Occidental Institute Research Foundation

and, Praxis2Practice Consulting

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Praxis2Practice Consulting

Brings you the recordings along with the

Overheads and Handouts of the . . .

Occidental Institute Research Foundation

Therapeutics Seminar/Workshop

PART TWO of a two part seminar/workshop program

By ***Dr. Walter D. Sturm*** of O.I.R.F. staff on . . .

THERAPEUTICS:

- MORA-Therapy (Featured the MORA-Super)
- Electronic Homeopathy
- And, much more . . .

Recording Details:

- This two-day seminar/workshop was presented on November 28 & 29, 1998 at Richmond, British Columbia, Canada,
- and was video-recorded in its entirety (except hands-on work) by Thorsten Wehrmann of O.I.R.F. staff
- It totals twelve hours.

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NOTICE:

The material presented in this
Therapeutics seminar
presumes adequate diagnostic ability
and background knowledge of
E.A.V. as covered in Dr. Sturm's
preceding **Diagnostics seminar!**

Our sincerest apologies!

Due to unavoidable interference
affecting our wireless microphone,
brief periods of sound disturbance occur.

This tape/disc is not defective, and no
Vital information was lost.

Following is a message from the Director . . .

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10 March 2014 [Reviewed May 2025]

On the occasion of the re-release of the enclosed video recordings, I wanted to add a personal message regarding this teaching seminar and its somewhat dated information. As we prepared for the busy 2014 schedule of OIRF events and activities, we needed to respond to multiple requests for seminar/workshops that would cover the basic concepts and background of the various diagnostic and therapeutic methods that went beyond the "operational" or "functional" aspects of the various available devices.

After discussions and correspondence with several of the German manufacturing companies to determine the availability of their instructors, and also after canvassing our own OIRF Directors and Advisors for teaching preferences, I was left with the stark realization that we are facing a real shortage of trained and knowledgeable teaching staff. Both in Germany and here in North America we have seen many of the instructors we relied on in the past turning back to their own busy practices and they are simply seeking more information for themselves and are content to utilize their expertise quietly within their own practices – and we have simply lost the expertise and experience of our "old rabbits" with the passing of those like Dr. Sturm, Dr. MacCoy and Dr. Wagstaff. Other than a few commercially oriented organizations, there is very limited scheduled training in Biological Medicine. And yet, how are we to bring new practitioners into the field with such limited training possibilities? How are experienced practitioners going to confirm their techniques and methods? Or, learn about additional possibilities to add to their practice armamentarium?

Many years ago during one of his personal and teaching visits to North America I remember ***Dr. Franz Morell*** (the MO part of MORA) saying: *"Once you understand the concepts of MORA-Therapy [and BioResonance your clinical application] is limited only by your imagination."* What an interesting and amazing idea! But you need a source of basic information and concepts in order to reach that enviable and exalted position and to experience those practical and effective applications.

In the process of preparing proposals for the 2014 seminar schedule, I requested a full re-evaluation of the "old" Diagnostics and Therapeutics video recorded seminars of our founding Director, ***Dr. Walter D. Sturm***. Since they were recorded in Oct/Nov

of 1998, I realized that they would be outdated. I felt however that we could at least obtain some guidelines on what topics and information needed to be covered and included in any events that we organized for today's students and practitioners. In the end, every one of us here has methodically worked our way through the five DVDs and it has been a revelation. This treasure-trove of information, background, instruction, training, concepts – well, let me just leave it as the treasure-trove of information – **needs** to be the basis of all training and instruction in this rapidly expanding field of Biological Medicine.

Clearly the devices and software that Dr. Sturm demonstrated in 1998 are outdated. There is no question of that. However, the training and instruction remains absolutely valid all these many years later. As we worked our way through viewing the seminars and preparing the current/modern copies of the overheads and handouts that follow included here, we made some notes about some of the more obvious changes. I do, however, want to assure each of you that for every device and method discussed on these videos there is a current model or version available that is easier, faster and more effectively utilized. It was Dr. Sturm's vision of the future – his comprehensive and accurate understanding of the methods he worked with everyday in his practice – that allowed him to show us **then** the methods that will work for us **today**.

Here are a few examples of current applications of the information presented in these videos based on notes we made in preparation of these overhead and handout materials:

1) In all cases of the instrumentation demonstrated or utilized on these video recordings, newer and more modern models are readily available. Functional operation of the devices is fully described within the English language instructions, while the clinical applications remain the same as described here. For example:
   a) The MORA Combi and the MORA Super devices have now been replaced with the newer MORA Nova which is fully computerized.
   b) The RM-10S diagnostic device has been discontinued as a separate device, however there is a full EAV-type diagnostic module included on the MORA Nova along with newly developed assessment software.
   c) The older Ionopront Super and its accompanying Normotonometer by the old BME Company of Germany has been replaced with the much newer and easier to operate Oxygen Ion 3000 and the VNS Diagnosis (both according to ***Prof. Dr. Ivan Engler***) made by the CS Tronic company in Austria. Application of this method is now fully delegable. [As of 2025, there are no devices manufactured or available capable of this method.]
   d) The HyperPhoton HPT 3D is available as demonstrated. Newer (more expensive) models also have the ability to set variable frequencies.
   e) The stronger and more expensive R&J and Ora- lasers have been replaced by the "much cheaper" yet highly effective Cepes Lasers (in two different models) by the Advanced Medical Systems (AMS) company from Germany.
   f) For those items like the Trifield Meter and the noise cancellation headphones, we have included current website and contact information.

g) Color Therapy: The older model MORA-Color units (as seen in these videos) as well as the MORA Combi devices have become treasured possessions based on their construction and the use of frequencies produced from the actual colored light. Newer color therapy models are based on software and on the frequencies of the colors. Developments like MORA-Color Therapy According to ***Dr. Sir Zenon Gruba*** brought development of current models which incorporate increased amplification for highly effective pain control.

h) At this time the only exception to availability is the older model BEV (Bio-Electronic according to Vincent) device. In the interim the newer BE-T-A (Bio-Electronic Terrain Analysis) device has recently been discontinued and we are awaiting information on when a newer model will be made available. But here Dr. Sturm gives you the information which can be applied on a general basis in most practices without even utilizing the device!

2) Remedies: Yes, all those remedies are still safely housed in our small medical office here at OIRF. But if you consider all the costs, the cabinets, the organization, the fussing and arranging, and most of all the importation, it is just overwhelming. Today, Staufen and Wala are simply not available in North America. Many of the treatment remedies (such as Sanum, Heel, Hevert, Nestmann, and many others) are available domestically and those companies should be supported – especially for those remedies prescribed to your patients! However, you can see here the seminal versions of Electronic Homeopathy – still in DOS (gasp!)! Now, current versions of the remedy software completely replace the need to collect those thousands of vials and remedies. Believe me when I say you can still never have enough actual test sets, but for diagnosis (and sometimes even for therapy) the "virtual" Electronic Test Sets have been massively expanded, search functions and testing are very fast and easy with self-guiding assessment software (no need for honeycombs, Sender/Receiver sets, assistants, bunches of connecting cables . . .) and are all available in the latest computer operating systems. This **is** the medicine of the future that Dr. Sturm envisioned!

3) In several places throughout these videos, Dr. Sturm pulls out his little wooden box containing Dr. Morell's Punch Cards. This was an amazing system researched and developed by ***Dr. Franz Morell*** as a method for determining those remedies most frequently used on patients. Do any of you even remember what data punch cards are? Well, no worry – this system is now available as a computer program complete with all the remedies. It is called the Meridian Test Set of Dr. Morell and can be ordered to work with any model of the MORA BioResonance devices.

