = 10a., 10b., and 10c. Urinary bladder respectively.
III. Decreasing the MP. Thoracic part of the sympathetic trunk = 16. Urinary bladder, and MP. for the five plexuses, that is, thoracic aortic plexus = 8e. Circulation, left side, cardiac plexus = 8a. Heart, coronary plexus = 7a. Circulation, mediastinal plexus = 10d. Lung, and bronchial plexus = 9a. Lung.
IV. Decreasing the MP. Abdominal part of the sympathetic trunk = 7a. Circulation, and MP. for the nine plexuses (listed on page 27).
V. Decreasing the MP. Lumbar part of the sympathetic trunk = 33. Urinary bladder, and the MP. for the five plexuses (listed on page 31).

Evaluation:
When the SMP. Sympathetic nerve is balanced down to 50, the hypothalamus is normalized as well. By balancing the sympathetic and the autonomic steering, as a basic form of therapy, one may normalize any inflammatory occurrence.
The decrease of the measurement values of the SMP. Sympathetic nerve by 12 scale units after treating the cervical portion shows, that an inflammatory disturbance must be present in the paranasal sinuses, or in the middle ear region.

Balancing the 6 measurement points of the organic degeneration vessel by means of parasympathetic and vagal treatments

Example for the decrease of the measurement values of the six measurement points for the parenchymal and epithelial degeneration vessel* by means of balancing the measurement points of the parasympathetic nerve and the portions of the vagus nerve with low frequency current impulses.

left hand	initial value	I	II	III	IV	V
1. MP. Organic degeneration	78/74	78/70	74	72	72	66
2. MP. Organic degeneration	78/70	84/80	80/72	82/74	68/60	70
3. MP. Organic degeneration	80	80	72	68	66	70
4. MP. Organic degeneration	82/74	80/72	72/68	68/64	66	72
5. MP. Organic degeneration	80/72	80/72	66/68	66	66	60
6. MP. Organic degeneration	82	78	70	64	66	70
MP. Tuber cinereum	88	—	80	66	66	70
SMP. Vagus nerve	86	—	—	—	—	60
right hand						
1. MP. Organic degeneration	82/74	70/66	68	69	66	66
2. MP. Organic degeneration	70/66	70/66	70/64	70/68	76	70
3. MP. Organic degeneration	70/66	72/62	66	68	70	70
4. MP. Organic degeneration	72/62	80/74	74	74	70	70
5. MP. Organic degeneration	68/62	78/70	72	72	76	68
6. MP. Organic degeneration	70/64	76/70	80/72	86	74	74
MP. Tuber cinereum	88	—	86	80	74	70
SMP. Vagus nerve	86	—	76	74	64	60

I stands for the first balancing of all parasympathetic- and vagus nerve points down to 50

II stands for the subsequent second balancing

III stands for the 3rd balancing and so forth. The fifth decrease was necessary because values had gone up again. Values were measured immediately after decreasing them.

This test should prove, that the successive decreasing of hypervagotonia down to normal values may also make the indicator drops of the measurement points of the organic degeneration vessels disappear in addition to decreasing the measurement values of the tuber cinereum down to 70; this result, however, need not necessarily be obtainable.

* See Illustrated Volume II, Fig. 3.

When the vagus nerve therapy was carried out without additional medication over eight days in the morning, the following results were achieved:

	new results	8 days ago
1. MP. Organic degeneration, left side	76	78/74
2. MP. Organic degeneration, left side	70/66	78/70
3. MP. Organic degeneration, left side	80	80
4. MP. Organic degeneration, left side	80	82/74
5. MP. Organic degeneration, left side	70	80/72
6. MP. Organic degeneration, left side	80	82
MP. Tuber cinereum	80	88
SMP. Vagus nerve	80	86
1. MP. Organic degeneration, right side	66	82/74
2. MP. Organic degeneration, right side	66/64	74/66
3. MP. Organic degeneration, right side	68	70/68
4. MP. Organic degeneration, right side	68	72/62
5. MP. Organic degeneration, right side	72/70	68/62
6. MP. Organic degeneration, right side	80	70/64
MP. Tuber cinereum	80	88
SMP. Vagus nerve	80	86

An initial indicator drop (ID.) of ten points scale units was turned into an indicator drop of three points only after treatment.
In two more cases the indicator drops became less, that is, the difference between the labile and stable values decreased. On the left 2. MP. Organic degeneration the ID. decreased from eight to four, an the right 5. MP. Organic degeneration the ID. decreased from six to two.
On the right MP. 2. Organic degeneration the ID. remained the same. These results clearly show, that the consistent therapy of the vagus nerve in hypervagotonia has a favourable effect on the organic degeneration processes and may be used in preventive medicine.

Diagnostics in Electro-acupuncture of autonomic (vegetative) functional disturbances in organs

Clinical medicine tends to come up with the diagnosis of neurodystonia, when all other clinical findings yield no evidence for a disturbed organ. In many cases, however, electro-acupuncture, on measurement points of an organ, can diagnose changed pathologic values with indicator drops as an early verification of the development of an organic malfunction.
There are, however, cases, when patients complain about organ disturbances and all the MP. of this organ, including the MP. of its serous membranes, show no pathologic measurement values, while the control measurement point for this organ exhibits yet an indicator drop (ID.).

What is the reason for this ID. on the control measurement point? It is a disease of one or several plexuses, which govern the diseased organ. The following typical case reports are to illustrate this.

1. A 38 year old patient, whom I have not seen for one year, complains about nausea and occasional vomiting, this being independent of intake of food, and occurring irregularly with intervals of several days.

   Findings:
   All of the eight stomach measurement points exhibit no pathologic values. However, the CMP. of the stomach shows indicator drops bilaterally. An indicator drop also occurs on the MP. Coeliac plexus bilaterally.
   To balance the MP. Coeliac plexus on the left side, I tested to verify Mentha piperita D 6, and on the right side Penicellinum D 6.
   The patient occasionally took chewing gum with peppermint flavour. In addition, he was ordered oral antibiotics to cope with his refractory bronchitis.
   After a period of observation of one year, the patient had been free from stomach troubles. He had stopped taking peppermint and oral antibiotics.

   Diagnosis:
   Coeliac ganglionitis.

2. A 46 year old patient complains about unrest of the heart in the evening and difficulties to fall asleep. The measurement points of the heart exhibit no pathologic values. The control measurement point of the heart shows the value of 90 without ID. The MP. Cardiac plexus is 90. Balancing is achieved by means of Coffea D 4 and Thea viridis D 4.

   Diagnosis:
   Cardiac ganglionitis.

3. A 58 year old patient suffering from refractory hypertonia, which could not be accounted for; blood pressure 180/110 taken at 18.45 p.m.
   Measurement values on the left renal plexus 96.
   Measurement values on the right renal plexus 94.
   All kidney points exhibited values of 94 to 80 without indicator drops (ID.). Balancing of the right renal plexus by means of Penicillinum D 5 + D 6, and of the left plexus by means of Tetracyclin D 8.
   The patient's doctor confirmed that the high blood pressure had begun after intensive antibiotic treatment of furunculosis.
   During the next two treatments the following medication could be tested to balance the two MP. Renal plexus: Arsenicum album D 6, Cadmium sulfuricum D 3, Silver amalgam D 6, Tooth gold D 6, Urethanum D 6. Within 12 days after three treatments the blood pressure went down to 165/105 taken at 18.00 p.m.
   It was interesting to note that by balancing the MP. Renal plexus the increased values of the thoracic aortic plexus and the abdominal aortic plexus, which were at 90 initially, also went down to 50. The same applied to the MP.

Carotid sinus. The chemical substances involved were being potentized by the own doctor of the patient up to D 200 and D 400.
After one year of observation the patient's blood pressure had consolidated at 160.

Diagnosis: Renal ganglionitis based on multiple pharmacologic and chemical irritations.

4. A 82 year old patient, seeing me for 16 years, complains about dizziness, which occurs in the morning after breakfast. There is no dizziness when he lies in bed or turns round or rises, nor when looking upwards or downwards. Blood pressure is 160/85 taken in the morning at 10.15 a.m. This somewhat odd anamnesis in normal blood pressure is substantiated by the precise statement of the time, the dizziness occurring at the max. time of the stomach (7.00 a.m. to 9.00 a.m.). This must be taken as a clear indication of a stomach disturbance. All measurement values of the stomach are balanced by means of medications. There is no change of the measurement point Coeliac plexus, which exhibits values of 87/76 bilaterally, and no changes on the measurement point for the internal ear, which exhibits values of 92 bilaterally. The left coeliac plexus is balanced by means of Terebinthina D 10, the right coeliac plexus by means of Eucalyptus D 6. This resulted in a decrease of the values for the internal ear down to 66.
Since the patient has been known to me as suffering from chronic bronchitis, he may have inhaled volatile oils, such as eucalyptus and terpentin oils. When the patient brought his inhalents along with him, five volatile oils could be verified in addition to camphor and two other chemical substances. He had taken these inhalants for several days, without informing me previously.
After the patient stopped taking these inhalants, and after the injection of the tested substances, the patient no longer suffered from dizziness within five months of observation time.

   Diagnosis: Coeliac ganglionitis caused by inhalents (volatile oils) which he could not tolerate.
   When the patient appeared again on July 9, 76 complaining about excruciating cardiac pain, Melilotus D 3 and Cactus D 3 could be tested on the MP. Coronary vessels of the heart. These medications could not balance the MP. Coronary plexus which continued to exhibit an ID., nor could they balance the control measurement point Circulation. When Acidum hydrocyanicum D 6 was tested, this achieved to balance the points down to 50. On Dec. 19, 1977 the patient reported that up till then no dizziness had re-occurred.

5. A 53 year old patient had suffered from cardiac arhythmia since 1973 when a large part of the small intestine was resected because of gangrene. He had taken Chinidin for many years to no effect, with a gradually increasing hypersensitivity against Chinidin accompanied by diarrhea and nausea. The patient for the first time had come to the office two years ago.
   A first check-up revealed a value of 92 (+) on each MP. Conduction system. Balancing could be achieved by means of the nosode of Botulismus D 3. On the MP. Pons and the MP. Oblong bulb, that is, the centers for the regulation of

the autonomic circulation, the nosodes of Luesinum D 8 and Polio D 5 are tested to blance these points. Further nosodes and accompanying therapy are applied for a mesenchyme reactivation.
On June 21, 1974 the paroxysmatic occurrence of tinnitus is treated via the existing otogenic foci.
On Jan. 30, 1975 the blood pressure, for the first time, is stabilized in spite of continuing arrhythmia. The patient resumed his work as an office clerk.

Findings:
MP. Conduction system, right side 82, left side 88/74. A focal disturbance at the inferior end of the scar after the resection of the small intestine is balanced by the injection of Graphites D 6, Hyaluronidase D 4, and Thiosinamin D 5, which results simultaneously in the disappearance of the ID. on the left MP. Diaphragm and on the left MP. Conduction system. On Feb. 5, 1976 Plumbum met. D 8 for the MP. Pons and Oblong bulb, and Tabacum D 4 for the MP. Arteries of the legs are tested to balance these points.
On July 8, 1976 the following results could be established. All measurement values of the heart including the conduction system ranged between 56 and 70 without ID. However, the MP. for the plexuses of the heart and the vessels exhibit indicator drops. These are balanced by the following potentized chemical noxae:

MP. Cardiac plexus, left side 90/78	Coffea D 4 + D 5
MP. Cardiac plexus, right side 84/82	Acid. hydrocyanicum D 6
MP. Thoracic aortic plexus 82/74	Toluol D 5
MP. Abdominal aortic plexus 72/62	Xylol D 5
MP. Iliac plexus 86/82	Alcohol methylicus D 5
MP. Renal plexus, right side 92/88	Tooth gold D 6
MP. Renal plexus, left side 92/84	Silver amalgam D 6
	Zincum oxydatum D 6
	Phosphate-Cement D 8
	Cariophyllus D 8
MP. Coeliac plexus, left side 90/80	Tabacum D 5
MP. Coeliac plexus, right side 86/80	Mentha piperita D 6
MP. Hepatic plexus, bilaterally 88/86	Adeps suillus D 8
MP. Rectal plexus, bilaterally 84/80	Urethanum D 3
MP. Vesical plexus, bilaterally 90/80	Adeps vegetabilis II D 8 (vegetable fat)

All allergy points required the potentized insecticides Ki. 15, Ki. 16, Ki. 17, and Ki. 18 in D 5 oder D 6 to be balanced.

Ki. 15 = Paraquart
Ki. 16 = Toxa
Ki. 17 = Aminotriazol
Ki. 18 = Hexachlorbenzol

Epicrisis:

By the treatment with these nosodes, the toxic irritation of the specific muscular fibres, which make up the conduction system to effect the conduction process without nervous elements from the atrium to the ventricle, was removed. What remained to be treated is the cause for the arrhythmia, which turned out to be a faulty autonomic steering of all the plexuses of the autonomic nervous system of the heart and the vascular system. These required additional treatment. In contrast to this, clinical evidence was as follows:

The patient was given to understand after staying in a rehabilitation center for 21 days in spring 1976: Medicine could no longer help him as he could not tolerate Chinidin any longer.

On July 30, 1976 the patient displayed a blood pressure of 120/70; his arrhythmia occurred after every 5^{th}—6^{th} heartbeat, which did not disturb the patient. His general state of health and wellbeing had improved to the effect that he could resume his work.

On Jan. 28, 1978 the patient continued to be free from cardiac sensations, although his pulse remained arrhythmic.

Chemical and pharmacologic substances, stimulants and narcotics drugs, and dental materials were tested on plexus measurement points and are all compiled as follows for the etiologic therapy of the irritated autonomic nervous system

The potentized medications, made from agents tested to affect the plexuses, are devided into groups. Each medication has the connotation of the respective group in front of it, that is:

Fu	Fumes, smokes, and dusts
Fu + So	The agent is contained in fumes and in solvents
Dy	Dyestuffs
St	Stimulants
In	Insecticide, herbicide, fungicide, and biocide
Afer	Artificial fertilizers
Pre	Preservatives
Cos	Cosmetics
Plm	Plastic materials
Sol	Solvents
Fab	Foodstuffs and beverages
Ph	Pharmacologic items
Abl	Antiblastemic substances
De	Detergents
Soft	Softeners
Dm	Dental materials

MP. Cardiac plexus = 8d. Heart

So	Acetonum
Kon	Acidum benzoicum
St + Fu	Acidum hydrocyanicum
Fu	Benzanthrazene
Fu + So	Benzolum
+	Cadmium sulfuricum
So	Carboneum tetrachloratum
St	Coffea
Soft	Dimethylterephthalate
In	Ki 3 (Phosphor. acidester)
In	Ki 4 (Hexacyclohexan comp.)
In	Ki 7 (HCL-Naphtalin)
In	Ki 8 (Diazinon)
In	Ki 11 (Pentachlorphenol)
In	Ki 13 (Dorphosina)
In	Ki 15 (Paraquart)
Soft	PCB
St + Fu	Tabacum
St	Thea viridis
So	Toluol
So	Trichlorethylene
Pre	Urethanum
So	Xylol

Cadmium:

Cadmium pollution has various sources:

- Exhaust gases from combustion engines.
- Ceramic and enamel dishes with partial yellow and orange colouring.
- Softeners for metallic alloys.
- Anticorrosives for car bodies, which are released to get into the air or into the water by salt on roads during the winter.

The intake of cadmium into the body may also occur via foodstuffs.

MP. Cardiac ganglia = 8c. Circulation

St + Fu	Acid. hydrocyanicum
So	Alcohol methylicus
In	Arsenicum album
In	Ki 4 (Hexacyclohexane)
Fu + Fab	Plumbum phosphoricum
So	Trichlorethylene
Ph	Vitamin D

MP. Coronary plexus = 7a. Circulation

St + Fu	Acid. hydrocyanicum
So	Alcohol isopropylicus
So	Carboneum tetrachloratum
Afer	Potassium nitricum
In	KI 2 Hexacyclohexane
St + Fu	Tabacum

MP. Thoracic aortic plexus = 8c. Circulation, left side

In	Arsenicum album
St + Fu	Acid. Hydrocyanicum
So	Alcohol methylicus
+	Cadmium sulfuricum
In	Cuprum sulfuricum
In	Ki 11 (Pentachlorphenol)
In	Ki 12 (Trichphim)
Fab + In	Mercurius solubilis
Fu	Plumbum aceticum
Fu	Plumbum phosphoricum
DM	Silver amalgam
St + Fu	Tabacum
So	Toluol
Pre	Urethanum
So	Xylol
Dm	Tooth gold

MP. Bronchial plexus = 9a. Lung

So	Acetonum
Fu	Acid. sulfurosum
Fu	Ethylenoxide
Soft	Ethylenglycol
Dy	Anthracenum
Fu	Asbestus dust
Fu	Benzanthrazene
Fu + So	Benzolum
Fu	Benzpyrene
Fu	Petroleum
St + Fu	Tabacum
So	Toluol
So	Xylol

MP. Mediastinal plexus = 10d. Lung

Fu	Acid. nitricum
Fu	Acid. sulfurosum
Fu	Ethylenoxide
So	Asbestus dust
Fu + So	Benzinum crudum

Fu	Benzolum
Fu	Benzpyrene
Fu	Formaldehyd sol
Plm	Hexamethylendiamin
Fu	Petroleum

MP. Pharyngeal plexus of the vagus nerve = 8d. Stomach

Fu	Acid. sulfurosum
Fu	Ethylenoxide
Fu	Asbestus dust
Fu + So	Benzinum crudum
Fu	Benzolum
Fu	Benzpyrene
Abl	Cyol-stem
St + Fu	Tabacum

MP. Pulmonary plexus of the vagus nerve = 18. Stomach

Fu	Acid. sulfurosum
Soft	Ethylenglycol
Fu	Ethylenoxide
Dy	Anthracenum
Fu	Asbestus dust
Fu + So	Benzinum crudum
Fu	Benzolum
Fu	Benzpyrene
Fu + Fab	Plumbum aceticum
Fu + Fab	Plumbum metallicum
St + Fu	Tabacum

MP. Esophageal plexus of the vagus nerve = 15. Stomach

Pre	Acid sorbicum
Pre	Natrium pyrophosphoricum
Pre	Urethanum

MP. Thoracic part of the vagus nerve = 16. Stomach

Fu	Ethylenoxide
Fu	Benzanthrazene
Fu	Pix crudum

MP. Coeliac plexus = 44. Stomach

St + Fu	Acid. hydrocyanicum
Pre	Acid. sorbicum
So	Alcohol methylicus
In	Arsenicum album
Dm	Autoacrylate
Fab	Butteryellow
Afer	Calciumcyanamide

Dm	Carboxylate-Cement
St	Coffea
Cos	Cresolum
Abl	Cyol-stem
Pre	Diphenyl
St	Eucalyptus
Pre + Ph	Hexamethylentetramine
Cos	HSP (Hairspray)
Afer	Potassium nitricum
In	Ki 1 (Dichlorphos and Methoxychlor)
In	Ki 2 (Hexacyclohexane)
In	Ki 3 (Phosph. acid ester)
In	Ki 15 (Paraquart)
In	Ki 16 (Toxa)
In	Ki 17 (Aminotriasol)
In	Ki 18 (Hexachlorbenzol)
St	Mentha piperita
In + Fab	Mercurius solubilis
Pre	Sodicum pyrophosphoricum
Pre	Sodicum sulfurosum
Ph	Estro-Gesta.-Com.
Fab	Paraffinum
Ph	Penicillinum
Dm	Phosphate cement
Dm	Silver amalgam
Fu + St	Tabacum
Ph	Terebinthina
St	Thea viridis
Pre	Thio carbamides
Pre	Urethanum
Dm	Zincum oxydatum

MP. Renal plexus = 1-1. Kidney

So	Acetonum
Pre	Acid. benzoicum
Dm	Acrylate (Polymerisate)
So	Alcohol isopropylicus
In + Fab	Arsenicum album
Dm	Autoacrylate
+	Cadmium sulfuricum
So	Carboneum tetrachloratum
Dm	Carboxlate cement
Dm	Caryophyllus (Eugenol)
Dm	Chlorinated camphor menthol
Pre	Diphenyl
Ph	Hexamethylentetramine

In	Ki 2 (Hexacyclohexane)
In	Ki 5 (Hexacyclohexane)
In	Ki 7 (HCL-Naphthalin)
In	Ki 10 (Malathion)
In	Ki 11 (Pentachlorphenol)
In	Ki 14 (2.4.5 T-Ester)
In	Ki 15 (Paraquart)
Dm	Kreosotum
Ph	Phenacetinum
Fab + Fu	Plumbum metallicum
Fab + Fu	Plumbum phosphoricum
Dm	Phosphate cement
Dm	Silver amalgam
Dm	Sulfanilamidum
Dm	Terebinthina
De	Tipa white
So	Toluol
So	Trichlorethylene
Pre	Urethanum
Dm	Venylpolymerisate (Venylacrylate)
So	Xylol
Dm	Tooth gold
Dm	Zincum oxydatum

MP. Suprarenal plexus = 1b. Kidney

Pre	Acid. benzoicum
+	Cadmium sulfuricum
Dm	Caryophyllus
Abl	Cyol-stem
Soft	Dimethylterephthalate
In	Ki 3 (Phosphoric acid ester)
Soft	PCB
Dm	Phosphate cement
Fab + Fu	Plumbum metallicum
Fab + Fu	Plumbum phosphoricum
Dm	Silver amalgam
So	Xylol

MP. Hepatic plexus = 43c. Gallbladder

So	Acetonum
Pre	Acid. benzoicum
Ph	Acid. phenylethylbarbituricum
Pre	Acid. sorbicum
+	Adeps suillus
So	Alcohol isopropylicus

Abl	Antiblastemic
Fab	Butteryellow
+	Cadmium sulfuricum
So	Corboneum tetrachloratum
Ph	Chlortetracyclin
Ph	Follicular hormone, synth.
In	Ki 3 (Phosphoric acid ester)
In	Ki 8 (Diaxinon)
In	Ki 12 (Trichphim)
In	Ki 14 (2. 4. 5. T-Ester)
In	Ki 16 (Toxa)
In	Ki 17 (Aminotriazol)
In	Ki 18 (Hexachlorbenzol)
Ph	mod. barbituric acid
Pre	Sodium pyrophosphoricum

Adeps suillus:
Lard is considered to be of minor biologic quality, also vegetable fat II and III, when overheated for too long to release acrolein which is detrimental to the body.

+	Veget. fat II
+	Veget. fat III
Pre	PHB Ester
Fab + Fu	Plumbum aceticum
Dm	Silver amalgam
Ph	Sulfanilamidum
Afer	Superphosphate
Ph	Tetracyclin
St	Thea viridis
Pre	Thioacetamide
So	Toluol
Pre	Urethanum
So	Xylol
Fab	Paraffinum

MP. Upper mesenteric plexus = 1a. Small intestine

Pre	Acid. sorbicum
In + Fab	Arsenic album
+	Cadmium sulfuricum
Afer	Calciumcyanamide
Dm	Corboxylate cement
Pre	Diphenyl
+	Faex medicinalis
In	Ki 1 (Dichlorvos and Methoxychlor.)
In	Ki 4 (Hexacyclohexane comp. A)
In	Ki 12 (Trichphim)

In	Ki 13 (2, 4, 5 T-ester)
St	Mentha piperita
Pre	Sodium pyrophosphoricum
Pre	Sodium sulfurosum
Pre	PHB Ester
Dm	Silver amalgam
Afer	Superphosphate
Pre	Thiocarbamide
Afer	Thomas meal
Pre	Urethanum
Ph	Vitamin D

Faex medicinalis:
In some people, yeast may irritate the autonomic plexuses.

MP. Abdominal aortic plexus = 8c. Circulation

In + Fu	Arsenicum album
+	Cadmium sulfuricum
So	Toluol
Pre	Urethanum
So	Xylol
Dm	Tooth gold

MP. Iliac plexus = 1a. Large intestine, left side

In + Fab	Arsenicum album
+	Cadmium sulfuricum
So	Carboneum tetrachloratum
St	Coffea
Ph	Glonoinum
Ph	Jodoformium
In	Ki 4 (Hexacyclohexane comp. A)
In	Ki 10 (Malathion)
In	Ki 17 (Aminotriasol)
In + Fab	Mercurius solub.
Pre	Sodium sulfurosum
Fab + Fu	Plumbum aceticum
Fu	Plumbum jod.
Fab + Fu	Plumbum phosphoricum
Soft	PCB
Dm	Silver amalgam
So	Trichlorethylene
Pre	Urethanum
So	Xylol

MP. Upper hypogastric plexus = 1a. Large intestine, right side

St.	Acid. hydrocyanicum
Abl	Antiblastemic A

In	Arsenicum album
Pre	Diphenyl
In	Ki 9 (DDVP-Dichlorvos)
In	Ki 14 (2, 4, 5 T-ester)
In	Ki 16 (Toxa)
Pre	Thiocarbamide

MP. Lower mesenteric plexus = 1a. Small intestine, left side

In	Arsenicum album
Pre	Diphenyl
In	Ki 5 (Hexacyclohexane comp. B)

MP. Testicular plexus = 30a. Stomach

Dm	Silver amalgam
Dm	Tooth gold

MP. Lower hypogastric plexus = 63. Urinary bladder

Fu	Anilinum
St	Coffea
Ph	Follicular hormone, synth.
Ph + Pre	Hexamethylentetramine
In	Ki 18 (Hexachlorbenzol)
Pre	Sodium-o-phenylphenolate
Pre	PHB Ester

MP. Rectal plexus = 4. Kidney

Dy	Anilinum
In + Fab	Arsenicum album
In + Fab	Mercurius solubilis
Ph	mod. barbituric acid
Pre	Sodium parophosphoricum
Pre	PHB Ester
Dm	Silver amalgam
Pre	Urethanum

MP. Vesical plexus = 66c. Urinary bladder

Dm	Acrylate
Dy	Anilinum
+	Cadmium sulfuricum
Abl	Cyol-stem
Pre	Diphenyl
Pre	Hexamethylentetramine
In	Ki 3 (Phosphor acid ester)
In	Ki 12 (Trichphim)
In	Ki 16 (Toxa)
In	Ki 18 (Hexachlorbenzol)
In + Fab	Mercurius cyanatus

Ph	Penicillinum
Pre	PHB Ester
Dm	Silver amalgam
Ph	Sulfanilamidum
Ph	Streptomycinum
Pre	Thioacetamide
So	Trichlorethylene
Pre	Urethanum

MP. Deferential, seminal, and prostatic plexus or utero-vaginal plexus = 49d. Urinary bladder

Dm	Acrylate (Polymerisate)
Dm	Autoacrylate (Autopolymerisate)
Fu	Benzanthrazene
Fu	Benzinum crudum
Fu	Benzolum
Dm	Carboxylate cement
In	Cuprum sulfuricum
Abl	Cyol-stem
In	Ki 1 (Dichloros u. Methoxychlor)
Fu	Petroleum
Dm	Phosphate cement
Pre	Urethanum

MP. Cavernous plexus of the penis or clitoris = 50. Urinary bladder

Ph	Contraceptives, the „phil"
In	Ki 11 (Pentachlorphenol)
In	Ki 13 (Dorphosina)
Ph	mod. barbituric acid

MP. Pelvic plexus of the vagus nerve = 34. Urinary bladder

Fu	Benzanthrazene
Fu	Benzolum
Fu	Petroleum

Note: Not all of the chemical and special pharmacologic substances verified by the author may claim to be complete. As the author's practice does not include patients suffering from asthma and tuberculosis, the pharmacologic impact on the pharyngeal plexus, pulmonary plexus, bronchial plexus, and mediastinal plexus could not fully be established.

Groupwise classification of the tested plexus medications

The letters and the numbers designate the potentized row of the mentioned medication made by the Stauffen-Pharma Company in Göppingen. × means that the complete row is not available except for single potencies.

Stimulating and narcotic drugs

HM 43	Coffea	bean coffee
HM 127	Thea viridis	black tea
HM 210	Acid. hydrocyanicum	for example in marzipan and in stone fruit liquors, occasionally also in linseed bread, since there are kinds of linseed containing hydrocyanides.
HM 44	Tabacum	this applies also to the passive smoker
HM 370	Mentha piperitia	for example in chewing gum, peppermint tea and tablets. Also in menthol (peppermint camphor), furthermore, additives to tooth pastes and lotions.
×	Eucalyptus	for example in sweets

These substances mainly irritate the coeliac plexus. Acid. hydrocyanicum also irritates the cardiac plexus and the thoracic aortic plexus. Tabacum irritates the bronchial plexus, the pharyngeal plexus and the pulmonary plexus.

Foodstuffs

of moderate biologic quality only:

Sto 21	Adeps suillus	vegetable fats heated too long and too frequently to reach the boiling point, when glycerin is changed into acrolein, such as in pommes frites.
Sto 39	vegetable fat II	
Sto 40	vegetable fat III	

These potentized food stuffs are often found to balance the measurement values of the MP. Hepatic plexus.

Note:
Chemical additives in foodstuffs constitute a charge on the body, such as:

Insecticides	— against pests
Herbicides	— against herbs
Fungicides	— against all sorts of fungi
Biocides	— against rodents and bugs
Mercury	— in herbal sprays, in varnishing substances, furthermore, Hg from the biologic nutritional chain in saltwater, that is, minute beings, fish, fish feed for chickens, geese and ducks eggs etc.

