
New ways of looking at allergic diathesis and establishing links with our allergy therapy, autoaggression diseases and tumours

Martin Keymer, Naturopath, Emsdetten

Dear friends of bioresonance therapy,

In my paper this year I would like to summarise our findings over the past year regarding our body's immunological deficiencies as defined using Cross-linked Test Technique.

This paper will mainly focus on the subject of allergic diathesis, allergic responsiveness. New structures are evident here which are much more far-reaching than those of us who work with Cross-linked Test Technique would have thought even a year ago. First of all, allow me to give you a few ideas to get you started, particularly those of you who are still new to these amazing methods and those of you who have yet to use Cross-linked Test Technique.

I INTRODUCTION

When I first started using bioresonance therapy back in 1982, I was immediately fascinated by the amazing opportunity it afforded to treat patients with their own oscillations. At that time, only a small number of my colleagues had worked with BRT and not much was known about these methods, which had only been around for 4 years at that time. Therapy using secretions and excretions, for example, was still a relatively new and exciting concept.

We all searched long and hard for a really successful allergy therapy, but we were not in a position to offer long-term help to patients. We could only control the allergies in stages and were only able to attenuate the allergic reaction. *Dr. Schumacher* was the first to break with the notion that in bioresonance therapy the patient must always be connected at the input and output and went on to show that a substance's own oscillations, such as an allergen in the input cup, could also be used for therapy

purposes. Simply by changing the way therapy was administered so that there was only an allergen at the input and only the patient at the output brought a major breakthrough in allergy therapy.

We were now able to successfully treat allergies. Colleagues such as *Dr. Hennecke* and *Dr. Klein* then perfected allergy therapy, largely basing it on *Dr. Schumacher's* experiences.

As is so often the case in the delicate interplay of man's equilibrium, after breaking down this barrier, we inevitably came up against more. We realised that for a large group of patients this form of therapy on its own could be effective, especially for primary food allergies. We were surprised to see a complete stabilisation of the clinical picture in some cases but we also had to deal with relapses in patients whose allergies came back and in patients who were rid of one allergy only for another to develop, with immune system reactions, patient who simply refused to leave their hyperergy. In the past ten years this trend has continued. A logical explanation for this is the rising number of environmental stresses and above all the increased number of stresses caused by E-smog, microwaves and mobile phone smog.

Therefore, the group of therapists using Cross-linked Test Technique in particular have found that as well as using allergy therapy, which is completely correct and necessary, a second aspect should be considered; one which is much more far-reaching and also more problematic, i. e. allergic diathesis, allergic responsiveness.

It goes without saying that allergy therapy is still the most important course of therapy. Remov-

ing the allergic reaction, for example cow's milk protein, is enough in itself to relieve the immune system and release the vitality which the body has been using up unnecessarily on its immunological defences. If I remove the allergic reaction to cow's milk, I then relieve the burden on the immune system in such a way that immune reactions can return to normal.

Our immune system does not just fight against allergic reactions, however. It is just as important that our bodies defend themselves against viruses, bacteria, mycoses, parasites etc. as well as against environmental noxae, cell degeneration and focal stresses. On the other hand there are all manner of factors promoting immune suppression through intestinal flora dysbacteria, general reduction in metabolism through the weakening of *Pischinger's* basic system and through resulting reduction in vitality; through bad nutrition; through sharply reduced intake of vitamins, minerals, trace elements; through the reduced quality of our food, the increasing denaturalisation of food, e. g. through denaturalising devices in the home such as microwaves capable of transforming living foods into „dead" food within the space of 10 seconds; through E-smog and mobile phone oscillations which constantly interfere with man's control mechanisms; immune suppression through distress and over-stimulation; through hormonal inundation from, for example, residual hormones in drinking water, through phytohormones and xenobiotics, not least through allopathic agents such as antibiotics, cortisone and tranquilisers, the full range of immune suppression caused by psychological and psychosomatic stress in the sense of neuropsychology and many, many more.

Our immune system finds itself, as it were, caught between a rock and a hard place. On the one hand, the need to raise immunological performance given that our immune system needs to fight on ever more fronts and, on the other hand, the whole range of immuno-suppressive stimuli as described. As a result of this our immune system is placed under enormous stress. When the immune system is stressed there is a greater tendency for misinterpretations to occur and it is in response to such misinterpretations that allergic responsiveness kicks in. We all know that the more stressed the immune system becomes, the more likely an allergic reaction is to develop. The more allergic a patient is, the more allergic he becomes, as we are able to see all the more clearly with Spring now upon us.