4) Even in 1998 – about 15 years into MORA and BioResonance – we were still struggling with instructions, background books and reports and the faceplates on the devices still only in the German language. This is no longer one of our challenges. Everything necessary (including the faceplates or opening menus) is available in English (as well as French, Spanish, Portuguese, Russian and – obviously – German).

5) Operation manuals for the devices demonstrated during these videos were originally supplied to participants. These have now been deleted.

I think you can see that we have given a lot of thought to the re-release of these video recordings. It is my humble opinion that any seminars or workshops taking place now should be based on or expanded from the information contained here. Although instrumentation and remedy information on these recordings is dated, the above examples show you how all of this valuable information is readily applicable and absolutely valid for today's clinical practice. If at any time you have questions about the current application of this information, please contact us directly.

We thank you for viewing these recordings, and wish you "happy viewing".

Yours in health,

Carolyn

Carolyn L. Winsor
Managing Director
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Therapeutics:

A most informative weekend
with ***Dr. Walter D. Sturm***

Start of video recording . . .

O.I.R.F. INSTRUMENTAL MODALITIES

Modality	Therapy	Subjective Dx	Objective Dx
Bio-Electronic Vincent (BEV/BE-T-A)	None	No	YES
Performance 2001	(Medications)	No	YES
Segmental Electrograph (SEG) and DFM	None	No	YES
AMSAT	None	No	YES
German Electro-Acupuncture (EAV/EAP)	Galvanic i.e. 10 Hz	YES	No
Bio-Electronic Functions Diagnosis (BFD)	Galvanic i.e. 10 Hz	YES	No
Autonomic Resonance Test (ART)	Galvanic 10 Hz	YES	No
VEGA/Photon Resonance Test	Galvanic 10 Hz	YES	No
MORA-Therapy	Information (Pt's own oscillations)	EAV/EDS/MA VEGA/ART	No
MORA-Color Therapy (including MORA-Color according to Gruba)	Information (Color)	None	None
INDUMED Therapy	Information (Magnetic Field)	None	None
AMS Medisend	Information (Magnetic Field)	None	None
Ozone	Oxygen	None	None
Inhaled Ionized Oxygen Therapy	Electrons & Protons / Oxygen	(Biotonus) VNS	None
BioPhoton Light Therapy	Photons / Lasers	None	None
Lasers	Coherent Light	None	None

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Six (6) Page Handout Follows

EAV-Seminar-Testsatz I und II

Stand: April 1997

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Erläuterungen:

Dieser Testsatz wurde von der **Internationalen Medizinischen Gesellschaft für Elektroakupunktur nach Voll e.V.** entwickelt und ist auf die Lehrinhalte der EAV-Seminare abgestimmt. Die Zusammenstellung ist eine meridianbezogene Grundausstattung aus wichtigen Nosoden und ausgewählten Homöopathika in Serienpackungen.

Diese Serienpackungen enthalten 10 Ampullen ein und desselben Mittels mit festgelegter Bestückung in aufsteigender Potenzfolge. Die Reihen beginnen mit Tiefpotenzen, meistens in D 5 oder D 6, und enden bei Isopathika normalerweise mit der D 30. Dagegen enthalten Serienpackungen von Konstitutionsmitteln oder klassischen Nosoden Potenzen bis hoch zur D 200. Über die Bestückung informiert Sie die **Alphabetische Zusammenstellung der Serienpackungen mit Potenzfolgen.**

Zusätzlich enthält der Testsatz noch Vorpotenzen, die unter der tiefsten Serienpackung-Potenz liegen, um bei stärkeren Belastungen den Basis-Ausgleich zu erreichen. Diese Vorpotenzen korrelieren mit den Therapievorgaben der Kommission D.

Sdf. sind Sonderpotenzierungen, welche im Auftrag verschiedener Apotheken auf ärztliche Anforderung hergestellt wurden.

Bitte beachten Sie:
Notwendige Potenzänderungen, z.B. durch Beschaffungsschwierigkeiten beim Ausgangsmaterial, behalten wir uns vor.

Preise siehe Seite 9.

Der Internationalen Medizinischen Gesellschaft für Elektroakupunktur nach Voll e.V. danken wir für die Zusammenarbeit bei der Entwicklung dieses Testsatzes.

EAV-Seminar-Testsatz I und II

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Lymphe:			
Nosoden	chronisch bakterielle Kieferostitis	Z 38	
	chronisch hyperplastische Tonsillitis	H 12	
	chronische Pulpitis	Z 28	
	gangränöse Pulpa	Z 8	
	Kieferostitis	Z 11	
	Mastoiditis	H 3	D 4
	Sinusitis frontalis	H 2	
	Sinusitis maxillaris	H 5	
	Staphylococcinum	A 4	D 4
	Streptococcinum	A 5	D 4
	Zahnsäckchen	Z 26	
Homöopathische Begleittherapie	Euphorbium	HM 237	
	Kalium bichromicum	HM 146	
	Phytolacca	HM 22	D 4
	Ruta	HM 221	D 4
	Staphisagria	HM 151	
	Stellaria media	HM 264	D 4
	Symphytum	HM 198	D 4
	Verbascum	HM 204	D 4
Lunge:			
Nosoden	Katarrhalische Mischflora	C 15	D 4
	Pertussinum	C 4	D 4
	Pneumococcinum M	C 16	D 4
	Tuberculinum	E 3	
Homöopathische Begleittherapie	Drosera	HM 169	D 4
	Ipecacuanha	HM 334	D 4
	Sticta pulmonaria		D 4
	Tartarus stibiatus	HM 11	D 4

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Dickdarm:			
Nosoden	chronische Appendicitis	B 39	D 4
	Diverticulose	B 23	D 4
	Oxyuren	B 12	
	Salmonella typhimurium Sdf.	TR 135	D 4
Homöopathische Begleittherapie	Carbo vegetabilis	HM 52	
	Colocynthis	HM 58	D 4
	Dioscorea villosa		D 4
	Hydrastis	HM 13	D 4
Zentralnervensystem:			
Nosoden, potenzierte Schadstoffe	Benzolum	Q 3	
	Cytomegalie Sdf.	TR 128	D 4
	Formaldehyd solutum	P 21	
	KI 5N (Pyrethrum)	R 5	
	Mercurius solubilis H.	HM 31	
	Poliomyelitis	DA 3	D 4
	Silberamalgam	ZW 21	
Homöopathische Begleittherapie	Cicuta virosa	HM 141	D 4
	Gelsemium	HM 144	D 4
	Spigelia	HM 150	D 4
	Zincum picrinicum	HM 208	D 4
Kreislauf:			
Nosoden	Coffea tosta	HM 379	D 4
	Grippe Virus 96 Sdf.	TR 218	
	Herpes simplex	DA 32	D 4
	Tabacum	HM 44	D 4
Homöopathische Begleittherapie	Arnica	HM 36	D 4
	Hamamelis	HM 239	
	Melilotus officinalis	HM 315	D 4
	Veratrum album	HM 152	D 4

