

## Nutrient points according to Sissi Karz – using them in practice for diagnostics and therapy

Dr. med. dent. Cornelia Wolschner, Berlin, Germany

### Introduction

As a dentist my naturopathic work has focused on diagnosing and treating focal and material stresses, craniomandibular dysfunction and metabolic disorders in the tooth, mouth and jaw area, frequently also as part of a dental consultation for allergy sufferers and patients with arthrosis, rheumatism, MS or cancer.

Meeting Sissi Karz at the 2008 Regumed Congress gave me the impetus to examine once again in more detail her text "Nutrient balance and allergies", and nutrient points in particular. I had read it with interest some years previously due to its detailed portrayal of the functional connections in the metabolism, yet nutrient points' numerous benefits for practical work with patients only became accessible to me when I applied them systematically. They provide beneficial support in daily work with patients not only in connection with allergies but they also represent an additional diagnostic and therapeutic option for a variety of metabolic reactions.

I should like therefore to tell you about my experiences with nutrient points, or NPs for short, and encourage you to use them.

We all benefit from the valuable work which Sissi Karz has undertaken for bioresonance therapy in connection with programs, as again with the new developments for the Bicom optima. But she has also developed good treatment methods involving various naturopathic fields in her many years spent working with patients.

She found out about the nutrient points over 20 years ago when examining the connection between allergies and

intolerance and nutrition and the environment as well as the resulting influences on nutrient balance and metabolism.

The first NPs were described by the American physician Ridler who listed them as projection zones for orthomolecular substances and tested them using kinesiology. Karz was able to confirm most NPs. In some cases she found the location to be different and, over the years, discovered a number of additional points as topographical zones for nutrients, trace elements or metabolic products and also drew up recommendations for therapy.

### Karz' theory for the origin of metabolic disorders

She established the following connections from examining numerous patients:

- Illness can arise as an abnormal response by the body to external influences due to internal nutrient deficiency or oversupply.
- Deficiency due to insufficient supply of a substance or it not being utilised fully.
- Overloading of the body by supplying a substance for too long or in excessive amounts leads to a defensive reaction: excretion or deposition in tissue instead of absorption and utilisation, which leads to an (apparent) functional deficiency and is partly compensated by analogous substances which can then be in short supply. Consequently there are often typical combinations of abnormal points.
- Identifying and treating these abnormal NPs helps reveal this nutrient imbalance and restore orderly metabolism.

## Presenting nutrient points or NPs

### **Explanation of the points**

80 topographical areas for vitamins, minerals, trace elements and metabolically active substances have currently been described. Topography is only clearly related to function in certain cases such as vitamin A on the eye, Se and Hg on the thyroid, HCl and pepsin on the upper abdomen.

There are also several points on the back of the body, in contrast to the familiar diagram in the computer manual. See figures 1 and 2 on the two following pages.

So, as well as the familiar vitamins and minerals, you will also find

### Unusual points for uncommon substances:

- Protein, RNA
- Chlorophyll (O<sub>2</sub>), CO<sub>2</sub>
- Ammonia, hydrogen, sulphur, pancreatic juices, bile acid
- B13 (orotic acid), B15 (pangamic acid), fumaric acid, inositol, vit. F (fatty acids), vit. P (flavonoid)
- Also toxic trace elements (Hg, Ars, Pb, thallium, cadmium, barium, bismuth, lithium) and radioactive substances

It can be seen from this list that testing NPs offers more than just a diet planner for allergy sufferers or a guide for prescribing orthomolecular preparations.

### Some of them are metabolism indicators:

Acute and chronic point as superordinate regulation points:

- Right acute inflammatory: allergic episode, increased excretion
- Left chronic-degenerative: sluggish metabolism, incomplete utilisation, deposition

### Points linked to protein metabolism:

- RNA: metabolism in cell nucleus, protein synthesis

- Protein point: linked in particular to animal protein, deficiency, foodstuffs which have gone off, decomposition, inflammation, dental foci! (ostitis, mercaptan, thio-ether), pollen allergy, inoculations
- Pepsin and hydrochloric acid (indirectly also hydrogen and chlorine)
- Methionine: sulphurous amino acid, precursor to taurine, cysteine, glutathione, detoxification of heavy metals, degradation of histamine, etc.
- Sulphur: molecular element for amino acids etc., connective tissue, detoxification
- Ammonia: protein degradation, acid base balance, kidney function, diabetes
- Fumaric acid (urea synthesis, tyrosine degradation, galenicals: fumarates)
- Orotic acid B13: nucleic acid synthesis, galenicals: e.g. Ca-, Zn-orotate

