

## Adrenal fatigue – the stress syndrome of the 21st century

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The term "stress" can be derived from physics, where it is used in connection with the compressibility of materials.

The term was first used in a medical context by Dr. Hanns Seyle in a study on the reaction of the adrenal glands in humans and animals to unusual or heavy strains.

According to Seyle a stress response occurs in the form of a sine curve, where initially a "wave peak" and then a "wave trough" arises. In healthy individuals, this curve is very balanced.

Cortisol, adrenaline and glucose are released as an immediate stress response putting the affected person in a situation of stress management (fight or flight).

After this initial phase of the reaction, a rest period follows, in which the released hormones are broken down, the adrenal gland returns anew to the production of hormones, and the necessary energy sources can be restored.

However, if stress persists or the body repeatedly enters into this recovery phase of the adrenal glands (constant stress), adrenal exhaustion may occur.

This occurrence is what Seyle referred to as **General Adaptation Syndrome (GAS)**.

It consists of a triad: an alarm reaction, a resistance phase, and an exhaustion phase.

The body can no longer adequately respond to stress and, ultimately, can only produce small amounts of cortisol and other adrenal hormones.

Cortisol, however, is, amongst other things, anti-inflammatory and does not diminish the inflammation. At the same time, the cortisol increase that comes from stress slows down the serotonin system – increasing anxiety and causing strong feelings of frustration, which in turn causes more stress.

The adrenal gland's mineralocorticoids regulate the mineral balance in the body and, thus, influence the ratio of potassium and sodium. When this process is disturbed causing a potassium deficiency, inflammation is once again promoted.

### **Causes of Stress**

When life is hectic and full of high demands, it can lead to the continual release of stress hormones from the adrenal glands. While adrenaline can be broken down rapidly, the cortisol level in the blood rises continuously until the adrenal gland fails and the rhythmic release of its hormones can no longer be achieved. Stress-related frequent hormone release by the adrenal gland often leads to blood pressure fluctuations and hypertension. These phenomena along with the symptoms described above promote the formation of free radicals, which, in turn, stress the body.

## **Neurostress Axis**

As with adrenal fatigue, the stress axis (hypothalamic pituitary adrenal axis) is the main area of interest for neurostress. In addition to the hormonal control axis, neurotransmitter balance is also implicated here. Neurostress includes all changes in the central hormonal stress system and the central nervous system (think of shock treatment therapy programs!). They are both closely linked. This **neuroendocrine stress axis** is crucial for helping organisms adapt to all the challenges they face. The body responds to every environmental change (e.g., temperature/climatic fluctuations). Even the simple change of moving from lying to standing triggers a series of processes. The organism regulates respiratory and cardiovascular functions and controls its energy supply, hormone balance, and immune activity.

Depending on current needs, this can change an individual's concentration, alertness, and attention or causes autonomic reactions.

Usually, this process can easily handle any issues that may arise: The acute stress situation is overcome and the organism is able to recuperate.

Prolonged stress or chronic stress can overwhelm the body's ability to adapt and cause a lasting change on a physical, mental, and emotional level.

Each individual differs in their susceptibility to this. Some people might be easily overwhelmed by events that others do not even perceive as stressful. Factors that play a role include traumatic events, accidents, infections, or genetic disposition. Sensitivity to neurotransmitters or the genetic ability to produce neurotransmitters may differ.

All of these factors combined with the duration and intensity of the experience can determine an individual's stress tolerance. In individual cases, it may also lead to the emergence of various symptoms for other harmless events. These can include, mood swings, irritable bowel syndrome, sleep disorders, depression, anxiety disorders, eating disorders (all the way to obesity), low appetite, migraine, panic attacks, burnout, fibromyalgia, MCS, chronic fatigue (to CFS), memory disorders, PMS, issues with menopause, ADD/ADHD etc.

## **Adrenals (Glandular adrenalis)**

### **Endocrinology**

During the 3rd to 4th week of human embryo development, the neural crest forms. The neural crest cells migrate over large areas within the embryo to form dorsal root ganglia and the autonomic nervous system ganglia. They also participate in the formation of the ganglia of some of the cranial nerves and form the sheaths of the peripheral nerves. The neural ganglion cells produce the meninges of the brain and spinal cord, the pigment cells, the adrenal medulla, and some muscles and skeletal parts in the head area.