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Allergie:			
Allergene	Farina Tritici vulgaris	S 3	
	Gräserpollen	S 16	
	Hausstaub-Allergen Sdf.		D 6
	Kuhmilch-Allergen Sdf.		D 6
Homöopathische Begleittherapie	Acidum formicicum	HM 20	D 4
	Aralia racemosa	HM 327	D 4
	Cardiospermum		D 4
	Galphimia glauca	TR 118	D 4
Dreifach-Erwärmer:			
Nosoden	Herpes zoster	DA 1	D 4
	Morbillinum	F 4	D 4
	Parotitis	F 8	D 4
	Rubeolae	F 17	D 4
Homöopathische Begleittherapie	Agnus castus	HM 317	D 4
	Apis mellifica	HM 29	D 4
	Spongia	HM 121	D 4
	Thuja	HM 19	D 4
Herz:			
Nosoden	Adeno-12-Virus Sdf.	TR 217	D 4
	Adenoviren		D 4
	Coxsackie B4	DA 30	D 4
	Streptococcus viridans	A 29	D 4
Homöopathische Begleittherapie	Crataegus	HM 100	
	Kalium carbonicum	HM 80	D 4
	Naja tripudians	HM 113	
	Vincetoxicum	HM 205	D 4

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Dünndarm:			
Nosoden	Aspergillus niger Sdf.	TR 144	D 4
	Geotrichum candidum Sdf.	TR 170	D 4
	Monilia albicans	N 20	D 4
	Ulcus duodeni	F 27	D 4
Homöopathische Begleittherapie	Aethiops antimonialis	HM 88	
	Fagopyrum	HM 279	D 4
	Nasturtium aquaticum	HM 267	D 4
	Okoubaka	HM 219	D 4
Milz:			
Nosoden	Bang	F 5	D 4
	Epstein-Barr Sdf.	TR 129	D 4
	Staphylococcus aureus	A 26	D 4
	Toxoplasmose	DA 9	D 4
Homöopathische Begleittherapie	Ceanothus americanus	HM 96	D 4
	China	HM 139	D 4
	Echinacea	HM 103	D 4
	Grindelia robusta	HM 177	D 4
Pancreas:			
Nosoden	Mercaptanum	Sto 52	
	Thioaether	Sto 54	D 4
Homöopathische Begleittherapie	Asa foetida	HM 92	
	Calcium silicicum	HM 310	
	Eichhornia		D 4
	Senna	HM 222	D 4

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Leber:			
Nosoden	Hepatitis A Sdf.	TR 137	
	Hepatitis B Sdf.	TR 47	
	Hepatitis C Sdf.	TR 182	
Homöopathische Begleittherapie	Carduus marianus	HM 137	D 4
	Leptandra	HM 181	D 4
	Raphanus sativus	HM 191	D 4
	Taraxacum	HM 307	D 4
Gelenke:			
Nosoden	Borrelia Sdf.	TR 140	D 4
	Streptococcus haemolyticus	A 30	D 4
	Yersinia enterocolitica Sdf.	TR 91	D 4
Homöopathische Begleittherapie	Bryonia	HM 94	D 4
	Harpagophytum	HM 312	D 4
	Ledum	HM 257	D 4
	Rhus toxicodendron e summit rec.	HM 86	D 4
Magen:			
Nosoden	Campylobacter pylori Sdf.	TR 145	D 4
	Gastroduodenitis	TR 193	D 4
	Sarcina ventriculi	TR 84	D 4
	Ulcus ventriculi	F 41	D 4
Homöopathische Begleittherapie	Argentum nitricum	HM 16	D 4
	Momordica balsamina	HM 67	D 4
	Nux moschata	HM 184	
	Robinia pseudacacia	HM 346	D 4

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Bindegewebe:			
Homöopathische Begleittherapie	Calcium fluoratum	HM 162	
	Graphites	HM 61	
	Hyaluronidase	S 8	
	Stannum metallicum	HM 8	
Haut:			
Nosode	Trichophytie	N 14	D 4
Homöopathische Begleittherapie	Fumaria officinalis	HM 172	D 4
	Mezereum	HM 242	
	Sulfur jodatum	HM 125	
	Thiosinaminum	P 33	D 4
Gallenblase:			
Nosode	Bacterium coli	B 1	D 4
	Calculi biliarii	F 24	
	Cholecystitis	F 20	D 4
	Lamblia intestinalis	B 15	
Homöopathische Begleittherapie	Chelidonium	HM 97	D 4
	Natrium choleinicum	HM 260	
	Ornithogalum umbellatum	HM 314	D 4
	Ptelea trifoliata	HM 189	D 4
Niere:			
Nosoden	Glomerulonephritis	F 54	
	Nephrose	F 25	D 4
	Oxalaturie	M 12	D 4
	Pyelonephritis	F 53	D 4

Meridian bzw. Subsystem		Serienpackung bzw. Testreihe	je 5 Ampullen Vorpotenzen
Homöopathische Begleittherapie	Equisetum arvense	HM 5	D 4
	Helleborus	HM 105	
	Helonias dioica	HM 300	D 4
	Solidago virgaurea	HM 149	D 4
Blase:			
Nosoden	Adnexitis	K 14	
	Chlamydia trachomatis Sdf.	TR 19	D 6
	chronische Prostatitis Sdf.	TR 20	D 4
	Ureaplasma urealytica Sdf.	TR 126	
	Vaginitis Sdf.	TR 88	D 4
Homöopathische Begleittherapie	Bellis perennis	HM 76	D 4
	Berberis	HM 135	D 4
	Cantharis	HM 95	
	Chimaphila umbellata	HM 373	D 4
	Clematis recta	HM 56	D 4
	Kreosotum	HM 14	

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ELECTRONIC NOISE AND VIBRATION CANCELLATION

What Is Electronic Noise Cancellation?

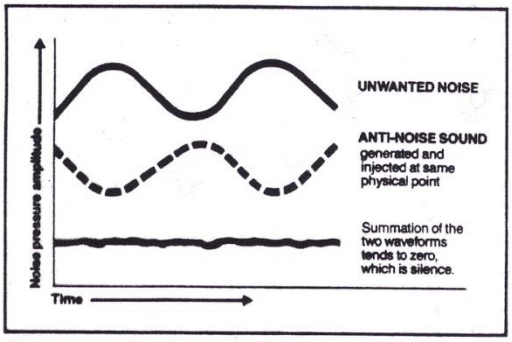
Electronic noise cancellation (also called Active Noise Cancellation) uses electronically generated sound to cancel unwanted noise.

Is This Similar To "White Noise?"

No. White Noise *adds* additional sound to mask undesirable noise. Electronic Noise Cancellation actually *eliminates* the noise.

How Does Electronic Noise Cancellation Work?

The principles of constructive and destructive interference form the scientific basis for the process. Using water waves as an example, constructive interference would occur if two wave crests met head on. A wave about twice as high would result. Destructive interference would occur if the crest of one wave fell into the trough of another. The result would be calm water.



Basic principles of electronic cancellation of noise.

Sound waves follow these physical laws precisely. The trick is to get the anti-noise sound exactly 180 degrees out of phase with the noise you want to cancel. This will give you the desired destructive interference which allows the peaks of noise to fall into the valleys of generated sound, resulting in cancellation.

Is This A New Technique?

No. Laboratory experiments proving the theory were performed in the 1930's and thereafter, but the electronics required for practical applications were not available. Even as electronics improved, there were severe limitations.

For example, a measurement would be taken of the noise, the result processed electronically, and an anti-noise sound produced. It took time to do this, however. You could measure noise upstream in a duct, but you would have to cancel it somewhere downstream in order to give the electronics sufficient time to process the data. This severely limited practical applications of the process until 1976, when a technological breakthrough occurred..

What Was The Technological Breakthrough?

In 1976, Prof. George B. B. Chaplin and his associates at the Wolfson Centre for the Cancellation of Noise and Vibration, University of Essex, Colchester, England began analyzing noise and vibration produced by engines and machines and found that much of it was periodic or repetitive in nature. This led to a new method of cancellation whereby the anti-noise sound is produced simultaneously with each firing cycle of the engine.