### Points linked to lipometabolism:

- Vitamin F (fatty acids), amaroid and fatty acid point, bile acid point, lecithin point (fatty acids are essential for cholesterol and fat-soluble vitamins A, E, D, K)

### Control zone for carbohydrate metabolism:

- Chromium point
- Pancreatic juices

### Water balance, acid/base:

- Hydrogen point: water balance, citrate cycle (also test H and Cl points with hydrochloric acid point)
- Potassium, sodium

### Oxygen/CO<sub>2</sub>:

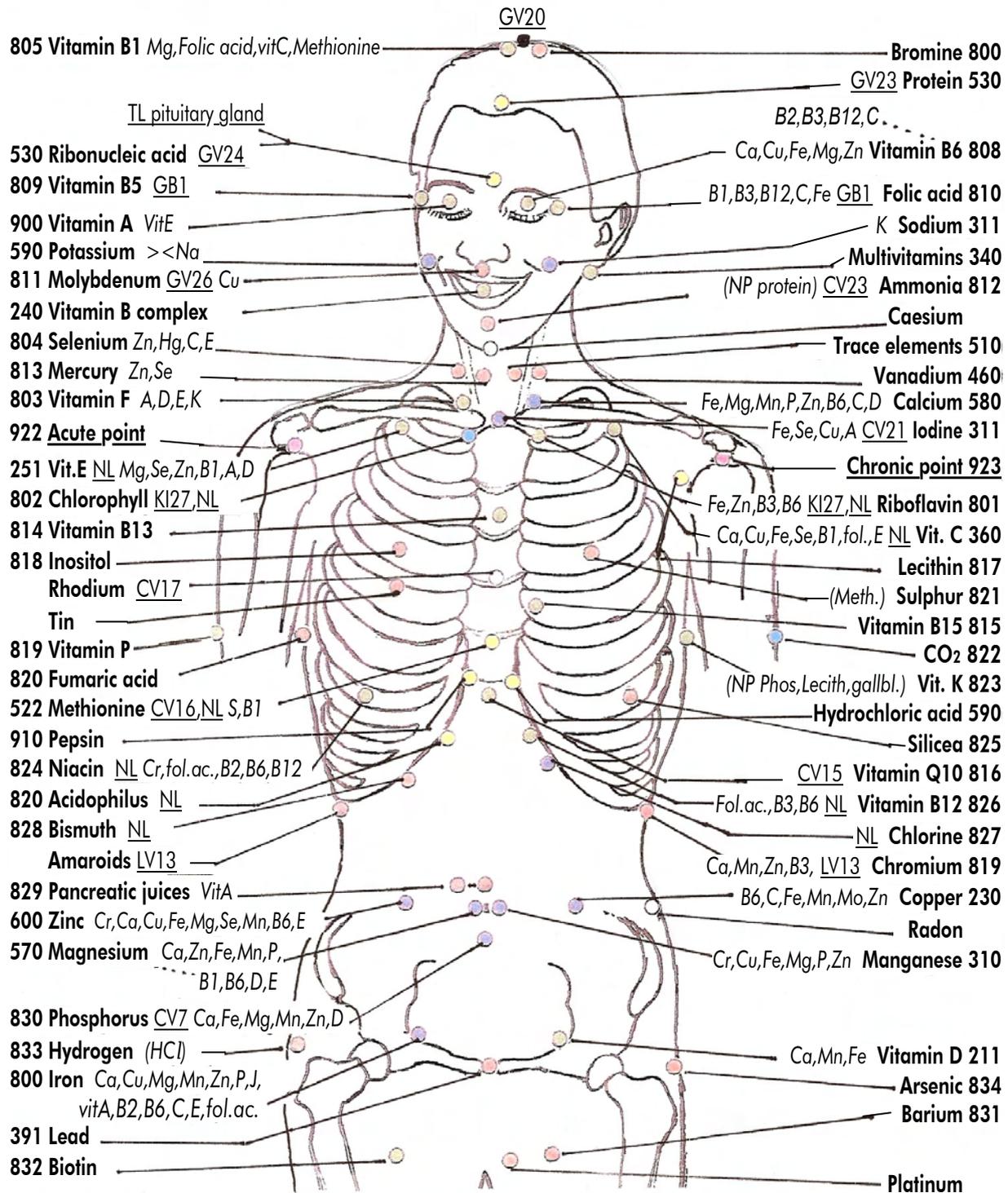
- Iron (needs as cofactors: vitamin C, B6, B12, Mg, Zn, Ni, Mo)
- Chlorophyll: O<sub>2</sub> deficiency, smoker, fatigue
- CO<sub>2</sub>: asthma, following anaesthetic
- Multivitamins: allergies, intolerance or food supplements not fully utilised