For the elimination of chemical substances, potentized insecticides, herbicides, fungicides, and potentized mercury is needed. These substances are tested on the allergy measurement points and other measurement points of the organs. It should be emphasized, that antiblastemic substances (Carbamides), which are, among other applications, used to stop sprouting in potatoes, are also included in this group.

Preservatives

R 8	Acid. sorbicum	Sorbic acid and its combinations, such as in fish cans (tins) and in meat salads. In sensitive persons preservatives may irritate the coeliac plexus and the upper mesenteric plexus.
HM 152	Acid. benzoicum	For canned fruit
R 14	Diphenyl	Preservatives for oranges. Orange juice containes approx. one milligram per liter.
P 20	Hexamethylenetetramin	For canned fruit
R 9	Sodium pyrophosphoricum	In sausages, in salamis to maintain the red colour.
R 17	Sodium o-phenylphenolate	For foodstuffs
R 10	Sodium sulfurosum	In sulphurized foodstuffs
R 16	PHB Ester	p-Hydroxybenzolacidethyl ester The German law for the use of preservatives of the 9. 12. 1959 provides under item sorbic acid: 1 Sorbic acid 2 Benzoic acid 3 PHB Ester 4 Natrium o-phenylphenolate
P 42	Urethanum	This is the final product resulting from an anti-opaque substance used in wine, which has been prohibited since 1974. Urethane may irritate the coeliac plexus, the upper mesenteric plexus, the inferior mesenteric plexus, the rectal plexus, in particular the renal plexus.

Pharmacologic items

P 7	Chlortetracycline	
X	Eucalyptus	In mixes of volatile inhalants
HM 126	Terebinthina	Oleum Terebinthinae and Oleum Eucalypti are usually present.

P 20 Hexamethylenetetramin
P 14 Mod. Barbituric acid
P 1 Penicillinum
P 3 Streptomycinum
P 4 Sulfanilamide
P 6 Tetracycline

These substances may irritate the coeliac plexus, the upper mesenteric plexus, the hepatic plexus, the renal plexus, and the vesical plexus.

Dental materials

ZW 20 Copper amalgam
ZW 21 Silver amalgam

Corroded silver amalgam gets into the body and may be verified by EAV-tests in the coeliac plexus, upper mensenteric plexus, upper hypogastric plexus, rectal plexus, and in the renal plexus. In serious silver amalgam intoxication the silver amalgam may be tested in various potencies on the various plexus measurement points. Also copper amalgam, used in particular for small children should be mentioned here.

ZW 19 Tooth gold

Because of electric current, forming in the oral cavity even between gold and gold, gold particles may get into the body. These may occasionally be verified in the renal plexus and in the thoracic aortic plexus.

HM 49 Arsenicum album

Substances containing arsenic are used to devitalize the gums by means of Eugenol, Kreosot and other accompanying substances. They may irritate the coeliac plexus and the upper mesenteric plexus.

× Cariophyllus

A tincture containing 5 parts of carnation oil (eugenia cariophyllatus), one part of camphor and ten parts of alcohol is used to treat pulpitis.
Carnation oil may irritate the renal plexus and may increase the blood pressure in hypertonic patients.

P 25 Chlorinated camphormenthol

This is a combination preparation to desinfect root canals and is used, furthermore to anaesthetize periodontitis by brushing it on to the gums. This substance may irritate the coeliac plexus and the renal plexus.

P 12	Jodoformum	Is sometimes still used to tamponade wounds in medicine and dentistry. Pastes with additives of chlorinated camphor and Carnation oil or Eugenol are used to fill root canals.
HM 14	Creosotum	Creosotum is used for mumifications. It irritates the renal plexus.
ZW 41	Phosphate cement	These cements are used to fill root canals and may irritate the renal plexus. Potentized Phosphate cement may often be used to balance the MP. Renal plexus, in particular in dentists themselves.
ZW 40	Zincum oxydatum	This substance is used for the filling of canals and contains additives, such as Oleum Cariophylli, Oleum Terebinthinae, Oleum Eucalypti, Peruvian balsam, Tricresol and Formalin. For the treatment of the gums Zincoxyd-Eugenol is used. Zincoxyd is furthermore used for gum dressings and may irritate the renal plexus.

Synthetic plastic substances

ZW 16	Acrylate	The most important representatives of non-hardening thermoplastic substances are: Acrylresin, Venyl resin and Polyester. Because of friction in the mastication process and because of breaking loose of small pieces of plastic-substances, these may reach the intestinal canal and thus get into the body. The plastic material may irritate the coeliac plexus, upper mesenteric plexus, lower mesenteric plexus, and the renal plexus.
ZW 17	Autoacrylate	
Q 28	Polyester	
ZW 18	Vinylpolymerisate	

Chemical substances

For medication testing on the plexus measurement points, several chemical substances used in various applications have to be considered: such as artificial fertilizers, solvents, fumes and dusts, dyestuffs, plastic materials, and other specific solvents. Note: Insecticides, herbicides and pesticides are not mentioned here, because they are tested on the allergy points and on the corresponding organ measurement points.

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* the complete row is not available

Artificial fertilizer

R 13	Calciumcyanamide	Calcium-nitrogen
HM 272	Potassium nitricum	Potassium-salpetre
R 12	Superphosphate	
R 11	Thomas meal	

Artificial fertilizers, which get into the body together with foodstuffs, may irritate the autonomic plexuses of the intestinal canal, in particular the coeliac plexus and the upper mesenteric plexus.

Solvents

Sto 16	Acetonum	
Q 3	Benzolum	
Q 18	Benzinum crudum	
Q 13	Carboneum tetrachloratum	
Q 31	Alcohol isopropylicus	contained in many sprays, for example to clear up windows.
P 23	Alcohol methylicus	This alcohol is poisonous. It oxidizes to give formaldehyde in the body and subsequently formic acid.
Q 45	Toluol	
Q 14	Trichlorethylene	also referred to as "Tri", is a solvent for fats used for washing, rinsing and polishing. "Tri" and Tetrachlorcarbon are the most frequently used chlorinated carbo-hydrates in plastic and textile industry.
Q 46	Xylol	

All solvents mainly affect the nervous system. They usually occur as mixtures. In addition, they mainly irritate the renal plexus, the cardiac plexus, and the vascular plexuses, i.e. the thoracic aortic plexus and the abdominal aortic plexus, also the cardiac plexuses.

Fumes, smokes and dusts

HM 87	Acid. nitricum	Nitrous gases
Q 40	Acid. sulfurosum	Sulphurous acid
+	Asbestus dust	Generated by the friction in automobile brakes and by rubber tires
Q 2	Ethylenoxide	Substance in fumes and exhaust gases, is also used as pesticide, furthermore for the degermination of cereals, and for the preservation of foodstuffs and nutritive agents.

Q 18	Benzinum	
Q 3	Benzolum	
Q 1	Benzpyrene	
HM 361	Cadmium sulfuricum	occurring in exhaust fumes and dusts. (See German Edition of the 8th special print of the International Association for Electro-acupuncture according to Voll, ML-Publishing Company, D—3110 Uelzen, W-Germany.)
Q 16	Chromium oxydatum	Chromium in the air results from Kerosene in jet air planes. The air of jetliner routes is polluted by chromium.
HM 68	Petroleum	
HM 44	Tabacum	is also forced on to the passive smoker
HM 70	Plumbum metallicum	lead is contained in exhaust fumes
HM 286	Plumbum aceticum	from automobiles and in mixes of paints; it may also be included in water from lead-pipes in old houses.

Among gases three basic substances should be mentioned, which occur mainly in residences:

Q 33	Dichlorbenzol	very strong pesticide against moths because of increased volatile activity. It is also contained in desinfecting agents as a solvent.
R 19	KI 9 Dichlorvos	basic substance for fighting moths.
P 22	Naphthalinum	pesticide against moths with slow volatile activity.

When paints are used in houses, solvents and softeners may evaporate and may cause chemical disturbances to autonomic ganglia and plexuses (see following chapters).

Dyestuffs

Dyestuffs mainly irritate those who work with them professionally. Also the "do it yourself" fan may be affected.

Q 15	Anilinum	
Q 42	Anthracenum	Anthracene is the initial product for dyestuffs
P 28	Antrachinonum	Antrachinone dyestuffs

Q 3	Benzolum	initial product for dyestuffs
HM 77	Bromum	Bromine is used in organic dyestuff industries
Q 16	Chromium oxydatum	Chromium compounds are used as dyestuffs and for varnishing and tanning
Q 5	Diacethylaminoazotoluol	azo-dyestuffs
Q 11	Pix crudum	tar is an initial product for organic dyestuffs
HM 273	Plumbum chloratum	leadpaints

Plastic materials and their solvents

Q 26	Adipinic acid	Nylon is made by condensation of Hexamethylendiamine and Adipinic acid.
Q 24	Ethylenglycol	softeners and solvents, cellulose lacquers.
Q 27	Caprolactam	basic material for the production of Polyamide which is used for the production of plastic cloths and synthetic fibres.
Q 34	Cyclohexanol	solvent, which is more poisonous than Methylethylketon and Aceton when inhaled.
Q 25	Dimethylteraphthalate	phthalic acid esters are the most important group of the softeners for cellulose and venyl resins.
Q 29	Hexamethylendiamine	basic material for the production of Nylon.
Q 23	Methylethylketon	solvent.
Q 38	PCB	highly chlorinated Biphenyl, mainly used as softener additive for plastics, colours, lacquers, adhesives and for carbonless copypaper. From fresh oil paints added with PCB softener, the air for breathing may be enriched. PCB is also used as softener in wrapping material.
Q 30	Perchlorethylene	solvent, toxic when inhaled and touched with the skin.
Q 28	Polyester	contained in artificial resin laquers.
Q 35	Polystyrol	plastic material used in toy industries, also for the interior lining of refrigerators. It may irritate the eyes and the mucous membranes of the respiratory passages when used for shockproof toys.

Possible chemical irritation on seriously chronically ill people caused by tapwater

Tapwater may be an additional optional charge on seriously chronically ill people. Drinking water is obtained from wells and sources, mainly however from groundwater.

Groundwater may be polluted by

1. waste waters and sewage from industry and households
2. artificial fertilizers
3. insecticides, herbicides, fungicides, and biocides
4. refuse from industry and household
5. occasionally oil and oil containing products.

Traces of noxious agents in drinking water below the borderline of tolerance may be a heavy burden for a diseased body because of continual daily summation effects, in addition to further chemical noxious agents getting into the body via foodstuffs and beverages. Such patients, as often as not, exhibit mercury, cadmium, and softeners on the organ measurement points, which may be treated by potencies of the following substances:

HM 31 Mercurius solubilis
HM 361 Cadmium sulfuricum
Q 38 PCB softener.

(More outlines on this are made in various publications of the ML-Publishing Company, D—3110 Uelzen, West-Germany, in German.)
Allergenes are protein bodies or non-proteides linked to protein in the body. They possess properties of haptenes or haptides. Haptides may be of simple chemical nature capable of forming antibodies only in connection with the body's own protein, that is, an antigene-antibody reaction. This however, is only possible in specially predisposed persons, in particular those with allergic diathesis.

The following case report may give an example for this:

A 39 year old patient suffering from chronical eczema on the arms and legs came to the office under an acute attack. All three allergy measurement points an both hands exhibited values of 96 with indicator drops. These high values on all three allergy measurement points with indicator drops are indicative of several chemical substances causing allergy.
The following substances are tested to be verified on the various measurement points:

MP. Renal plexus, left side	Arsenicum album D 6
MP. Renal plexus, right side	Acetonum D 4
MP. Hepatic plexus, left side	Vegetable fat II D 8
MP. Hepatic plexus, right side	Adeps suillus D 8

MP. Coeliac plexus, left side	Coffea D 8
MP. Coeliac plexus, right side	Menta piperita D 6
MP. Upper mesenteric plexus.	Sodium sulfurosum D 5

After testing these medications, all three allergy measurement points exhibited values of 70 without indicator drops bilaterally.

Further tests on:

MP. Cardiac plexus, left side	PCB D 6
MP. Cardiac plexus, right side	Acidum hydrocyanicum D 12
MP. Lower mesenteric plexus	Cadmium sulfuricum D 3

After this, all three allergy measurement points on both sides are balanced down to 50.

Epicrisis:

In this case, the balancing of all six allergy measurement points could be achieved on the autonomic plexus measurement points, by means of potentized chemical substances. The high potencies of the tested chemical substances relieved the patient considerably as to her dermal situation.

Homeopathic accompanying therapy with chemical plexus therapy

In addition to the potentized chemical substances tested on the plexus measurement points, homeopathic accompanying medications can be tested on the same points as well. The homeopathic accompanying medication differs from organ to organ, while the chemical toxic substance may have an equally detrimental effect on the entire system. The choice of the homeopathic accompanying medication is always based on the autonomic irritation of an organ and the corresponding organotropic substance.

Accompanying medication for Urethanum:

Helleborus	on MP. Renal plexus
Pareira brava	on MP. Vesical plexus
Hypericum	on MP. Abdominal aortic plexus
Agaricus muscarius	on MP. Coeliac plexus
Momordica	on MP. Upper mesenteric plexus
Podophyllum	on MP. Lower mesenteric plexus
Causticum	on MP. Rectal plexus

Accompanying medication for Silver amalgam:

Sulfur is the typical substance for mercury- and lead intoxications.
Mezereum is the typical substance for mercury intoxications.
Chochlearia for kidney- and urinary bladder disturbances.
Hepar sulfuricum for disturbances of the intestines and the upper respiratory passages.
Juglans regia for liver disturbances.
Nux vomica for ventral- or intestinal disturbances.
Mezereum for stomach disturbances.
Podophyllum for biliary and rectal disturbances, also for gastro-cardiac disturbances.

Further examples:

Aceton together with Ammonium carbonicum on the MP. Bronchial plexus.
Acidum hydrocyanicum together with Triticum repens on the MP. Cardiac plexus.
Acidum sorbicum together with Momordica on the MP. Lower mesenteric plexus.
Alcohol isopropylicus together with Melilotus on the MP. Coronary plexus.
Ethylene oxyde together with Antimon tartaricum on the MP. Pharyngeal plexus.
Arsenicum album together with Sarsaparilla on the MP. Renal plexus.
Benzpyrene together with Antimon tartaricum on the MP. Pulmonary plexus.
Calciumcyanamide together with Acidum phosphoricum on the MP. Coeliac plexus.
Carboneum tetrachloratum together with Ononis spinosa on the MP. Coronary plexus.
Coffea together with Hydrastis or Argentum nitricum on the MP. Coeliac plexus.
Thea viridis together with Nux moschata or Nux vomica on the MP. Coeliac plexus.
Thea viridis together with Quassia D 6 on the MP. Hepatic plexus.
Potassium nitricum together with Acidum sulfuricum on the MP. Coeliac plexus.

Joint (en-bloc) testing of chemical noxae on the MP. Cardiac plexus and MP. Renal plexus

This may be illustrated by the following case report:

A 52 year old patient suffering from cardiac disturbances and extreme hypotonia with occasional circulatory collapses had been subjected to several mesenchyme reactivation cures resulting in complete cardiac restoration. Blood pressure taken at 12 a.m. was at 120/80. On the occasion of a follow-up examination on July 7, 1976 the patient felt well and exhibited no indicator drops nor any increased values on the heart- and circulation measurement points, however, the MPs. Cardiac plexus, Thoracic aortic plexus, and Abdominal aortic plexus, Iliac plexus and Renal plexus showed indicator drops (IDs.).

The following chemical noxae were tested en-bloc on the measurement points:

MP. Cardiac plexus, left side
Coffea D 4
Thea viridis D 4
Acidum Hydrocyanicum D 3
Xylol D 5
Toluol D 5
and Triticum repens D 3

MP. Cardiac plexus, right side
Trichlorethylene D 6
Carboneum tetrachloratum D 6
and Vincetoxicum D 3

MP. Thoracic aortic plexus
Cadmium sulfuricum D 6
and Hypericum D 4

MP. Abdominal aortic plexus
Aceton D 5
Alcohol isopropylicus D 5
and Aconitum D 5

MP. Iliac plexus
Plumbum aceticum D 4
and Arnica D 4

MP. Renal plexus
Silver amalgam D 8
Zincum axydatum D 8
Phosphate cement D 8
and Sulfur D 8

Epicrisis:

When treatment began four years ago, multiple toxic agents were found on the MPs. for the heart, for the conduction system, and for the circulation. There existed, in addition, odontogenic focally toxic disturbances, scar disturbances, peritoneal adhesions in the region of the gastro-lineal ligament, as well as a yeast allergy. After the removal of all of these disturbances, the remaining chemical irritations on the measurement points for the plexuses of the heart and of the vascular system could finally be treated by en-bloc testing.
After one year of observation the cardiac action improved to normal.

Potentized organ preparations for the autonomic (vegetative) nervous system and the limbic system

Up to the present day, the following organ preparations are available:
Vagus nerve, sympathetic nerve (sympathetic trunk), coeliac plexus (solar plexus), pelvic plexus, all of which can be obtained as ampules potentized from D 3 — D 30.
These preparations may be ordered as E-rows for inflammatory processes comprising ten ampules potentized as D 15, D 12, D 12, D 10, D 10, D 8, D 8, D 6, D 6, D 6
and as D-rows for degenerative processes with potencies to be administered in the order D 4, D 4, D 4, D 5, D 5, D 6, D 6, D 6.
Beginning on the 1st of October 1976, the Wala Company, Eckwälden, started supplying the following organ preparations:
These new organ preparations for the autonomic nervous system are denoted by "Org." for 'organ' in front of the names.

From the vagus nerve:

Org. Vagus nerve, cervical part
Org. Vagus nerve, thoracic part
Org. Pharyngeal plexus
Org. Esophageal plexus
Org. Pulmonary plexus
Org. Anterior gastric plexus
Org. Posterior gastric plexus

From the sympathetic nerve and sympathetic trunk:

Org. Sympathetic trunk, cranial part
Org. Upper cervical ganglion
Org. Middle cervical ganglion
Org. Lower cervical ganglion = Org. Thoracic cervical ganglion =
Org. Sympathetic trunk, thoracic part
Org. Thoracic aortic plexus
Org. Cardiac plexus
Org. Coronary plexus of the heart
Org. Coeliac plexus
Org. Phrenic plexus = phrenic ganglion
Org. Renal plexus
Org. Suprarenal plexus
Org. Upper gastric plexus
Org. Hepatic plexus
Org. Upper mesenteric plexus
Org. Lower mesenteric plexus
Org. Abdominal aortic plexus
Org. Iliac plexus
Org. Sympathetic trunk, pelvic part.

These organ preparations for the autonomic system may be applied together with the verified potentized organ preparations of the irritated organs, such as renal plexus together with renes or renes regio pyelorenalis, and renal pelvis; or hepatic plexus together with hepar and also vesica fellea, ductus choledochus, hepatic duct, and cystic duct in the case of an irritation of the gallbladder system, or also together with pancreas and the pancreatic duct, when the pancreas is irritated functionally. The summary of the organ innervations by parasympathetic and sympathetic plexuses on pages 34 to 48, shows the combinations with the respective plexuses of the organs, and, hence, the corresponding potentized organ preparations to be tested may be deduced.

Potentized organ preparations for the limbic system

Corpus amygdaloideum
Gyrus cinguli
Hippocampus

Every ganglion and every plexus may be irritated by pathologic toxins. Toxins of pathogenes mostly irritate several organs simultaneously. After testing the requisite nosodes on the four organ measurement points including the measurement point for the serous membranes, the control measurement point (CMP.) will go down to 50 and thus be belanced unless an additional chemical irritation affecting the plexus of the corresponding organs, is present. In this latter case, the CMP. will not settle down to 50 and retain its ID., even if all four organ measurement points are balanced down to 50. Thus, the CMP. will always indicate a chemical irritation of the autonomic plexuses.

1st Example

After balancing the kidney measurement points down to 50, the CMP. shows yet an ID., which also applies to the MP. Renal plexus. Since the renal plexus also takes care of the autonomic supply of the gonads (see page 36), the summation measurement point (SMP.) 1. Triple-warmer for the gonads and the adrenal glands has to be checked as well. If this SMP. exhibits no ID. and no high values, a chemical irritation of the renal plexus is sure to be present.

2nd Example

The hepatic plexus takes care of the autonomic supply of the liver, the biliary ducts, and the gallbladder, the stomach and the pancreas (see page 36). When the MP. Hepatic plexus exhibits an ID., one will first of all balance the four organ measurement points of all four organs by means of nosodes and homeopathic accompanying medication, in order to see if the four corresponding CMPs of these four organs are balanced or if an additional ID. is present. When the CMP. Biliary ducts still exhibits an ID., one has to look for the corresponding potentized chemical noxa for the MP. Hepatic plexus.

3rd Example

SMP. Coeliac plexus, right side, exhibits an ID. of 80/70.
The SMP. Coeliac plexus comprises, furthermore, the phrenic plexus, the renal plexus, the suprarenal plexus, the testicular or ovarian plexus, the upper gastric plexus, the hepatic plexus, and the upper mesenteric plexus.
This poses the question as to which of these plexuses is responsible for the ID., or whether several plexuses are involved. Close examination of the requisite plexuses belonging to the SMP. Coeliac plexus yields the following findings:

MP. Phrenic plexus	60
MP. Renal plexus	64
MP. Suprarenal plexus	62
MP. Testicular plexus	60
MP. Upper gastric plexus	82/76
MP. Hepatic plexus	60
MP. Upper mesenteric plexus	76/72

It turned out that the upper gastric plexus and the upper mesenteric plexus exhibit IDs. This refers to the most important plexuses for the stomach and the intestinal canal.
When the measurement points for the duodenum, jejunum, ileum, coecum, and colon are balanced, the MP. Upper mesenteric plexus is balanced to 50 as well, which clearly indicates that this plexus is not chemically disturbed. However, the value of the upper gastric plexus retained its original values. When all measurement points pertaining to the upper gastric plexus, are balanced, the MP. Upper gastric plexus retains a value of 80, while its ID. disappeared. Thus, the value of 80 indicates a moderate chemical intoxication of the upper gastric plexus, which has to be treated accordingly.

Treatment of autonomic plexuses following completed mesenchyme reactivation cures

In a 62 year old patient who had undergone several mesenchyme reactivation cures the following 29 chemical noxae were tested en-bloc on the following autonomic plexus points:

MP. Cardiac plexus, left side
- Acid. hydrocyanicum D 12
- Coffea D 6
- Thea viridis D 6

MP. Cardiac plexus, right side
- Carboneum tetrachloratum D 6
- Toluol
- Trichlorethylene D 6
- Xylol D 8

MP. Coronary plexus, left side
Tabacum D 8 (Patient does not smoke)

MP. Coronary plexus, right side
Alcohol isopropylicus D 6

MP. Thoracic aortic plexus, bilateral
Aceton D 5

MP. Pharyngeal plexus, bilateral
Benzinum crudum D 6

MP. Bronchial plexus, left side
Ethyleneoxyde D 10

MP. Bronchial plexus, right side
Benzolum D 6

MP. Mediastinal plexus, left side
Benzpyrene D 15

MP. Mediastinal plexus, right side
Petroleum D 6

MP. Abdominal aortic plexus
PCB D 12
Cadmium sulfuricum D 5

MP. Iliac plexus
Plumbum metallicum D 5

MP. Renal plexus, left side
Silver amalgam D 8 + D 10
Phosphate cement D 12
Cariophyllus D 8

MP. Renal plexus, right side
Tooth gold D 10
Zincum oxydatum D 10
Autoacrylate D 8

MP. Hepatic plexus, right side
Adeps suillus D 6
Vegetable fat II D 8

MP. Hepatic plexus, left side
Vegetable fat III D 8

MP. Lower mesenteric plexus
Urethanum D 6
Arsenicum album D 10

This comprehensive therapy of the plexuses consolidates the mesenchyme reactivation cure, by eliminating remaining irritations of the autonomic system, in addition to improving the masurement values for the center of the degenerative processes, i.e., the tuber cinereum, which decreased by 10 scale units. Degenerative processes may thus better be curbed.

Instructions for the testing of medications on the autonomic plexus measurement points

1. Since allergenic substances may irritate the autonomic plexuses in several places, the balancing of the three allergy measurement points on each side should be carried out by means of potentized medications, in order to find out if IDs. or high values on the plexus measurement points still are present.

Example:

	left		right	
MP. Allergy 1	64/58		70/62	
MP. Allergy 2	58/52		70/64	
MP. Allergy 3	68/68		78/74	
	left	I	right	I
MP. Mediastinal plexus	68/62	68/62	62/56	62/56
MP. Bronchial plexus	78/70	78/70	76/70	76/70
MP. Pulmonary plexus	90/84	90/84	84/80	84/80
MP. Pharyngeal plexus	88/80	88/80	88/80	88/80
MP. Upper mesenteric plexus	—	—	68/62	66/66
MP. Lower mesenteric plexus	64/60	64/60	—	—
MP. Upper hypogastric plexus	70/66	64	—	—
MP. Iliac plexus	62/68	80	—	—
MP. Hepatic plexus	76/72	70	70/66	70
MP. Coeliac plexus	74/64	66	72/64	60
MP. Renal plexus	80	74	84/80	74
MP. Suprarenal plexus	78/76	72	84/80	74
MP. Upper gastric plexus	—	—	76	72
MP. Testicular plexus	84	84	80	80
MP. Phrenic plexus	70	70	70	70

The following substances were tested on the corresponding measurement points:

Ki 4 D 4 (Hexachlorcyclohexane comp. A) on 1. MP. Allergy, left side
Ki 5 D 4 (Hexachlorcyclohexane comp. B) on 1. MP. Allergy, right side
Ki 9 D 6 (Dichlorphos.) on 2. MP. Allergy, left side
Chromium oxydatum on 2. MP. Allergy, right side
Autoacrylate D 10 on 3. MP. Allergy, left side
Tooth gold D 10 on 3. MP. Allergy, right side

The verification of the allergenes results in an equilibration (balancing) of all six allergy measurement points down to 50 in addition to improving the value of many plexus measurement points, in that nine IDs. disappeared.
However, ten further IDs. continued to be present — see under I.

For this reason, it should be made a principle prior to the testing of medications on the plexus measurement points, that all allergy points be balanced, because chemical substances may act as haptides and allergenes for predisposed persons in addition to being chemical noxae for the autonomic plexuses.

2. Before balancing a pathologic value of a plexus measurement point on an organ meridian by means of potentized medication, all the other pathologic values of this organ meridian have to be equilibrated by nosodes or homeopathic accompanying therapeutic medication. Pathogenes of bacterial or viral origin may also irritate plexuses; this may be shown, in that nosodes may also balance the plexus measurement points, in which case one will have a clear indication that no chemical noxae otherwise disturbing the plexuses, are present. In many instances, after trying testnosodes on the plexus measurement points, values will decrease, however, they will not get below 80 or 70, when chemical noxa is present, which then has to be searched for.

3. When the control measurement point of an organ exhibits an ID. while there are no pathologic measurement values of the organ, that is, values above 80 or below 50 with IDs., the plexus measurement point will be sure to exhibit an ID. and, therefore, should be balanced by potentized chemical noxae.

4. The liver- and spleen-pancreas meridians comprise no plexus measurement points. The MP. Hepatic plexus is situated on the Gallbladder meridian and is responsible for liver, biliary ducts, and pancreas. The autonomic steering of the spleen is effected by the MP. Coeliac plexus and by the MP. Hepatic plexus, left side.

   This may be exemplified by the following case:
   In toxic hepatic irritation (all three MP. exhibit values of 80 without IDs.) an ID. was found on the MP. Hepatic plexus which was balanced down to 50 by Arsenicum album D 6 + D 8 to result in a decrease to 50 of all the other liver values. The patient exhibited in addition values of 80 without IDs. on the stomach and spleen measurement points. When the MP. Coeliac plexus, left side, was balanced by Arsenicum album D 5, the stomach- and spleen values decreased to 50 as well.

5. The following plexus measurement points may be used to test values related both to plexuses and organs: Thoracic aortic plexus and abdominal aortic plexus, cardiac ganglia, which includes the measurement points for the ascending aorta, the thoracic aorta, and the abdominal aorta. Thus, nosodes for the organ in addition to chemical noxae for the plexuses may simultaneously be tested. For example: On the MP. Thoracic aortic plexus, the nosode Coxsackie together with Potassium jodatum may be tested to be verified, as well as the chemical noxa of Tooth gold together with Melilotus.

6. When several plexus measurement points exhibit indicator drops, the balancing has to begin on the plexus measurement point exhibiting the largest ID. In the case of several IDs. showing the same values on measurement points, one should take the renal plexus to start with for balancing its value before balancing the summation measurement points of the coeliac plexus and the lower hypogastric

plexus. The renal plexus usually responds to several chemical noxae simultaneously. An example for this is given on page 77.

7. The renal plexus has to be balanced when the cardiac plexus, the thoracic aortic plexus, and the abdominal aortic plexus could not be equilibrated. In addition, one has to bear in mind that the cardiac plexus is being steered by the three cervical ganglia, which should be treated individually, in order to find out if they have an impact on the cardiac plexus.
8. The large plexuses on the left and right side, as a rule, require an individual testing of chemical noxae. Thus, each plexus measurement point may need several potentized noxae in the en-bloc testing, which applies in particular to the MP. Renal plexus and MP. Coeliac plexus.
9. In refractory hypertonia, after eliminating all conditioning organic causes, such as kidney, vascular and heart diseases including endocrine disturbances, as well as all foci and fields of disturbance, such as odontogenic, otogenic, tonsillogenic and sinusoidal disturbances including the cavernous sinus, multiple plexus irritations of the renal plexus and the suprarenal plexus have to be taken into consideration.