That is why it is important inquire about pregnancy in medical histories.

The findings of psychologist Sonja Entringer from the Berlin Charité Hospital are very interesting with regard to this topic:

She compared young adults whose mothers had had a traumatic experience during pregnancy with peers whose mothers had not suffered any such trauma.

Her findings: Babies, who experienced stress in the womb, showed changed stress reactions later in life. They had a higher body mass index and a lower sugar tolerance – possible indications of incipient metabolic diseases. The activity of the immune system was also altered in these adults: Their working memory was weaker following stress.

Gunter Meinlschidt from the University of Basel came to similar conclusions. The psychologist has evaluated data from more than 65,000 Danish pregnant women and their children up to the age of nine.

His conclusion: If the expectant mothers experienced a lot of stress, for example at work, the children tended to be more prone to diseases of the respiratory tract, skin, and digestive organs.

There are now several studies that have helped to gather even more accurate data.

But it is already clear that stress hormones, such as cortisol, that are released into a pregnant woman's body, can reach the unborn child via the placenta. Even the foetus releases hormones in response to stress:

Meinlschmidt and his colleagues found elevated levels of a hormone from the stress system in the nails of infants whose mothers were severely stressed.

This could lead to the stress axis being wrongly adjusted in these children.

Psychologist Entringer has studied what stress hormones can do on a cellular level. In laboratory studies, cortisol has been shown to inhibit the activity of the enzyme telomerase, which serves as a kind of repair tool in the cells. Every human chromosome carries certain tails, the telomeres. The longer they are, the fitter and more durable the organism appears to be. With each cell division, these ends shorten - unless the telomerase mends them again.

"We found shorter telomeres in volunteers who had experienced maternal stress", Charité researcher Sonja Entringer reports. She has shown that newborns whose mothers were very worried during pregnancy had shortened telomeres in their umbilical cord blood cells. Perhaps these cells age faster, which in turn could favour the development of diseases.

Prenatal stress changes the activity of the immune system. Further risks are cardiovascular and respiratory diseases.

The findings of neuroscientist Claudia Buß, who also researches with Charité, are even more dramatic.

She has found that stress during pregnancy can alter the anatomy of a child's brain. Some brain areas, as Buß has measured, had changed in children whose mothers were stressed during pregnancy – especially those areas that are important for learning and memory processes and the regulation of emotions. She concludes from this data that these children are not able to fully exploit their genetic potential. Buß found that at 6 to 9 years of age some areas of the cerebral cortex were smaller in these children than in the children in the stress-free pregnancy group. The children were also more impulsive and they found it difficult to plan meaningful actions. On the other hand, as Buß

and her colleagues have also observed, the amygdala, the brain's anxiety centre, is enlarged in children whose mothers were exposed to elevated cortisol levels during pregnancy. Emotional problems were also more prevalent in these children.

According to a survey conducted in the US, nearly 80 percent of expectant mothers feel stressed out during pregnancy. And many participants in Meinschmidt's Danish study report that they felt more under pressure during pregnancy than after the birth, a period that is not commonly seen as one of relaxation.

In "The Neuroscience of Poverty", Joan Luby, a researcher at St. Louis University's School of Medicine, reports that the hippocampus of children from poor families is smaller than that of children in higher-income families. This sea horse-shaped structure plays a crucial role in learning processes. Luby and her colleagues argue that poverty leads to constant worries about money, unfavourable living conditions, noise and crowding, poor nutrition, and inadequate medical care; not infrequently, it is also associated with domestic violence and addictions.

**Poverty, according to their conclusion, puts many families in constant stress.**

"There may be no more important task for a society than to promote and protect the brain development of our children", writes Luby in an article for the journal "Jama Pediatrics". Impaired brain development in children is the "most insidious consequence of poverty".

Ulm psychiatrist Manfred Spitzer puts it just as drastically:

"Poverty makes you stupid", he writes in the journal "Nervenheilkunde".

## **Adrenal Gland Anatomy**

The adrenal glands are two small, pyramidal endocrine glands that sit on top of the kidneys, from which they get their name. They are approximately 2-4 cm long and thick and weigh about 5-10 g. They have a two-layer structure with a cortex and a medulla - both having different functions.

