



Energetische Terminalpunkt Diagnose

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The Energetic Emission Analysis (Kirlian Diagnosis) in the Medical Clinic

Clinical Study

Naturopathic medicine has different diagnostic techniques at its disposal. One diagnostic modality that has proven itself for a long time is the Energetic Emission Analysis EEA (Kirlian diagnosis), which Peter Mandel has developed 35 years ago. In the scope of this study I intend to show that the EEA is a simple diagnostic approach that can beneficially be integrated into a clinic focused on natural medicine.

Orthodox academic medicine is using double-blind studies. This method is inappropriate for naturopathic research, because the patients are treated on an individual basis and not as figures in a statistic. Each patient has his "own individual migraine, fatigue, rheumatic complaints..." and these individual complaints require an individual therapy. The individuality of the complaint is as important as the standard medical diagnosis. Therefore it is obligatory to also pay attention to this individuality while doing research. Double-blind studies do not fit this profile.

In this article I am describing a study that has been conducted with 64 patients with back pain. I have attempted to determine the usefulness of the EEA (Kirlian diagnosis) for this particular group of patients in regards to the choice and effectiveness of the therapy.

Patients who were fitting the following criteria were allowed to participate in this study:

- Men and women between the ages of 18 and 65, who had come to the clinic within the last 5 months and who had presented with (sub)acute or chronic back pain.
- The back pain had to be of a purely orthopedic nature (no metastases, fibromyalgia...) and had to be present for at least two weeks.
- On a pain scale (see later) they had to evaluate their pain as a 4/10 or more.
- The therapy consisted only of injections that were given in my clinic (see later for the method). No other therapies or self-medication were allowed.

- The EEA picture had to show one distinctive and definite emission quality and no mixed forms (see later).

Criteria for exclusion

- Men or women below 18 or above 65 years of age. These two age groups sometimes do not guarantee objectivity in the pain evaluation.
- Non-orthopedic pain or combined pain (for instance sciatica in spasm prone patients).
- Pain that existed less than two weeks, because it can be resolved without therapy.
- Pain that the patient evaluated below 4/10 on the pain scale.
- A combination with other therapies or self-medication at home.
- EEA images that did not show one definite emission quality (mixed forms).

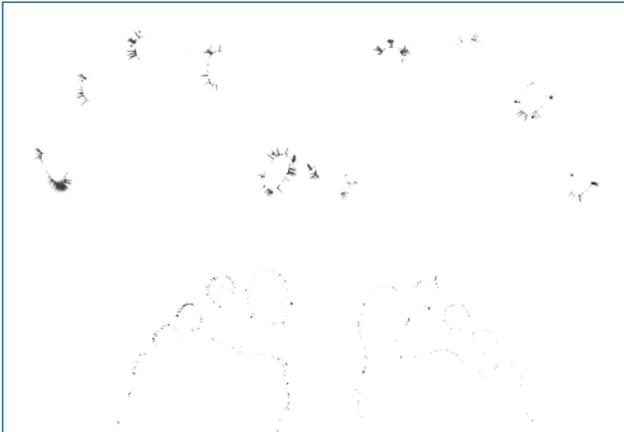
Method

Patients who came to the clinic and who had had back pain within the previous five months, were asked to evaluate their pain on a pain scale. This scale (10 cm in length) is subdivided from 0 to 10, 0 meaning no pain and 10 symbolizing the most intense pain that the patient can imagine. When their evaluation was 4 or more and all the other criteria for participation were fulfilled, then they were asked whether they wanted to take part in this study. They were also asked to not engage in additional therapies or medications.

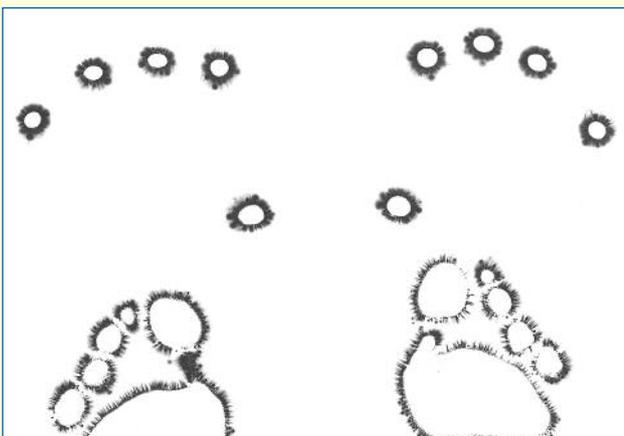
An EEA picture of the participating patients was taken. The emission quality of this picture was then used to determine the therapy. As the Energetic Emission Analysis offers many possibilities for an evaluation (emission quality, laterality, polarity, function circle correspondences, singular phenomena), this study was only taking the emission quality into account.