Instructions for quick diagnostic tests as to disturbances caused to autonomic plexuses by dental materials

The summation measurement point for the entire autonomic nervous system, including both sympathetic nerve and parasympathetic nerve, is the 1a. Nerval degeneration measurement point, situated symmetrically. (See Figure 5 and description on page 32 in this volume).
These two points are easily accessible on the distal osseous angles of the medial phalanges on the ulnar side of the left and right index fingers facilitating a quick test as to possible irritations caused by dental materials.

Example:

SMP. 1a. Nerval degeneration, left side 80/72, right side 78/70. On the left side the en-bloc testing on this point revealed:
Tooth gold D 6 together with Rauwolfia D 6
Zincum oxydatum D 6 + D 8
Cariophyllus D 6
Phosphate cement D 10
On the right side:
Silver amalgam D 12 and D 15 together with Sulfur D 12
Copper amalgam D 30

After completing this en-bloc testing, the MP. Renal plexus, left side, loses its ID. of 80/72 to subside to a value of 50. The MP. Renal plexus, right side, loses its ID. of 78/80 to settle down to a value of 50.

At the same time, the increased measurement value on the MP. Carotid sinus decreases from 90 to 80.
The blood pressure, measured previously at 8.30 a.m. to give 170/120, was at 170/106 in the evening at 18.00 p.m. with outside temperatures ranging about 30 degrees centigrade. Thus, a decrease of the diastolic blood pressure by ten per cent was achieved which is worth noting.
Following these outlines, two cases of serious amalgam intoxication shall be given.

1st example: serious cerebral amalgam intoxication.

A 32 year old patient with 10 amalgam fillings comes to the office on June 24, 1976. Complaints: Constant tiredness and yet insomnia. Excrucriating headaches, partly accompanied by giddiness and vomiting. Shivering in spite of warm outside temperatures. Psychic alterations and spasmic crying. Swollen legs.

The EAV-test is extraordinary.

MP. Coeliac plexus, left side 98, right side 80
MP. Upper mesenteric plexus 90 (+)
MP. Lower mesenteric plexus 88
MP. Renal plexus bilaterally over 100.
MP. 3. Nerval degeneration measurement point, left side 96, right side 90.

The left 3. MP. Nerval degeneration (responsible for the brain), after testing five ampules of silver amalgam D 6, decreases down to 50. The right point requires four additional ampules of silver amalgam D 6 in order to be balanced to 50.
This indicates a serious cerebral amalgam intoxication.
The 3. MP. Liver exhibits values of 100 bilaterally, which accounts for the chemical-toxic disturbance of this organ. In addition to the amalgam filling, there is one gold crown in the oral cavity. Electrical currents of more than six milliampères could be evidenced. Nine ampules of Silver amalgam D 6 on the nerval degeneration measurement points lower the MP. Renal plexus on both sides to 90. Another two ampules of Posphate cement D 8 on both sides lower the MP. Renal plexus to 80, Cariophyllus D 5 on both sides to 60, and finally Zincum oxydatum D 8 on both sides down to 50.
The MP. Coeliac plexus on the left side is balanced by three ampules of Silver amalgam D 8, Org. Coeliac plexus D 10, and Sulfur D 8.
The MP. Upper mesenteric plexus is balanced by Silver amalgam D 10 and Sulfur D 10.
The MP. Lower mesenteric plexus is balanced by Silver amalgam D 12 and Oenanthe crocata D 12.
On the 3. MP. Liver, Sulfur D 6 and Quassia D 4, Calcium jodatum D 3, and Oxalis acetosella D 4 were applied.
For the 2. MP. Liver, Rhamnus carthaticus D 3 and Raphanus sativus D 3 were needed.

The MP. Kidney on both sides required Amni visnaga D 6, Berberis D 3, Helleborus D 4, and Solidago D 4.
After the extraction of tooth number eight, lower right side, the patient reappeared at the office on July 1, 1976.
The MPs. Renal plexus are no longer over 100. They can be balanced by three ampules of Silver amalgam D 3 und three ampules of Sulfur D 6, Phosphate cement D 10, Cariophyllus D 8, Zincum oxydatum D 10.
Before July 7 another tooth was pulled (number eight, lower left side) after which the patient no longer complained about giddiness and vomiting, the headaches being better. Her general well-being had improved. Measurements taken, yielded the following results:

MP. Renal plexus, right side 84, left side 96.
3. MP. Nerval degeneration right side 66/64, left side 66/62 only.

On MP. Renal plexus, right side, were found:
Silver amalgam D 12 and Sulfur D 12
Phosphate cement D 15
Zincum oxydatum D 12
Cariophyllus D 12.

On MP. Renal plexus, left side, were found:
Silver amalgam D 10 and Mezereum D 12
Tooth gold D 6 and Rauwolfia D 6.

On MP. Coeliac plexus, right side, were found:
Silver amalgam D 10 and Nux moschata D 10.

On MP. Coeliac plexus, left side, were found:
Silver amalgam D 6 and Nux vomica D 6.

The decrease of the potency of the silver amalgam is due to the fact that the patient swallowed a piece of amalgam when the teeth were extracted.
For balancing the MP. Mesenteric plexus, Silver amalgam D 30 was needed.
The values tested for potencies of silver amalgam normalized the 3. MP. Nerval degeneration down to 50.
After this, the residual amalgam fillings were removed and replaced by metal-ceramic crowns. Silver amalgam potencies and accompanying medications were potenzied up to D 400.
On August 30, 1976 90 per cent of the amalgam was removed and the following EAV-test could be established:

MP. Coeliac plexus balanced by three ampules of Silver amalgam D 6.
MP. Upper mesenteric plexus balanced by one ampule of Silver amalgam D 8.
MP. Renal plexus, left side, balanced by one ampule of Silver amalgam D 10.
MP. Renal plexus, right side, balanced by one ampule of Silver amalgam D 12.
MP. Hepatic plexus balanced by one ampule of Silver amalgam D 15.

The many silver amalgam ampules were required, because after swollowing amalgam the substance had reached the autonomic plexuses via the lymphatic pathways and thus had to be coped with. On January 13, 1977 headaches only appeared before and during the monthly period of the patient and were completely gone otherwise. The patient is feeling well.

2nd example: case report of an amalgam intoxication associated with vascular disturbances and difficulties in the accomodation of vision.
A 28 year old female dentist has all in all 29 amalgam fillings, some teeth having up to three fillings. The large fillings were made on insulating layers, which was omitted in the small fillings.

Patient's complaints:

Headache, neck pain, abdominal pains every day, short breathed, feever, walking for 200 meters followed by weakness. The worst difficulties are the paroxysmatic disturbances of accomodation, when the patient can hardly see or perceives only hazy contours. Small script cannot be read distinctly.

Test results on June 28, 76.
1st MP. Eyes bilaterally 96
2nd MP. Eyes bilaterally 80
Measurements taken from the MPs. Eyes is very painful.
MP. Deep cervical lymph nodes bilaterally 96
MP. Arteries of the legs bilaterally 100
MP. Iliac plexus 100
MP. Lower mesenteric plexus 100
MP. Coeliac plexus bilaterally 90 (+)
MP. Upper mesenteric plexus 84 (+)
MP. Upper hypogastric plexus 96 (+)

These test results indicate that the plexuses in charge of vascular governing functions were seriously irritated, in particular lower mesenteric plexus, iliac plexus, and upper hypogastric plexus.
The following silver amalgam potencies could be verified: Silver amalgam D 6 for iliac plexus which results in a decrease of MP. Arteries of the leg, left side, down to 50, right side, down to 70.
The MP. Arteries of the leg, right side, required another ampule of Silver amalgam D 6.
Silver amalgam D 6 for coeliac plexus, left side, two ampules.
Silver amalgam D 12 for coeliac plexus, right side.
Silver amalgam D 10 and Sulfur D 10 for upper mesenteric plexus and lower mesenteric plexus.

The MP. Renal plexus required:
Phosphate cement D 8, right side,
Zincum oxydatum D 6, left side.

After this, the two first eye measurement points decreased to 82, the MP. Deep cervical lymph nodes settled to 84 (+) bilaterally. This necessitated the measurement of the organs connected with the lymphatic drainage of the deep cervical lymph nodes. The palatine tonsil and the hypopharynx turned out to be conspicuous:

MP. Palatine tonsil tested with the nosode of Chronic tonsillitis D 3, Silver amalgam D 6, Sulfur D 6, which resulted in a decrease of the 1st MP. Eye to 70.

MP. Hypopharynx at 90:
Silver amalgam D 6, Potassium sulfuricum D 4
for the two 1st Eye measurement points to reach the values of 50.

Further treatment was required in view of a chronical salpingitis, adnexitis, cholangitis, and proctitis.
On July 6, 76 the patient reported that her legs had become stronger, her headaches, neck pains, and lower abdominal pains had disappeared. Reading had become better.

Test results:

1st MP. Eye, bilaterally 90
MP. Arteries of the leg bilaterally 90
MP. Deep cervical lymphnodes bilaterally 90.

Required potencies of silver amalgam:
Silver amalgam D 10 + D 12 for MP. Iliac plexus
Silver amalgam D 6 + D 8 and Sulfur D 6 + D 8 for MP. Arteries of the leg, right side
Silver amalgam D 12 and Sulfur D 12 for MP. Upper mesenteric plexus and MP. Inferior mesenteric plexus.
Silver amalgam D 10 and Potassium sulf. D 6 for MP. Hypopharynx
Silver amalgam D 8 and the nosode for Chronical tonsillitis D 8 for MP. Palatine tonsil
Silver amalgam D 60 for MP. Nerves of the lower extremity.

On the MP. Renal plexus are required:
Phosphate cement D 12 and Zincum oxydatum D 10.

After balancing the MP. Hypopharynx and MP. Palatine tonsil by using Silver amalgam D 10 and Potassium sulfuricum D 6, the MP. Deep
cervical lymph nodes bilaterally only reach values of 66.

Therefore, further tests have to be carried out:

For the frontal sinus:

Nosode Sinusitus frontalis D 8, Hydrastis D 8.
For the maxillary sinus:
Sinusitis maxillaris D 8, Verbascum D 8.

For the pharyngeal tonsil:

Nosode Pneumococcinum D 6, Nosode of Catarrhalic mixed flora D 6, Coccus cacti D 6.

For the laryngeal tonsil:

Nosode of Pneumococcinum D 5, Arum maculatum D 5.

After testing these potentized medications, both measurement points for the Deep cervical lymph nodes as well as both 1st MP. for the Eye settle down to 50. The patient, a national of Columbia, by herself carried out the mesenchyme reactivation cure proposed by me. After this, she felt extremely well, which prompted her to retain her residual amalgam fillings. In this case, a relapse of her complaints is bound to happen in the future.

Functions of the limbic system

The limbic system is the governing organ for the hypothalamus and for the endocrine and autonomic nervous (psychic) regulatory system. The limbic system mainly is composed of the hippocampus, gyrus cinguli, and the almond nucleus, also referred to as corpus amygdaloideum. These brain portions are interconnected by fibre bundles, further bundles traveling to other regions of the brain.

The hippocampus is involved in proformances of the memory and the actions of mating. Subjects suffering from damages in the hippocampus display a very bad memory for recent events, while older events are remembered easily. Furthermore, disinhibition of sexual behaviour may occur, associated with impulsive sexual feelings or perversions. Irritations of the almond nucleus causes reactions of flight or defence. Injuries of the almond nucleus may tame a wild beast.

Disinhibited outbreaks of rage released by unspecific irritations, roaring and showing of teeth, biting and breaking of objects, all this may be induced by irritating the limbic system. These results may be summarized with regard to toxic irritations of the limbic system:

Diminishing recollection of recent events, irresistable sexual actions, paroxysmatic sexual sensations and perversions, increased irritability to environmental influences, disinhibited outbreaks of rage released by unspecific irritations, increased flight- and defence reactions.

Such complaints may be associated with a multitude of symptoms related to irritations of parts of the brain stem, in particular of the formatio reticularis (MP. 17. Gallbladder).

Influences on the limbic system caused by the autonomic system

EAV measurements revealed, that the limbic system is influenced by the autonomic nervous system. Acute or chronic ganlionitis of some or several ganglia or plexuses of the autonomic nervous system may not only influence the steering centers in the brain stem and the hypothalamus, but also have an effect on the autonomic nervous psychic regulatory system for emotional processes, that is, the limbic system. Thus, in a test series, 23 potentized chemical substances were tested on the various plexuses and ganglia to decrease the values of the limbic system by at least ten units on the measurement scale. In one case, earlier applications of part of these chemical noxae had the effect that in later tests only medium or high potencies were required to balance the limbic system.

Test results:
CMP. Limbic system 82
Tuber cinerium, left side 82, right side 82
CMP. Entire autonomic system = 1a. Nerval degeneration measurement point, left side 66/60, right side 66/60.

Further test results:

MP. Pharyngeal plexus	left side:	Benzolum D 30 Benzinum crudum D 12 Petroleum D 30
	right side:	Tabacum D 15
MP. Pulmonary plexus	left side:	Acid. sulfurosum D 15 Ethylenoxyde D 60 Benzpyrene D 100
	right side:	Acid. nitricum D 10 Asbestus dust D 15
MP. Coeliac plexus	left side:	Sodium pyrophosphoricum D 5 Sodium sulfurosum D 5
	right side:	Adic. sorbicum D 15
MP. Hepatic plexus	left side:	Antiblastem. D 200
	right side:	modified Barbituric acid D 10
MP. Renal plexus	left side:	Autopolymerisate D 60 Tooth gold D 60
	right side:	Copper amalgam D 60 Silver amalgam D 60 Zincum oxydatum D 60
MP. Rectal plexus	bilateral:	Arsenicum album D 8
MP. Vesical plexus	left side:	Hexamethylentetramin D 100
	right side:	Sulfanilamide D 400
MP. Deferential, seminal, and prostatic plexus	bilateral:	Penicillinum D 100

After applying these 23 medications, the measurement values of the Tuber cinereum bilaterally decreased to 70 (82 previously), the CMP. Limbic system decreased to 72 (previously 82) and the CMP. Entire autonomic system bilaterally decreased to 60 without any further ID. In order to decrease the CMP. Tuber cinereum down to 50, more of the following substances were needed to be tested on the three measurement points for the limbic system:

1. MP. Limbic system — Hippocampus:

   Nosode of Parotitis D 6 + Rauwolfia D 10
   Org. Hippocampus D 10 + D 12

2. MP. Limbic system — Gyrus cinguli:

   Nosode of Toxoplasmosis D 6 + D 8
   Agaricus D 10
   Org. Gyrus cinguli D 10

3. MP. Limbic system — Corpus amygdaloideum:

   Nosode of Tularemia D 6 + D 8
   Org. Corpus amygdaloideum D 8 + D 10

When the medications with the low potencies (two times D 5, one time D 8, and one time D 10) were removed, the CMP. Limbic system exhibits the value of 74, that is a decrease of yet eight units on the meter scale effected by the tested medications and high potencies. This test clearly shows that the chemical noxae have to be potentized up to D 200 or D 400.
The specific treatment of the MP. Limbic system is a new therapeutic means for those people who have diffuculty in controlling their emotional lives.

The influence of the autonomic system on the MP. Lamina tecti (quadrigemina) for the treatment of drepressive psychoses

The measurement point for the lamina tecti (quadrigemina) is the 17. Governor. The lamina tecti houses the thymopsyche (see Illustrated Volume I, Figure 5, and Textual Volume I, page 82). Protracted observations over many years have revealed that the measurement point, when depressions are present, is sensitive to pressure in addition to showing a lymphatic swelling, which may extend from the 17. Governor to the 16. Governor (= SMP. for the Cervical part of the sympathetic trunk bilaterally, see also page 23). In one case of a depression, the author could verify this lymphatic swelling to be present on one side only. In most cases, however, this swelling may be palpated on both the left and the right side of the median line.

Based on many tests the author made the following observations: After balancing all 48 points for the autonomic nervous system, the measurement values for the measurement point Thymopsyche could be lowered by 20 points towards normal on the meter scale. This may be taken as a clear proof that a chemical toxic irritation of the autonomic plexuses resulting in nervous malfunctions, may add considerably to a derangement of psychic life. Thus, it turned out, that, in order to balance the measurement point of the Thymopsyche down to 50, only the equilibration of all liver and gallbladder points is required.
Which measurement points of the autonomic nervous system are most important for decreasing the elevated measurement values of the thymopsyche? It turned out, that there are six measurement points which, treated bilaterally, may yield the most rapid decrease of the measurement point Thymopsyche:

1. MP. Hepatic branches of the vagus nerve = 21. Kidney
2. Hepatic plexus = 43c. Gallbladder
3. Coeliac branches of the vagus nerve = 20. Kidney
4. Coeliac plexus = 44c. Stomach
5. Renal branches of the vagus nerve = 19. Kidney
6. Renal plexus = 1-1. Kidney

Thus, a new specific and successfull therapy of depressions is made possible. The psychically sick may be helped out of their dismal moods and depressions. This therapy may be used as a significant contribution to the treatment of depressive psychoses.

Lymph drainage of the eye

The lymphatic drainage of the eye ball and of the retrobulbar space is effected at the eye. The lymphatic drainage of the eye ball is effected through the various layers of the wall of the eye ball. The outer or fibrous membrane including the transparent parts of the cornea and conjunctiva is drained through the interlamellar juice canaliculi of the cornea, which terminate in the lymph vessels of the conjunctiva. In the opaque part of the sclera between the inner wall of the sclera and the outer wall of the chorioidea the perichorioidal lymph space is situated. The lymph vessels of the outer wall of the sclera terminate in a lymph space, called Tenon's space.
At the inner side of the sclero-corneal boundary layer Schlemm's canal, also referred to as sinus venosus sclerae, is situated. This canal has an open connection to the venous system in addition to being connected with the lymph space of the eye ball (bulbus oculi) by means of the spongeous tissue in the pectinate ligament of the iris, i.e. Fontana's space. Thus, Fontana's space may take up the water of the eye chamber.

The middle part of the membrane of the eye ball is composed of three portions: chorioidea, ciliary body, and iris. The perichorioidal lymphatic space, mentioned above, takes up the lymph from the perivascular lymph capillaries of the chorioidal veins. The lymph of the ciliary body drains into the perichorioidal lymphatic space. Behind the iris lies the posterior eye chamber with the ciliary zonula. The lymph runs in the eye chambers and between the tissues of the ciliary zonula. In front of the iris lies the anterior eye chamber, whose contents may drain through the juice canaliculi of the cornea, and, for the minor part, through the lymph vessels of the conjunctiva.

The main part of the drainage of the chamber water is effected in the sclero-corneal boundary layer by means of the spongeous tissue in the pectinate ligament of the iris.

The inner membranes of the eye ball are made up by pigmented epithelium and the retina with its three portions, the optic part, the ciliary part, and the iridic part. The lymph vessels of the retina are predominantly perivascular and quite numerous in addition to being perineural, that is, they follow nervous fibres of the optic nerve.

The retrobulbar lymphatic drainage

In the retrobulbar region there are three different sections of lymph vessels:

1. In the retrobulbar connective tissue and the intraorbital fatty tissue. This area is confined by Tenon's capsule. That is why this lymphatic space is also referred to as Tenon's space.
2. In the perimysium, that is the connective tissue at the surface of all eye muscles including the upper musculus levator palpebrae.
3. In the intervaginal lymph system of the optic nerve, situated in the space between the pia mater and the dura mater of the optic nerve.

The parasanal sinuses surrounding the orbita and its upper, medial, and lower parts, because of their neighbouring positions, always affect the orbita including its contents, when they are diseased. Thus, the optical canal, which may be from four to ten millimeters long, may be involved, when the sphenoidal sinus is extremely large, which is also referred to as "sellar type of the sphenoidal sinus" (see, furthermore, German edition of the volume "Foci in the head", page 74).

The lymph of the eye ball, without passing other lymph nodes, directly gets into the deep cervical lymph nodes, except the lymph of the eye lids and the conjunctiva's medial portion, which drain via the submandibular lymph nodes into the deep cervical lymph nodes. The lymph of the lateral portion of the conjunctiva gets via the pre-auricular or parotid lymph nodes into the deep cervical lymph glands. The superficial parotid lymph nodes collect the lymph of the upper nose, the root of the nose, and the outer ear, while the deep parotid lymph nodes collect the lymph from the middle ear, from the cheeks, from the soft palate, and from the deep region of the nape. (See German edition "Foci in the head", page 30). The submandibular lymph nodes collect the lymph from the nostrils, from the dorsum of the nose, and from part of the nasal mucous membranes, as well as from the eye lids and from the medial portion of the conjunctiva, from all teeth, from part of the gingiva of the lateral teeth, and from part of the tongue.

The lymphatic drainage of the deep cervical lymph nodes is comprehensive in that it recieves the tonsils of the lymphatic ring, the pharynx, the middle ear cavity, all teeth, and the gingiva except the inner side on the upper jaw, as well as the lymph vessels of the deep region of the nape and the upper cervical spine. Part of the lymph of the thyroid and parathyroid, of the upper portions of the respiratory passages and of the larynx, as well as the trachea and esophagus also drain into the deep cervical lymph nodes.
As mentioned before, the deep cervical lymph glands receive the lymph of the eye ball, of the retrobulbar space, and of the intervaginal lymphatic space of the optic nerve.
The anterior eye, including the cornea to the vitreous body, has a bradytrophic metabolism, which has to be maintained by a sufficient lymphatic drainage of the eye ball directly into the deep cervical lymph nodes. Angiospasm of the lymph based on irritation of the deep cervical lymph nodes, may immediately extend to the lymph vessels of the eye and thus block the lymphatic drainage of the eyeball. So, the anterior portions of the eye will suffer from insufficient metabolism. When this is the case, the MP. Deep cervical lymph nodes = 16a. Triple-warmer will exhebit an ID. to indicate the impeded lymphatic drainage of the eye. Unless the 1st Eye measurement point could not be balanced down to 50 by treating the MP. Deep cervical lymph nodes, an etiologic therapy has to be carried out followed by a specific eye therapy.
This will be illustrated by the following impressive case:

Eye pains based on lymphatic stasis in the eye

Patient's own anamnesis:

"I have suffered for many years from intermittent pains in the eyes. I believe it is the eyeball itself which hurts. The occurrence of the complaints varies, but is particularly aggravating when I am overworked or when I drive my car. So I take my glasses off to press and rub my eyeballs. It happened various times that I had to stop my car, in order to be able to close my eyes or have a short rest before I went on driving. When pains were not present in the daytime, they might occur at night after going to bed. Then, I have to rub and press the eyeball rigorously. When I drove to a meeting of our association on June 11, 1976, the eye pains were particularly fierce."

Test carried out on June 13, 1976

1st MP. Eye, bilaterally 92/88
MP. Deep cervical lymph nodes bilaterally 90/84
CMP. Tonsillar ring bilaterally ID.
MPs. of the five tonsils all exhibiting ID's.
MP. Cervical spine, right (+), left (+)
The patient complains about tension in the right muscles of the nape.

Tests for the two palatine tonsils:
Nosode of Streptococcinum D 5
Nosode of Streptococcus viridans D 5
Nosode of Streptococcus hemolyticus D
Galium verum D 5
Galium aparine D 5
After this, MP. Deep cervical lymph nodes bilaterally 86/82 and 1st MP. Eye bilaterally 88/86.

Tests for the two tubal tonsils:

Nosode of Staphylococcinum D 3
Nosode of Staphylococcus aureus D 3
Nosode of Staphylococcus coag. pos. D 3
Potassium muriaticum D 4
After this, MP. Deep cervical lymph nodes bilaterally 80, 1st MP. Eye bilaterally 82.

Tests for the pharyngeal tonsils:

Nosode of Tonsilla pharyngea D 6
Nosode of Catarrhalic mixed flora D 5
Potassium sulfuricum D 5
After this, MP. Deep cervical lymph nodes bilaterally 76
1st MP. Eye bilaterally 76.

Tests for the lingual tonsil:

Nosode of Streptococcinum D 3
Nosode of Streptococcus viridans D 3
Nosode of Streptococcus hemolyticus D 3
Mercurius cyanatus D 4
After this, MP. Deep cervical lymph nodes bilaterally 66
1st MP. Eye bilaterally 68.

Tests for the laryngeal tonsil:

Nosode of Pneumococcinum D 3
Nosode of Pneumococcinum M D 3
Hydrocotyle asiatica D 3
Teucrium scorodonium D 3
After this, MP. Cervical spine bilaterally 50,
MP. Deep cervical lymph nodes, bilaterally 60 and
1st MP. Eye bilaterally 62.

Tests for sphenoidal sinus:

Luffa operculata D 5
Vespa crabro D 5
After this, MP. Deep cervical lymph nodes bilaterally 50
1st MP. Eye bilaterally 50.

The patient wrote 17 days after receiving the first treatment: "After receiving treatment and injection on June 13, 1976, I could drive my car without any disturbances on the part of my eyes. I continued treating myself every second day. On the day of the injection, in the evening, the pains re-occurred in a very slight form. Apart from this, my eye pains are gone."
On July 20, 1976, 37 days after the first treatment the patient had received seven injections: "I'm feeling much better, with only one exception when I drove 250 kilometers in my car in extremely hot climate. Apart from this, I have no more pains in my eyes. I do not have to press my eyes in the evenings any longer."
By treating the MP. for the Five tonsils, the MP. Deep cervical lymph nodes and the 1st MP. Eye for the anterior portion decreased stepwise to 60. Only after treating the sphenoidal sinus, could the eye points be lowered down to 50.
Patient's report on January 28, 1978: "I have to admit that I had no complaints for half a year, and I feel 100 per cent fit."

Measurement points for the 20 jaw sections

There are ten jaw sections in the upper and lower jaw respectively, that is five sections for each part of a jaw:

1st section for the two incisors,
2nd section for the canine tooth,
3rd section for the premolars,
4th section for the molars,
5th section for the wisdom tooth.

These five jaw sections have been known to EAV doctors for more than 15 years with respect to the interrelations between odontons and organs or tissue systems. There are six measurement points for the jaws, that is, three for each jaw, which constitute summation measurement points referring to several odontons.
In order to diagnose a focated tooth, each tooth has to be stimulated individually by current impulses after balancing the related jaw summation measurement points stepwise down to 50 using a certain amount of time. After establishing new measurement points for the jaw sections, measurements became easier, in that part of the diagnostics with current impulses is no longer neccessary apart from those jaw sections containing two teeth, this being the 1st, 3rd, and 4th jaw sections. These teeth have to be measured individually, when the condition of each tooth is not resolved. Decreasing the measurement point of the jaw section down to 50, by means of low frequency current impulses (kipp-oscillations) with least current intensity, may be effected much more quickly than decreasing the summation measurement points of the jaw sections. These summation measurement points are situated on the secondary annular vessel around the mouth and, when lowered, receive new energy from all meridians connected with the secondary annular vessel around the mouth. In contrast to this, the measurement points of the jaw sections are situated on one

meridian only or an a secondary vessel connection; that is why the decrease of these points may be carried out much more quickly. The combination diagnostics, with the use of the jaw measurement points mentioned above, may be carried out without current impulses to resolve, whether the 4th or 5th odonton is focated.

For example:

When the 3rd MP. for the jaw section on the right side exhibits an indicator drop of values starting from 88 and subsiding at 82, and when, at the same time, there is an indicator drop on the measurement point Middle of the lower jaw, this is conclusive evidence, that the 4th odonton is focated. In contrast to this, the 5th odonton is focated, when there is an indicator drop on the measurement point Lateral lower jaw, right side.
Only one of the measurement points for the jaw sections is a classical acupuncture point, this being the 6. Stomach for the molars of the upper jaw. All the other measurement points are new points constituting, in part, additional points on the meridians:
19a. Large intestine, and 17b. Small intestine for the upper jaw sections.
8-1. Stomach, 18a. Large intestine, and 17a. Small intestine for the lower jaw sections.
The measurement points for the 1st and 2nd jaw section of the upper and lower jaw are situated on secondary vessels.
The measurement point for the 1st upper jaw section is situated on the secondary vessel, which extends from the 27. Kidney to the 1. Urinary bladder.
The measurement points for the upper and lower 2nd jaw section are situated on the secondary vessel, which extends from the 14. Liver to the 1. Gallbladder point.

Measurement points for the jaw sections of the upper jaw or for the upper odontons 1 to 8.

MP. of the 1st jaw section for the upper incisors or for the upper odontons 1 to 2 (1st UJS).

Position:
Over the upper edge of the musculus orbicularis oris below the midposition between septum and wing of the nose.

MP. 2nd Jaw section for the upper canine or 3rd odonton (2nd UJS).

Position:
Situated over the upper edge of the musculus orbicularis oris perpendicularly below the inner lateral confinement of the nostril.

MP. 3rd Jaw section for the upper premolar or for the upper odontons 4 and 5 (3rd UJS) = 19a. Large intestine.

Position:
Over the middle of the nasolabial sulcus on the level of the measurement point 1st UJS approx. 2 to 3 mm above the upper edge of the musculus orbicularis oris.