Therefore it is also logical that the stronger the

stresses are which affect us, the more frequently immunological deficiencies are provoked and the more allergies, degenerative disorders and autoaggression diseases we will have, as statistics clearly show. Foodstuff allergies have an important bearing on our therapy system but they are no means the only factor.

II BACKGROUND TO ALLERGY: ALLERGIC DIATHESIS, NEW WAYS OF TREATING ALLERGY

Thus the background to allergic reactions, allergic diathesis, became much more prominent in our thinking and we tried to find solutions in this specific area.

We were given our first very important piece of advice by Mr. *Baklayan* in Munich. His testing showed that there was a relationship between parasites and allergic diathesis, which many of you have since become aware of, as we often find ascarides where there is a cow's milk allergy present, pancreatic fluke (*Eurytrema pancreaticum*) in conjunction with a wheat allergy, liver fluke (*Fasciola hepatica*) where there are contact allergies, oriental liver fluke (*Clonorchis sinensis*) in cases of hayfever and ascaris larvae can be seen in particular in cases of bronchial asthma. Such correlations have been well documented, tested in several practices and may be adopted by you as practitioners.

A further important piece of advice came from *Dr. Will* from Cologne. He had been considering the „basic ampoule allergy" and „basic ampoule, latent intolerant", developed in the Cross-linked Test Technique.¹ In the knowledge that, following successful therapy, most allergies are characterised as being latent intolerant he decided that from

¹ The „basic ampoule allergy" corresponds to the immunological output of the allergic reaction. This includes all factors which are stimulated by the acute allergic reaction, from the thymus, spleen, immunoglobulin and the elated central control of incorrect responses, to the suprarenal gland and tissue hormones.

In the „basic ampoule, latent intolerant" we find the immunological starting point whereby the allergic reaction only appears under certain stressful situations.

Observation of testing over the years has shown that after successful therapy of an allergen this allergen is almost always still latently intolerant within the body. If you then test the stress reaction of the immune system in a situation in which latent intolerance exists, but which does not produce the acute reaction, you have a bioenergetic test failure.

the second treatment onwards he would not only work with the „basic ampoule allergy" but also with the „basic ampoule, latent intolerant" at the same time. He repeated this until the last allergen had disappeared completely. *Dr. Will* observed from this in particular that recurrences of a treated allergy were much rarer in his practice.

Mrs. *Albers-Timm* from Hamburg also made a significant contribution to furthering allergy therapy. Initially she tested the three allergy ampoules from the 5 element test set and distinguished between them. She then tested the three allergy ampoules from the organ sub-set „water" and differentiated between these in the same way. Finally she made a distinction between the central control catalysts, especially those of hereditary and acquired allergies.'

² The three allergy ampoules from the 5 element test set are distinguished as 1) „primarily hormonal allergy", 2) „primarily primary allergy", 3) „primarily regulative allergy".

The „primarily primary allergy" ampoule signifies that the primary food allergen is the most important factor to consider. If this ampoule is indicated, it is to be expected that a food allergen therapy alone will significantly alter the course of therapy. We can therefore concentrate fully on this.

The „primarily hormonal allergy" signifies an allergic responsiveness which is produced through poor hormonal regulation. An example of this is the picture of classical suprarenal gland insufficiency with a lack of peripheral cortisone, the change in the resting metabolic rate through miscontrol through hormonally conditioned thymus irritations or through poor regulation of the tissue hormone, in particular histamine and histidine i. e. histaminosis.

The „primarily regulative allergy" signifies above all the over-stressing of the immune system through the immunological influences cited above with at the same time massive immune suppression.

The word „primarily" relates to the prime importance of a certain stress. Of course, this does not mean that in a hormonally conditioned allergy the food allergen is not fully effective or that in a primarily hormonal allergy the stress reaction produced by the immune system may also be present in the form of a primarily regulative allergy. It only serves to define the level of importance.

The meridian oscillation of the allergy meridian is contained in the 5 element test set. This allergy meridian oscillation is not contained in the three allergy ampoules in the „water" organ sub-set.