An electronic processor then compares how well the anti-noise sound is cancelling the noise and corrects for any error on the next firing cycle. Since the noise characteristics of each firing cycle can be electronically predicted with 95% accuracy, cancellation is fast and accurate.

Using the noise produced by the previous firing cycle to predict the noise characteristics of the next cycle, the anti-noise sound can be electronically synthesized *before* it is required and then used to *selectively* cancel the unwanted noise at the right time. The first patents for this

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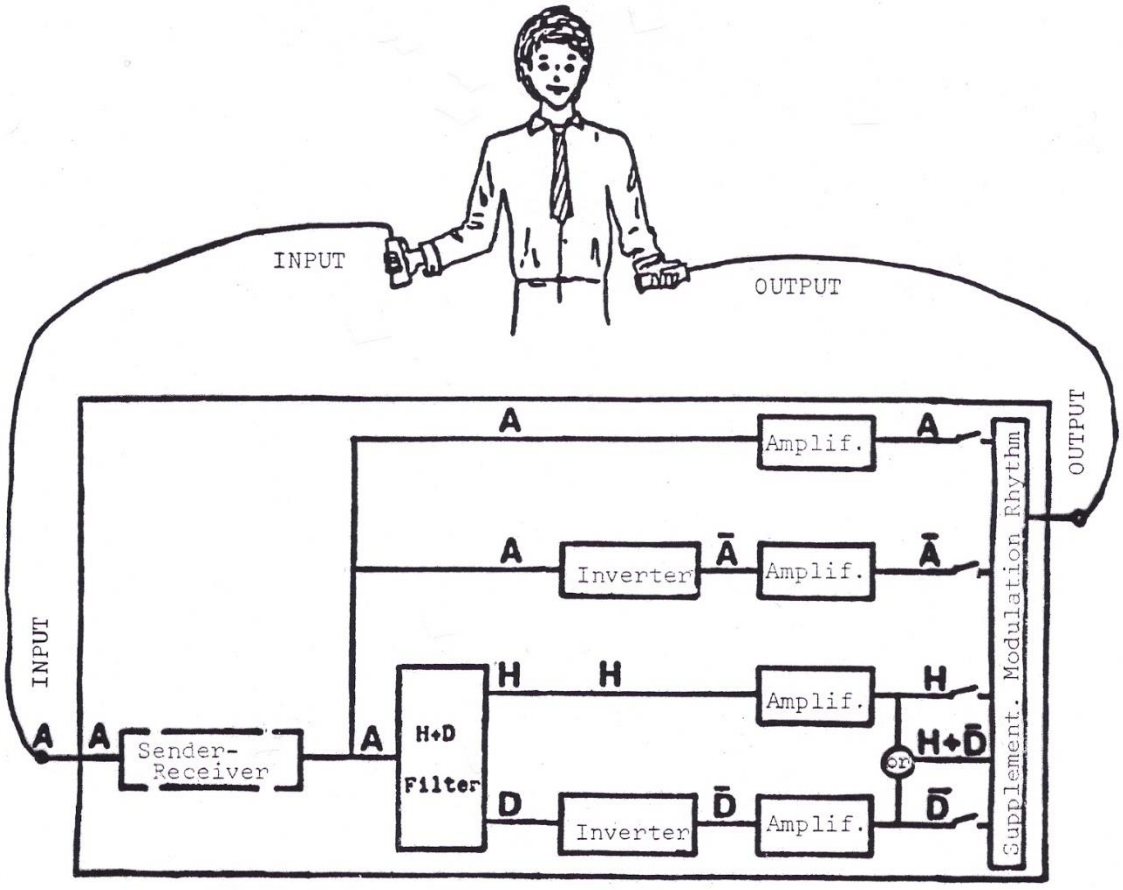
The symbol "H" here stands for "Harmonic" and denotes the healthy or physiological oscillations. "D" here stands for the "Disharmonic" and denotes diseased or pathological oscillations.



Amplif. = abbreviation for "Amplifier".

The Supplement. Modulation Rhythm is discussed later on herein.

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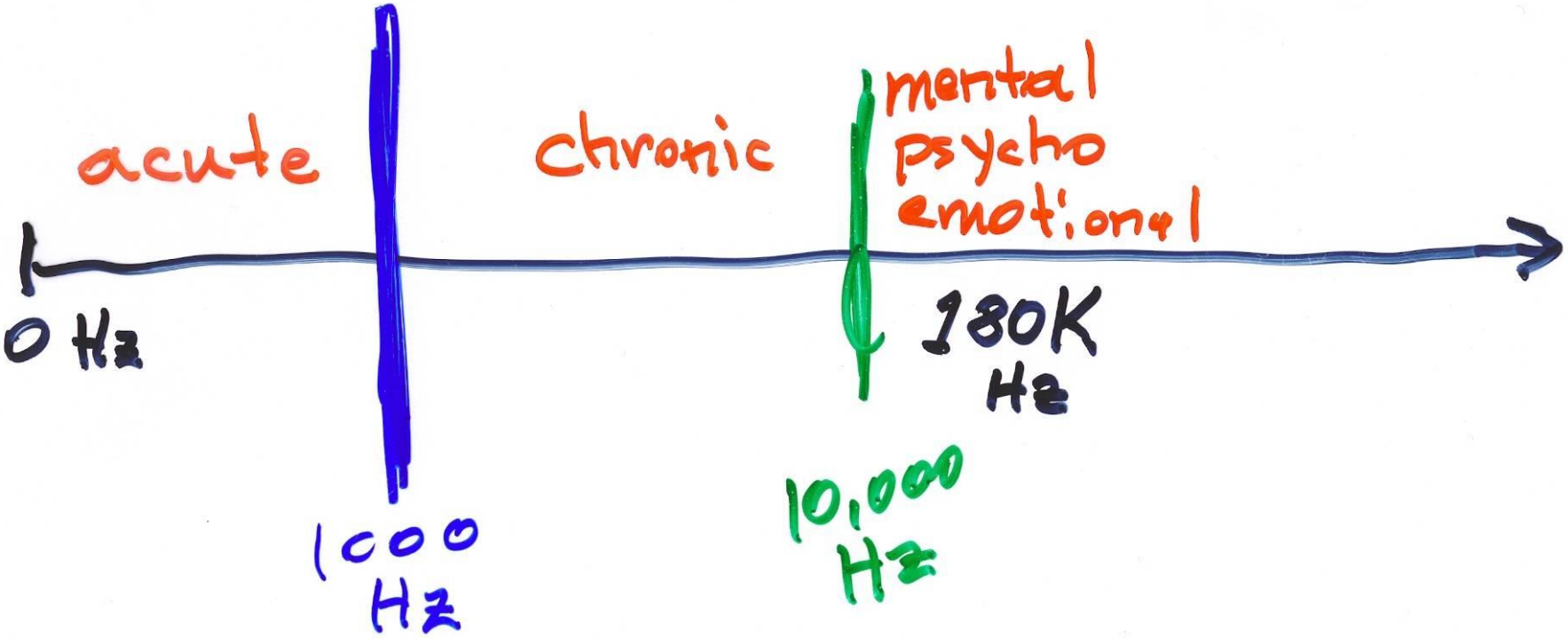