MP. 4th Jaw section for the upper molar or upper odontons 6 and 7 (4th UJS) = 6. Stomach point.
Position:
Situated on the level of the 25. Governor point over the nasolabial sulcus.

MP. 5th Jaw section for the upper wisdom-tooth or for the upper 8th odonton (5th UJS) = 17b. Small intestine.
Position:
Situated over the masseter muscle on the level of the 6. Stomach point or 26. Governor point approx. 1/2 finger breadth off the medial edge of the masseter muscle.

Measurement points for the jaw sections of the lower jaw or the lower odontons 1 to 8.

MP. 1st Jaw section for the lower incisors or for the lower odontons 1 and 2.
Position:
Situated over the muscular angle between the lower edge of the musculus orbicularis oris and the lateral edge of the musculus mentalis.

MP. 2nd Jaw section for the lower canine or for the 3rd lower odonton (2nd LJS).
Position:
Situated over the external edge of the musculus orbicularis oris perpendicularly below the inner angle of the lips.

MP. 3rd Jaw section for the lower premolars or for the lower odontons 4 and 5 (3rd LJS) = 8—1. Stomach.
Position:
Situated over the lower edge of the musculus orbicularis oris perpendicularly below the 8. Stomach point.

MP. 4th Jaw section for the lower molars or for the lower odontons 6 and 7 (4th LJS) = 18a. Large intestine.
Position:
Situated below the lateral edge of the musculus orbicularis oris and over the buccinator muscle on the level of the midposition between 24. Conception vessel point and the ower edge of the lip at a distance of approx. 3 to 4 mm laterally to the 3. MP. Lower jaw section. (See also pages 38 and 42).

MP. 5th Jaw section for the lower wisdom-tooth or for the lower 8th odonton (5th LJW) = 17a. Small intestine.
Position:
On the level of the 8. Stomach point over the masseter muscle, approx. one finger breadth off the median edge of the masseter muscle.

Four of the five points for the jaw sections in the lower jaw are situated over the exterior edge of the musculus orbicularis oris, while only two measurement points on the upper jaw are situated over the edge of the orbicularis oris.

Note that the 19. Large intestine point = measurement point for the lateral portion of the nasal cavity including the nostrils, is likewise situated at the upper edge of the musculus orbicularis oris, however perpendicularly below the outer confinement of the nostril. The measurement points for the 5th jaw section are situated over the masseter muscle. This applies both to the upper and the lower jaw. The MP. 5th Upper jaw section is on the same level as the 6. Stomach point (1/2 FB off the edge of the masseter). The MP. 5th Lower jaw section is on the same level as the 8. Stomach point, and 3/4 FB. off the medial edge of the masseter muscle.

Procedure for the odontogenic focal diagnostics

1. Measurement of the reference points 2. Lymph vessel point left and right. When an indicator drop (ID.) on one side is present the next step follows:
2. measurement of the four jaw summation measurement points, that is, the middle and lateral jaw measurement points respectively on the side of the indicator drop of the lymph vessel point, which may require the next step:
3. measurement of the corresponding jaw section on the same side.

When an indicator drop is present on the measurement point Middle lower jaw, the lower jaw sections 1, 2, and 3 have to be measured. When an indicator drop is present on the MP. Lateral lower jaw, the jaw sections 3, 4, and 5 have to be measured.

Diagnosis of two different odontogenic foci in the right upper lateral jaw

The measurement point for the right upper lateral jaw exhibiting an ID. of 88/82 yields conclusive evidence for a large focal disturbance or for two different foci in the upper lateral jaw.

MP. 5th UJS, right side, for the 8th odonton, upper right side = indicator drop of 88/82.

Nosodes tested in this case:

Nosode of Ostitis of the jaw D 3 requiring 3 ampules (viols)
Nosode of exsudative Ostitis D 3
Nosode of Osteomyelitis D 3
Nosode of Destructing granulation tissue D 3.
After this, the MP. for the right lateral upper jaw yields only 82/78.

Further tests:

MP. 4th UJS, right side, for the 6th and 7th odontons, upper right side = ID. of 82/78
Tooth number seven on the upper right side is missing.

On the upper right tooth number six, the following nosodes were tested:

Nosode of Chronical pulpitis D 3:3 ampules
Nosode of Granuloma of the tooth root D 3:3 ampules
Nosode of Ostitis of the jaw D 3:3 ampules
Nosode of Periodontitis D 3:2 ampules (viols)
Nosode of Caries D 3:2 ampules
After this, MP. right lateral upper jaw is down to 50.

Thus, the two foci present in the right lateral upper jaw could be diagnosed by means of the new points for the upper 4th and 5th section, which means without the use of current stimulation after the preceding decreasing (Abbau) of the MP. Lateral upper jaw down to 50. This constituted a useful pre-medication by means of nosodes for the subsequent surgical treatment of the jaw.

Concluding remarks

The diagnosis of neurodystonia, so common and frequent in our days, has a background which EAV can verify. Neurodystonia is the wrong autonomic steering of the organs because of autonomic ganglionitis. Functionel disturbances of the organs because of foci, fields of disturbance in the thoracic and abdominal cavities, in the minor pelvis, as well as disturbances in scars in the skin and in the serous membranes, like peritoneal adhesions may be clearly evidenced by EAV after corresponding measurement points for the diagnosis have been established. Thus, also the clinical symptom of neurodystonia, which mostly has its origin in multiple chemical toxic irritations of plexuses and ganglia, may be diagnosed in a differentiated manner by ascertaining the center of the strongest ganglionitis present in the nervous system, in addition to the minor irritations of ganglia. An etiologic therapy of the ganglionitis can be carried out by means of the medication testing, based on the potentized chemical noxae. This therapy, also referred to as isotherapy, facilitates the diagnosis of several noxae simultaneously by en-bloc testing on the measurement points of the important ganglia, followed by a subsequent therapy. Another important feature is the balancing on the measurement points of these ganglia and plexuses by potentized medications of a comprehensive therapy of the values of the limbic system, i.e., of the thymopsyche, as well as on the measurement points for the degenerative processes, that is, on the measurement point for the tuber cinerium. It is by these measures, that the autonomic ganglionitis may be coped with, thus constituting a milestone for the preventive therapy of degenerative processes, made possible by EAV since 1959, by the introduction of the mesenchyme reactivation cures. Further outlines about the fundamentals of mesenchyme reactivation therapy may be found in the book on "Foci in the head" pages 237—266, 1974, ML-Publishing Company, D—3110 Uelzen, German edition.

*) see teeth nomenclature on page 152

10a. MP. Gallbladder = MP. for the Preganglionic fibres of the vagus nerve originating in the midbrain

Position:

Over the most posterior end of the squamous suture at the occiput appr. 1/2 FB to the vertical line, which passes through the 11., 10., and 18. Gallbladder points (see Illustr. Vol. II, Fig. 26).
Furthermore, see page 19.

11b. MP. Gallbladder = MP. Nuclei of the vagus nerve in the oblong bulb

Position:

Over the posterior edge of the mastoid process on the level of the middle of the residual squamomastoid suture, that is, on the 17. 3-W. = MP. Middle ear and tympanic cavity.
Furthermore, see page 19.

16. Small intestine = MP. Cranial part of the vagus nerve

Position:

Over the mid-position between the sternal and the clavicular portion of the sterno-cleidomastoid muscle appr. 1/2 FB. above the measurement point of the anterior pituitary lobe (intersection of the meridians: gallbladder, small intestine, and triple-warmer) (see Illustr. Vol. II, Fig. A 20).
Furthermore, see page 19.

8c. MP. Stomach = MP. Cervical part of the vagus nerve

Position:

Over the os hyoideum appr. 1 FB. off the median line.
Furthermore, see page 19.

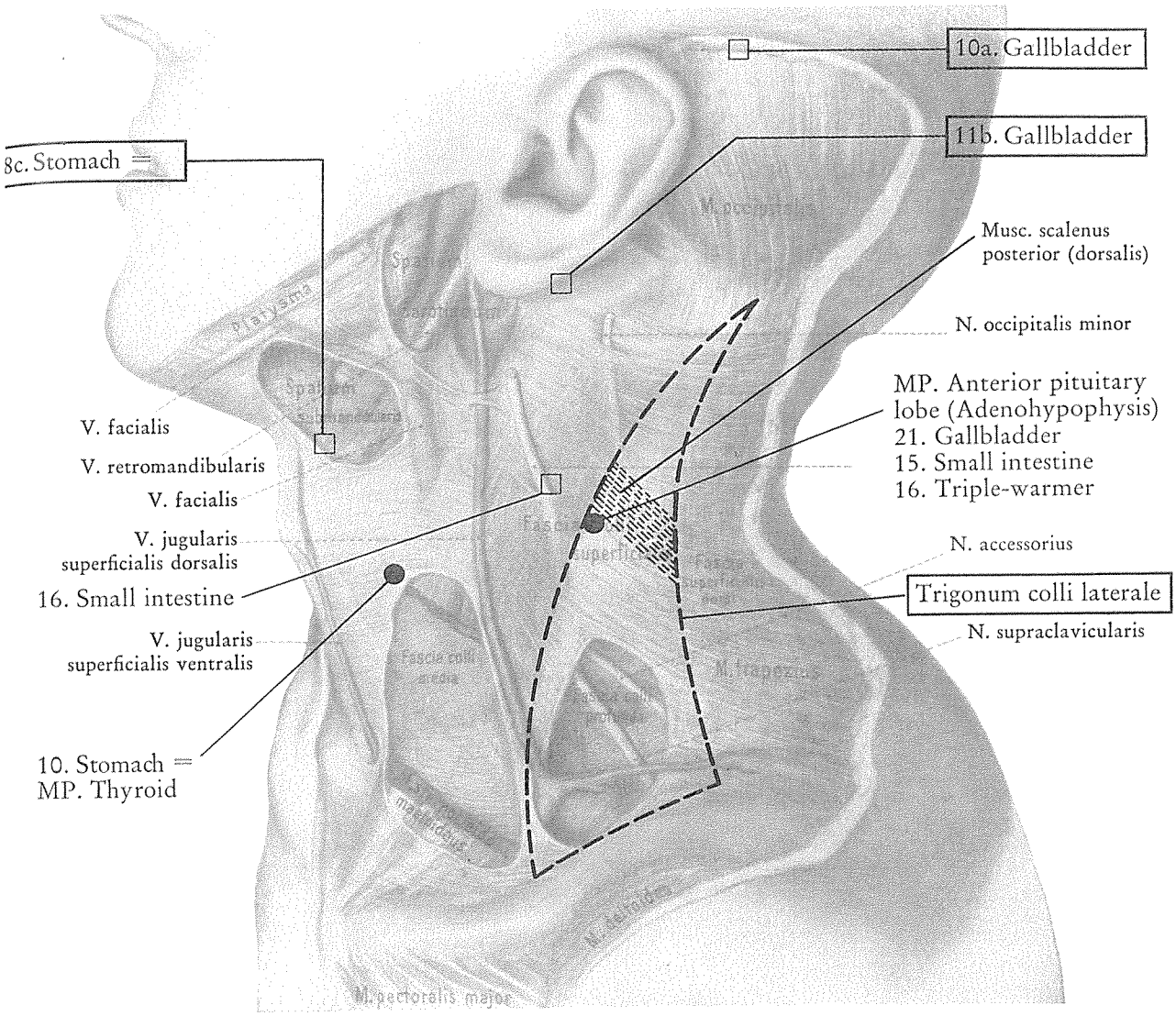


Fig. 1. Measurement points for the parasympathetic and the vagus nerve for the portions of the brain stem, cranial part, and cervical part on the left side of the neck.

8c. MP. Stomach = MP. Cervical part of the vagus nerve

Position:

Over the hyoid bone appr. 1 FB. off the median line.
Furthermore, see page 19.

8d. MP. Stomach = MP. Pharyngeal plexus of the vagus nerve

Position: Appr. 1 FB. vertically below the 8c. MP. Stomach.
Furthermore, see page 20.

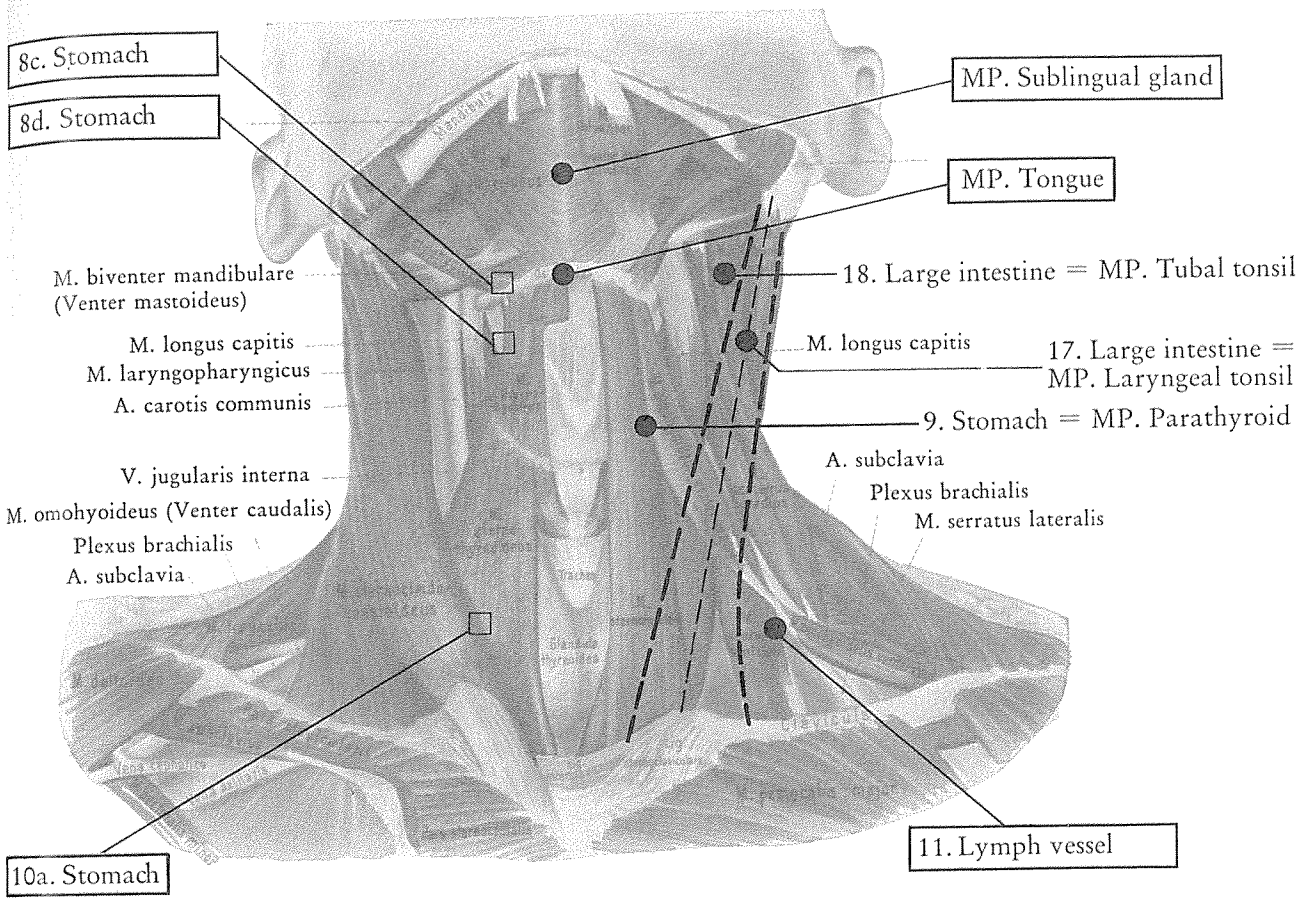


Fig. 1a. Measurement point for the cervical part of the vagus nerve and measurement point for the pharyngeal plexus of the vagus nerve in an anterior projection.

☐ MP. Vagus nerve and Parasympathetic nerve

10a. Stomach = SMP. Vagus nerve

Position:
Over the muscular angle between the sternohyoid and the sternocleidomastoid muscles.

Measurement points for the thoracic and abdominal part of the vagus nerve with its plexuses and rami (branches).

15. Stomach = MP. Esophageal plexus of the vagus nerve

For position, see page 20.

16. Stomach = MP. Thoracic part of the vagus nerve

For position, see page 19.

18. Stomach = MP. Pulmonary plexus of the vagus nerve

For position, see page 21.

20. Stomach, right side = MP. Posterior gastric plexus of the vagus nerve

20. Stomach, left side = MP. Anterior gastric plexus of the vagus nerve

For position, see page 21.

21. Stomach = MP. Abdominal part of the vagus nerve

For position, see page 20.

19. Kidney = MP. Renal rami of the vagus nerve

For position, see page 21.

20. Kidney = MP. Coeliac rami of the vagus nerve

For position, see page 21.

21. Kidney = MP. Hepat rami of the vagus nerve

For position, see page 21.

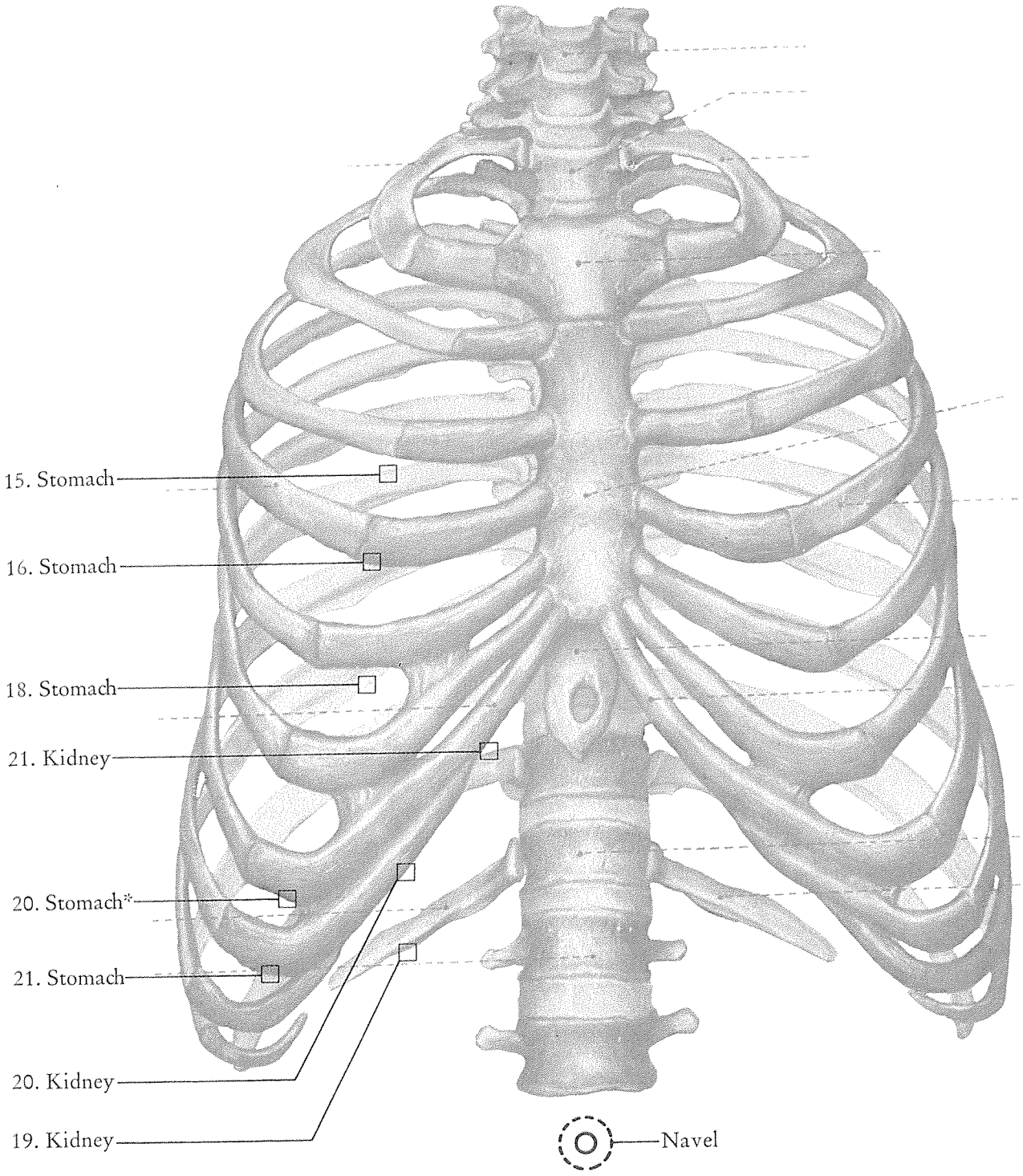


Fig. 2. Measurement points of the thoracic and abdominal part of the vagus nerve incl. the relevant plexuses and branches (rami) on the right thorax and on the right upper abdomen.

* This point has different relations on the right and on the left side.

32. Urinary bladder = MP. Splanchnic nerves (s. nervi erigentes) of the parasympathetic nerve

Position:

On the sacral bone over the lateral confinement of the 2nd posterior sacral foramen.
Furthermore, see page 22.

33. Urinary bladder = SMP. Pelvic part of the sympathetic nerve

Position:

On the sacral bone over the lateral confinement of the 3rd posterior sacral foramen.
Furthermore, see page 31.

34. Urinary bladder = MP. Pelvic plexus of the parasympathetic nerve

Position:

On the sacral bone over the lateral confinement of the posterior sacral foramen.
Furthermore, see page 21.

35. Urinary bladder = Preganglionic fibres of the parasympathetic nerve in the sacral marrow

Position:

Lateral to the cornu sacrale and vertically below the 4th posterior sacral foramen over the inferior edge of the sacral bone.
Furthermore, see page 20.

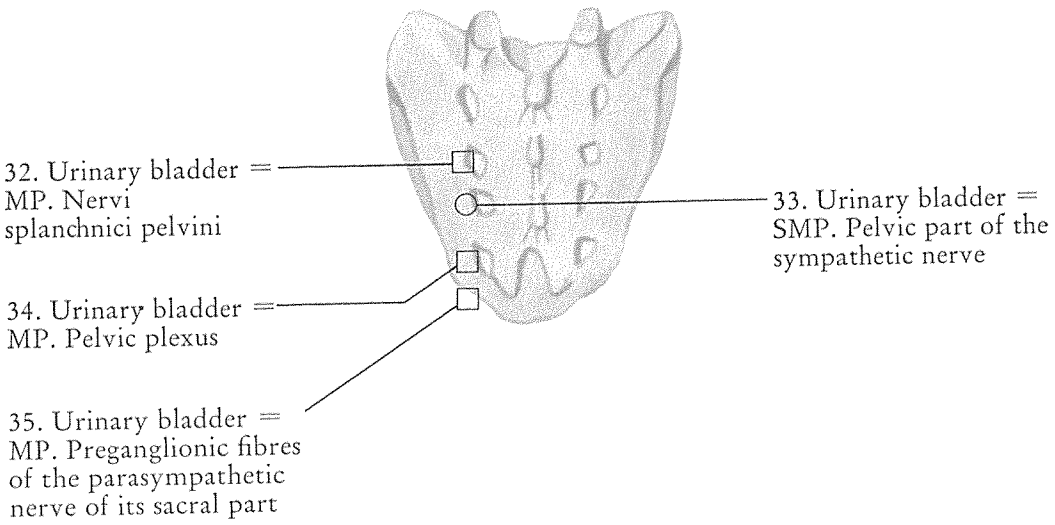


Fig. 3. Measurement points for the parasympathetic and sympathetic nerve over the left part of the sacral bone.

□ Measurement point of the vagus nerve and parasympathetic nerve
○ Measurement point of the sympathetic nerve

Measurement points of the cranial part of the sympathetic nerve and of the sympathetic trunk with its four portions

19a. MP. Gallbladder = MP. Cranial part of the sympathetic nerve

For position, see page 22.

16. Governor vessel = SMP. for each cervical part of the sympathetic nerve

For position, see page 23.

10a. MP. Urinary bladder = MP. Upper cervical ganglion

For position, see page 24.

10b. MP. Urinary bladder = MP. Middle cervical ganglion

For position, see page 25.

10c. MP. Urinary bladder = MP. Lower cervical ganglion

For position, see page 25.

16. Urinary bladder = MP. Thoracic part of the sympathetic nerve

For position, see page 26.

24. Urinary bladder = MP. Abdominal part of the sympathetic nerve

For position, see page 28.

33. Urinary bladder = MP. Pelvic part of the sympathetic nerve

For position, see page 31.

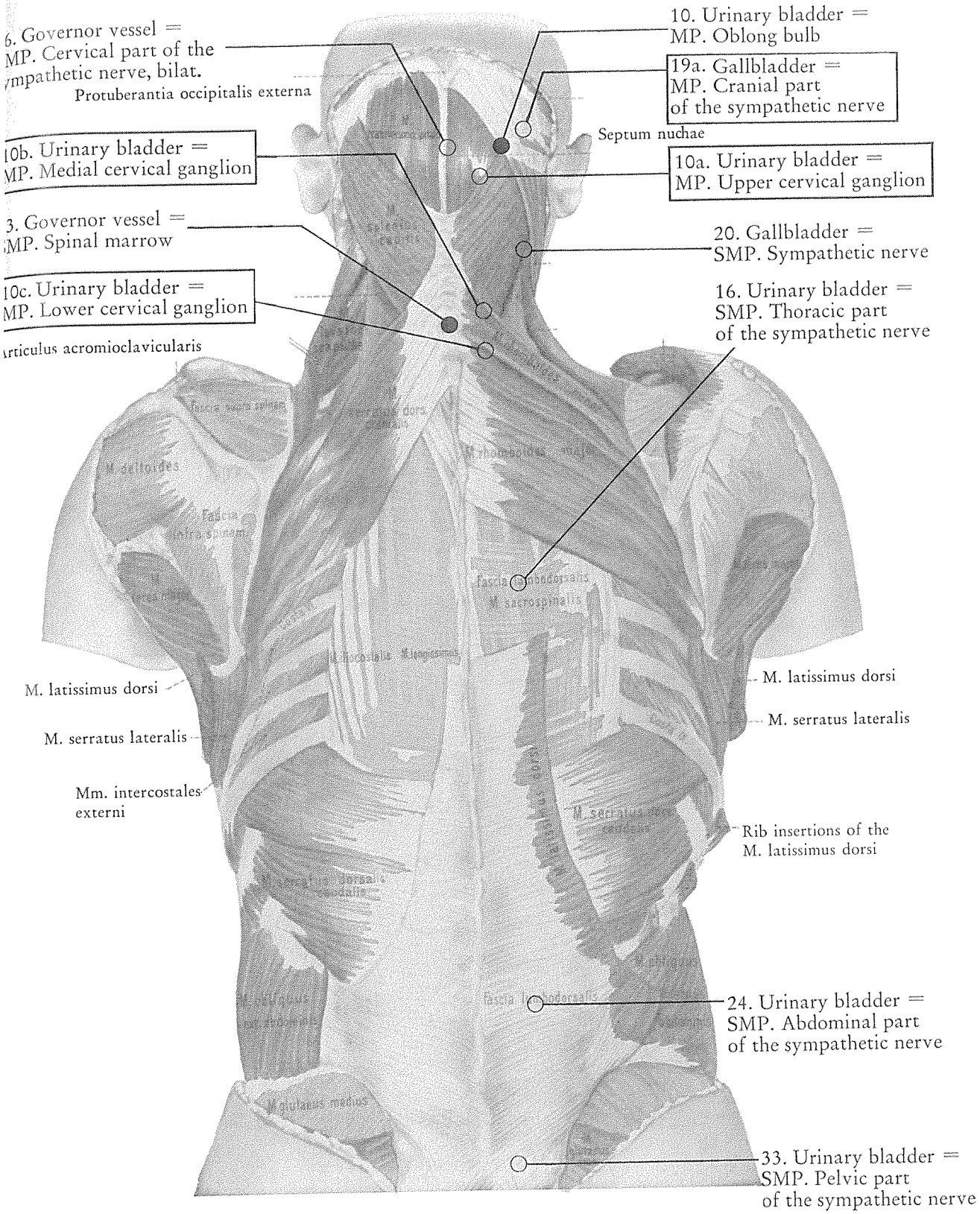


Fig. 4. Measurement points of the cranial part of the sympathetic nerve and the sympathetic trunk with its four sections.

10d. MP. Lung = MP. Mediastinal plexus

Position:
1/8 FB. above the proximal angle formed by diaphysis and basis of the thumb's distal phalanx, appr. 1/4 FB off the 11. Lung point. Furthermore, see page 27.

1a. MP. Large intestine, right side = MP. Superior hypogastric plexus
1a. MP. Large intestine, left side = MP. Iliac plexus

Position:
Over the distal osseous angle formed by the diaphysis and the capitulum of the middle phalanx of the index finger, on the radial side. Furthermore, see page 30 and 31.

1a. MP. Nerval degeneration = SMP. for the entire autonomic nervous system

Position:
Over the distal osseous angle formed by diaphysis and capitulum of the middle phalanx of the index finger, on the ulnar side. Furthermore, see page 32.

8e. MP. Circulation, right side = MP. Cardiac ganglia including aorta ascendens and arcus aortae (aortic arch)
8e. MP. Circulation, left side = MP. Thoracic aortic plexus and the thoracic aorta

Position:
Over the distal osseous angle formed by diaphysis and capitulum of the middle phalanx of the 3rd left finger, on the radial side. Furthermore, see page 26.