The central control catalysts represent a very complex resonance phenomenon. With the aid of these ampoules it is possible to combine the psychological irritation (defined through colours, sounds, high homeopathics and archaic elements), central control (thalamus, hypothalamus, hypophysis, limbic system and epiphysis) as well as the meridian oscillation (in the same way defined through colours, sounds, archaic elements) and the organ oscillations at the

All of the ampoule groups identified in this way

were simultaneously placed in the input cup and treated with program 198. Immediately afterwards the allergen was treated by using the priority test on several allergies to determine which allergen should be treated first of all. This is particularly recommended through a combination of „basic ampoule allergy" and „basic ampoule, latent intolerant" according to *Dr. Will*.

It was likewise recommended that the allergen be modulated into the suitable potency with the aid of the analogue potentiation program with oil and drops, and where possible this should be used as part of a potency agreement if the best results were to be obtained.

We have Mrs. *Renate Lengwenus* from Hamburg to thank once again for the next important set of findings. She gave us a lot of advice, especially about successful parasite therapy using program 133. She observed first of all in adult patients who were being treated for a food allergy and related disorders, that despite successful treatment using the above measures and the test results which showed the patient was „healthy", skin, intestinal and bronchial complaints or other similar complaints arose again and again.

Now these patients were not only tested using the „basic ampoule allergy, adults" but also the „basic ampoule allergy, children"³, which was used in conjunction with therapy for the previously treated food allergens, successfully resulting in a prompt „re-alignment". Mrs. *Lengwenus* now made the assumption that it could be the case that adult patients were not always able to react to their allergies appropriately and instead could only deal with them on a „child's level".

Mrs. *Lengwenus* was also able to observe in these patients that often the TW (in the catalysts of central control test set) tested significantly younger than consistent with the patient's actual age.' The catalysts identified were included in the therapy.

same time in a resonance reaction. As a result you are breaking through the psychosomatic barriers, since they are all occurring simultaneously within a resonance phenomenon. As a result, subsequent therapy can be used in a system which is communicating effectively.

³ Since a child's immune system reacts quite differently (more aggressively) than that of an adult, a distinction is made between the „basic ampoule allergy" and „basic ampoule, latent intolerant" in adults and children.

⁴ The TW meridian is subdivided into five age groups within the catalysts of central control test set: „1-14 years",

III THE LOGICAL LINK TO AUTOAGGRESSION DISEASES

These findings meant that the next discovery by Mr. *Peter Muller* from Schweich made complete sense. An autoaggression disease is defined as a reaction of the immune system against itself, against its own organs and tissue structure. *Peter Muller* has since developed a proven form of therapeutic approach for autoaggression patients. The following is carried out within one session.

Step 1: In accordance with the stressed autoaggressive organs the corresponding ampoules from the attenuation test sets are tested and treated so that this organ structure is targeted and removed from its hyperergy.⁵

Step 2: With the aid of the Yin-Yang set, therapy is administered to the specific meridian displaying autoaggressive tendencies. *Mr. Muller* believes that as a result of the autoaggressive reaction the Yin-Yang energy is shifted within the meridian.⁶

Step 3: From the organ sub-sets⁷ he tests out the organ ampoules in the stressed autoaggressive or-

„14-21 years“, „21-35 years“, „35-60 years“ and „old age“.

⁵ The attenuation test sets are designed to give targeted attenuation treatment to an organ area in hyperergy — by means of an H-inverse therapy. If you have, for example, a spleen hypergy and lay the flexible electrode across the spleen area and then administer therapy using A inverse, you are using attenuating therapy on the spleen but at the same time you are also treating all information within the body. Using the attenuation ampoules, you have only the spleen in the input cup and are only treating the spleen inversely. This allows therapy to be targeted far more specifically.

⁶ The Yin-Yang ampoules make it possible to attenuate or amplify the Yin or Yang component within **one** meridian. This does not mean the Yin-Yang pairs such as large intestine-lungs, but more specifically the Yin or Yang component within the large intestine meridian itself or within the small intestine meridian itself. The result of this therapy is that the meridian itself regains a balanced Yin-Yang potential. From acupuncture teaching we know, as with the image of the monads, that in each Yin there is always a Yang and in each Yang there is always a Yin. Hence every meridian contains both a Yin component and a Yang component.

⁷ The organ sub-sets are arranged according to the elements „fire“, „water“, „earth“, „metal“ and „wood“. This is merely an arrangement. Within the organ sub-sets there are no elements or meridian oscillations; instead there are only pure organ oscillations. Complex correlations, such as the head-neck lymphaticum are combined. The organ area. Now he places these organ ampoules

(stabilising impulses) together with the „**basic ampoule allergy**“ in the input cup and treats both using classic A1 **allergy therapy**.