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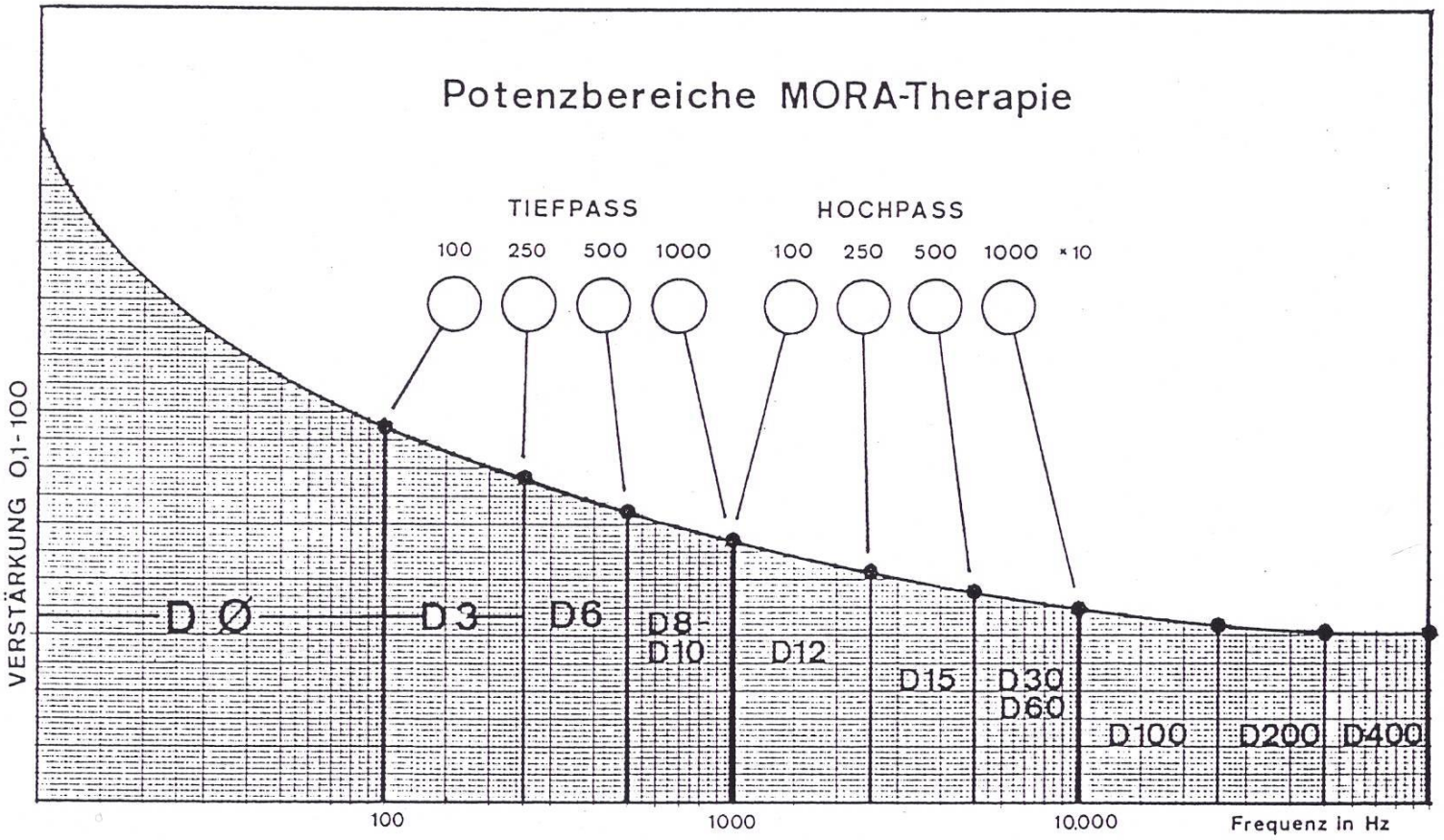

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ADJUSTMENT INSTRUCTIONS FOR MORA THERAPY (MORA III):

		Remarks	Electrodes		Number of time units	Time per unit		Frequency range	Limit frequency	Amplification	
			Input	Output		Therapy	Pause			H	$\bar{D}$
1.	Basic Therapy for adults Recommend A		Hand or Foot	Hand or Foot	10 5	7 7	3 3	1. Low-Pass 2. High Pass	1000 1000	1.4-2.0 1.1-1.3	7-10 4
2.	Basic therapy for adults Recommend B		Hand or Foot	Hand or Foot	28 16 8	5 5 5	3 3 3	1. Low-Pass 2. Low-Pass 3. High-Pass	100 250 10,000	1.4-1.5 1.7 2	5-7 20 5
3.	Pre-treatment for low conductance	If req., prior to basic Tx	Hand or Foot	Hand or Foot	10-15	7	3	Without filter		1.7-2.0	
4.	Basic therapy for elderly people or patients with low reactivity		Hand or Foot	Hand or Foot	40 20	2.5 2.5	1 1	1. Low-Pass 2. High-Pass	500 2500	2.0 1.3	6 3
5.	Basic therapy for head or heart stress		Foot	Foot	40 20	2.5 2.5	1 1	1. Low-Pass 2. High-Pass	500 2500	1.5 1.2	7 3-4
6.	Basic therapy for children up to 2 years		Foot	Foot	2	7	3	Without filter		1.2	1
7.	Basic therapy 3- to 6-year old children		Hand or Foot	Hand or Foot	4-6	7	3	Without filter		1.3	1
8.	Basic therapy 7- to 14-year old children		Hand or Foot	Hand or Foot	6-8	7	3	Without filter		1.3	3-6
9.	Basic therapy for teenagers (14 to 18)		Hand or Foot	Hand or Foot	8-10	7	3	Without filter		1.3	3.7
10.	Point therapy Body or Ear		Point Elec-trode	Hand or Foot	6-30	1	1	High-pass	1000	1.1-1.3	4
11.	Point therapy for recent acute ailments		Hand or Foot	Hand or Foot	6-30	1	1	Low-pass	250	1.7-2.0	
12.	Point therapy if balance is not achieved with #10			Point electrode on output instead of input; Low-pass 1000 instead of High-pass amplification D-Bar 10-20 instead of 4, or find another acupuncture point with the aid of the Five Element principle procedure and treat it.							

		Remarks	Electrodes		Number of time units	Time per unit		Frequency range	Limit frequency	Amplification	
			Input	Output		Therapy	Pause			H	$\bar{D}$
13.	Scar balancing		Roller elec-trode	Hand, foot or roller	Duration "Dauer"			Without filter		1.2	20-40
14.	Muscle relaxation in the case of cramps		Roller elec-trode	Hand or Foot	Duration "Dauer"			Without filter		1.5	7-10
15.	Pain treatment pain area **hot**		Point, roller or rubber elect.	Hand, foot or rubber elect.	40 20	2.5 2.5	1 1	1. Low-Pass 2. High-Pass	1000 1000	Off Off	10 4-5
16.	Pain treatment pain area **cold**		Point, roller or rubber elect.	Hand, foot or rubber elect.	40 20	2.5 2.5	1 1	1. Low-Pass 2. High-Pass	1000 1000	1.5 1.2	10 5
17.	Own-blood therapy (at about weekly intervals)	1st week 2nd week 3rd week 4th week 5th week	Cup elec-trode	Hand, foot or point	5 5 5 5 5	7 7 7 7 7	3 3 3 3 3	High-pass High-pass High-pass High-pass High-pass	5000 2500* 1000* 500* 250*	2.0 1.7 1.7 1.7 1.7	20-30 10-20 10-20 10-20 10-20
18.	Allergy treatment with antigen (otherwise blood)		Cup Elec-trode	Hand, foot or point	4 4	7 7	3 3	1. Low-Pass 2. High-Pass	1000 1000	Off Off	5 1-2
19.	Therapy termination; if required, suppl.		At will	At will	3-5	1	1	High-pass	10,000	1	1
20.	Individualization of medicine or ointment **	During entire therapy	At will	Cup with 2nd cable							