Energetic Emission Analysis knows three different qualities of emission:

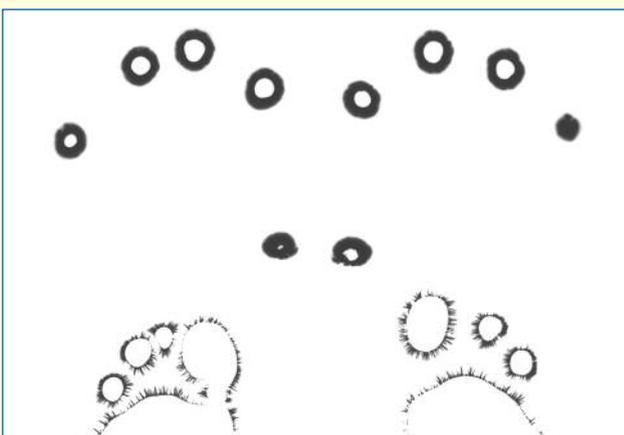
Endocrine Emission Quality



Toxic Emission Quality



Degenerative Emission Quality



These emission qualities are reflecting the actual state of the patient's reactivity. Therefore the presently necessary therapy can actually be very easily determined.

The emission qualities in detail:

- The *endocrine* picture can be recognized through the interrupted rays in both hands and it represents functional disturbances. The *toxic* picture can be recognized through the point shaped emissions at the edge of the tips of fingers and it signifies that the patient is presently in a reactive state. The *degenerative* picture can be recognized through the uninterrupted, regular emissions of the fingertips and it shows that there is a rigidity in the regulatory process.

The therapy was chosen based on the emission quality. In order to stimulate the patients' self-healing tendencies only the following injections were used in this study.

- endocrine pictures the points of the Kundalini Line(R/Sensiotin sine) and Coordination 1 (R/AP III – Fa. Steigerwald, AP VIII – Fa. Steigerwald, Hepachelin – Fa. Magnet Activ, Elhapargen – Fa. Magnet Activ) were injected, as it is the usual protocol in Esogetic Medicine.
- In toxic pictures the aggressive zones and the two sphenopoints of Esogetic Medicine were injected (R/all with Lymphaden, Fa. Hevert).
- In degenerative pictures the patients received the so-called elimination injections. The acupuncture points ST 12, LR 13, UB 18 and GB 41 (only on the right) with AP III (Fa. Steigerwald) and the points UB 23, GB 25 with AP IV (Fa. Steigerwald).

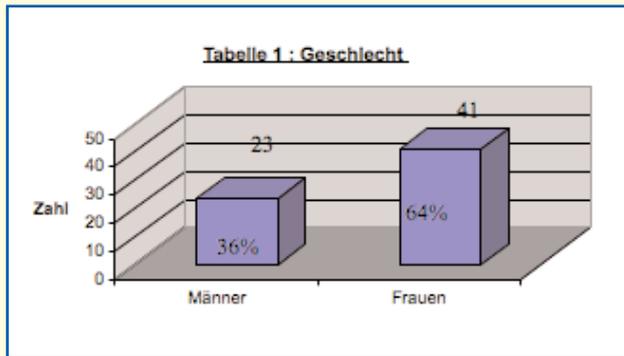
The patients were treated for 3 weeks (or less, if they did not have any more pain). The frequency of treatment was once weekly. On each treatment day a new current EEA picture was taken in order to determine the therapy each time.