## **Adrenal Medulla**

The adrenal medulla is closely linked to the autonomic nervous system. It consists mainly of nerve cells. They form neurotransmitters that are made from amino acids. The adrenal medulla produces the stress hormones epinephrine and norepinephrine and dopamine, which are stored in vesicles within the medulla. If necessary, they release the corresponding amount of hormones upon stimulation of the (sympathetic) nervous system. They are released during situations of alarm and serve to supply energy (fight or flight). This leads to accelerated heart activity, acceleration of the respiratory rate, increase in blood pressure, and a release of glucose to meet the increased energy needs. Blood circulation in the muscles is also increased. On the other hand, intestinal activity is reduced.

## Adrenal Cortex

Making up 75 % of the total substance, the medulla is the main component of the adrenal gland. Over 40 different hormones produced in the 3 different layers of the cortex. The main groups are **mineralocorticoids, glucocorticoids, and sex hormones**.

**Aldosterone** is the most important mineralocorticoid, which acts on the kidney and helps regulate the electrolyte and water balance. It promotes the reabsorption of sodium and helps retain water, thereby affecting blood pressure and blood volume.

**Cortisol** plays the most important role of all the glucocorticoids. It acts as a stress reliever on carbohydrate, fat, and protein metabolism. Cortisol has a catabolic effect and breaks down proteins in muscles, adipose tissue, and the skin; it also promotes the synthesis of glucose in the liver, thereby increasing the blood sugar and causing the breakdown of fats to increase the content of fatty acids in the blood.

It increases blood pressure to provide the brain with plenty of fresh oxygen so that it is possible to think clearly in stressful situations.

Cortisol has anti-inflammatory effects and suppresses excessive immune responses, such as in allergies. It also suppresses autoimmune reactions, especially the white blood cells with their natural killer cells, monocytes, macrophages, and mastocytes.

The release is controlled by the hypothalamus. This controls the pituitary gland and regulates its activity. The pituitary gland then releases a certain amount of ACTH (adrenocorticotrophic hormone), which causes the release of the stress hormone directly in the adrenal cortex.

**Testosterone and DHEA** play the most important role of all the androgens. Testosterone has an anabolic effect, it builds proteins and influences the male sexual characteristics.

## Stress and the Reaction to It

As an initial response, when an organism is exposed to a situation that it perceives to be stressful, increased ACTH is released through the pituitary gland, which stimulates the adrenals to release more cortisol. In the second phase, the sympathetic nervous system causes the release of epinephrine and norepinephrine (ratio about 80:20).

All situations that challenge the body are considered stressful. These include, for example:

Temperature fluctuations, cold, heat, pain, injuries, operations, infections, low blood sugar, lack of oxygen, emotions (joy, anger, anxiety, etc.), and even fun activities such as celebrations or sports.

The body does not distinguish between good and bad stress.

Occasional stress is positive – but periods of rest should follow it.

## **Chronic Stress**

People who suffer from adrenal fatigue, for example, can no longer tolerate stress and, as such, their body is subject to ongoing, intense stress. As stress increases, the production of cortisol increases. If the adrenal glands can no longer meet the requirements, the organism lacks an adequate response.

**Effects of prolonged stress with increased cortisol levels.**

- Increased blood sugar, age-related diabetes
- Dwindling muscle mass and increased belly fat
- Mood swings and decreased brain activity, depression, Alzheimer's
- Hypertension, hearing loss, tinnitus
- Infertility and decrease in sex drive due to decreased testosterone levels
- Increase in sleep disorders
- Osteoporosis
- Low pregnolone level (the most important sex hormone)

**After a permanently high cortisol level, a very low level often follows.**

The reason for this is the fatigue of the adrenal glands. A low cortisol level marks the final phase of an overstressed stress regulation system. The effects are:

- Increased irritability
- Burn-out and depression
- Low blood pressure
- Increased susceptibility to infection and poor healing of wounds
- Autoimmune diseases such as multiple sclerosis, Hashimoto's thyroiditis, or Crohn's disease
- Fibromyalgia
- Chronic Fatigue Syndrome (CFS)
- Electrolyte imbalances – often decreases in sodium and potassium

**Possible Topics for Laboratory Examinations.**

- Cortisol levels during the day
- DHEA is a precursor of androgens (testosterone and oestrogen). During biosynthesis, pregnenolone is first produced from cholesterol, followed by further steps to form the final product DHEA.