## NUTRIENT POINTS

### BICOM bioresonance programs for treating the nutrient points

#### HOW POSITIONS COINCIDE WITH OTHER POINTS

Important interrelations between substances and nutrient points

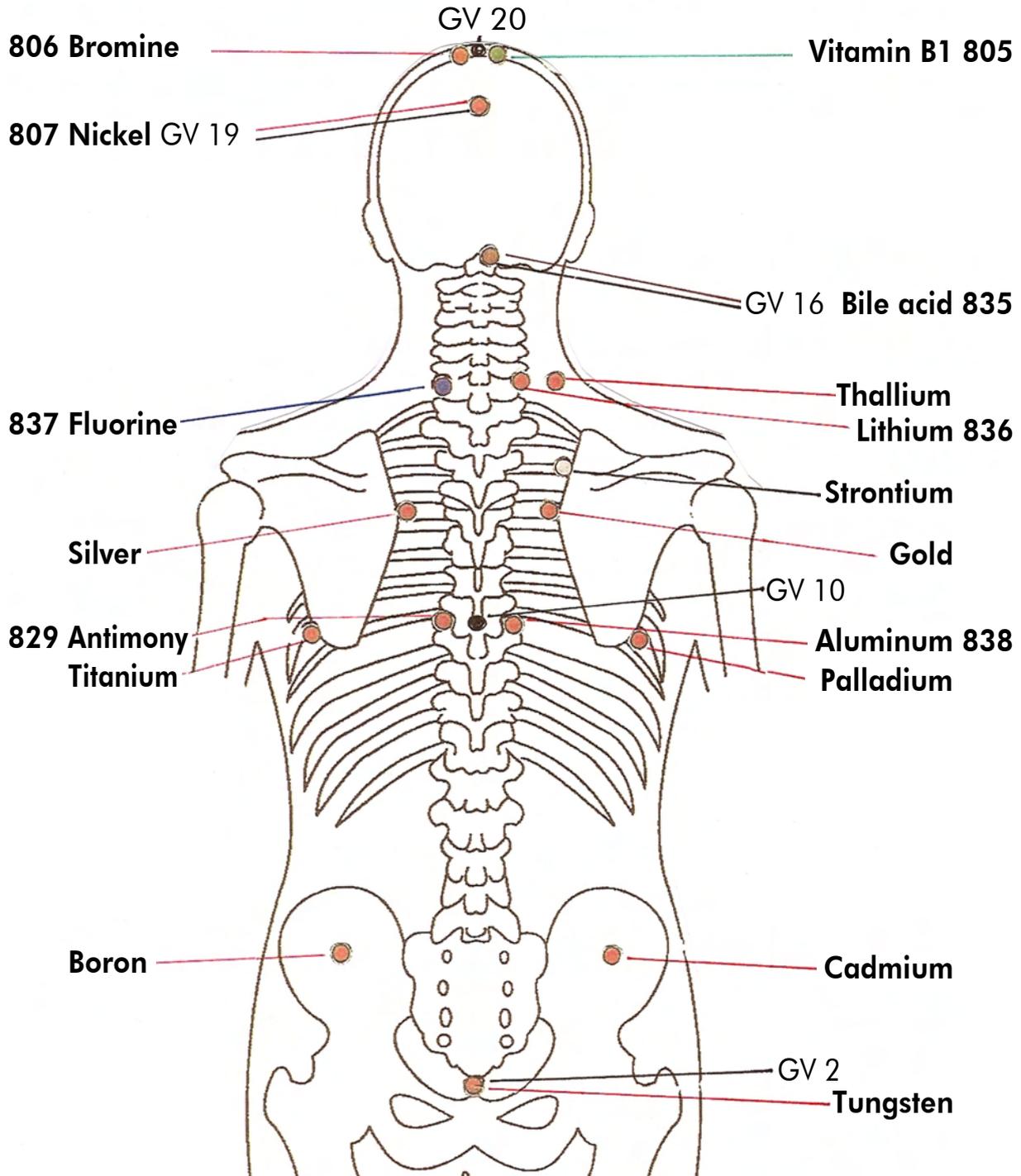


Abbreviations: CV-conception vessel, GV-governor vessel, LV-liver, KI-kidneys, GB-gallbladder, NP-nutrient point, NL-neurolymphatic reflex point, TL-test and therapy localization