Two points were important in the evaluation:

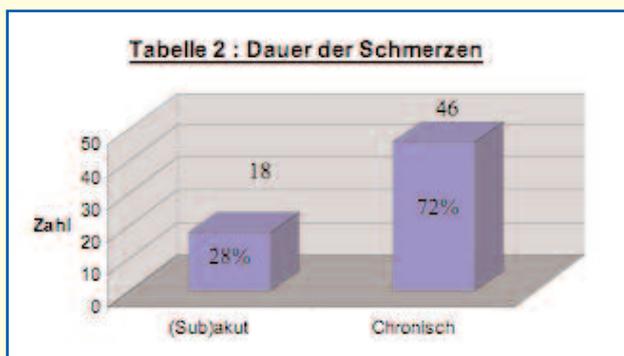
- 1) Has the pain changed? Does this concept make sense in the treatment of patients with back pain?
- 2) Do the changes in the pain correspond to the changes in the EEA picture?

The final pain evaluation was again conducted through an anamnesis and by using the pain scale.

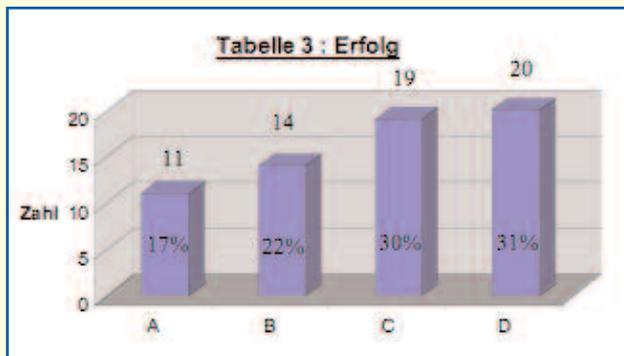
Results of the Study



64 patients participated in the study:
23 men (36%) and 41 women (64%), ages 21 to 63.



In 18 patients (28%) the complaints were rather (sub)acute, in 46 patients (72%) the pain was chronic.

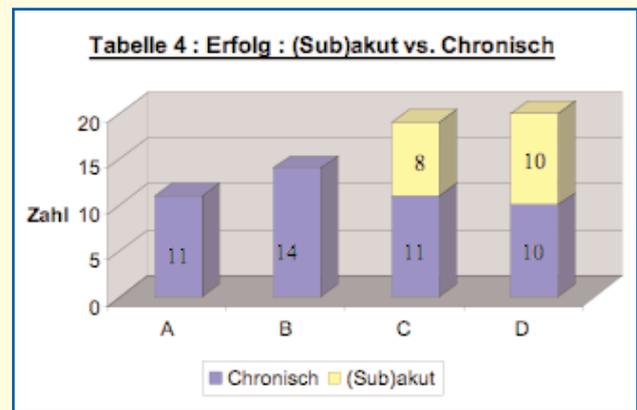


After 3 weeks the pain was :

- unchanged in 11 patients (17%) - group A.
- slightly better in 14 patients (22%) - group B.
- much better in 19 patients (30%) - group C.
- resolved in 20 patients (31%) - group D.

The differentiation between slightly or much better was done according to the pain scale:

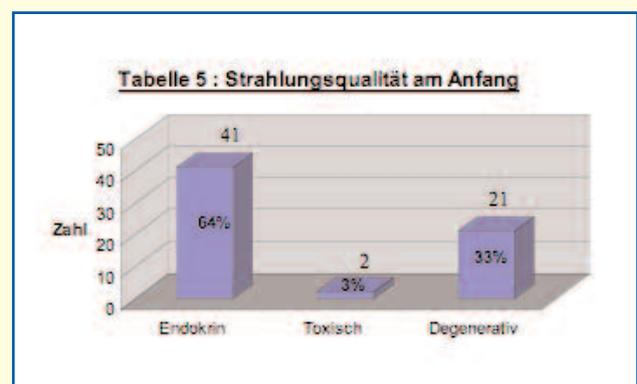
- slightly better meant less than 50% change.
- much better meant more than 50% change.