**Secondary laboratory parameters with evidence of adrenal insufficiency.**

- Increased lymphocytes (sometimes also reduced)
- Increased or reduced eosinophilic granulocytes
- Reduced sodium
- Reduced potassium
- Reduced magnesium
- Reduced copper

**An Expanded View of the Adrenals.**



In chakra theory, the doctrine that describes the power centres of our body, the adrenal gland is assigned as the root chakra. The main theme of the root chakra is security and stability as the foundation and basis of our existence.

Intact adrenal glands enable us to face life without fear, to go with the flow of life, and to remain open to experiences through which we grow spiritually.

The adrenal glands are thus associated with primal instincts and the personal and individual needs of life and survival. This is strengthened at the beginning of life by the experience of security in our connection to our mothers. It consolidates basic trust and later self-confidence.

In traditional Chinese medicine, the kidney is the seat of prenatal chi, when nourishment and personal well-being cannot provide enough chi for life, this prenatal chi is consumed. If there is no prenatal chi, the person dies.

Physical violence, existential fears, shocks, traumas, and injuries to the soul disturb the function of the adrenals.

Human development is determined by uncertainty, fears, and lack of confidence – often coupled with lack of self-esteem and protective behaviours.

## **Lifestyle as a Cause of Stress**

Lifestyle plays a crucial role in the recovery of the adrenal gland.

Relaxation exercises, yoga, getting enough sleep, taking breaks, laughing, physical exercise (without too much effort!), and setting up TV, mobile, and computer-free days could be a few ways to reduce stress.

## **Nutrition**

Foods that suit your individual metabolism (e.g., create a grocery list from the BBC!)

**Avoid:** fast carbohydrates, such as wheat (bread, pasta, cakes), sweet fruit concentrates (e.g., smoothies),

**Good:** quark with linseed oil. The sulphuric proteins in quark provide the adrenal glands with electrons that are needed for recovery. The effects of quark are supported by the omega-3 fatty acids in linseed oil.  
(The Oil-Protein Diet, Dr. Johanna Budwig)

Depending on genetic metabolic constitution, any animal protein (except for quark) should be avoided for at least 2 weeks.

## **Supporting Remedies**

**Strophantin,** known as a cardiac remedy, is itself formed in the adrenals (Glycosid Quabain) according to recent findings. The hormone Quabain affects sodium metabolism and thus has an influence on blood pressure and the inner serenity. It has good effects on exam anxiety, stage fright,

and general stress. It is available as Strophantus Compositum or as Strophantus D6.

## **Copper, the (Neglected) Trace Element**

I have been working with the Bicom Body Check since 2016 and have found frequent abnormalities in the adrenal and pituitary glands. When looking for supportive nutrients, I have always found that copper is needed for the adrenals as well as for the hypothalamus/pituitary gland. Then I examined this topic more closely - with amazing results:

The Egyptians were already making use of the disinfecting effect of copper 4000 years ago and used copper shavings – mixed with cow fat and honey – for healing wounds.

Hippocrates treated ulcers and varicose veins with copper, while the Swiss physician and philosopher Paracelsus even used copper to treat mental illness, epilepsy, and hysteria.

About 100 to 150 mg of copper can be found in the adult human body – it is located mainly in the liver. But also muscles, bones, and the brain store copper. The liver releases excess copper as bile. The intestine excretes the majority of it and a small proportion leaves the body via the kidneys.

The daily requirement is 1-1.5 mg per day. Doses up to 5 mg a day are considered safe to address symptoms of deficiency. Upper Safe Limits: UL: 10mg

Copper is an essential cofactor of copper-containing metalloenzymes (cuproenzymes), which play an important role in iron metabolism, the mitochondrial respiratory chain, cellular oxygen utilization, detoxification of free radicals, and in connective tissue, catecholamin, and melanin synthesis.