Figure 1: Nutrient points on the front of the body

**KARZ' NUTRIENT POINTS**

**BICOM bioresonance therapy programs and neighboring points**



**Figure 2: Nutrient points on the back of the body**

**Nutrient points colour code for greater clarity**

Vitamins green, minerals blue, trace elements red, protein metabolism yellow, other metabolically active intermediate products brown and turquoise, radioactive substances grey (I believe ammonia and sulphur would be better depicted brown than red)

Indicators for radiation exposure:

- B12 (cyanocobalamin): is also cobalt point, contamination with chemical and radioactive substances, through exposure to X-rays
- Barium: trace element with role as catalyst, citrate cycle, X-ray contrast agent, baryte against radiation exposure
- Caesium, rhodium, radon, strontium
- Bismuth: bismuth D6 against mucosal damage from chemotherapy

Trace elements / heavy metals / alloying metals:

Superordinate trace element point and single points trace element versus environmental toxin: balance between metabolism-promoting and toxic effect: Cr, Co, Mo, Sn, Al, Bor, Lith., Se, bismuth, Van, Ars, Bar

- Fluorine: trace element for bones, supporting tissue, teeth: antagonist to Ca!
- Hg, lead, cadmium, thallium: through environmental contamination
- Platinum: alloying metals (rarely abnormal), chemotherapy with cisplatin

## **Practical procedure for testing**

Palpation of the area may be painful or elicit a dull numb feeling if the relevant substance is disturbed.

The points are tested using kinesiology with the patient or therapist touching the point being tested.

Reaction in the case of disruption:

A. Testing NPs of physiological substances:

Generally W (weak, test muscle becomes weak):

- mostly deficiency, caused by insufficient supply or impaired utilisation
- occasionally H (hyper reaction, test muscle is rigid and cannot be weakened by sedating at meridian sedation point):

- possibly considerable excess, intolerance following long-term exposure or to high levels

Control test to check whether test response in this area of the body can be ascribed to the NP:

Substance or therapy program cancels out the test response

B. Testing NPs of unphysiological substances (e.g. Hg):

W or H depending on stimulus situation

Control test:

Homeopathic potency or antidote cancels out test response

## **Identifying the points**

The **control test** makes it easier to determine the points reliably.

If the test response can be cancelled by a specific therapeutic stimulus: the assigned bioresonance frequency, orthomolecular substance or homeopathic potency?

Reliably assigning an area which tests abnormally to an NP requires it to be critically **differentiated from other points**.

The most important aspect of differential diagnosis here is to distinguish acupuncture points, especially the alarm points, the conception vessel as well as neurolymphatic reflex points "NL" and projection zones of organs "TL [test and therapy location]". In some cases these points are very close together or overlap one another.

It is interesting to consider whether there might be a thematic link when points coincide with the position of points from other systems.

## **Coincidence with other points**

Riboflavin, Chlorophyll = NL Subclavius = KI 27 (energy balance/Switch)

Acidophilus, vit. B12, chlorine, bismuth = NL zone rectus femoris

Iodine = CV (conception vessel) 21  
 Rhodium = CV 17 (AP (acupuncture point) upper TW)  
 Methionine = NL pect. min. = CV 16  
 Q10 = CV 15 ! (passing place for GV (governing vessel), affects solar plexus)  
 Phosphorus = CV 7 (AP lower TW)  
 Molybdenum = GV 26–27  
 RNA = TL pituitary gland = GV 24  
 Vitamin B1, bromine – next to GV 20  
 Nickel = GV 19  
 Bile acid = GV 16  
 Aluminium, antimony = GV 10 (acceptance point GV/CV)  
 Tungsten = GV 1–2  
 B5, folic acid = GB (gallbladder) 1. B5 is cofactor of GB 1 (Tracy Gates, osteopath, U.K.)  
 Vitamin C, vit. E = NL neck flexors and neck extensors  
 Niacin, silicea = ST 19 region and 1 ICR under LV 14  
 Niacin = NL pect. maj. stern. and popliteus  
 Inositol, sulphur = ST 15  
 Chromium, amaroids = LV 13

## Test system

Do all the NPs need testing? The “acute and chronic” regulation points should always be included in testing and treated as well.

Karz method for allergies: Test all points. After treating abnormal regulation point check again; only NPs which still test after treating the superordinate tissue point are treated.

Obviously you can also test selectively according to the problem.

Short method: Test in relation to the indication following the patient’s history and symptom position, also taking into account function chains and interaction between substances as well as Karz’ detailed indication lists which offer a great deal of interesting information.