* Depending on the seriousness of the ailment and on the reactions, apply the same limit frequency a second time

** Keep in operation during the entire therapy procedure

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MORA®-Color

At this stage, mixing of the channels can take place: the low-frequency component "orange" from red and yellow, and so on. In other words, mixing of the primary colors to obtain the complementary colors (Diagram 2) is not done optically, but electronically by means of switches (push buttons). Out of the original three is thus formed **one** channel, to which the six programs (red, orange, yellow, green, blue, violet) can selectively be switched. Once again there is an isolation amplifier, followed by the actual voltage amplifier (main amplifier) which can be set from one-fold to twelve-fold in signal intensity. The therapy signal [oscillations] is then available at the output of this main amplifier (Diagram 1). **Please see the following diagrams.**

Diagram 1 (opposite): Shows internal construction of the MORA-Color Unit.

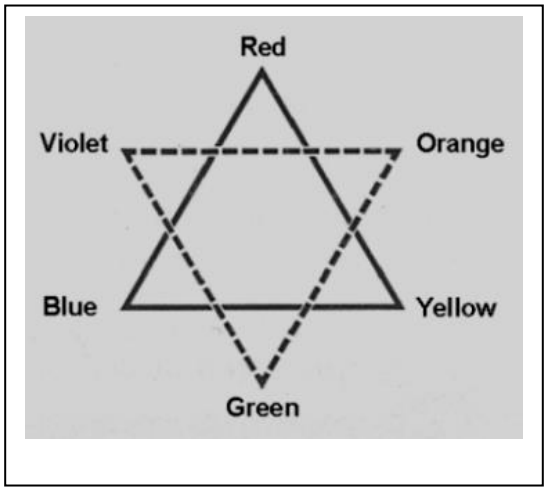
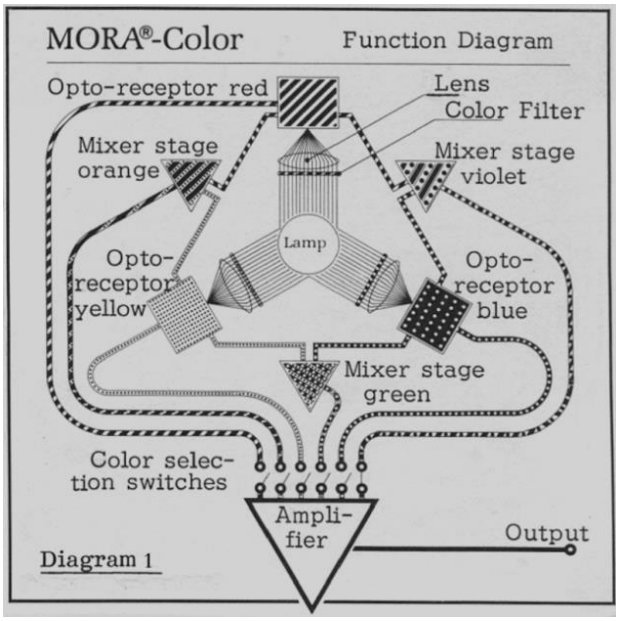


Diagram 2 (above): The three primary colors (unbroken triangle) and their complementary Colors (dashed triangle) form a cycle of six therapeutic colors.



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Trifield ® Meter Model 100XE

Manufactured in the USA by AlphaLab, Inc.

Click to enlarge

Trifield ® Meter measures all three types of electromagnetic field: AC magnetic field, AC electric field, and radio (including microwaves). The magnetic and electric detectors are 3-axis, making the meter easier to use than comparable 1-axis meter

**The Radio/Microwave section of this meter reads most modern radio sources (50 MHz - 3 GHz). For lower radio frequencies and/or stronger radio sources (such as measuring the field near a transmitter), see the Trifield® BroadBand 100XE Meter.*

Frequency Options:

60 Hz: Calibrated for North American power frequency (and certain other regions).

50 Hz: Calibrated for European power frequency (and certain other regions).

Flat: Specialized meter with flat frequency response at 50 and 60 Hz. Not sensitive above 2000 Hz.

ES: Extended Sensitivity to frequencies down to 5 Hz (electric and magnetic). Not recommended for general electromagnetic testing because it takes longer to stabilize after being moved.

Available Options:
AC Power: $50, External Coil 10X Magnification: $65, LED Illuminated Display (for darker environments): $50, Output Jack: $20 Sound: $50, Uni-Directional Switch $35, Hard Carrying Case: $18

Available Data Acquisition Option:
Data Logging USB Stick: $140 Logs data from the meter. The stick must be connected to a computer to operate. If the output jack option is selected, the output of the TriField Meter is proportional to the needle deflection and is not linear. The output jack is included in the price of the option.

Product Description:

The Trifield ® Meter is a gaussmeter, electric field meter, radio field strength meter in a single unit. When measuring electromagnetic fields (EMFs), the primary concern is usually magnetic fields, which can be tricky to measure. If a less sophisticated 1-axis gaussmeter is used, a reading of zero could result even where the field is strong. A 1-axis meter must be oriented correctly to measure the field (which is a vector). The 3-axis Trifield Meter solves that problem by measuring the true strength of the field regardless of which way it is oriented. Therefore, the Trifield Meter can be scanned rapidly across an area without having to stop at each point to search for the orientation that gives a maximum reading. Another section of the meter detects AC electric fields, which can exist independently of AC magnetic field. The third section detects radio/microwave, such as from a leaky microwave oven. (Full Length Description)

Features:

- Detects the three types of electromagnetic pollution: AC magnetic fields, AC electric fields, and radio/microwaves.
- AC magnetic and electric fields are 3-axis, allowing quick accurate readings regardless of meter orientation.
- Two magnetic ranges cover 0.2-100 milligauss.
- This is sufficiently sensitive to detect the background field almost anywhere (except far from civilization), while measuring up to very strong AC fields.
- Electric range covers 5-1000 V/m (or .5-100 kV/m with original version of the Trifield Meter)
- Radio/microwave covers 10 to 1000 microwatts/square cm which includes the maximum permissible public exposure levels in all countries.
- Operates about 40 hours on replaceable standard 9V battery, has a low battery indicator.
- Analog (needle-type) display has very fast response time compared to digital. (However, AlphaLab also manufactures digital meters.)

Applications:

- Measures AC (artificial) magnetic fields rapidly. (Does not measure DC of static fields, such as the Earth Field. Click here for other magnetic meters).
- Measures AC electric fields rapidly, such as from overhead power lines or improperly grounded equipment. Can locate wiring in walls (using the 100XE version).
- Measures major RF/microwave sources such as leakage from microwave ovens, or the field near cell towers. (Note that wireless internet transmitters and individual cell phone are designed to emit very little power and usually are well below international RF exposure threshold. Consequently, the Trifield Meter will only detect these if very near the source.)