8a. MP. Circulation, right and left side = MP. Abdominal aortic plexus

Position:
Over the distal osseous angle formed by diaphysis and capitulum of the basal phalanx of the 3rd finger, on the radial side. This measurement point is simultaneously the MP. for the abdominal aorta. Furthermore, see page 30.

1a. MP. 3-W. (endocrine meridian) = SMP. Cervical ganglia on the side of the MP.

Position:
Over the distal osseous angle formed by diaphysis and capitulum of the middle phalanx of the 4th finger, on the ulnar side. Furthermore, see page 24.

8e. MP. Heart = MP. Plexus cardiacus

Position:
Over the distal osseous angle of the middle phalanx of the little finger, on the radial side. Furthermore, see page 26.

1a. MP. Small intestine, right side = MP. Superior mesenteric plexus
1a. MP. Small intestine, left side = MP. Inferior mesenteric plexus

Position:
Over the distal osseous angle formed by the diaphysis and capitulum of the middle phalanx of the little finger, on the ulnar side. Furthermore, see page 30.

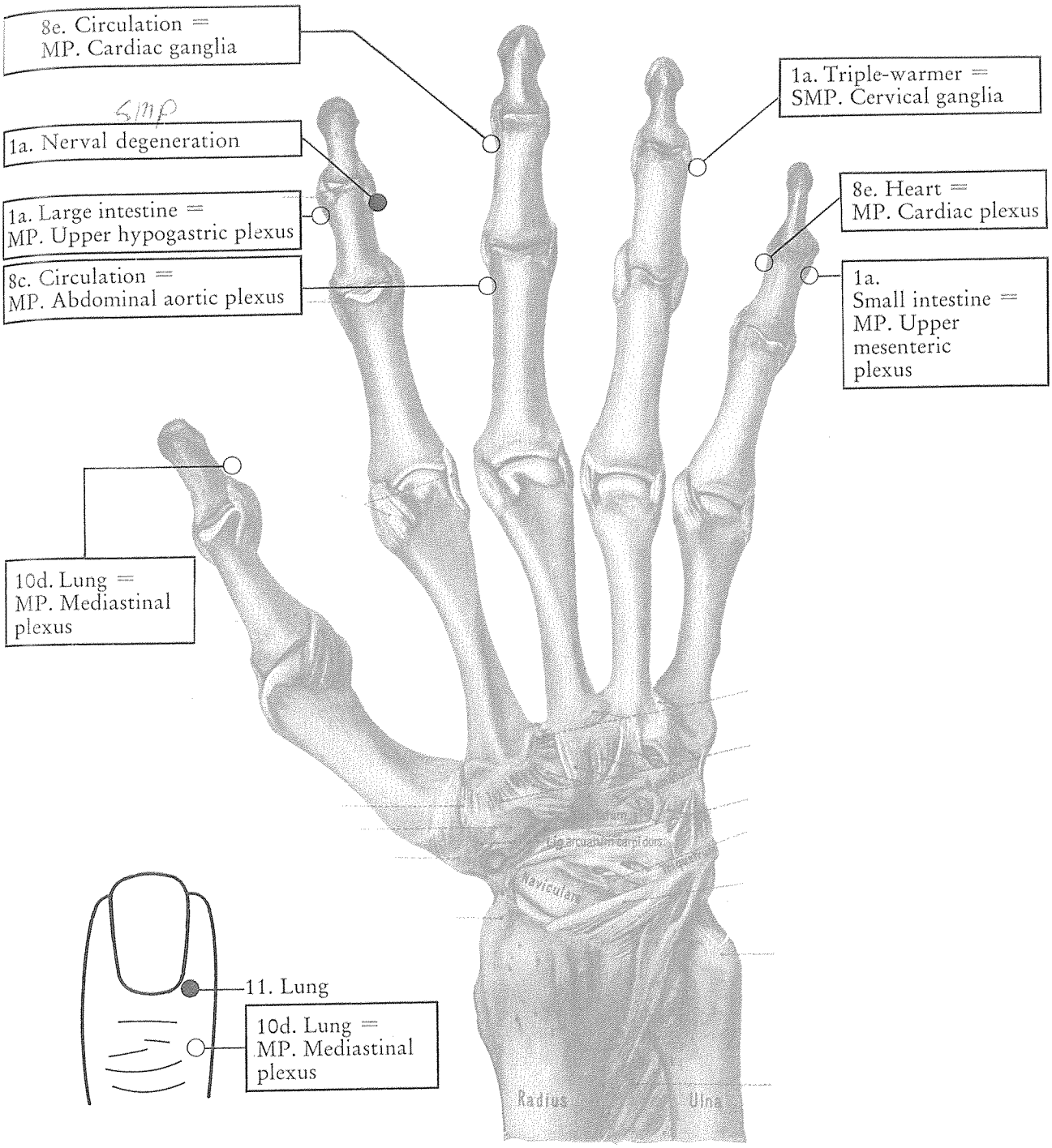


Fig. 5. Measurement points for the plexuses of the thoracic and abdominal parts of the sympathetic nerve on the dorsal side of the right hand.

1a. MP. Nerval degeneration = Summation measurement pont (SMP.) for the entire nervous system.

9a. MP. Lung = MP. Rami bronchiales of the thoracic part of the sympathetic nerve

Position:

Between 9. and 10. Lung over the volar wrist joint, and between the navicular bone and the major multangular bone.

7a. MP. Circulation = MP. Cardiac coronary plexus

Position:

Over the volar wrist joint between the lunate, navicular, and capitate bone.

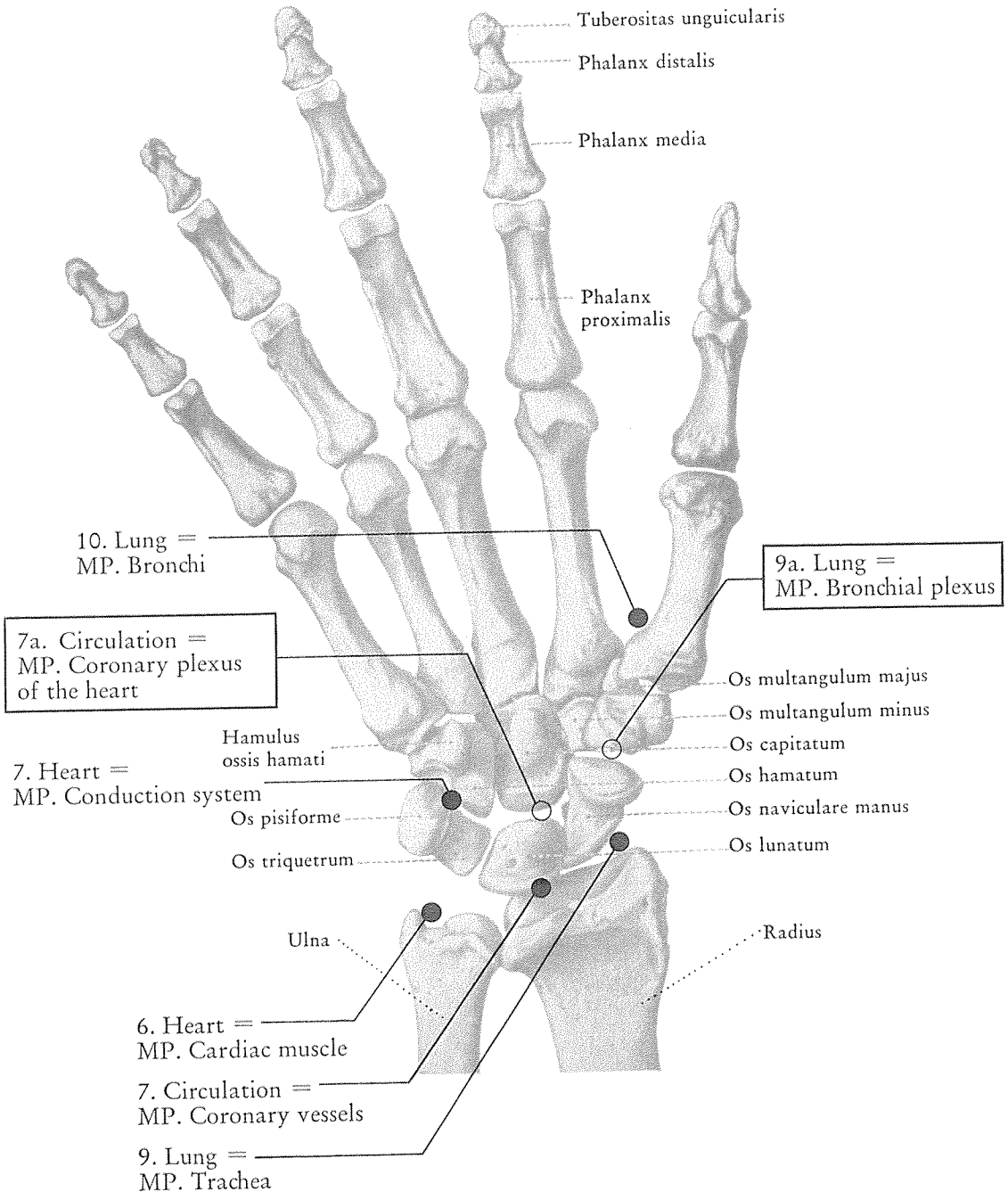


Fig. 6. Measurement points for the plexuses of the thoracis part of the sympathetic nerve on the volar side of the right wrist joint, for the coronary plexus of the heart and for the bronchial plexus.

44c. MP. Stomach = MP. Coeliac plexus

Position:

Over the distal osseous angle formed by the diaphysis and the capitulum of the medial phalanx of the second toe, on the fibular side.
Furthermore, see page 28.

43c. MP. Gallbladder = MP. Hepatic plexus

Position:

Over the distal osseous angle formed by the diaphysis and the capitulum of the medial phalanx of the 4th toe, on the fibular side.
Furthermore, see page 29.

1—1. MP. Kidney = MP. Renal plexus

Position:

Over the distal osseous angle formed by the diaphysis and the capitulum of the medial phalanx of the little toe, on the tibial side.
Furthermore, see page 29.

1b. MP. Kidney = MP. Suprarenal plexus

Position:

Over the distal osseous angle formed by the diaphysis and the capitulum of the 5th metatarsal bone, on the tibial side.
Furthermore, see page 28.

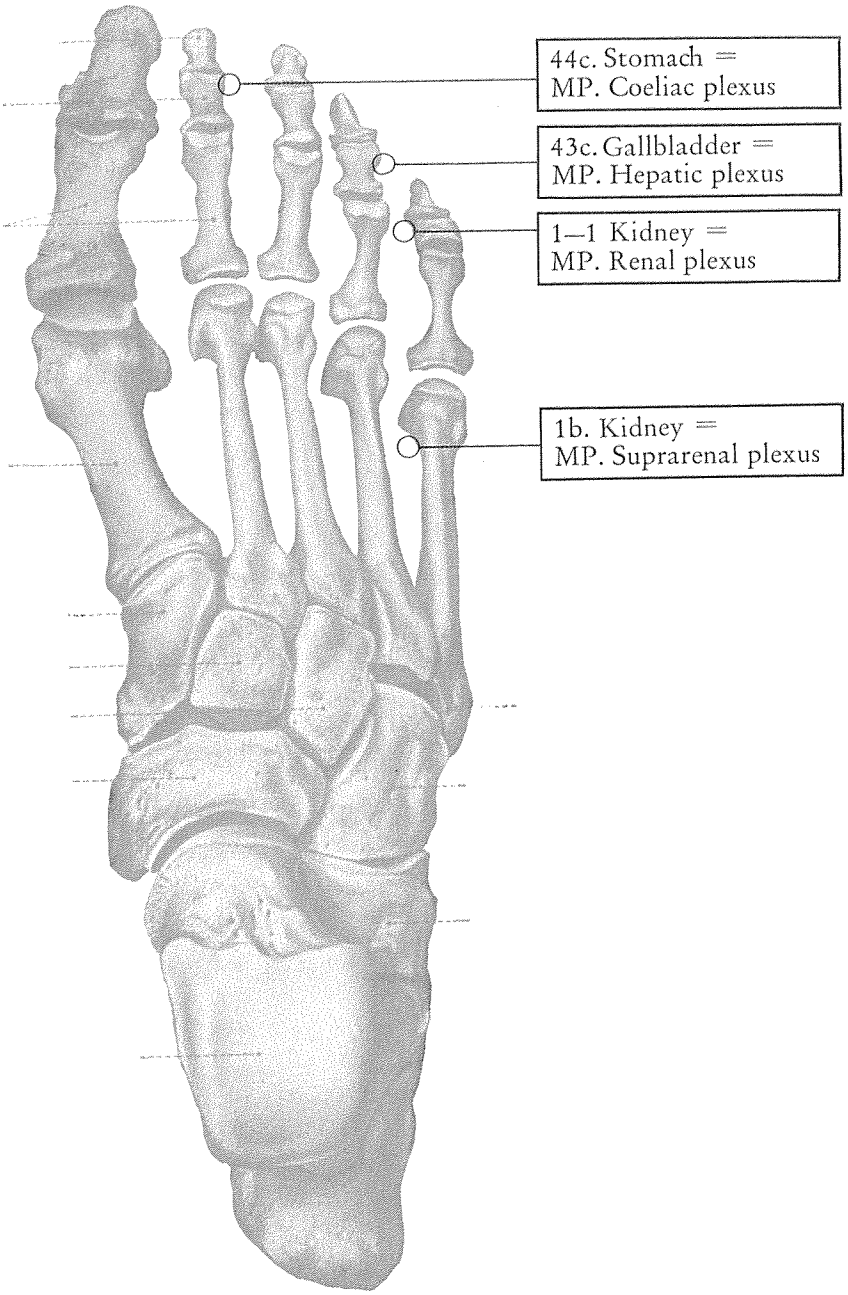


Fig. 7. Measurement points for the plexuses of the abdominal part of the sympathetic nerve on the right foot, for the coeliac plexus, the hepatic plexus, the renal plexus, and the suprarenal plexus.

30a. MP. Stomach = MP. Testicular or ovarian plexus of the abdominal part of the sympathetic nerve (formerly plexus spermaticus)

Position:

Over the muscular sulcus between the musculus adductor longus and the musculus pectineus, and in the midposition between 30. and 31. Stomach (MP. Gonad).

Furthermore, see page 29.

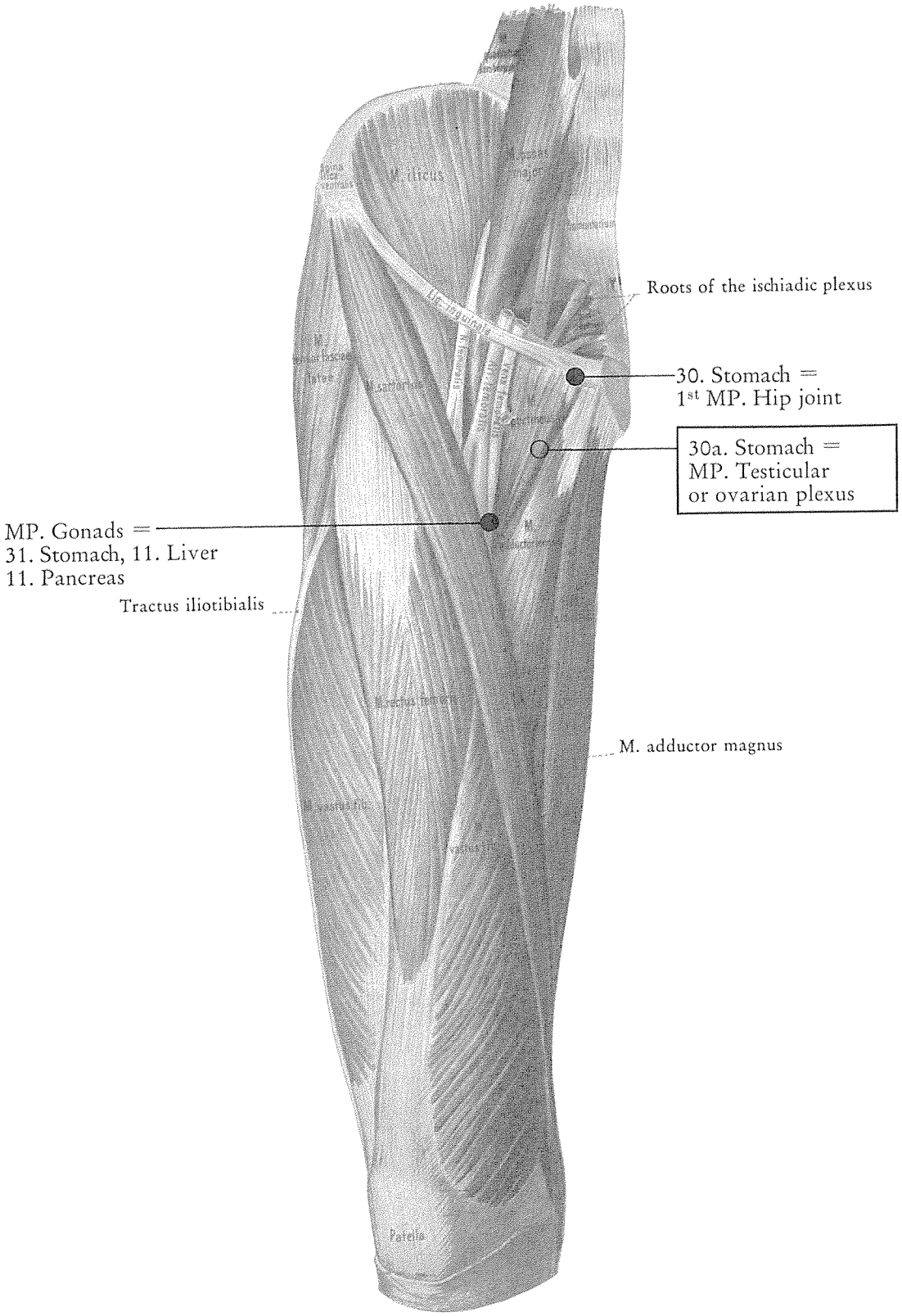


Fig. 8. Measurement point for the testicular or ovarian plexus of the abdominal part of the sympathetic nerve on the anterior side of the right thigh.

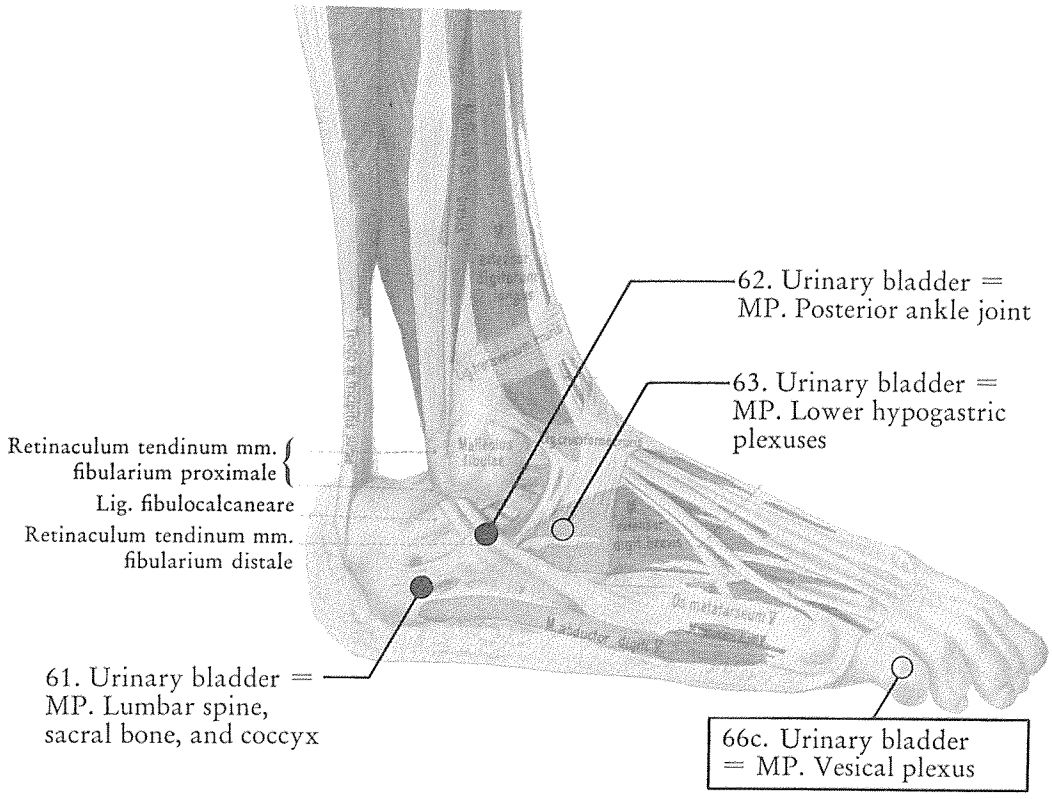


Fig. 9a, see following page

63. Urinary bladder = MP. Lower hypogastric plexuses

Position:

On the outer side of the foot in front of the malleolus externus on the same level as the 62. Urinary bladder (MP. Posterior ankle joint) over the calcaneo-cuboid joint.

Furthermore, see page 31.

66c. MP. Urinary bladder = MP. Vesical plexus

Position:

Over the distal osseous angle of the middle phalanx of the little toe on the fibular side.

Furthermore, see page 32.

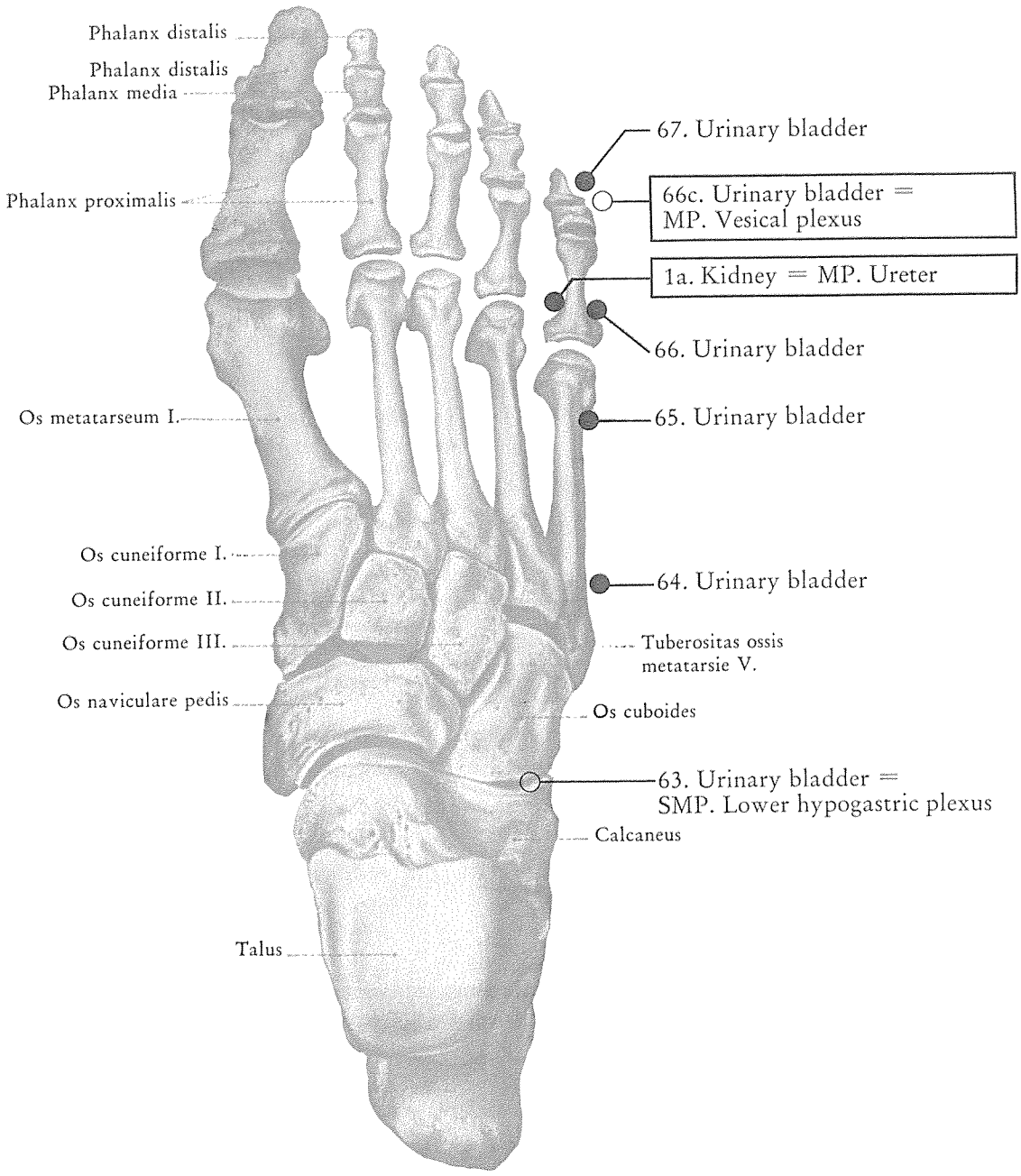


Fig. 9a and 9b. Measurement points for the plexuses of the pelvic part of the sympathetic nerve on the right foot, for the lower hypogastric plexus, and for the vesical plexus.

4. Kidney = MP. Middle and inferior rectal plexuses

Position:

On the inner side of the foot over the volar edge of the Achilles tendon at the insertion of the tuber calcanei.

Furthermore, see page 31.

Remark: The superior rectal plexus can be measured at the MP. Inferior mesenteric plexus = 1a. MP. Small intestine, left side (see text of Fig. 5, page 112).

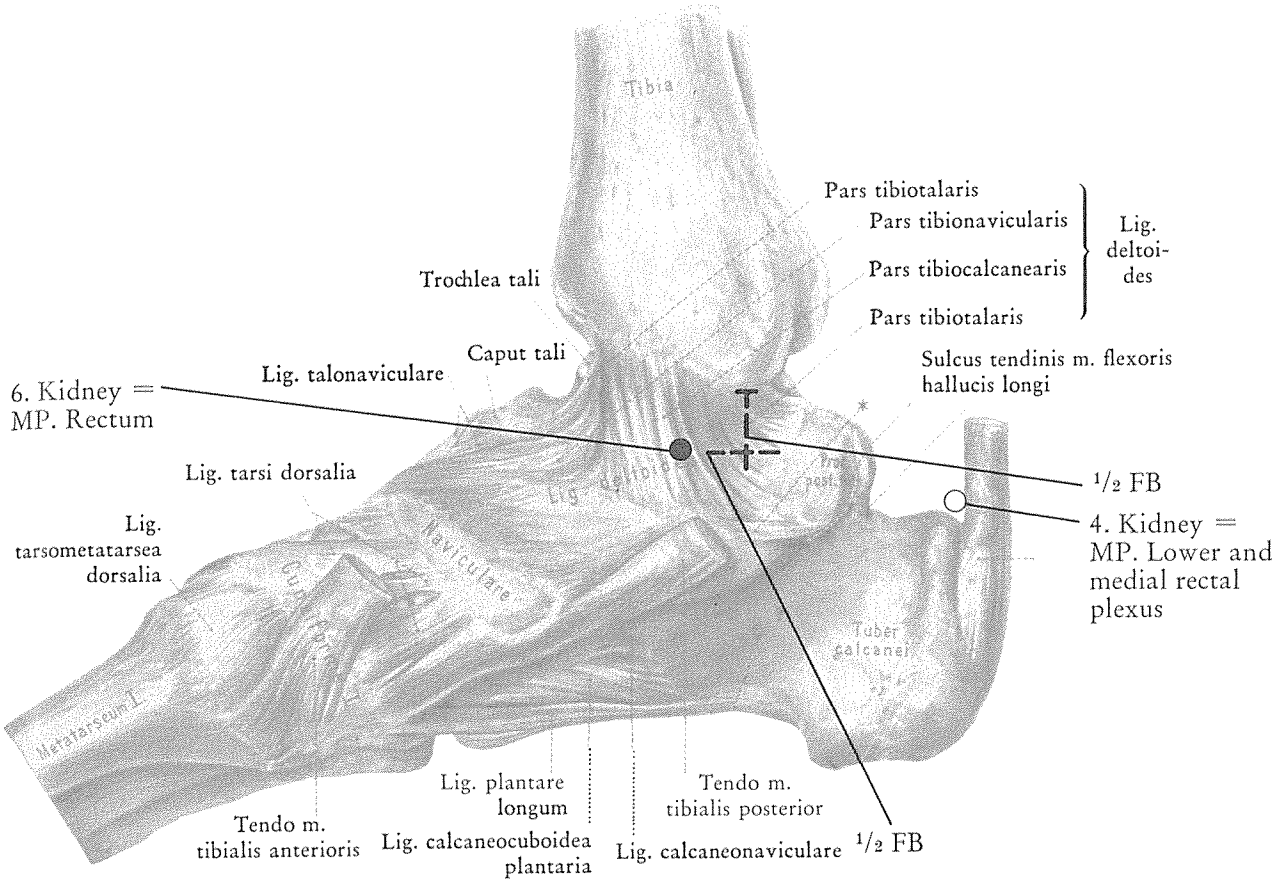


Fig. 10. Measurement point for the rectal plexus of the sympathetic nerve on the inner side of the right foot.

49d. MP. Urinary bladder = MP. Deferential, seminal, and prostatic plexus or utero-vaginal plexus

Position:

Over the musculus glutaeus maximus 1 FB. above the 50. Urinary bladder (MP. Prostate or Uterus).