## Important function chains

- Iron: supported by Cu, vit. A, B2, B6, C; inhibited by Ca, Zn, Mn, P, vit. E, Fe/ vit. B2/Mo enzymes
- Cofactors and function chains: B12/folic acid etc. necessary for synthesising methionine from homocysteine
- Antagonistic pairs: K/Na, Cu/Zn, Ca/Mg, Ca/P, Ca/Zn, Fe/Zn, vit. B1/ methionine
- B6 increases absorption and utilisation of Ca, Cu, Fe, Mg, Zn, B3, B12 and vit. C, i. e. check these points as well, if necessary, in the case of B6 deficiency
- Vitamin B2, B6, folic acid needed for synthesising vit. B3 from tryptophane
- Fat-soluble vitamins: A, D, E, K need sufficient unsaturated fatty acids (vit. F), pancreatic juices and bile acids for absorption

## Some useful indication lists

- Factors for bone metabolism: Ca, P, Mg, Mn, Bor, vit. D, vit. K, Van,
- Factors for periodontia: vitamin A, B6, C, E, P; folic acid, quercetin, Q10, Zn, Se, Ca, Mg, Mn, Cr, Van, Mo, Fe, Cu, Phos, iodine, silicea
- Oral mucosa: folic acid, Se, Zn, vit. A, C, E, Q10, bioflav. (vit. P), antimony
- Dental foci, purulent inflammations: protein point, RNA, sulphur, silicea
- Blood clotting: Ca, vit. K1, phos, Mg
- Tendency to haemorrhage: vit. C, K, P, Cu, phos, lecithin
- Marcumar patients: test abovementioned points, almost always treat vit. K point
- Disturbance in mineralisation, caries: Ca, phos, F, Mo, Van, silicea, vit. C, trace element point!
- Pollen allergy: protein, RNA, vit. A
- Thyroid function: protein (tyrosine), iodine!, Se!, Cu, Zn, Fe, vit. B6, fatty acids

## Additional indications

- Disruptive factors: allergy, intestinal dysbacteria, scars, foci
- Interactions with allergies – cause or result of nutrient deficiencies or imbalance (silicea deficiency with wheat/gluten intolerance, calcium deficiency with milk allergy, etc.)
- (Side) effect of medication: Potassium loss through laxatives; vit. K deficiency through Marcumar, controlling blood clotting versus risk of osteoporosis through insufficient osteocalcin formation
- Interaction between trace elements and materials (e.g. alloys), balance between positive and toxic effect (Cr, Mo, Sn, Al, Bor, etc.)
- Clarifying toxic stress, activating excretion, adaptation
  - Heavy metals, environmental toxins (Hg, Pb, Ars, Cadm, Thall, etc.)
  - Metal alloys, titanium, nickel
  - Radioactive substances

## Therapy

### **At the points**

It is important always to be aware that it is not the point that should be treated but disturbed regulation at a point.

**Bioresonance therapy** with specific frequencies (listed in the manual) has proved beneficial here.

Therapy programs have been found for most NPs. However programs have not yet been developed for titanium and palladium.

We find the programs throughout the entire frequency range customarily used from 10 Hz (H+Di) in prog. 211 for vit. D (which is also the chronic degenerative lung meridian program, amongst other things) to 139 kHz (H) for prog. 829 for antimony and pancreatic juices and in all types of therapy, even purely Ai or Di programs.

There are exclusive programs such as progs. 831 – 835. For some NPs programs

are meridian programs (230, 240, 251, 310, 311, 320, 360, 391) or large multiregulatory programs (530, 900, 910). Only for vit. K are there two programs: 823 (H+Di) and 549 (H), which are useful for marcumar and osteoporosis patients. The program for the NP trace elements 510 is also indicated for toothache. I occasionally also treat this point with dental problems and also check through the individual trace elements if necessary.

I use the input and output as described in the computer manual. With A and H programs the appropriate substance can be used in the input cup, after testing, e.g. NP iodine with program 311 (A 18), iodum D3 or NP vit. B complex with program 240 (H 0.5) with vit. B preparation.

Stimulating the points manually only acts as an aid; it does not have a lasting effect.

Karz describes using quartz sticks, precious stones and oils to massage patients. However I have no personal experience of this.

### **Substantial**

Karz also gives recommendations for **nutrition** which may certainly be very helpful yet which do not produce a rapid effect, especially when it is not a case of genuine deficiency but rather of a substance not being utilised properly.