The background to this is that the body is allergic to itself. He is therefore treating the organ structure like a potential allergen!

Step 4: The organ ampoules tested in step 3 are now built-up again but this time using a classic A therapy (program 192 or 198) for renewed energy build-up.

Since in the phrase *Autoaggression disease* the psychosomatic background of each autoaggression disease is already explained, the central control catalyst therapy, especially that of the autoaggressive meridian, is also added to this therapy. Independent of this, suitable psychotherapeutic measures are taken in order to stabilise the patient.

IV LINKS TO THE HAMER FOCUS

Our next important piece of information came from the active Hamburg working group which had been dealing specifically with the issue of *Hamer foci*.⁸ Initially the Hamburg group found that a *Hamer* focus was present in around 80 % of all patients, even if at the time of treatment there was no evidence of a tumour. This shows that the *Hamer* focus does not simply form once the first signs of a tumour appear but is already there beforehand. This also explains why it is possible to test potential areas of metastasis when signs of a tumour appear, as detailed in the tumour seminar.

Initially we uncoupled the *Hamer* focus as a focal point. The Hamburg group used the „basic ampoule allergy“ information, especially in autoaggressive cases and came up with the following sequence of therapy:

sub-sets are not formed in accordance with acupuncture teaching either. This means that, for example, the anal area is assigned to the large intestine and not to the kidney meridian as acupuncture teachings show. The main reason for this is so that even colleagues who have not undergone full acupuncture training are able to work with these sets.

8

Dr. Hamer was able to demonstrate by means of x-rays, EEG and pathology that every tumour patient has a *Hamer* focus in the brain. A *Hamer* focus is a cystic structure in the brain and appears to play a significant role in the psychosomatic development of a tumour.

I. Initially the *Hamer* focus is found but not treated.

II. The following are tested:

1. The central control catalyst ampoules, in particular the hereditary allergy (and/or the meridian linked to tumour activity)
2. The corresponding element ampoules, meridian ampoules, organ ampoules of the tumour activity
3. The gene factor from the „degeneration phases“ test set.

III. The honeycomb is used for therapy as follows:

1. Basic ampoule allergy
2. The identified central control catalyst
3. The identified element ampoules, meridian ampoules and organ ampoules

The appropriate gene factor from the „degeneration phases“ test set.

All these were treated **together** in the honeycomb using therapy type Ai. The output, in line with the Hamburg group's findings, is usually the navel or the coccyx. Other outputs can also be tested out (explicitly without DMI and BMF).

IV. Then the elements, meridians and organ ampoules are brought in again with therapy type A to build up (usually with DMI and BMF).

The observation shows that following this therapy, especially using the „basic ampoule allergy“, the *Hamer* focus is no longer in evidence, even though it has not been directly treated. Just in case it might still be there, it is now uncoupled as a focus. This of course needs to be tested subsequently.

After the *Hamer* focus has disappeared it is quite likely that another *Hamer* focus will appear which has hitherto been hidden from view. This is then treated using the same therapy.

V INITIAL SUMMARY

The only possible link to be drawn from this is that allergic diathesis, in particular hereditary allergic diathesis, represents a very far-reaching, latent obstacle to the ability of the system to regulate itself. It must be recognised that such a stress need not necessarily appear in as an overreaction of the immune system in the form of an allergic reaction, but also plays a significant part in the development of degenerative disorders and even tumours.

Here are a few more thoughts on the subject.

In our practices we frequently observe that a

tumour patient is hardly ever a chronic allergy sufferer with serious allergy problems, and furthermore a tumour patient will not suffer from autoaggression disease. Conversely, a person suffering from a major allergy or autoaggressive disorder is unlikely to have a tumour. The link to be drawn from this observation means that our regulation system either flows into hyper-allergic reaction or autoaggression, or instead moves towards degeneration, i. e. a tumour.

VI THE ROLE OF YIN-YANG ENERGY

The Yin-Yang principle appears to play a significant role within our body. At this point we will thus refer to knowledge gained from acupuncture teaching.

We know from acupuncture that the prognosis for a tumour disorder is significantly better if the meridian of the tumour is in Yang. A factor which determines the aggressivity of the tumour is that the tumour meridian also remains in Yang. It should not neither lose Yang energy or cross into Yin energy, because Yang promotes immunological defences (even to the extent of autoaggressive tendencies) and thus helps combat the tumour, whereas on the other hand Yin promotes degeneration.