SPECIFICATIONS: Trifield® Meter Model 100XE	
AC Magnetic Fields:	(3-axis; shows true magnitude)
Frequency Range:	40 Hz – 100 KHz (see frequency weighting)
Accuracy @ 60 Hz (50 Hz):	+/- 20% of reading
Range/Resolution (@ 60 Hz or 50 Hz):	100 milligauss / 0.2 milligauss
Standard Version Frequency Weighting:	
*Sensitivity is proportional to frequency from 40 Hz to 500 Hz; flat from 500 Hz to 2000 Hz	
*Sensitivity is inversely proportional to frequency from 2K Hz to 100K Hz	
Flat Frequency Version:	+/- 20% from 50 Hz to 500 Hz; inverse frequency above 500 Hz
AC Electric Fields:	(3-axis; however, note that E-field is affected by the body position)
Frequency Range:	40 Hz – 100 K Hz (see frequency weighting)
Accuracy @ 60 Hz (50 Hz):	+/- 30% of reading
Range/Resolution:	1000 V/m / 5 V/m (Original Version: 100 KV/m / 0.5 KV/m)
Frequency Weighting:	Same as magnetic (above).
Frequency Range:	50 MHz – 3000 MHz (3 GHz)
Radio Microwave:	1 Axis (detect E field)
Range/Resolution:	1 mW/cm^2 / 0.01 mW/cm^2
Accuracy:	½ x to 2 x of reading
Meter Size:	5.0 x 2.6 x 2.4 in (129 x 67 x 62 mm)
Weight:	8 oz
Battery:	9 volt alkaline (~ 40 hour life) / "Low Battery" indicator

Contact: https://www.trifield.com/

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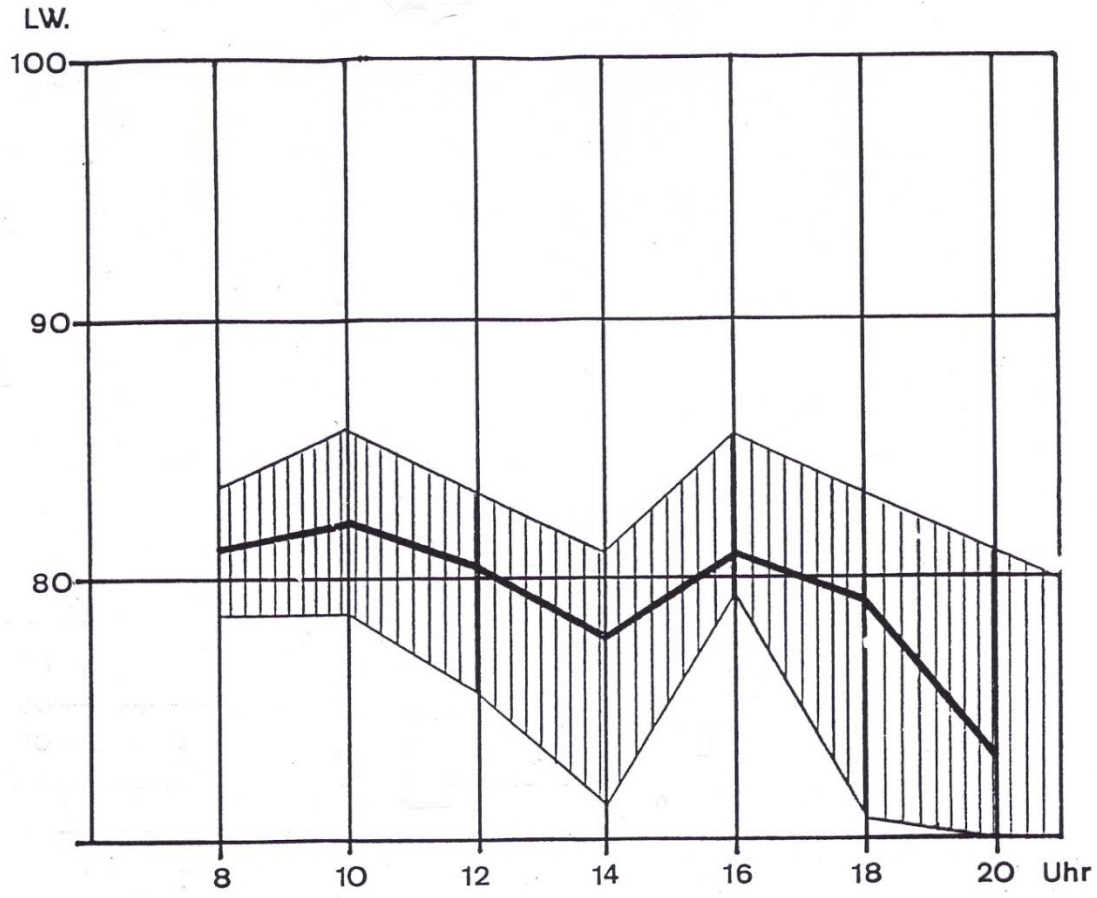
5. LEITWERT-TAGESRHYTHMUS



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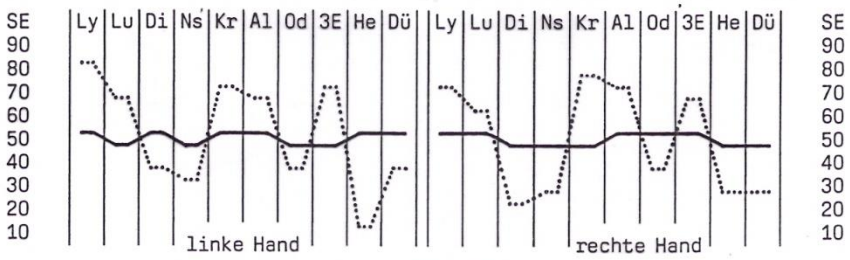
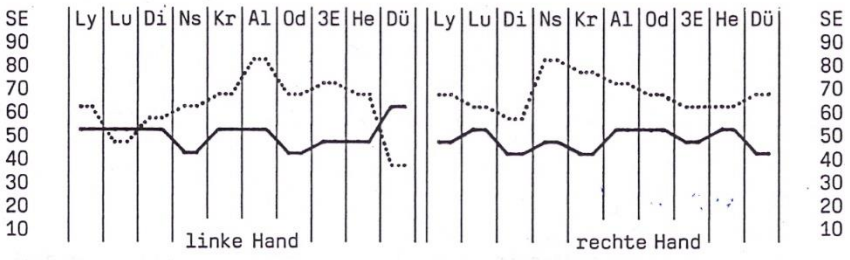
AUFZEICHNUNGEN

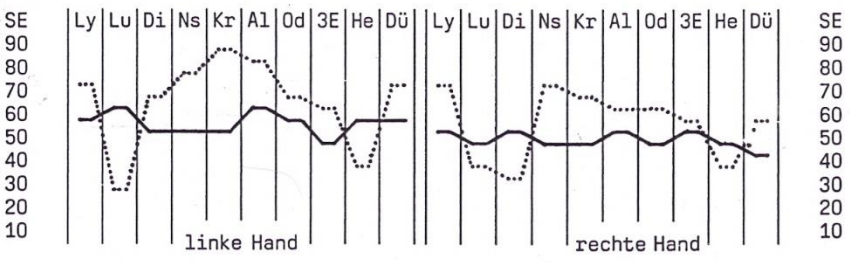
Drei Aufzeichnungen von EAP-Messungen der jeweils 10 Terminalpunkte beider Hände, einmal unter störfreien Bedingungen (durchgezogene Linien) und dann, direkt danach, unter **elektrisch** und **elektromagnetisch** gestörten Bedingungen (gepunktete Linien).



Messgerät: MORA III RM 200
Patient -männlich 41 Jahre alt- auf einem **elektrischen Heizkissen** sitzend (gepunktete Linie). Das Kissen hatte Netzanschluß und war **eingeschaltet**. Die kapazitive Körperankopplung an das elektrische Wechselfeld: **84 Volt**.