In this context **substitution** should also be viewed critically. It may make sense to eliminate a genuine deficiency or to support certain metabolic responses by increasing the supply, especially if absorption and utilisation are stimulated by treating the points. But for me an important new aspect arises in orthomolecular therapy with the idea that a functional deficiency is possibly not attributable to inadequate supply but to incomplete utilisation, even to deposition of a store which cannot be utilised.

Consequently it fits in totally with my homeopathically trained understanding to stimulate the body in its absorption and

metabolisation of substances before or instead of substituting substances.

## Substitution

- If necessary, after treating the points if the normal muscle tone achieved by treating the NP is maintained when testing with the substance
- Caution! Do not substitute if the normal muscle tone achieved through therapy is cancelled by the substance. In this case there is already "excess"
- Not too long, not too high without following up
- Note cofactors. Possibly better to give in combination but sparingly rather than mixing complexes in a non-specific manner
- Natural substances better than synthetic as utilised better through biodiversity (carotinoids, bioflavonoids, vit. E, etc. are less diverse when produced synthetically)

## **CASE STUDIES**

Patients for whom treating nutrient points brought about the crucial successful result.

### **Case 1:**

*Pregnant patient with highly acute inflammation in tooth 46 for 2 weeks, occurred concomitantly with unfavourable obstetric presentation. Could not be treated due to violent pain.*

### Test

Tooth 46 = large intestine meridian (Voll), TW (Eversaul/Karz), link to female genitalia especially the ligaments of the uterus (Buchmann's homeopathic case history), double TL i.e. relationship in kinesiological test tooth 46 / NP Mn, normal muscle tone at manganese point with manganum D30.

### Therapy

BRT at NP manganese program 310 and meridian decoupling 46/TW program 271 (see Karz, Tooth meridian table, in appendix to this paper).

*Rapid reduction in pain. The patient could already be treated without difficulty the next day.*

### **Case 2:**

*Patient with pain in patella. Generalised hypertension, stress, frequent muscle cramps, also cramp in hamstring and rectus when tested, magnesium taken regularly without any marked effect.*

Mg and Ca point stimulated (prog. 570, 580), cramp rapidly reduced with lasting effect.

*This eliminated pain in knee.*

### **Case 3:**

*Patient following chemo and radiotherapy for breast cancer, CFS, lack of energy with fatigue, shivery, mitochondriopathy (!), high doses of Q10 for 2 months with no effect, Q10 point painful (!)*

### Therapy

One Bicom therapy session and daily self-stimulation before taking Q10.

*Temperature regulation (!) and energy improved after several days.*

### **Case 4:**

*Patient following breast cancer (chemo and radiotherapy), long-standing low selenium level, several attempts at substitution interrupted due to nausea even after taking preparations which had tested fine, selenium point fairly painful for many years – vague sore throat!*

*Cefasel taken without any complications following BRT, throat no longer "sore".*

### **Case 5:**

*Patient with PCP, allergies, amalgam contamination, shivering (!), low Zn and Cu lab results, substitution had no effect, testing medication for amalgam elimination unsuccessful as no substance achieved normal tone.*

## Therapy

Treating Zn and Cu point produces warm feeling in patient, possible to test out elimination (NAC, Chlorella, wild garlic).

### **Case 6:**

*Patient with chronically low iron levels despite prolonged substitution which she does not tolerate well, inguinal hernia scar which still interfering.*

## Therapy

Bicom therapy with prog. 927 and 800.

*Iron preparation is tolerated, lab test and clinical health good.*

### **Case 7:**

*Patient with burning sensation on the tongue, dry mouth, reddening of oral mucosa, dry nose, eyes and trigeminal neuralgia which arose after eye surgery and operation on maxillary sinus.*

## Therapy

Trigeminal quickly improves following BRT therapy, pain point at outer corner of eye persists: B5 point! Patient has been taking vit. B complex for several weeks, so far without improvement.

*After therapy (B5 and B complex points) vit. B complex taken with positive effect, pain point in eye and burning sensation on tongue quickly improve.*

### **Case 8:**

*Patient with very unbalanced diet due to multiple allergies and intestinal surgery, menopausal symptoms, chronic shoulder pain at vit. E point.*

## Test, Therapy

BRT program for vit. E (prog. 251) as from Voll's chronic degenerative allergy vessel. Ca and Zn points also positive.

*Shoulder pain-free within one week after treating the three points and taking vit. E.*

### **Case 9:**

*Patient with PCP, dysmenorrhoea, allergies.*

## Test, therapy

Indicated vit. E medication difficult due to nausea, only low dosed ratiopharm preparation tolerated, vit. E point tests weakly, treating point wit prog. 251 also cancels the hormonal test results!