The Yin-Yang meridian component is therefore the deciding factor as to whether a patient progresses in the direction of autoaggression or degeneration.

VII FURTHER RELATED INFORMATION

We all know that the foodstuff allergy is a typical example of hidden individual causes of chronic disorders and has a far-reaching effect on our regulatory system. We also know that a chronic food allergy sufferer need not necessarily also be a chronic allergy sufferer, asthmatic, neurodermatitis sufferer or autoaggression patient.

At this point we can recognise the need to view hereditary allergic diathesis from another angle and see that this obviously has an effect in combination with an allergic responsiveness both in terms of allergies and their peaks, autoaggression and also in the form of tumours. Both have their origins in hereditary allergic diathesis.

Dr. Eti Dachs, Vienna, who worked for many years in psychiatry, provides us with the next piece of the jigsaw. In psychiatry it is known that feeble-

minded patients, i. e. patients who are not really living in the real world, do not suffer from allergies, autoaggression disease or tumours. She therefore formulated the following sentence:

„If you have nothing to suppress you won't have an allergy“.

If we pursue this thought process, this means that the allergic diathesis which is shown clearly at the regulative level must also manifest itself through psychosomatic suppression mechanisms. Both the central control catalysts and the „basic ampoule allergy“ take on a completely new significance.

VIII LINKS TO LEUKAEMIA

This train of thought is further confirmed by those who attended last year's Cross-linked Test Technique workshop. Until that point it had always been made very clear in our tumour seminars that we had been unable to achieve any satisfactory results in the area of leukaemia therapy. Yet here too we have been able to develop a new therapeutic approach for these patients. It is still in its infancy but promises to be significantly more successful than anything achieved to date. The following therapy procedure is the result of this work and is used within one therapy session:

1st test stage: Firstly, the corresponding attenuation ampoules are tested. Particular consideration should be given to connective tissue, hepatic duct, thoracic duct, small intestine, lymph follicle, epiphysis, bone marrow, spleen, suprarenal gland, pancreas, RES, spinal cord, thyroid gland, thalamus, thymus and the caeliac trunk.

2nd test stage: Now the hereditary allergy, the acquired allergy, lymph, circulation, spleen, TW, liver and kidney are selected and tested from the central control catalysts.

3rd test stage: Now the corresponding element ampoules, meridian ampoules and organ ampoules are tested, especially the water element (lymph + allergy, kidney), earth element (spleen), fire element (circulation), wood element (liver).

4th test stage: Next, distinguish between gene factor A and gene factor Ai from the „degeneration phases“ test set.

5th test stage: Test out the Yin-Yang test set (see 2nd test stage).

6th test stage: Test out the three allergy ampoules and distinguish these from the 5 element sets as

well as the „water“ organ sub-set.

The therapy should be administered in one session as follows:

Therapy step 1: Use the tested attenuation ampoules.

Therapy step 2: Use the tested Yin-Yang ampoules.

Therapy step 3: In the input cup are the „basic ampoule allergy“ and also the tested central control catalyst ampoules, the tested element ampoules, meridian ampoules and organ ampoules as well as the corresponding tested gene factors A and Ai. All these elements together are used in classic allergy therapy.

(When Mr. *Baklayan* learnt of the idea of treating using the central control catalysts together with the „basic ampoule allergy“, he immediately remarked:

*„But Mr. Keymer, that would mean being allergic to your problem.“
Yes, indeed!)*

Therapy step 4: Therapy with the three allergy ampoules from the 5 element test set and the „water“ organ sub-set, as described above.