## **Functions**

- Iron utilisation. Hematopoiesis: Oxidation of Fe<sup>2</sup> to Fe<sup>3</sup> → Prerequisite for incorporation of iron into transferrin and thus for hemoglobin synthesis
- Antioxidant protective function: Endogenous antioxidant cell protection, detoxification of superoxide anion radicals
- Mitochondrial respiratory chain: mitochondrial electron transport and ATP synthesis
- Connective tissue, skin, bone/cartilage: cross-linking of collagen and elastin
- Skin pigmentation: tyrosine hydroxylation, melanin synthesis in melanocytes
- Nervous system: synthesis of myelin
- Neurotransmitter balances: catecholamine biosynthesis → adrenaline, norepinephrine
- Amino groups (amine oxidase): oxidation of primary amines to aldehydes (e.g., neurotransmitter degradation)
- Transcription factors: regulation of gene expression (e.g., genes of SOD and catalase)
- Uric acid (urate oxidase): breakdown of uric acid



- The kidney needs copper to absorb vital substances from urine filtrate back into the body.

Copper is needed for the production of the body's pigments and for red blood cells. In addition, copper strengthens the defence against harmful substances and pathogens, such as bacteria. Copper promotes wound healing; facilitates the absorption of dietary iron into the body; is involved in building bones, skin, and hair; and allows the body to form nerve fibres for the nervous system.

## **Causes of Copper Deficiency**

Malnutrition, under nourishment, bad diets, eating disorders (e.g., bulimia), morbid obesity, alcoholism, laxatives, as well as being under major deadlines and time pressure. Diseases of the gastrointestinal cycle (e. g., coeliac disease).

Relative copper deficiency can occur if iron values are too high and there is, therefore, an iron-copper imbalance.

## **Special Interactions**

**Antacids:** Antacids may affect copper absorption.

**Allopurinol, corticosteroid, zidovudin:** A drop in copper serum level

**Iron:** Adequate copper status is essential for the physiological metabolism of iron (ceruloplasmin: iron transport and utilization).

**Penicillamine:** The chelating agent binds copper and promotes renal elimination (→ Wilson's disease: copper storage disease).

**DMPS, phenytoin, NSAID, molybdenum:** increase renal copper excretion

**Vitamin C:** Studies have occasionally shown a drop in ceruloplasmin oxidase activity at high oral doses (e.g., 1500 mg C/d. p. o).

**Zinc:** Zinc is a competitive inhibitor of copper absorption. In high doses (e.g., 50 mg zinc/d.p.o.) zinc can trigger a metallothionein-induced disturbance of copper absorption (→ Wilson's disease).

**Antivirals, cytostatics, calcium, iron, vitamin B6 deficiency, phytic acid** worsen copper absorption.

**Increased needs:** pregnancy, lactation, growth, exercise (0.5–0.9 mg copper lost in 1 litre of sweat), with high zinc intake, in milk diet and parenteral nutrition.

**Oral contraceptives, anabolic steroids, oestrogens:** Can raise the copper level in the blood.

## **Possible Deficiency Symptoms:**

General:            weakness, fatigue, neurological disorders, insomnia

Blood:	hypochromic, microcytic, iron-refractory anaemia, decreased haemoglobin synthesis, dyslipoproteinemia (increase in GC, LDL)
Fertility:	disorders, decrease in sperm motility
Vessels:	vascular ruptures, aneurysms, macroangiopathies, disturbance of NO-induced vasodilation
Tissue:	connective tissue defects, bone fractures, growth disorders
Skin/hair	disordered skin (e. g. vitiligo) and hair pigmentation
Immune system:	leukocytopenia, granulocytopenia (susceptibility to infection)

## **Menkes Kinky Hair Syndrome**

Boys who develop under a copper deficiency during pregnancy suffer from a regression of the nerve cells of the brain, which causes the skull of affected boys to be small after birth. Due to the changes in the brain, seizures are possible and the development of movement behaviour is disturbed. They have a cutis laxa – i.e., a skin that forms abnormal folds due to a decrease and change in its elastic fibres and is more extensible. In addition, the hair contains only a few pigments and is brittle, their cheeks are round, and affected children have restricted growth.

There is no cure for this disease, as the deficiency has already caused damage during pregnancy. The children receive copper doses to meet their daily needs. Despite this treatment, affected boys usually die before the age of three.