50c. MP. Urinary bladder = MP. Cavernous plexus of the penis or of the clitoris

Position:

On the posterior side of the thigh 1 FB. above the 50. Urinary bladder (MP. Penis or Vagina) in the muscular sulcus between the musculus semitendinosus, and the caput longum of the musculus biceps femoris.

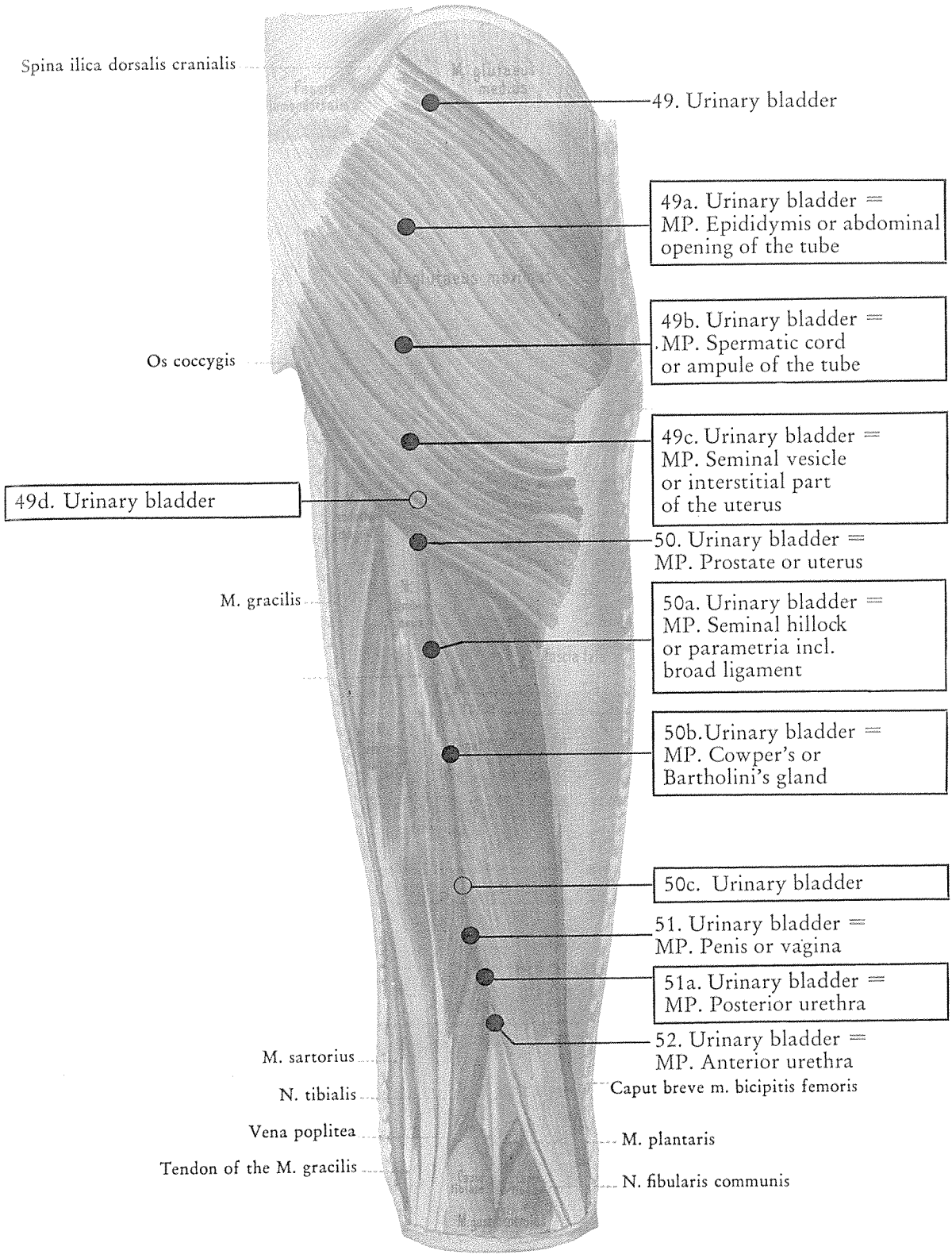


Fig. 11. Measurement points for the pelvic plexuses of the sympathetic nerve on the posterior side of the thigh, i.e. 49d. MP. Urinary bladder = MP. Deferential plexus, seminal and prostatic or utero-vaginal plexus, and 50c. MP. Urinary bladder = MP. Cavernous plexus of the penis or the clitoris.

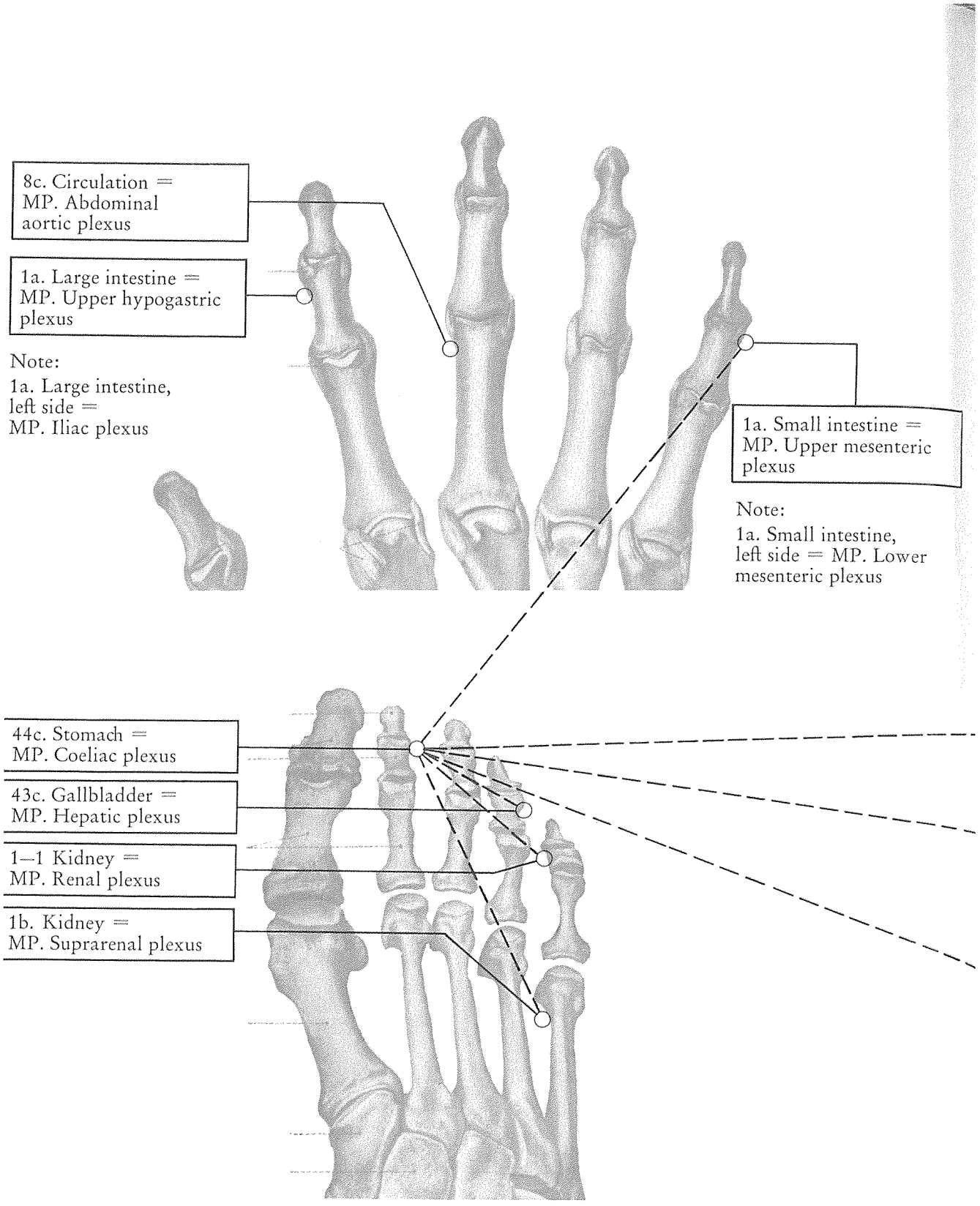
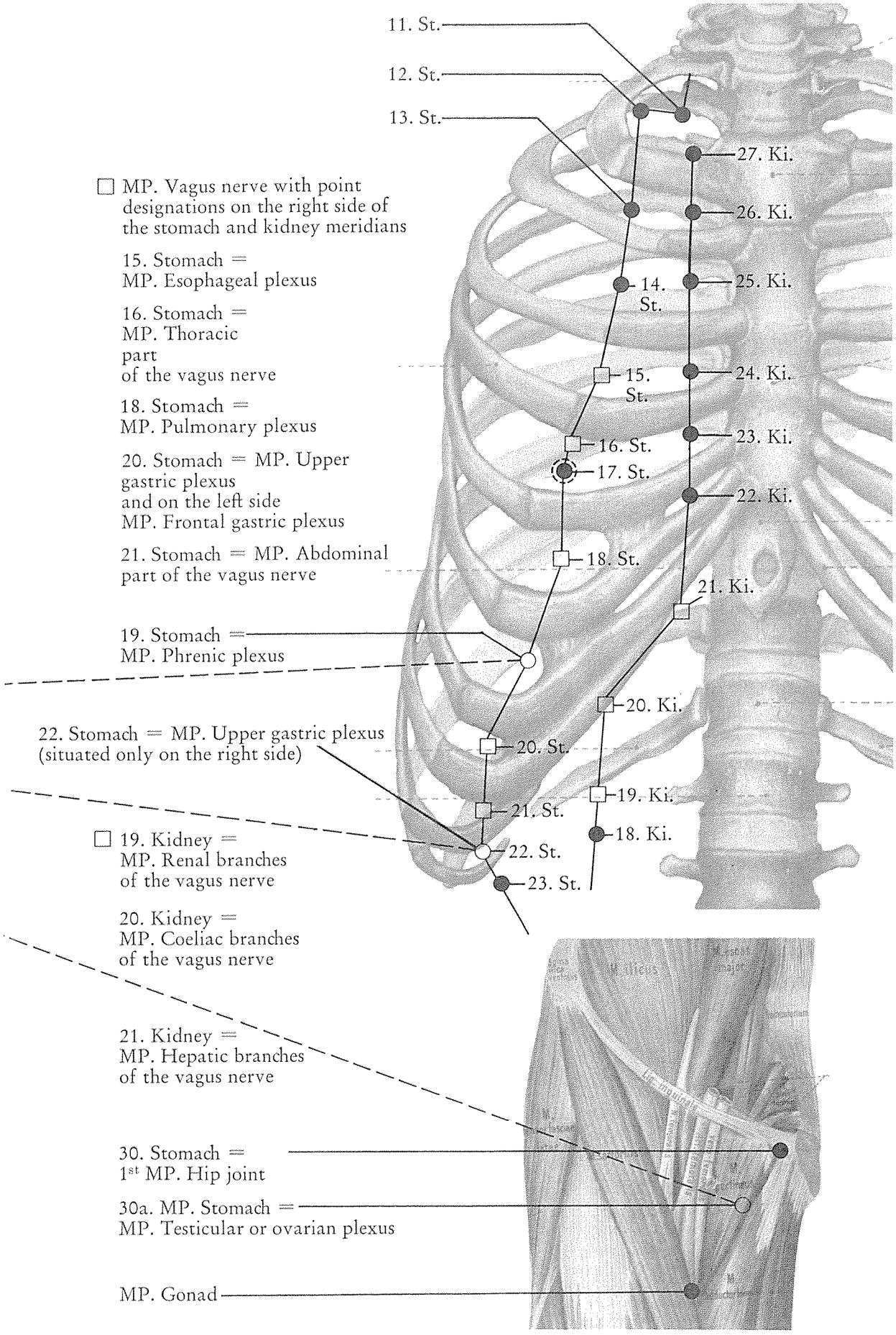


Fig. 12 and 13. Summation measurement point (SMP.) for the right coeliac plexus with its secondary plexuses (interrupted connecting lines).



☐ MP. Vagus nerve with point designations on the right side of the stomach and kidney meridians

15. Stomach = MP. Esophageal plexus

16. Stomach = MP. Thoracic part of the vagus nerve

18. Stomach = MP. Pulmonary plexus

20. Stomach = MP. Upper gastric plexus and on the left side MP. Frontal gastric plexus

21. Stomach = MP. Abdominal part of the vagus nerve

19. Stomach = MP. Phrenic plexus

22. Stomach = MP. Upper gastric plexus (situated only on the right side)

☐ 19. Kidney = MP. Renal branches of the vagus nerve

20. Kidney = MP. Coeliac branches of the vagus nerve

21. Kidney = MP. Hepatic branches of the vagus nerve

30. Stomach = 1st MP. Hip joint

30a. MP. Stomach = MP. Testicular or ovarian plexus

MP. Gonad

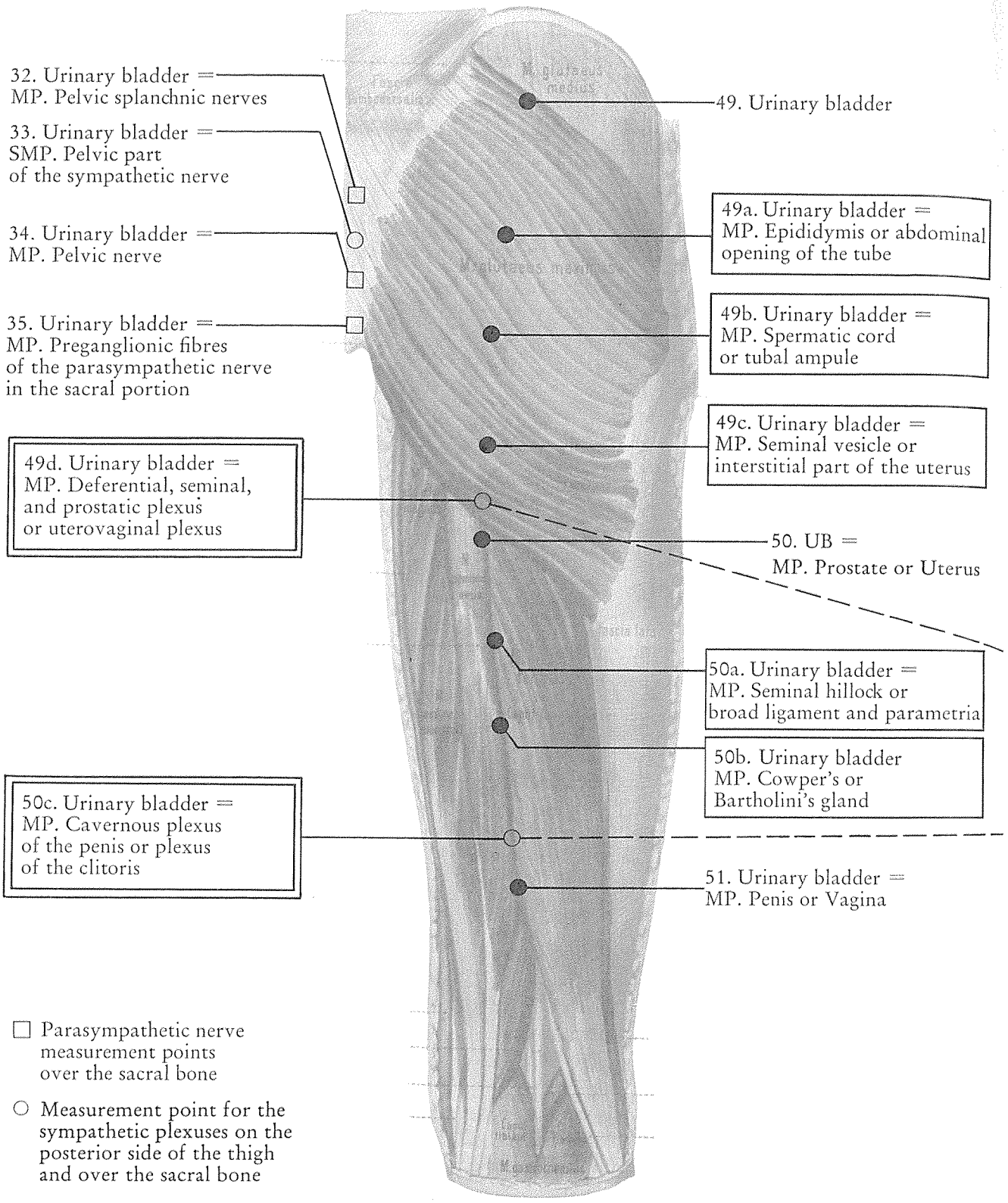


Fig. 14. The measurement points of the secondary plexus of the lower hypogastric plexuses on the posterior side of the thigh in doubte frames (borders).

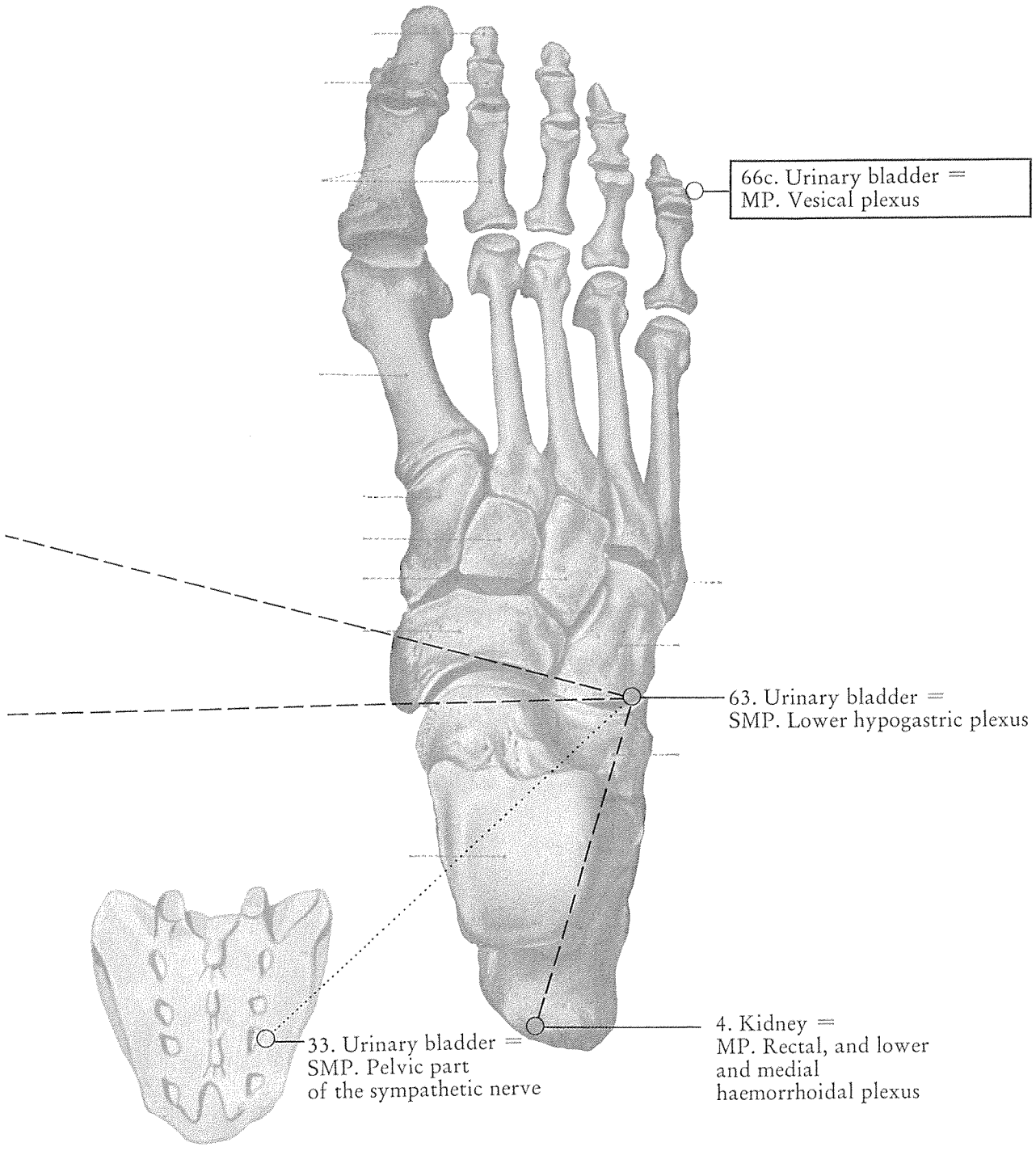


Fig. 15. Summation measurement point lower hypogastric plexus with their secondary plexuses (interrupted connecting lines).

The dotted line shows the connection between the SMP. Pelvic part of the sympathetic nerve and the SMP. Lower hypogastric plexuses.

Measurement points of the limbic system

All points are situated on the governor vessel between 20.—24. Governor vessel points, that is on 21., 22., 23., and 23—2. Governor vessel points. The last point is the control measurement point (CMP.) for the limbic system.

23—2. MP. Governor = CMP. Limbic system

Position:
On the median line at the lower angle of the glabella, which is formed by the left and right initial superciliary arches. This point is easily palpated on passing downwards on the median line of the forehead.

23. Governor = MP. Hippocampus of the limbic system

Position:
On the median line over the beginning of the galea aponeurotica in the angle of the muscular edges of the left and right musculus frontalis. In women, this point is situated mostly over the insertion of the hair, this applies likewise to male youths.

Locating the point:
When the palpation of this point is difficult, let the patient frown his forehead thus forming medially slanting folds. The point is usually situated over the uppermost fold.

Another method:
On the median line appr. $3^1/_2$ FB. off the 21. Governor vessel.

22. Governor vessel = MP. Gyrus cinguli of the limbic system

Position:
On the median line over the frontal bone appr. 2 FB. off the 21. Governor vessel.

21. Governor vessel = MP. Nucleus amygdale of the limbic system (s. corpus amygdaloideum)

Position:
On the median line of the skull over the coronal suture (sutura coronalis) and the beginning of the sagittal suture (sutura sagittalis).
The limbic system may be irritated chiefly by the 5th UJS, that is, by the upper odonton VIII, or the upper wisdom tooth. This can be verified by discharging one of the two measurement points of the 5th UJS at the CMP. Limbic system. When one discharges the upper odonton VIII, one will, however, obtain no decreased value.
If unloading of the 5th UJS yields no decrease of the CMP. Limbic system, chemical and pharmaceutical toxins have to be considered, such as rabies.
The function of the limbic system is described on page 90.

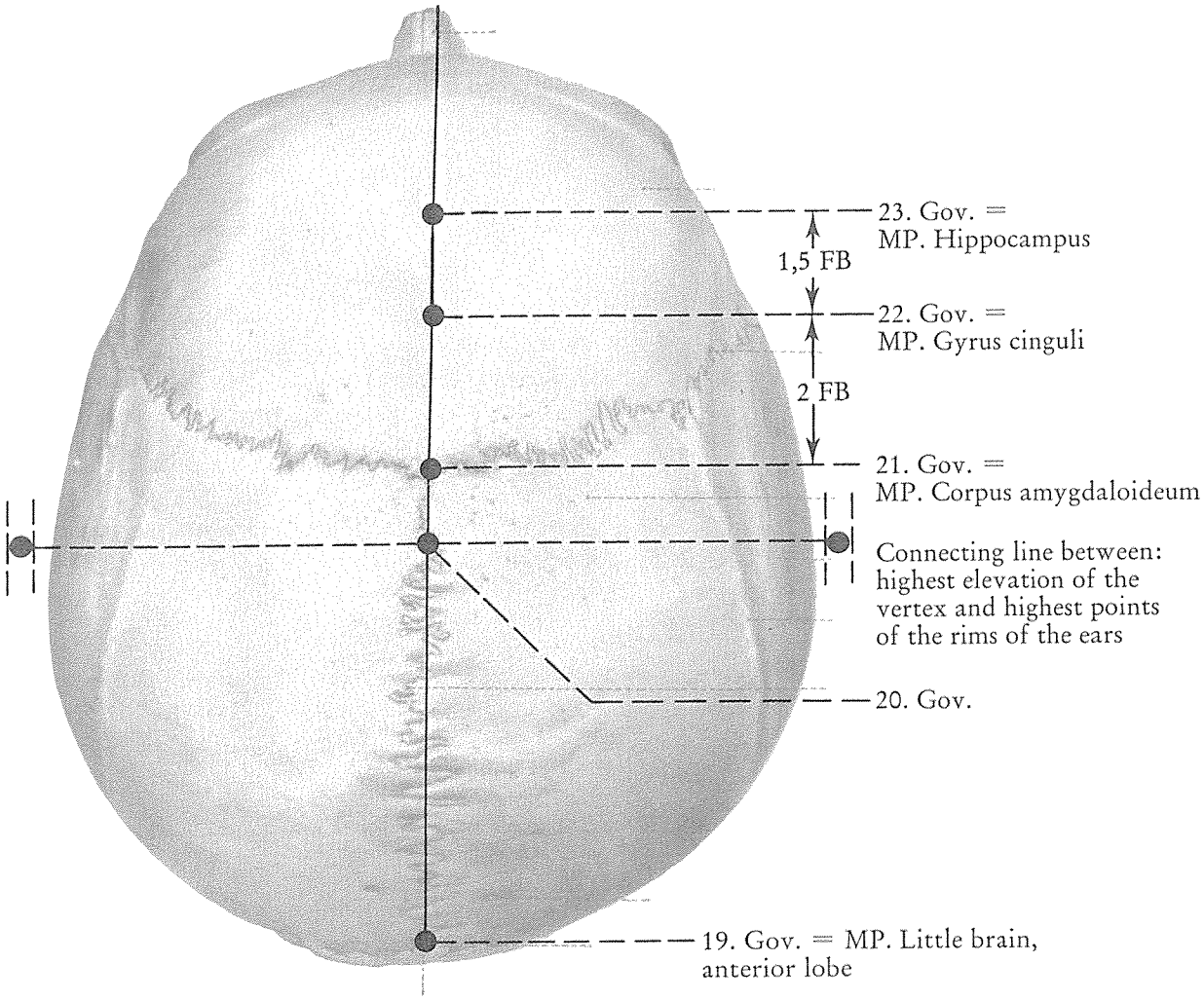


Fig. 16. Differentiated measurement points of the limbic system.

Gov. = Governor vessel.

The three differentiated measurement points for the little brain are shown in Illustr. Volume II, Fig. 25.

Control measurement points (CMP.) for the cerebral portions: cerebrum, brain stem, and limbic system

The glabella is an almost plane area extending between the superciliary arches, and possessing a rhomb shape. On the four angles of the rhomb lie the control measurement points. Symmetrically on the urinary bladder meridian lies the control measurement point for the brain stem = 20a. MP. Urinary bladder. On the governor vessel lie the control measurement points for the cerebrum (23—1. MP. Governor vessel) and for the limbic system (23—2. MP. Governor vessel) respectively.

2a. MP. Urinary bladder = CMP. Brain stem

Position:

Appr. 1/2 FB. diagonally and laterally above the 2. Urinary bladder over the upper base of the superciliary arch and over the lateral angle of the rhomb. This CMP. comprises the function of the five cerebral portions:

Medulla oblongata	— 10. Urinary bladder (Illustr. Vol. II, Illustr. 6)
Pons	— 9. Urinary bladder (Illustr. Vol. II, Illustr. 6)
Cerebellum	— 19., 19a., 19b. Governor vessel (Illustr. Vol. II, Fig. 25)
Midbrain	— SMP. 9. Gallbladder (Illustr. Vol. II, Fig. 26)
Interbrain	— SMP. 7. Gallbladder (Illustr. Vol. II, Fig. 27)

In case of an ID. at the CMP. Brain stem, the above points have to be measured to verify the exact location of the functional disturbance.

23—2. MP. Governor vessel = CMP. Limbic system

Position:

Over the lower angle of the glabella and over the point of union of the two osseous superciliary arches.

23—1. MP. Governor vessel = CMP. Cerebrum

Position:

At the upper angle of the glabella. The transition of the almost plane upper glabella to the ascending curved part of the squama frontalis can easily be palpated. Differentiated measurement points for the cerebrum have not been established yet.