*All findings markedly improved and no problem taking vit. E preparation after two BRT sessions with prog. 251.*

### **Case 10:**

*Patient following breast cancer, chemo and radiotherapy, radiation damage: exophthalmia, skin irritation with acne, gastric irritation with nausea, weakness, dizziness, MCS, reaction to dental material, burning sensation on tongue, all symptoms of vit. B deficiency, but substitution intensifies nausea and pimples!*

## Test

W (weak): NP for B1, B2, B5, B6, B12. B12 cobalamin contains cobalt, also indicator for radiation exposure, NP at costal arch is continuous pain point, touching it causes spontaneous nausea and abdominal pain.

## Therapy, Test

1 BRT session on NP B12 (28 kHz, A 1.05 with Pascoe vit. B complex).

Next day no more abdominal symptoms, but very weak over following days, vit. B complex tolerated without any reaction; still W. when checked: NP of B2, B12, vit. B complex tests fine and is accepted by patient.

*Reduction in feeling of weakness after 1 BRT session on vit. B2 point (riboflavin, 52 kHz, Di 0.45)!*

## **Case 11:**

Patient with recurrent pancreatitis, 4 weeks after acute episode, highly acute apical periodontitis in tooth 26 (ST/SP meridian) could not be treated due to severe pain following ineffective anaesthetic.

### Test, therapy

Lat. dorsi. test muscle right W, left H (hyperreactive); NC (normal tonus challenge) with TL at 26, orthomolecular: pancreatic formula, TL at NP pancreatic juices!, DTL (double therapy localisation) 26 / NP pancr.: scar interference fields navel piercing and endoscopy scar after gallbladder surgery; patient has felt unwell for months: recurrent toothache, weakness, feeling of infection, cervical spine block.

Meridian therapy on the tooth, NP therapy on the navel, scar therapy.

General improvement next day, possible to treat tooth.

## **Case 12:**

Patient with extreme bruxism, been receiving psychotherapy and neurological and osteopathic treatment for years, "fetish

for occlusal splints", according to patient history many years of Cola light abuse 2–3 l/day.

### Test, therapy

Following NPs test abnormal: phosphorus, calcium, magnesium, vit. B complex.

Two BRT therapy sessions.

Afterwards psychological relief at the nutrient points, sleeps better, feels fine with a simple soft night splint and appropriate response to osteopathic treatment.

### Summary:

#### What is the value of NPs?

For me testing and treating the NPs represents a valuable addition to other diagnostic and therapeutic measures which occasionally offers quick access to specific problems.

If you would like to study the subject in more detail, I can recommend Sissi Karz' text in which numerous links are comprehensively presented and in which I keep finding quite astonishing "gold nuggets".

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## Literature

Sissi Karz: **Nährstoffhaushalt und Allergien – Ausgleichen von Nährstoff-Fehlverwertungen und Regulation von Stoffwechsel-Erkrankungen [Nutrient balance and allergies – compensating for incorrect utilisation of nutrients and regulating metabolic disorders]**, available from Regumed.

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W. Gerz: **Lehrbuch der Applied Kinesiology [Textbook of Applied Kinesiology]**, AKSE-Verlag 1996.