## **An Expanded View of Copper**

In the vertical world view as well as in humanistic representations, the kidney (including the adrenal gland) is assigned to Venus and copper. It checks the substances in the blood. It provides the body with what is needed for metabolism, and excretes what is unusable. Copper should always be considered in relation to iron. A copper deficiency can be caused by too little copper, but also by iron values that are too high (relative copper deficiency); copper deficiency almost always goes hand in hand with cramps, such as asthma, migraines, and stomach or intestinal cramps. One of the great remedies for asthma, *Renes Cuprum* (Wala), is described by Dr. Vogel in his book *Wege zur Arzneimittelfindung* (Paths to Drug Discovery).

## **Patient Case:**

**Woman 39 years old.** Comes in because of itchy rashes. These had been gone for years and then suddenly reappeared.

Successfully treated 3 years ago on cow's milk and rye with bioresonance.

After eating peanuts, she had swollen eyelids the next morning.

The situation in her environment revealed a typical double burden: household, 2 children 8 and 5 years old. The father is a police officer and works five shifts. This means

that for her there is no regular weekend and, thus, on 4 out of 5 weekends she takes care of the children largely alone.

Part-time job and, in the evening (and on the husband's days off), another side job. This is sometimes a bit much for her, but she says that this has always been a part of her life – that she takes care of all and everything, but at least she feels needed.

The cold winter with its cold wind is very hard on her skin and causes violent itching.

**Bicom Body Check Analysis:** Excretory Organs Liver, kidney, and lymph nodes unremarkable.

Light food loads with proteins. Tendency for arteriosclerosis.

Adrenal already at the beginning of the stress area, pituitary and hypothalamus, too. Copper is displayed here in each of the supporting nutrients.

Various homoeopathic remedies tested via Vegetotest and Melissa C30 + copper transferred via drops. Daily intake, 3 drops in water twice a day.

To the question of whether she rested from time to time:

"If I even get to lie down, I still have 1000 thoughts about everything I still need to do. I need my 8 hours sleep at night otherwise I'm useless." The children usually take turns getting sick during winter, so my sleep is often interrupted.

She says that when the children are sick and she has to get up 1-3 times a night, she gets to bed after 3 at the latest. She is presumably also bothered by her own illness at night. (Here, it is clear that there are hardly any possibilities for compensation and the adrenal gland is working at its limit).

We clearly see a chronic overload that is no longer perceived as such. The onset of arteriosclerosis also shows us latent rising blood pressure (it can get up to 140/80 when she really has a lot going on).

The patient is under constant stress as she must rush to make everything possible.

However, it is hardly possible for her to really rest. She is always on the go because someone wants something from her.

In the long run, this seems to exhaust her adrenal glands, which means that the excessive reactions to cold (stressor) can no longer be compensated for.

When the weather gets milder again in the spring, it comes back into a range that her body can comfortably deal with.

Question about her mother's pregnancy with her:

Mother was employed full-time and very stressed by the building of her house.

She was delivered early at 7 months via an emergency caesarean section, because her mother moved into the new house in her 7th month of pregnancy and was not able to take it easy there either. She was probably a colicky baby.

Note: In children that are birthed via caesarian, the amniotic fluid from the lungs often needs to be aspirated with a hose because the pressure that they are normally subjected to in the birth canal is missing.

There may be a vagal stimulation, which can then lead to dysregulation of the autonomic nervous system. Often in colicky children, 3-month colic, ADHD, ADD, and other disorders.

## **Therapy**

As the excretory organs were clearly empty and no traumatic events had occurred, I went straight to therapy for the adrenals.

1. Basic program according to 90 master value + Ch2 energetic Fit maker + BBC drops
2. 3084.0 Stress Reduction Regulation  
3021.0 Vegetative  
960.4 Vegetative
3. Stress reduction according to Sabine Rauch, MD

After a week: She feels as if a vent had opened and all the pressure had been let out. Feels more relaxed and "treats" herself to a "time out" from time to time. She can now relax on the couch.

She now has the feeling that she is hanging in a hole and lacks drive. Feelings of emptiness and exhaustion.

1. Basic program according to 82 master value + Ch2 diamond
2. Prana therapy according to Jürgen Hennecke, MD & Simone Maquinay-Hennecke

I tried this therapy with her for the first time and tested it. I was sceptical of the therapy at first, but the effects I saw at the congress impressed me, so I tried it.