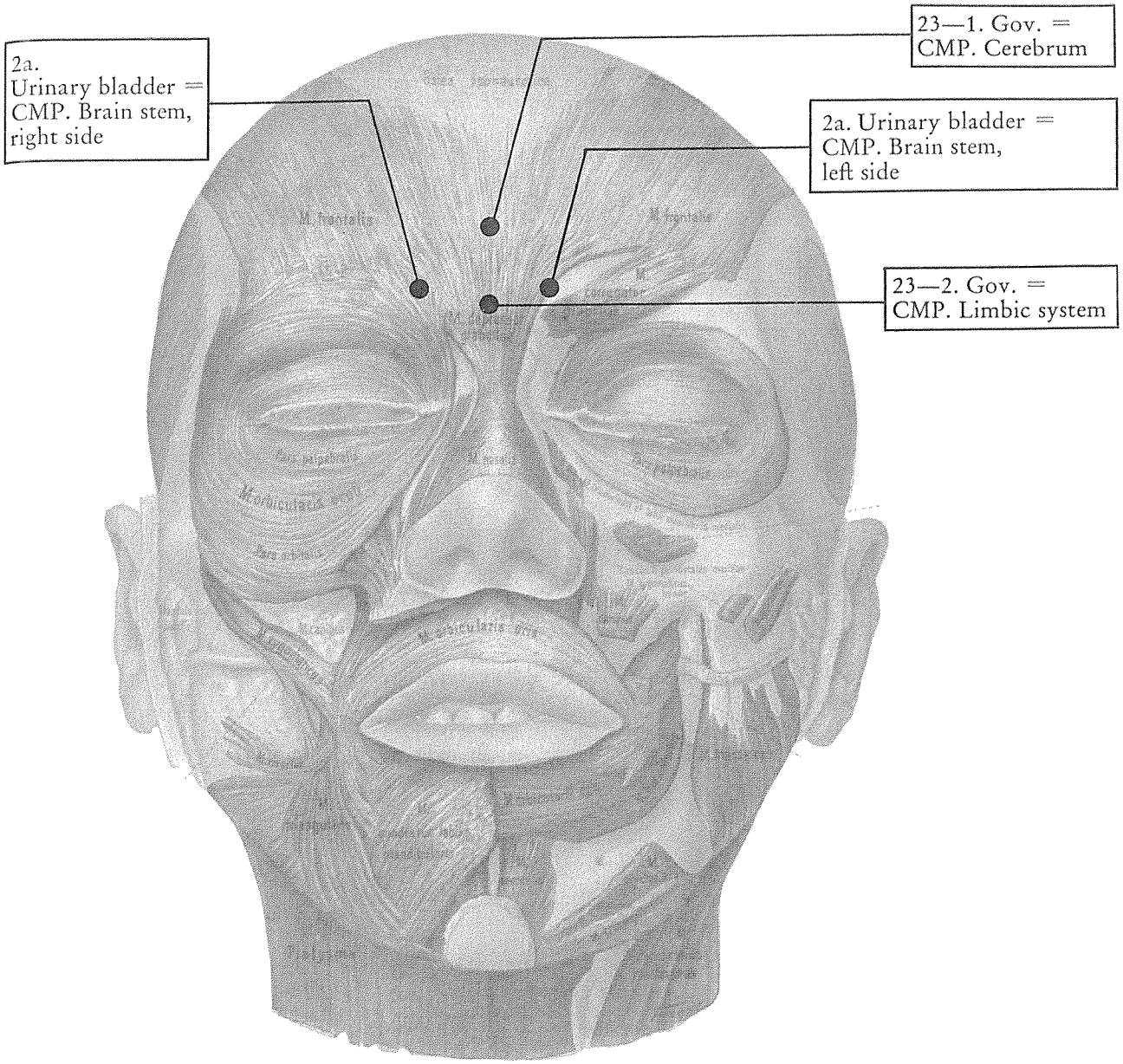


Fig. 17. Control measurement points for the sections of the brain, i. e. brain stem, limbic system, and cerebrum.

Measurement points of the jaw sections

These measurement points are symmetric.

A. Measurement points of the 5 upper jaw sections (UJS)

MP. 1st UJS for the upper odontons I and II, that is, for the upper incisors on the 27. Kidney and 1. Urinary bladder.
For position, see page 98.

MP. 2nd UJS for the odonton III, that is, for the upper canine on the secondary vessel connection between 14. Liver and 1. Gallbladder.
For position, see page 98.

MP. 3rd UJS for the upper odontons IV and V, that is, for the upper premolars on 19a. MP. Large intestine.
For position, see page 98.

MP. 4th UJS for the upper odontons VI and VII, that is, for the upper molars on 6. Stomach.
For position, see page 99.

MP. 5th UJS for the upper odonton VIII, that is, for the upper wisdom tooth on 17b. Small intestine.
For position, see page 99.

B. Measurement points of the 5 lower jaw sections (LJS)

MP. 1st LJS for the lower odontons I and II, that is, for the lower incisors on the secondary vessel connection between 27. Kidney and 1. Urinary bladder.
For position, see page 99.

MP. 2nd LJS for the lower odonton III, that is, for the lower canine on the secondary vessel connection between 14. Liver and 1. Gallbladder.
For position, see page 99.

continued on page 136.

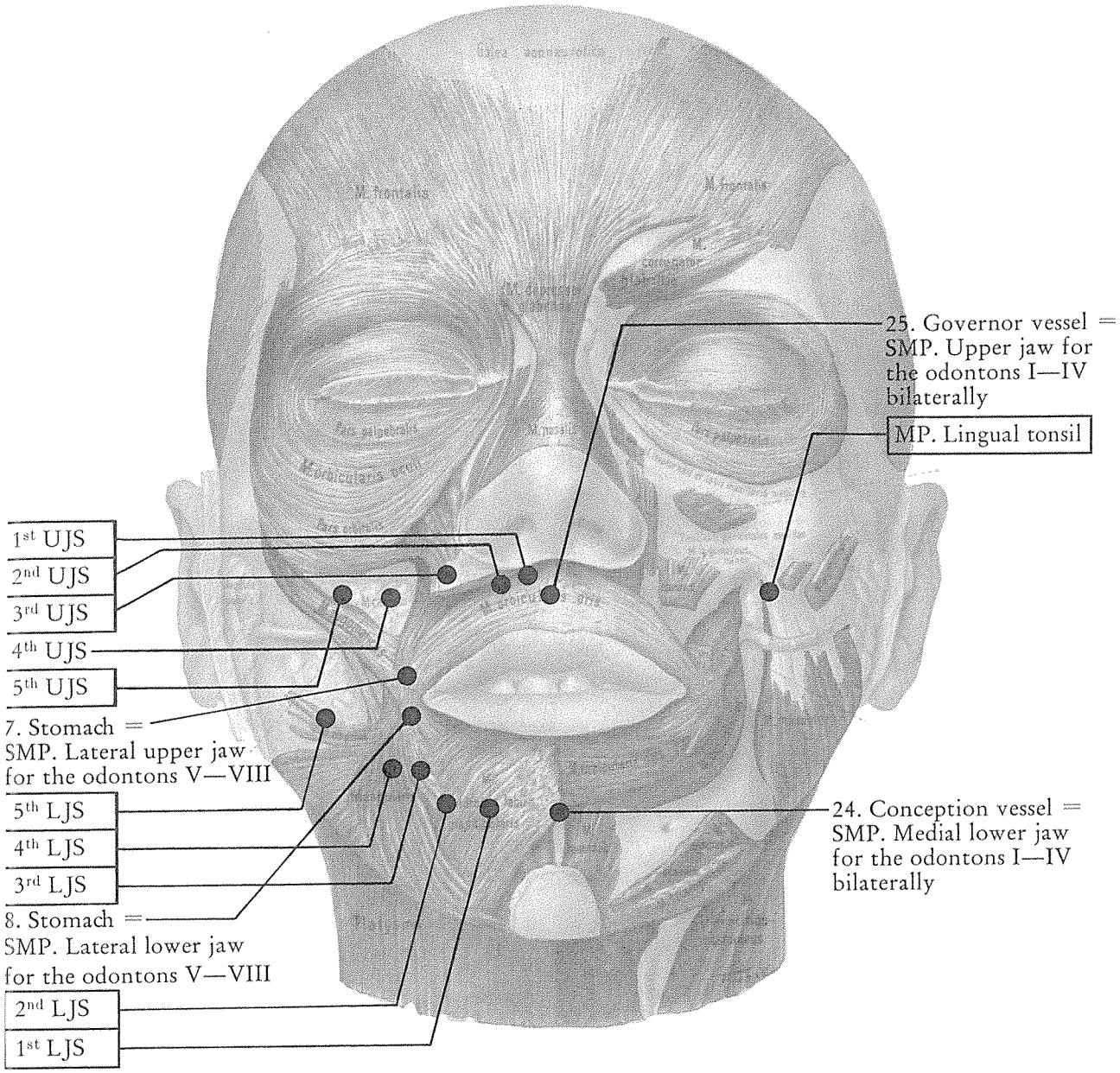


Fig. 18. Measurement points for the 10 jaw sections in the upper and lower jaw.

UJS = Upper jaw section
LJS = Lower jaw section
Od = Odonton

MP. 3rd LJS for the lower odontons IV and V, that is, for the lower premolars on 8—1. MP. Stomach.
For position, see page 99.

MP. 4th LJS for the lower odontons VI and VII, that is, for the lower molars on 18a. MP. Large intestine.
For position, see page 99.

MP. 5th LJS for the lower odonton VIII with its adjacent retromolar space, that is, for the upper wisdom tooth on 17a. MP. Small intestine.
For position, see page 99.

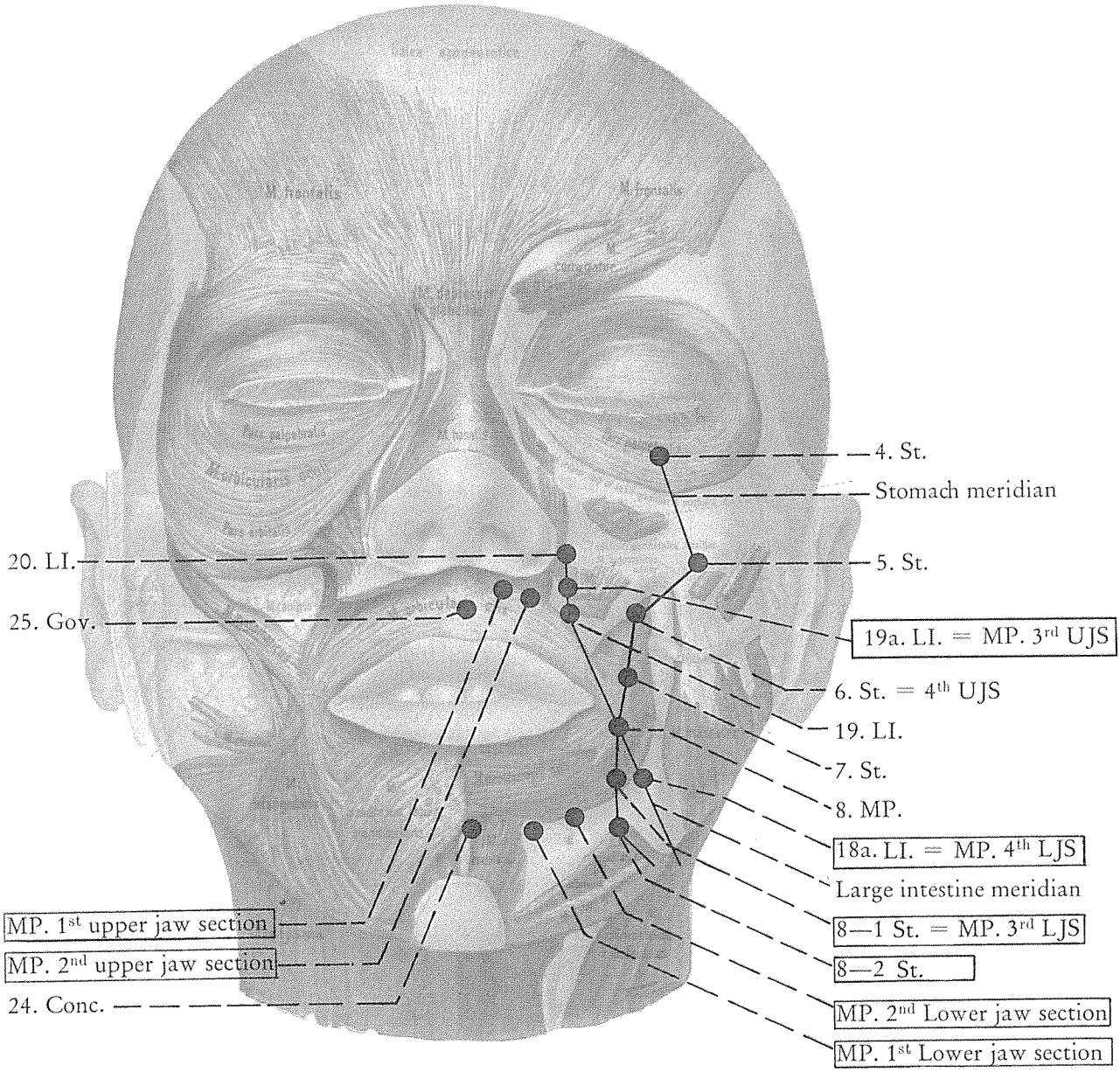


Fig. 19. Measurement points of the large intestine and stomach meridians in the lateral region of the face.

8—2. St. = MP. Mesopharynx
19. LI. = MP. Nasal cavity, lateral portion
5. St. = MP. Maxillary sinus
20. LI. = MP. Ethmoid cells

8—2. MP Stomach = MP. Mesopharynx

Position:

In the lateral region of the chin over the intersection of the lateral edge of the musculus quadratus labii inferioris and of the medial edge of the musculus triangularis.
This point is situated vertically below the 8. and 8—1. Stomach points, appr. 2—3 mm off the latter point.

Locating the point:

When the lips are pulled upwards laterally, a dimple is formed between the medial edge of the musculus triangularis, the lower edge of the musculus orbicularis oris, and the lateral edge of the musculus quadratus labii inferioris. Below this dimple and over its lowest point lies the measurement point.
The former 8a. MP. Lung for the pharynx is the actual measurement point for the lower portion of the pharynx, that is for the hypopharynx.
The MP. Hypopharynx facilitales specific diagnostics.

3a—1. Stomach = MP. Epipharynx

Position:

Situated over the tip of the lower edge of the blunt bulging of the zygomatic bone (tuber malare).

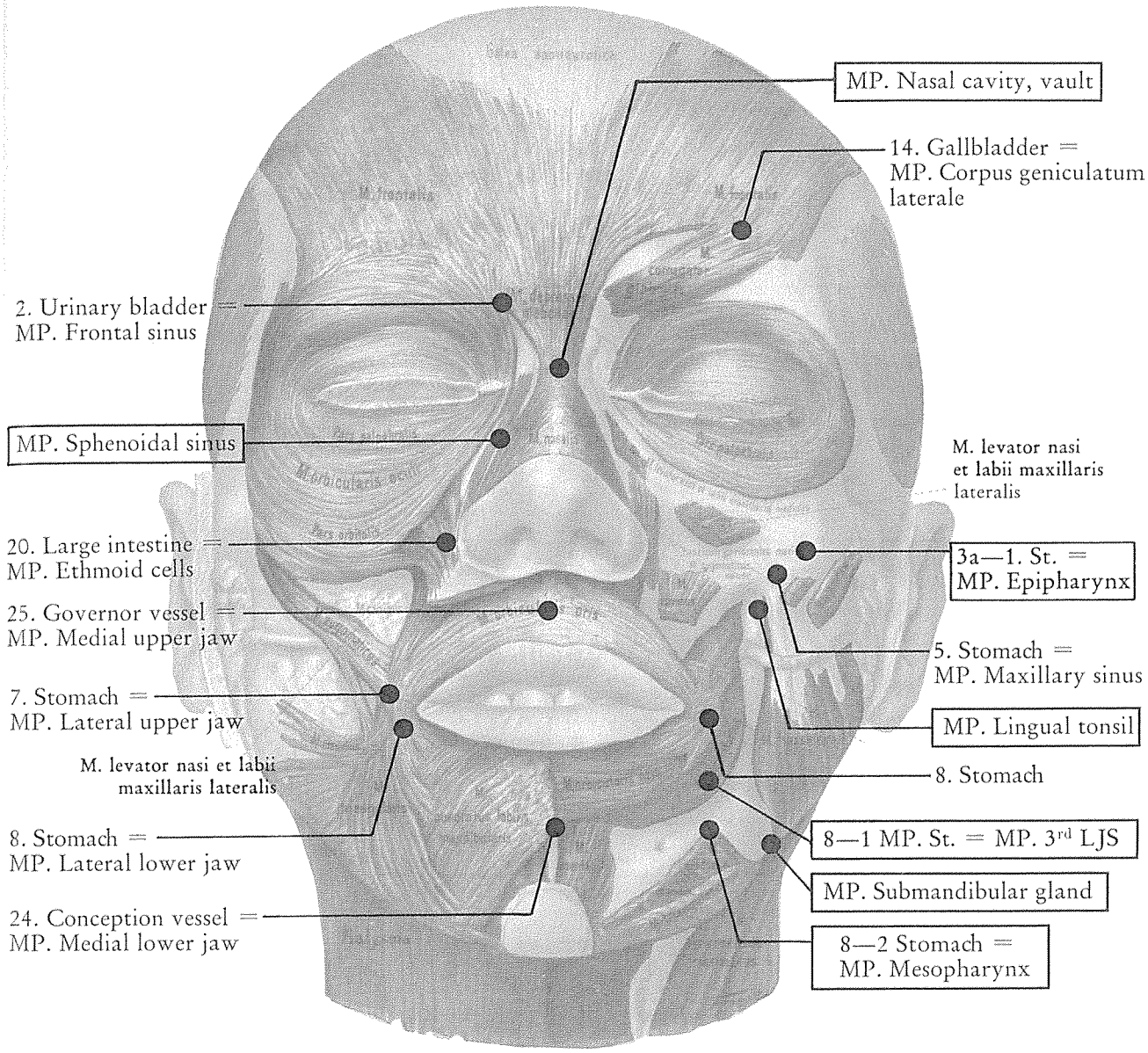


Fig. 20. Measurement points for the epipharynx and mesopharynx.

16a. MP. Triple-warmer = MP. Deep cervical lymph nodes

Position:

Over the sulcus of the clavicular and the sternal part of the sternocleidomastoid muscle, appr. 1 1/2 FB. lateral to the 3. Stomach (= MP. Parotis) and appr. 1/4 FB. higher up. (For MP. Parotis, see Illustr. Vol. I, Fig. 18, and Textual Vol. I, page 49).

This MP. always yields an indicator drop (ID.), when the CMP. for the five tonsils of the lymphatic ring = 1—2. MP. Lymph vessel, the 2. MP. Lymph vessel as reference point for an odontogenic pathologic process, or the 3. MP. Lymph vessel as reference point for a disturbance in the paranasal sinus likewise show IDs.

When these four points have no IDs, there exist further possibilities for an ID. at the MP. Lymphonodi cervicales profundi, because hypopharynx, larynx, trachea, thyroid, and cervical spine discharge their lymphatic drainage into the deep cervical lymph glands.

1. An inflammation of the trachea: check 9. Lung = MP. Trachea (see Illustr. Vol. II, Fig. 17).
2. An inflammation of the larynx: check 8b. MP. Lung = MP. Larynx (see Illustr. Vol. II, Fig. 17).
3. An inflammation of the hypopharynx: check 8a. MP. Lung = MP. hypopharynx (see Illustr. Vol. II, Fig. 17).
4. A disease of the thyroid: check 10. Stomach = MP. Thyroid (see Illustr. Vol. I, Fig. 7).
5. An inflammation of the entire cervical spine or of its portions: check 6. Small intestine = MP. Cervical spine (see Illustr. Vol. I, Fig. 1 and 25, and the description on page 168).

Should even these two measurement points give no indication for a pathologic process, a disease of the deep cervical lymph glands has to be considered.

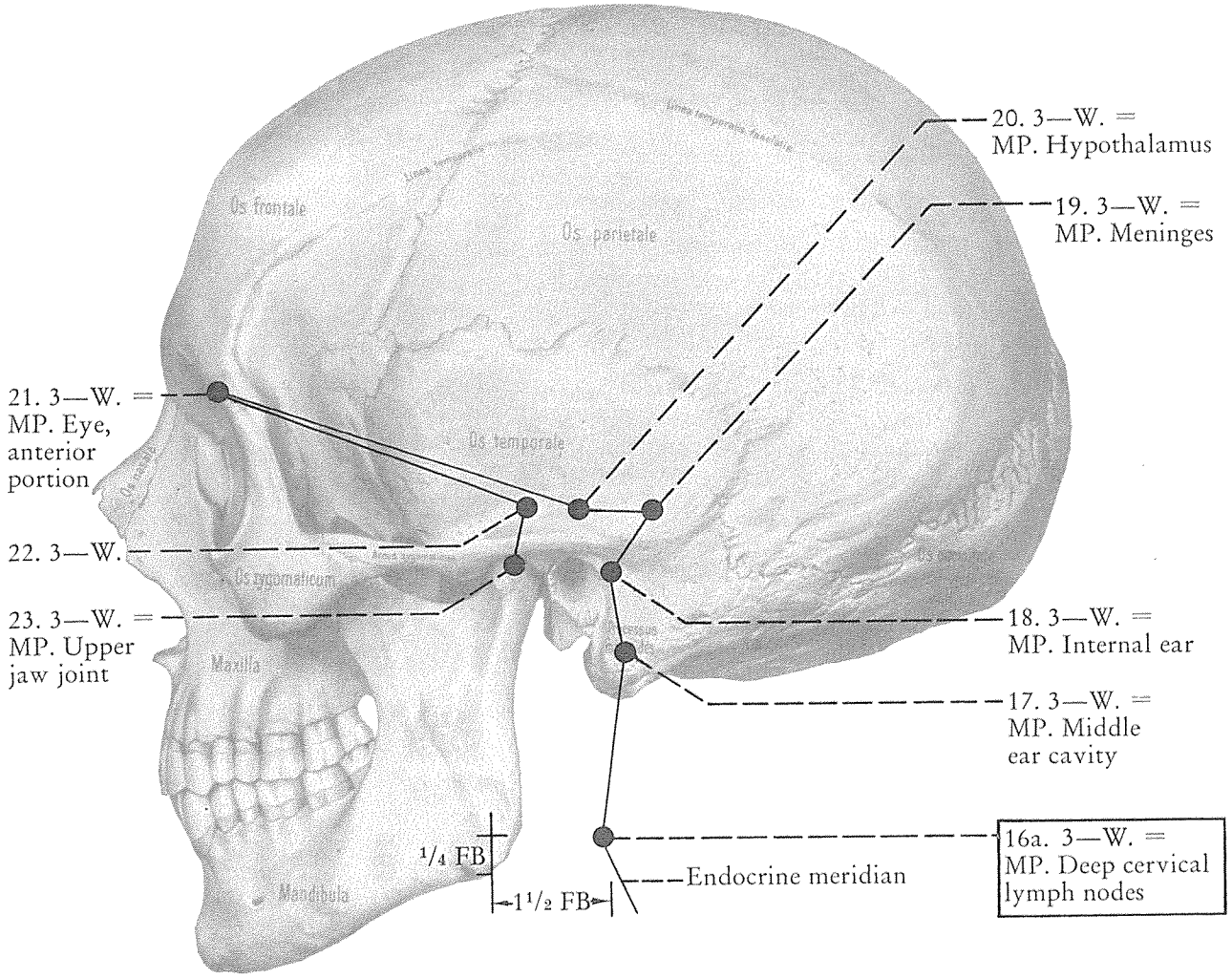


Fig. 21. Measurement point for the lymphonodi cervicales profundi (deep cervical lymph nodes).

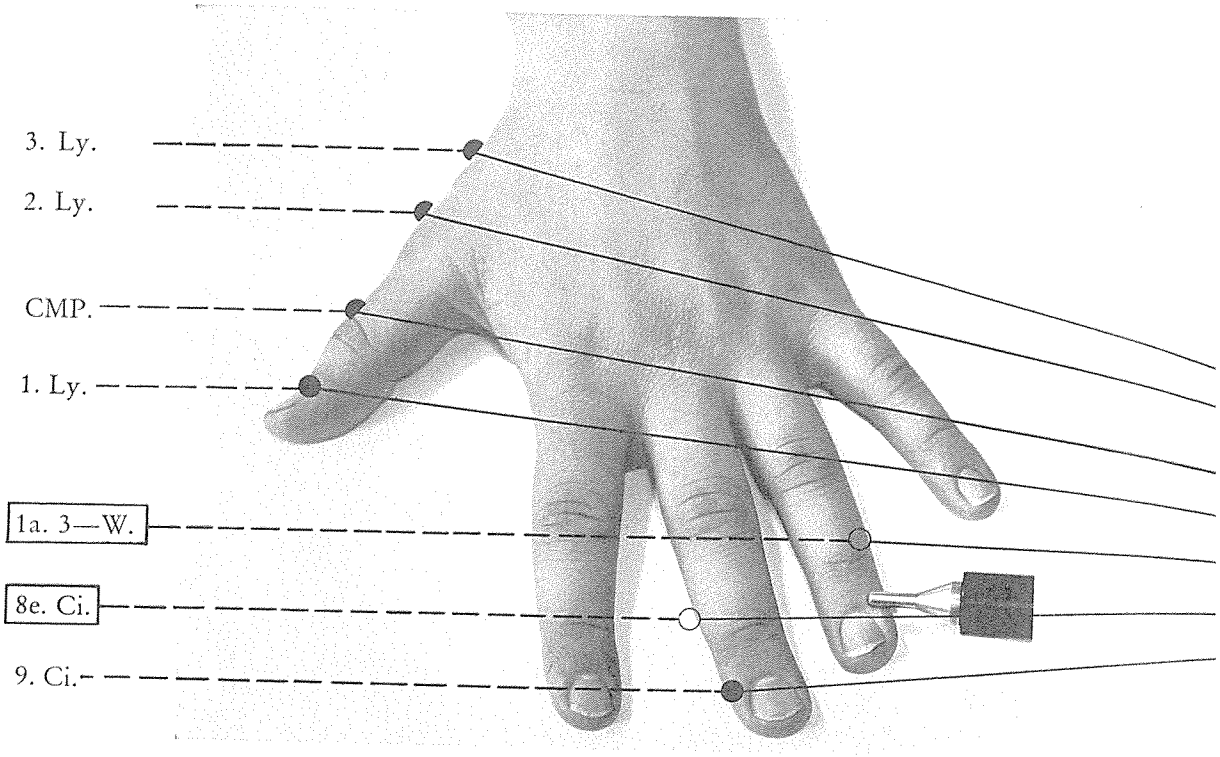


Fig. 22

CMP.	=	Control measurement point for the five tonsils of the lymphatic ring
2. Ly.	=	MP. Lymph drainage of the upper and lower jaw
3. Ly.	=	MP. Lymph drainage of paranasal sinus
1a. 3—W.	=	MP. Cervical part of the sympathetic nerve
8e. Ci.	=	MP. Left for thoracic aorta and thoracic aortic plexus
9. Ci.	=	SMP. Arteries
1. Ly.	=	MP. Palatine tonsil

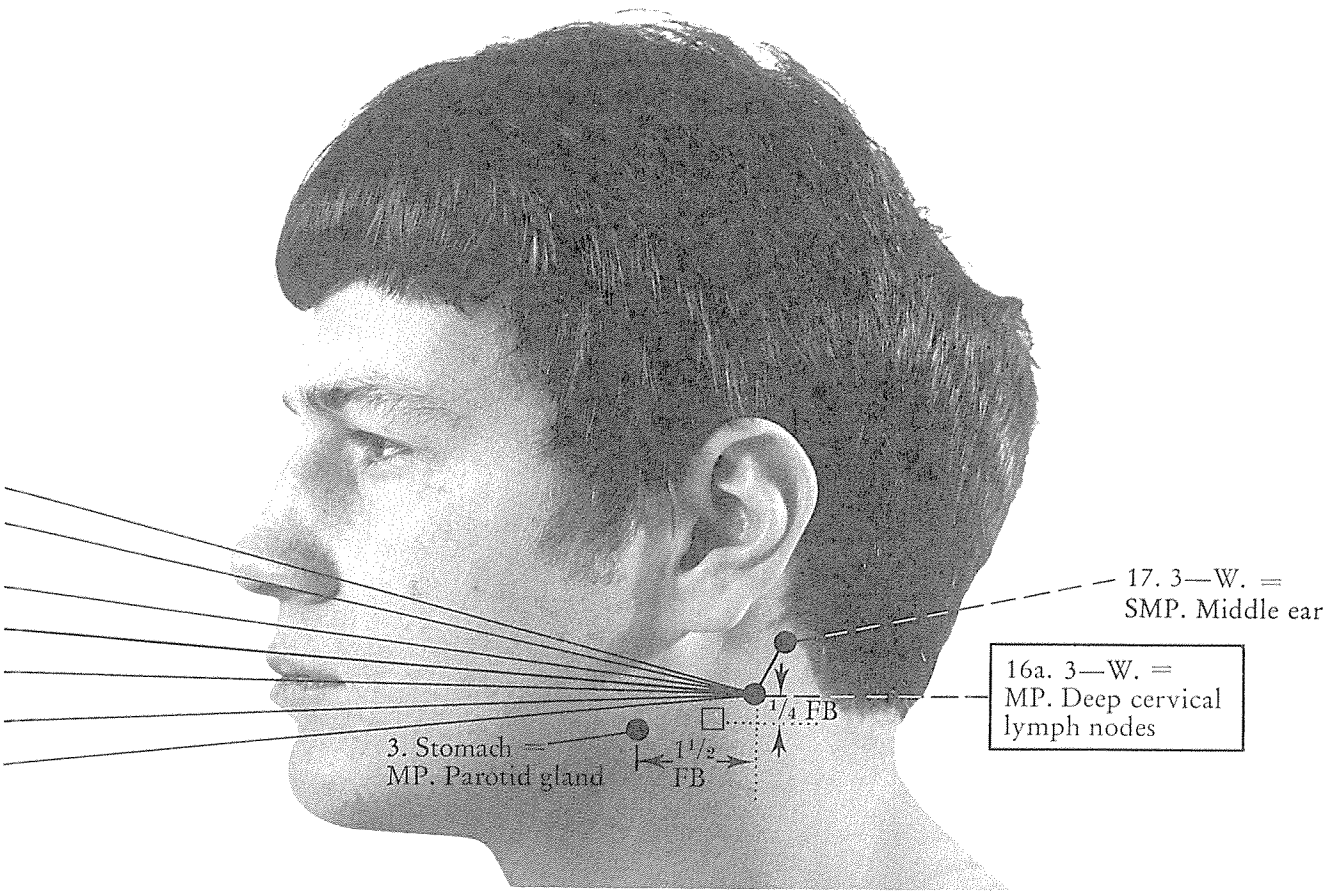


Fig. 23

Fig. 22 and 23. Measurement point Deep cervical lymph nodes and connections to MP-s of the lymph vessel, the circulation, and the triple-warmer meridians.