M. R. Werbach: **Nutriologische Medizin [Nutritional medicine]**, Hädecke Verlag 1999.

## Appendix

### Point locations – position of NP

<b>Acute and chronic tissue point</b>	Acute right, chronic left in the cavity of the shoulder acromion joint
<b>Vit. B1 / bromine</b>	Right/left near mid crown on line connecting external ear to GV 20
<b>Protein</b>	Mid hairline, 1 QF (fingerbreadth) in front of GV 23
<b>Ribonucleinic acid</b>	Between eyebrows, GV 24, TL pituitary gland
<b>Vit. B5 / folic acid</b>	Right/left at outer edge of corner of eye, on orbital margin in region of GB 1
<b>Vit. A / vit. B6</b>	Right/left middle of eyelid
<b>Molybdenum</b>	Between upper lip and nostril junction, GV 26–27
<b>Potassium, sodium</b>	! Right/left in mandibular angle between mandibular margin and masseter
<b>Multivitamins</b>	Both sides beneath the mastoid
<b>Vit. B complex</b>	Tip of tongue
<b>Ammonia</b>	! Above the thyroid cartilage, in angle between neck and chin
<b>Caesium</b>	Tip of chin
<b>Selenium / vanadium</b>	Right/left middle of neck, at outer edge of SCM
<b>Mercury/ trace elements</b>	Right/left middle of neck, inner edge of SCM
<b>Vit. F / calcium</b>	Over the clavicle at outer edge of SCM
<b>Iodine</b>	Cavity above the sternum between clavicles
<b>Vit. E / vit. C</b>	Centre of clavicle lower edge, on 1st rib
<b>Chlorophyll / riboflavin</b>	At lower inner angle between clavicle and sternum
<b>Lecithin</b>	Front of left shoulder joint
<b>Orotic acid vit. B13</b>	Thymus region, 4 QF under NP iodine, between CV 18–19
<b>Inositol/ sulphur</b>	Right/left mamillary line at armpit level
<b>Rhodium</b>	CV 17, 2 QF under vit. B13
<b>Tin</b>	2 QF under inositol
<b>Vit. B15</b>	At edge of sternum between 4 <sup>th</sup> and 5 <sup>th</sup> rib
<b>Vit. P (flav.) / CO<sub>2</sub></b>	! Right/left attachment of deltoid at outside of arm
<b>Fumaric acid / vit. K</b>	4 QF under armpit
<b>Methionine</b>	2 QF above tip of sternum, CV 16, NL pectoralis minor muscle
<b>Pepsin/ hydrochloric acid</b>	Right/left at tip of sternum, at costal arch attachment
<b>Q10</b>	Central beneath tip of sternum, CV 15
<b>Niacin / silicea</b>	Right/left ICR 6–7 <sup>th</sup> rib (level with bent elbow), in region of ST 19
<b>Acidophilus / vit. B12</b>	Right/left at margin of costal arch, 4 QF below tip of sternum
<b>Bismuth</b>	Right at margin of costal arch, 4 QF below acidophilus point and 4 QF above amaroid point
<b>Chlorine</b>	Left at margin of costal arch, 2 QF under vit. B12
<b>Amaroids and fatty acids / chromium</b>	Right/left lower margin of costal arch on the side
<b>Pancreatic juices ( 2 points)!</b>	2 QF over navel in centre and 2 QF to right
<b>Zinc</b>	Right/left centre between navel and SIAS (ant. sup. iliac spine)
<b>Magnesium / manganese</b>	Right/left directly by navel
<b>Phosphorus</b>	2 QF below navel in centre

<b>Radon</b>	Left, to side of upper edge of iliac crest
<b>Iron / vit. D</b>	Between ileum and inguinal ligament, above groin, below zinc point / copper point
<b>Hydrogen / arsenic</b>	Right/left outside above hip joint
<b>Lead</b>	Symphysis
<b>Biotin / barium</b>	Right/left inguinal ligament, central
<b>Platinum</b>	2 QF medial of barium point in left inguinal ligament
<b>Nickel</b>	Back of head epiphysis region, GV 19
<b>Bile acid</b>	Right of C0/C1. GV 16
<b>Lithium / fluorine</b>	Right/left spine of vertebra C7
<b>Thallium</b>	Right, 2 QF near lithium
<b>Strontium</b>	Right, inside of shoulder blade, 2 QF below upper edge
<b>Gold / silver</b>	Right/left at inner edge of shoulder blade
<b>Palladium / titanium</b>	Right/left lower outer edge of shoulder blade
<b>Aluminium / antimony</b>	Spine of vertebra TH6, high axillary folds
<b>Cadmium / boron</b>	Centre of the ala of the ilium
<b>Tungsten</b>	Sacrococcygeal joint, tip of the sacrum

**Eversaul/Karz' tooth-meridian-muscle relationship with BICOM bioresonance therapy program number**

(Voll's tooth-meridian relationship)

ST 331 (KI/BL) Back of neck flex. and ext.	HE 281 (KI/BL) Subscapular	LU/GB 211/371 (LV/GB) Deltoid serratus	ST 331 (LI/LU) Coracobr. (popliteus) P	LU 331 (LI/LU) Diaphrag. MC	SP 301,700 (ST/SP) Latissimus dorsi	SI 291 (ST/SP) Abdomen	SP 301 (HE/SI) Trapezius
1	2	3	4	5	6	7	8
CS 241 (KI/BL) Gluteus medius	LI 221 (KI/BL) TFL (tensor fasciae latae), (piriformis)	CS 241 (LV/GB) Gluteus maximus	LI 221 (ST/SP) Quadratus lumborum	LV 311 (ST/SP) PMS (sternocostal part of pectoralis major)	TW 271 (LI/LU) Gracilis, sartorius	SI 291 (LI/LU) Rectus femoris	KI 391 (HE/SI) Psoas