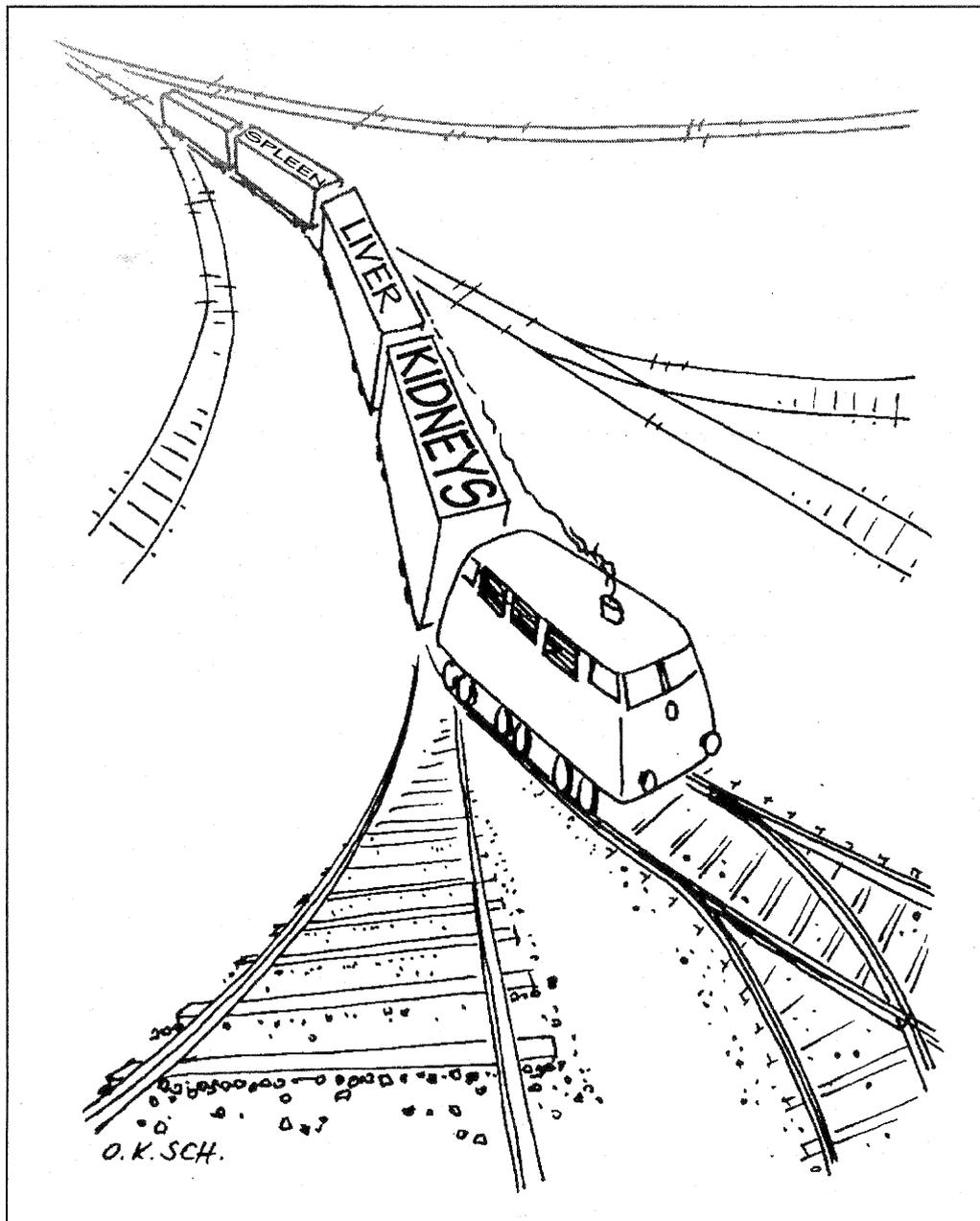
Therapy step 5: Therapy with the „basic ampoule allergy“ plus „bone marrow“ (the „bone marrow“ ampoule is contained in the new supplement bacteria/intestine/mycoses test set) in the form of autoaggression therapy after *Peter Muller*.

Therapy step 6: A classic re-stabilising build-up process takes place by means of the organ ampoules of the organ sub-sets.

From this therapy process it can be concluded that the reason why we have so far failed to find a successful leukaemia therapy is that leukaemia is fundamentally nothing more than a form of **auto-aggressive tumour**.

IX THE TRAIN OF LIFE

I would like to summarise all of this by comparing it to the train of life. The train of life consists of an engine and this engine is our central regulation responsible for neurohormonal, neurohumoral and neurovegetative control i. e. thalamus, hypothalamus, hypophysis, limbic system and epiphysis. This is the nerve centre for our metabolism where all



physical and psychological information merges together in a „regulative cascade“. Connected to this are all the wagons in our organ system, i. e. the liver wagon, the kidney wagon, the spleen wagon etc. The coupling between the wagons consists of our biocybernetic control circuits, the acupuncture meridians and bodily fluids, our circulation and lymph system. The tracks we are travelling along are defined by our basic metabolism, our immunological starting point and hereditary allergic diathesis.