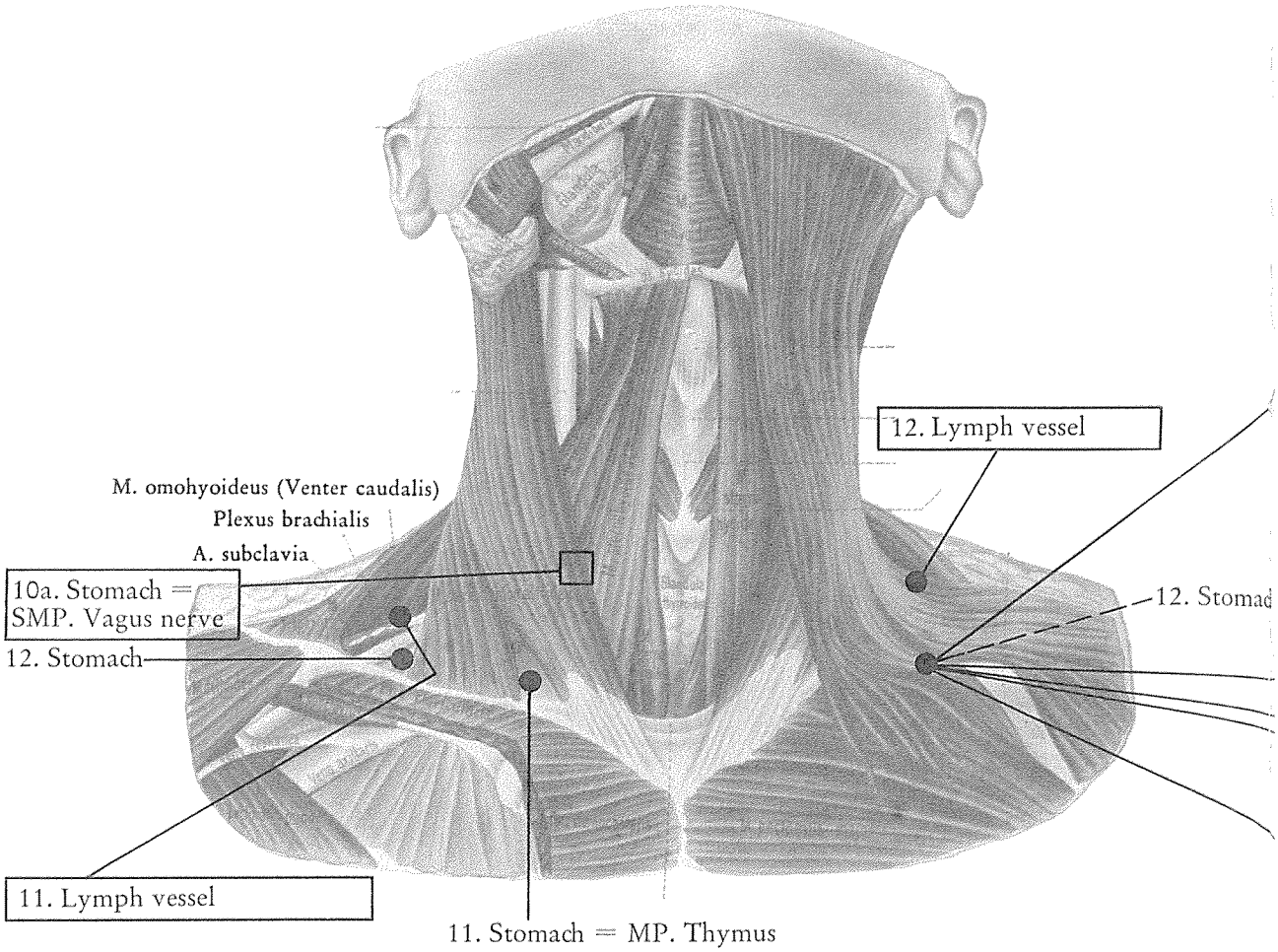


Fig. 24 and 25. 12. Stomach = Measurement point Sinus caroticus and Arteria carotis communis with connections to the SMP. Sympathetic nerve, SMP. Arteries, SMP. Cervical ganglia, MP. Thoracic aortic plexus, MP. Renal plexus, MP. Suprarenal plexus.

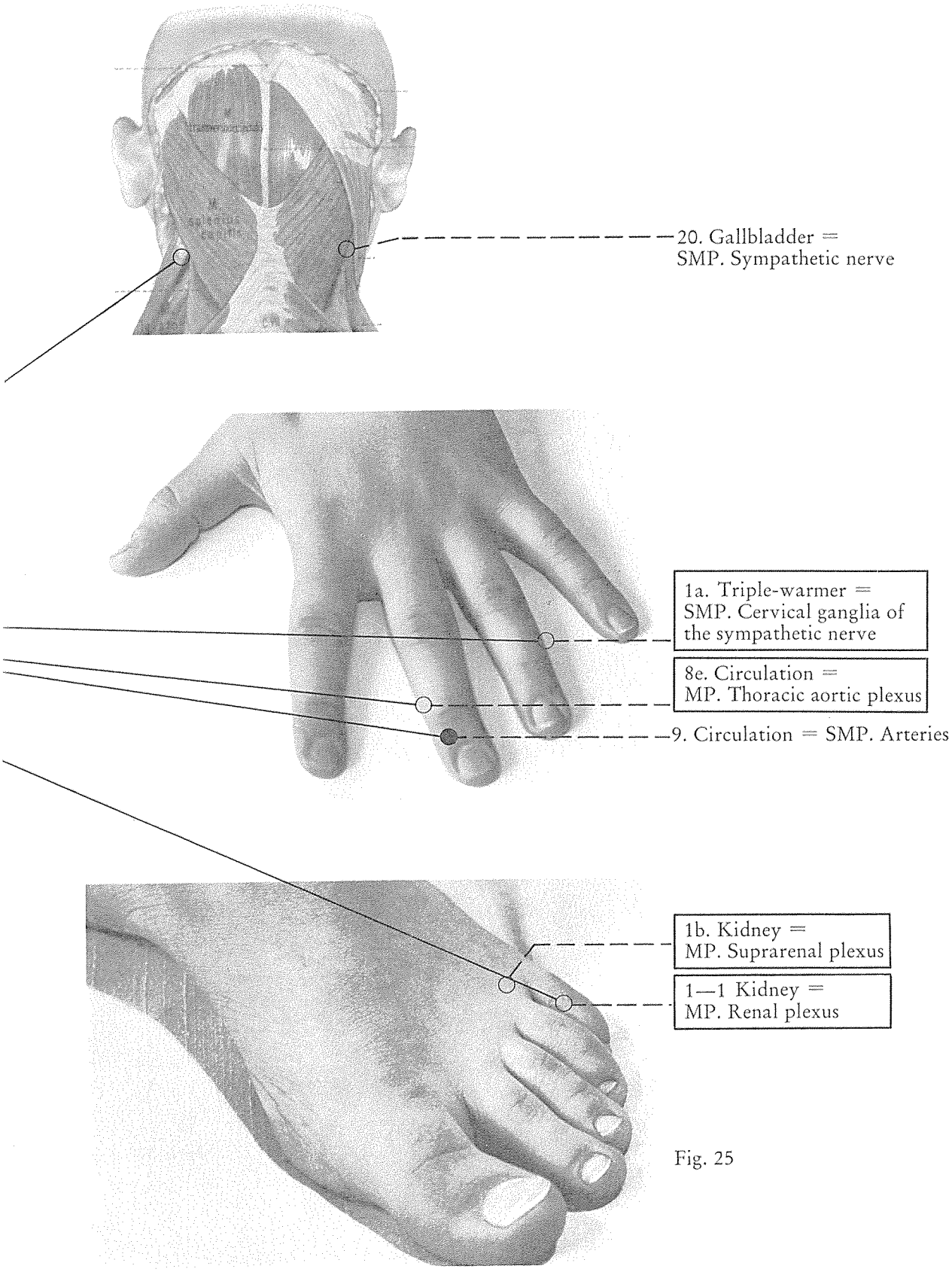

20. Gallbladder =
SMP. Sympathetic nerve
1a. Triple-warmer =
SMP. Cervical ganglia of
the sympathetic nerve
8e. Circulation =
MP. Thoracic aortic plexus
9. Circulation = SMP. Arteries
1b. Kidney =
MP. Suprarenal plexus
1—1 Kidney =
MP. Renal plexus

Fig. 25

5. St.	= MP. Maxillary sinus
6. St.	= MP. 4th Upper jaw section (odontons VI and VII)
7. St.	= SMP. Lateral upper jaw (odontons V and VIII)
8. St.	= SMP. Lateral lower jaw (odontons V and VIII)
8-1. MP. St.	= 3rd Lower jaw section (odontons IV and V)
8-2. MP. St.	= MP. Epipharynx and Mesopharynx
8a. MP. St.	= MP. Submandibular salivary gland
8b. MP. St.	= MP. Palatine tonsil
8c. MP. St.	= MP. Cervical part of the vagus nerve
8d. MP. St.	= MP. Pharyngeal plexus
9. St.	= MP. Parathyroid
10. St.	= MP. Thyroid
10a. MP. St.	= SMP. Vagus nerve
17. LI.	= MP. Folliculi lymphatici laryngei = Laryngeal tonsil
18. LI.	= MP. Tubal tonsil
18a. MP. LI.	= MP. 4th Lower jaw section (odontons VI and VII)
19. LI.	= MP. Nasal cavity, lateral portion
19a. MP. LI.	= MP. 3rd Upper jaw section (odontons IV and V)
20. LI.	= MP. Ethmoid cells
15. SI.	= MP. Anterior pituitary lobe
16. SI.	= MP. Cranial part of the vagus nerve
17a. MP. SI.	= MP. 5th Lower jaw section (odonton VIII and retromolar space)
17b. MP. SI.	= MP. 5th Upper jaw section (odonton VIII)
19. SI.	= MP. External ear and external auditory canal
15. 3-W.	= SMP. Joints of the upper extremity
16. 3-W.	= MP. Anterior pituitary lobe
16a. MP. 3-W.	= MP. Deep cervical lymph nodes
17. 3-W.	= MP. Middle ear and tympanic cavity
18. 3-W.	= MP. Internal ear
19. 3-W.	= MP. Meninges
20. 3-W.	= MP. Hypothalamus
11b. MP. Gbl.	= MP. Nuclei of the vagus nerve in the oblong bulb
19. Gbl.	= MP. Peduncle of the brain
19a. MP. Gbl.	= MP. Cranial part of the sympathetic nerve
20. Gbl.	= SMP. Sympathetic nerve

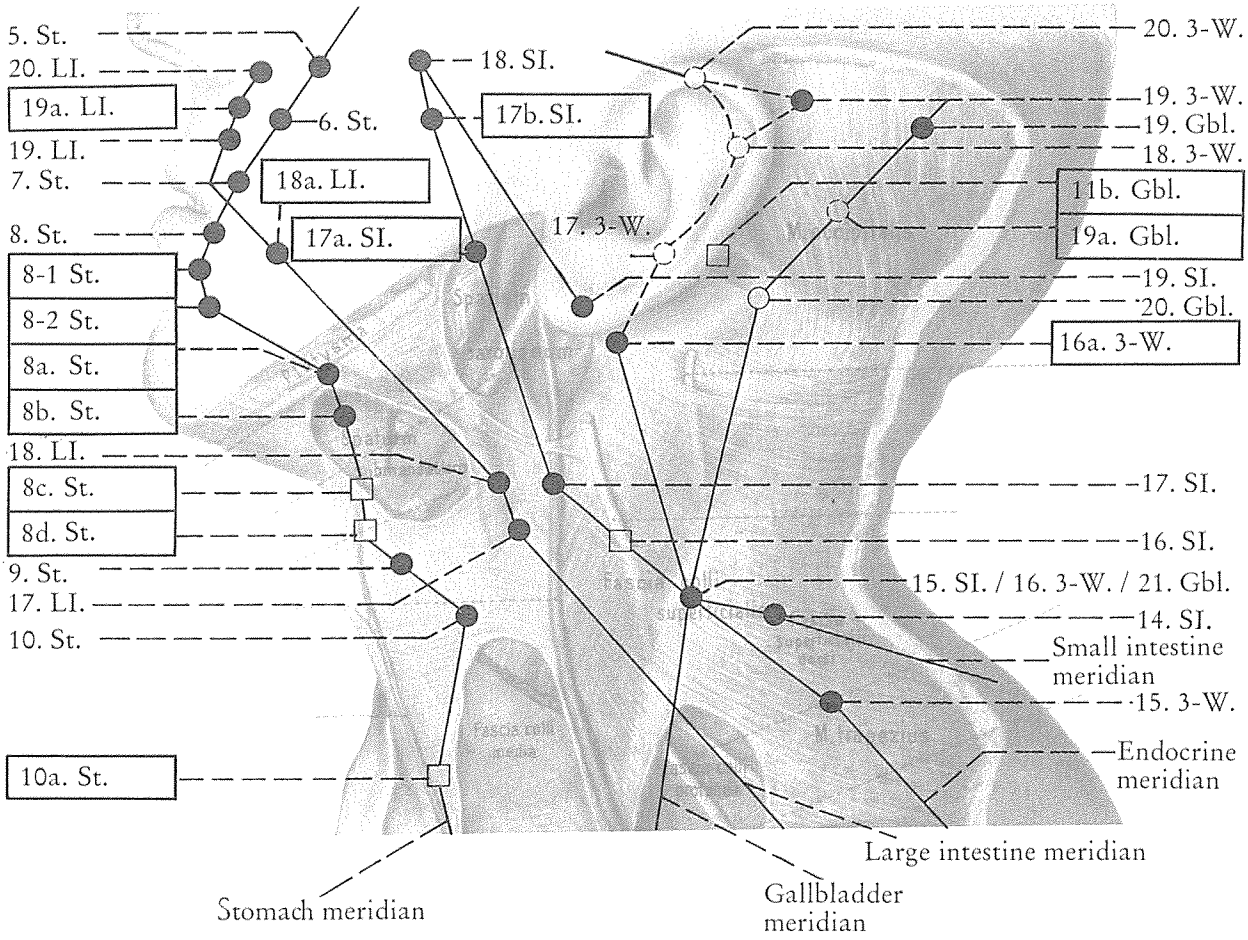


Fig. 26. Positions of meridians in the lateral cervical region and in the lower face.

The course of the triple-warmer meridian behind the ear is shown by an interrupted line between 17. 3-W. and 20. 3-W.

The verification of further points on the meridians: gallbladder, stomach, and triple-warmer necessitated corrections of the following meridian sections:

Section 10.-12. Gallbladder because of the new points.

10a. MP. Gallbladder = MP. Preganglionic fibres for the lower odontons V and VI (see page 19).

11b. MP. Gallbladder = MP. Nuclei of the vagus nerve in the medulla oblongata (oblong bulb) (see page 19).

Section 19.-20. Gallbladder because of the new point 19a. MP. Gallbladder.

19a. MP. Gallbladder = MP. Cranial part of the sympathetic nerve (see page 22).

Section 8.-9. Stomach because of the new points 8-1. and 8-2. MP. Stomach.

8-1. MP. Stomach = MP. 3rd LJS for the lower odontons V and VI (see page 99), and 8-2. MP. Stomach = MP. Epipharynx and Mesopharynx (see page 138).

Section 16.-17. Triple-warmer because of the new point 16a. MP. Triple-warmer = MP. Lymphonodi cervicales profundi (see page 140).

5. St.	=	MP. Maxillary sinus
6. St.	=	SMP. 4th Upper jaw section (odonton VI-VII)
7. St.	=	SMP. Lateral upper jaw (odonton V-VIII)
8. St.	=	SMP. Lateral lower jaw (odonton V-VIII)
8-1. MP. St.	=	MP. 3rd Lower jaw section (odonton IV-V)
8-2. MP. St.	=	MP. Epipharynx and Mesopharynx
10. Gbl.	=	MP. Nucleus ruber
10a. MP. Gbl.	=	MP. Preganglionic fibres from the midbrain of the vagus nerve
11b. MP. Gbl.	=	MP. Nuclei of the vagus nerve in the oblong bulb
12. Gbl.	=	MP. Posterior pituitary lobe
18a. MP. Gbl.	=	MP. Brachium colli inferius
19. Gbl.	=	MP. Peduncle of the brain
19a. MP. Gbl.	=	MP. Cranial part of the sympathetic nerve
16a. MP. 3-W.	=	MP. Deep cervical lymph nodes
17. 3-W.	=	MP. Middle ear and tympanic cavity
18. 3-W.	=	MP. Internal ear
19. 3-W.	=	MP. Meninges
20. 3-W.	=	MP. Hypothalamus
21. 3-W.	=	MP. Eye, anterior portion
23. 3-W.	=	MP. Upper jaw joint

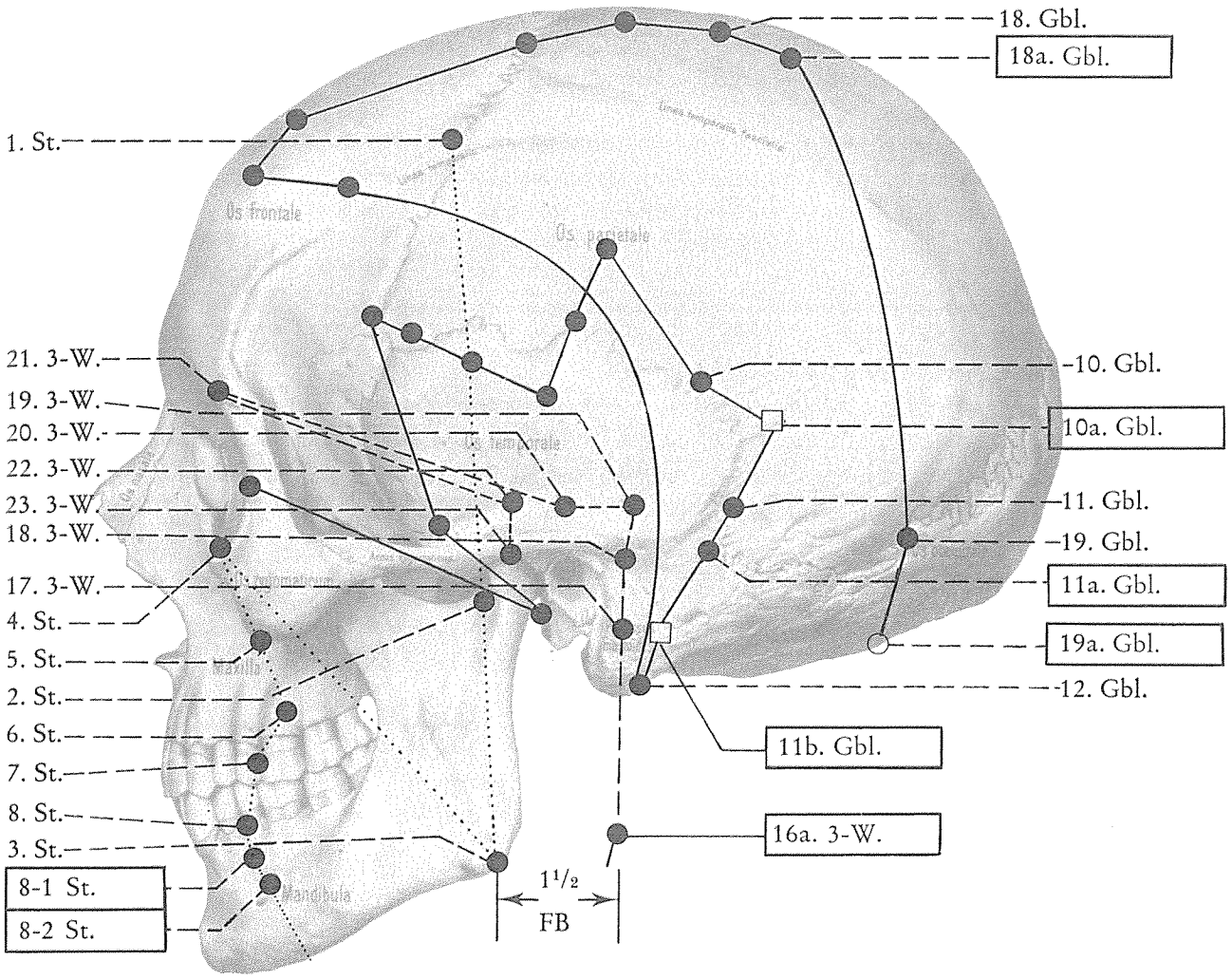


Fig. 27. Position of the gallbladder meridian on the lateral skull.

Dotted line = Stomach meridian Interrupted line = Triple-warmer meridian (endocrine).

The measurement points for the cervical part of the vagus nerve and for the pharyngeal plexus of the vagus nerve are marked as squares,

8c. MP. Stomach = MP. Cervical part of the vagus nerve

For position, see page 19.

8d. MP. Stomach = MP. Pharyngeal plexus of the vagus nerve

For position, see page 20.

8a. MP. Stomach = MP. Submandibular salivary gland

For position, see page 49, Textual Vol. I.

8b. MP. Stomach = MP. Palatine tonsil

In EAV there exist two MPs.:

a) 1. MP. Lymph vessel
   For position, see Textual Vol. I, page 56.

b) 8b. MP. Stomach

   The position of this point is now defined:

   At the lateral edge of the mylohyoid muscle on the same level as the 23b. MP. Conception vessel = MP. Lingual salivary gland. The latter point is described in the Textual Vol. I, page 49.

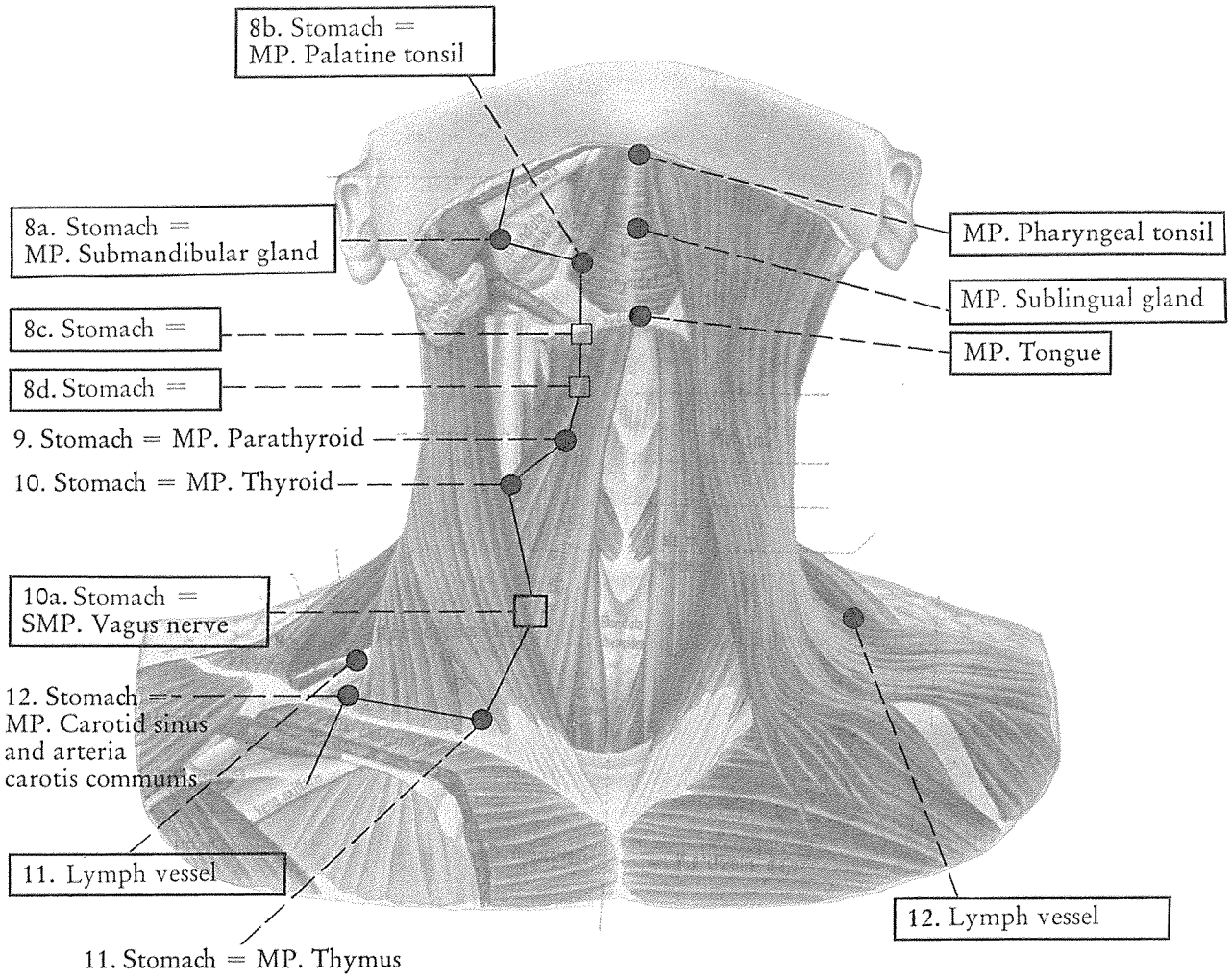
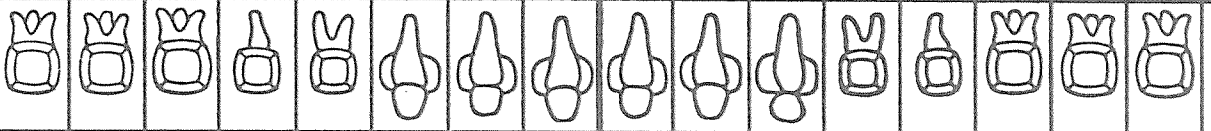
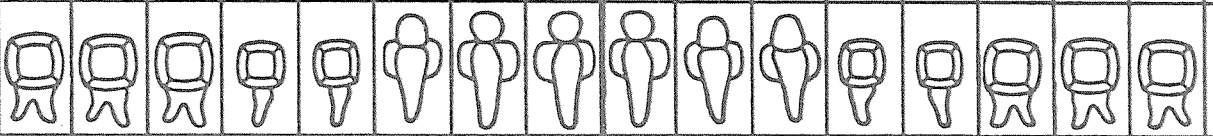


Fig. 28. Measurement points on the stomach meridian in the anterior cervical region.

☐ Measurement points of the vagus nerve
☐ 8c. MP. Stomach = MP. Cervical part of the vagus nerve
☐ 8d. MP. Stomach = MP. Plexus pharyngeus (Pharyngeal plexus)
☐ 10a. MP. Stomach = SMP. Vagus nerve

Teeth nomenclature

Upper jaw sections	VI.	V.	IV.		III.		II.	I.		I.		II.	III.		IV.		V.	VI.
American nomenclature		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
International nomenclature		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
Diagram of teeth	R																	L
		8+	7+	6+	5+	4+	3+	2+	1+	+1	+2	+3	+4	+5	+6	+7	+8	
	9−	8−	7−	6−	5−	4−	3−	2−	1−	−1	−2	−3	−4	−5	−6	−7	−8	−9
	R																	L
International nomenclature		48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
American nomenclature		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
Lower jaw sections	VI.	V.	IV.		III.		II.	I.		I.		II.	III.		IV.		V.	VI.

Note: 9− and −9 = VI[th] Lower jaw section on the right and left side respectively, also refered to as retromolar space. For this space no designations in the teeth nomenclatures have been provided.

Who is Dr. Voll?

Born in Berlin on 17 Feb., 1909 as the son of an architect, Dr. Voll soon developed an interest in technology and as a radio amateur during his high school years laid the foundations for his later research in Electro-Acupuncture. After graduating from high school he followed in his father's foot steps and took up studies in architecture at the Technical University of Stuttgart only to find out that medicine was his real vocation. His interest during his medical studies at the Universities of Tuebingen and Hamburg soon focused on anatomy, and it is only with a sound basis in human anatomy that modern acupuncture can be practised effectively.

During his medical career Dr. Voll engaged in preventive medicine both in industry and child welfare and settled down as a medical practitioner in Southern Germany in 1943. As early as 1953 he began practising Electro-Acupuncture and since 1959 has exclusively devoted his entire medical activity to this newly developed science.

In 1956 he founded and intensively promoted the Association for Electro-Acupuncture which was changed into an international organisation in 1961 with Dr. Voll as the president until 1972, when he became honorary president.

The Association, with members in more than 17 countries, offers training courses for medical doctors and dentists and has held more than 120 such courses in Electro-Acupuncture diagnostics and therapy, in addition to workshops, and scientific sessions mainly in Germany.

Ever since Electro-Acupuncture has been gaining more and more dedicated followers which proves that Dr. Voll's far-reaching concepts opened the gates for new significant approaches in medical diagnostics and therapy.