In the case of this patient, the BBC indicated that diamond was supportive in the minerals, and I knew that it is used in Prana therapy for the head area.

The therapy was immediately noticeably successful and after the patient asked me if I had just tuned her up?

Since the adrenal gland area is often treated with Larimar, I decided to explore this stone in more detail:

## **Larimar (Stone Healing by Michael Gienger)**

The light blue colour variety of this mineral is pectolite. It arises magmatically hydrothermally on clefts of alkaline volcanic rocks.

## **Treatments**

Spiritually, it helps promote the notion of taking your life into your own hands. It dissolves victim attitudes and the philosophy of suffering. It makes you aware of just how

far the mental spectrum of activity extends and that the only limits to the spirit are those that you believe in.

Emotionally, helps to resolve anxiety, suffering, and excessive emotions. It brings peace and helps you to stay calm in the face of dramatic changes.

Mentally, it facilitates constructive reflection and stimulates creativity. It helps keep you from manipulating things and events unnecessarily, and allows you to just let them happen.

Physically, it stimulates self-healing power by strengthening your certainty of being able to decide on health and illness. It generally solves energy blockages, especially in the chest, neck, and head area and stimulates the brain activity.

**Ingredients: Calcium, Sodium, COPPER, Iron, Potassium, Magnesium, Vanadium**

All the ingredients are used and consumed by the adrenal gland to help regulate the body successfully!

I have treated many patients in this way and the following scheme has proven successful:

1. Basic program, shock treatment 10247,
2. Excretory organs, geopathy, and scar treatment,
3. Allergies and pathogens.

Additionally, there is always stress reduction and, in the case of lacking energy, Prana therapy.

However, if the patients are already experiencing an energy crisis, then I proceed as follows:

1. Basic program + shock treatment (in cases of an adverse history)
2. 10046 Excretory Organs + Stress Reduction + BBC Pathology Capsule in input + BBC Ch2 Capsule (Homoeopathy + Gems + Nutrients from adrenal, pituitary scan)
3. Prana therapy

A significant improvement should take place a week after the completion of this treatment program.

The treatment intervals after that are 1 week, then 2 weeks with the option to report immediately if it worsens. Meanwhile, I have patients who come 1-2 times a year for a check up. Since genetic disposition or overly strenuous lifestyles can lead to bottlenecks and you often only notice this once things start to fall apart, I have some patients who regularly want this analysis via BBC and/or even Prana therapy to refuel.

## **"Stress reduction" Program according to Sabine Rauch, MD**

H + Di, lowest frequency, bandpass, 4.3 Hz, wobble = yes, ampl. sweep sym.,

Mode H 5.30, Di = 1.10, ampl.sweep temp. = 10sec, therapy time = 7min

Input cup:                      saliva, possibly blood

Input: solar plexus

Output: pad

Channel 2: "Stress" ampoule from the "allergy issues" test kit

(alternatively, the "neurology/stress" substance complex) plus an ampoule of the primary problematic element (often also a "water" ampoule)

## **The "Bicom Therapy of the Prana Triangle" Programs according to Jürgen Hennecke, MD & Simone Maquinay-Hennecke**

1. Input: both feet  
Input cup: Larimar  
Output: Power applicator middle thoracic spine Th10  
H+Di; 13.7 Hz; H 2.7; Di 0.05; wobble off, without interval; 6 min
2. Input: both feet  
Input cup: Diamond (possibly also rock crystal)  
Output: Power applicator on Alta major chakra  
(skull base, back of the head)  
H+Di; 2.2 Hz; H 1.8; Di 12; wobble off, without interval; 6 min
3. Input: both feet  
Input cup: black tourmaline  
Output: Power applicator on right ventral side (laterally below the navel, alarm point colon meridian)  
H+Di; 7.8 Hz; H 2.8; Di 1.25; wobble off, without interval; 6 min  
The frequency range corresponds to the Schumann wave, one of the main frequencies of our (mother) earth.

Many thanks to Dr. Sabine Rauch, Mrs. Simone Maquinay-Hennecke, and Dr. Jürgen Hennecke for these great and helpful programs!

Thank you so very much for your dedication and zeal for research, and even more that you have chosen to share this experience with us, so that we can continue to be of service to the people who visit us time and time again!

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