This train would like to take us through a happy, healthy and successful life from the moment we are born until we reach our final destination, happy and fulfilled. But this train suffers stresses along the way. Environmental stresses, infections, reotoxic therapies, etc. weigh down the

wagon more and more and make it heavier and heavier. Despite this, it does not change its route. It only changes course at the points, the points which divert us from our ideal path. And such points come in the form of psychological traumas, severe poisoning, infections which have not been cured, allopathics and serious disorders.

The ballast on these rails represents the results and cumulative effects of a diverse range of stresses, vices, poor nutrition and similar factors which make the rails more and more unstable. And the heavier our train is and the more unstable the rails are, the more likely it is that the points will lead us in the wrong direction.

X THE ROLE OF MIASMAS

We worked out the penultimate piece of the jigsaw at our meeting at the International Mediterranean University at the beginning of February this year. At this meeting we considered the relationship of allergic diathesis dependent on hereditary toxins, on miasmas. We all know that hereditary toxins are among the most chronic and fundamental stresses; they virtually represent the material from which our tracks are built, upon which our train of life travels and upon which we are constantly trying to find our way. Until now we have always spoken of „mesenchymal anchors". Miasma therapy has always been at the bottom of our list of priorities when considering therapy because we know that if miasma therapy is used it may cause significant reactions to occur in patients; things such as the return of old, long forgotten complaints or a severe toxin overdose. This is something we are all well aware of. We also know that miasma therapy never really ends and is best managed through a long-term homeopathic constitution therapy.

We began asking ourselves „*Why does this happen?*". And suddenly it occurred to us that we could test these hereditary toxin „tracks" on those attending the meeting and then treat the miasmas so detected with the „basic ampoule allergy" at Ai. Our findings appear to confirm that this assumption is correct.

XI SUMMARY

From this we can now postulate that allergic responsiveness, allergic diathesis is based on the one hand on an allergic reaction to miasmas and on the other hand is based on subliminal allergic reaction, psychological trauma and suppression mechanisms. And this finally explains the psychosomatic acceptance of parasites; it explains the *Hamer* focus connection and it explains why so far we have found it so difficult to control allergic responsiveness once successful allergy therapy has taken place. The causes (points) are therefore allergens such as cow's milk, wheat and other foodstuffs, allergic reactions to moulds, parasites, environmental noxae, heavy metals plus their cumulative effects and the increasing weakening of the immune system through lack of stimulation in existing intestinal flora dysbacteria, but also in particular psycho-

logical suppression mechanisms and many more besides. Our train is more and more likely to travel along the rails of an increasingly allergic reaction. This leads to disturbances in the Yin-Yang ratio in our body and in the weakened meridians, with a predominant Yin track taking us in the direction of a tumour and a predominant Yang track heading towards autoaggression.

We now have a key to unlock the secrets of how both allergic responsiveness and also the development of autoaggressive and degenerative disorders take effect. And this does not just apply to patients who already have neurodermatitis, MS, ulcerative colitis or a large intestinal carcinoma but also our potential to treat a much greater number of patients; it is our task as therapists offering bioenergetic holistic treatment to make sure that these patients not only become healthy but more importantly that they stay healthy.

We will continue to work on the findings highlighted in this paper; they will influence the work of future Cross-linked Test Technique seminars and will be explained in detail at this year's tumour seminar, in the Cross-linked Test Technique workshop and in the special seminar dealing with the immune system. I look forward to welcoming you at these seminars.

This paper should also give us food for thought and we should question and check our own traditional ways of thinking to see whether in fact our new thinking regarding bioenergetic holistic medicine has given rise to new dogmatic approaches.

I would like to mention once again that firstly it is an honour for me to be given the opportunity to address this group, and secondly that this paper was only possible because many of my colleagues such as *Mrs. Len gwenus* and *Mr. Peter Midler*, to name but two, have been willing to pass on their findings, and because other colleagues have allowed me to speak to them and to test out new ideas in practice, such as *Dr. Greg-or Will*, *Thomas Ganswindt*, *Mrs. Nigmann*, *Harald Sievert* and many others. The more we develop as a group benefiting from interdisciplinary collaboration, the more successful we will be in our attempts to understand the secrets of the incredible interplay between biocybernetic control circuits by adopting holistic therapy.

Thank you for listening.