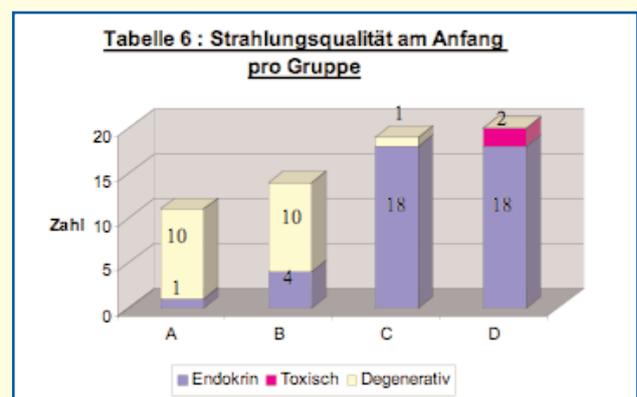
The (sub)acute pain patients all belonged to group C (8 patients) and D (10 patients). The chronic pain patients belonged to all 4 groups (A:11, B:14, C:11 and D:10).

The initial pictures were:
41 endocrine emission quality (64%),
2 toxic emission quality (3%) and
21 degenerative emission quality (33%):

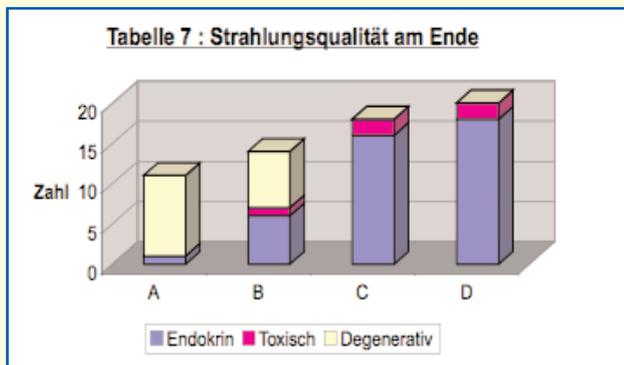
Group A: 1 endocrine, 10 degenerative.
Group B: 4 endocrine, 10 degenerative
Group C: 18 endocrine, 1 degenerative.
Group D: 18 endocrine, 2 toxic



Comparison of the control pictures with the initial pictures:



- Group A: the pictures keep their quality.
 Group B: 4 endocrine pictures stay endocrine, 2 of them are significantly less endocrine (fewer openings); 7 degenerative pictures stay degenerative, 1 picture turns toxic, 2 become endocrine.
 Group C: the degenerative picture turns endocrine, the endocrine pictures stay endocrine, but show way fewer openings (15 pictures) or become toxic.
 Group D: the toxic pictures become endocrine: the endocrine pictures are changing their endocrine quality (16 pictures) or become toxic (2 pictures).



Conclusion

- 1) More than 60% of the patients had much less or no more pain within three weeks. Only 17% did not show any improvement after three weeks. That means that this method (Energetic Emission Analysis and the resulting injections) can be a quick and successful treatment for back pain.
- 2) The patients with (sub)acute pain were all much better or healed after three weeks. That means that this protocol is also well suited for the treatment of patients with (sub)acute back pain.

- 3) More than 80% of the patients had at least an improvement of their complaints, though we have only used the regulation state within the EEA picture to determine the therapy. The diagnosis through the Energetic Emission Analysis has of course many more therapeutic options available.
- 4) 17% had no improvement. It stands out that these patients (with the exception of 1 patient) initially had a degenerative picture. Such pictures signify regulatory rigidity. That is always a difficult problem. It makes sense to observe these patients for an extended time and then evaluate the efficiency of the therapies by ways of the EEA picture. These patients need extended and more intensive therapeutic measures.
- 5) Nonetheless more than 50% of the degenerative pictures showed an improvement within 3 weeks, which in the case of regulatory rigidity can be considered rather quick.
- 6) The change of the EEA picture during the therapy was also very impressive. Without a successful therapy there is no change in the picture. When the complaints improve, the pictures also clearly "improve". Then there is a change from degenerative to toxic or endocrine emission qualities. The toxic pictures turn endocrine and the endocrine pictures are becoming more balanced.

The results are convincing, though this study consists of only 64 patients. The Energetic Emission Analysis can be very useful in the naturopathic clinic. Of course there is a multitude of other options besides the emission quality, but due to practical reasons I have limited myself in this study to the evaluation of the emission quality of the picture.

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Trainings, Seminars and Therapeutic Instruments acc. to Peter Mandel

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