Messgerät: MORA III RM 200
Patient -weiblich 35 Jahre alt- auf einem **elektrischen Heizkissen** sitzend (gepunktete Linie). Das Kissen hatte Netzanschluß und war **ausgeschaltet**. Die kapazitive Körperankopplung an das elektrische Wechselfeld: **2,4 Volt**.



Messgerät: VEGATEST II
Patient -weiblich 26 Jahre alt- zwischen **zwei Elektro-Radioweckern** sitzend (gepunktete Linie). Die Wecker hatten 20 cm Kopfabstand. Die Flußdichte der elektromagnetischen Wechselfelder neben dem Kopf: **> 2500 Nanotesla**.

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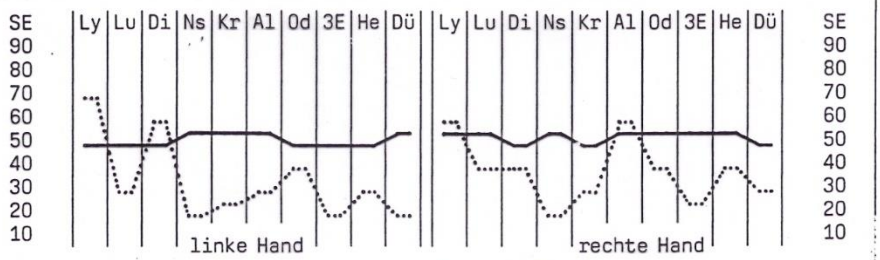
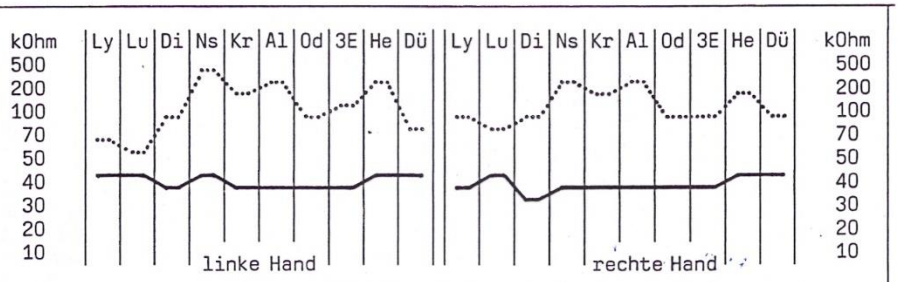
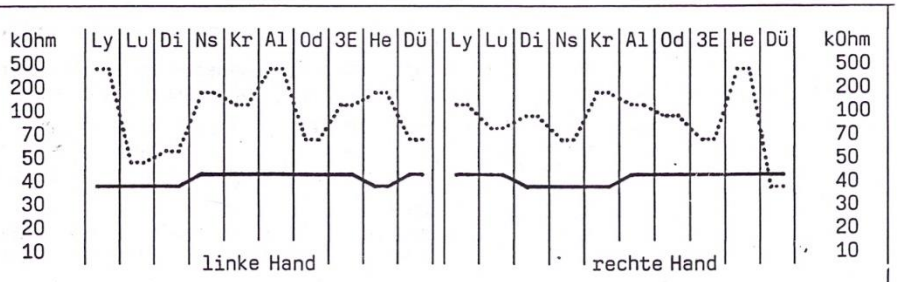
Drei Aufzeichnungen von EAP-Messungen der jeweils 10 Terminalpunkte beider Hände, einmal unter störfreien Bedingungen (durchgezogene Linien) und dann, direkt danach, unter **elektrostatisch** und **geopathisch** gestörten Bedingungen (gepunktete Linien).



Messgerät: VEGATEST II
Patient -männlich 44 Jahre alt- auf einem stark **elektrostatisch geladenen Synthetikteppich** sitzend (gepunktete Linie). Der Kunststoffteppich zeigte ein Potential von **> 60000 Volt pro Meter** bei 35 % relativer Luftfeuchte.



Messgerät: BIO-OHM-TESTER nach Dr. Aschoff
Patient -weiblich 40 Jahre alt- auf einer **geopathischen Reizzone** sitzend (gepunktete Linie). Die Zone zeigte **50% mehr** natürlicher Grundstrahlung. Radioaktive Grundstrahlung* 25 Impulse pro Sekunde / Reizzone **38 Impulse.**



Messgerät: BIO-OHM-TESTER nach Dr. Aschoff
Patient -weiblich 22 Jahre alt- auf einer **geopathischen Reizzone** sitzend (gepunktete Linie). Die Zone zeigte **80% mehr** natürlicher Grundstrahlung. Radioaktive Grundstrahlung* 28 Impulse pro Sekunde / Reizzone **50 Impulse.**

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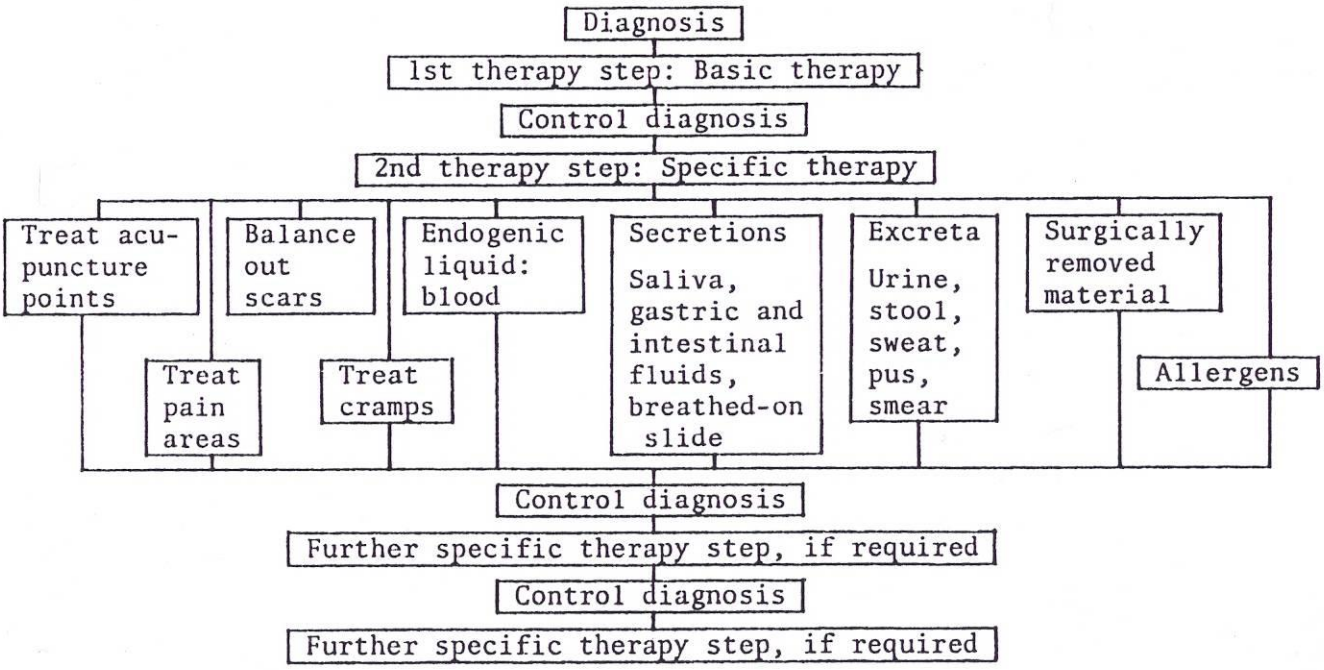

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MORA-Therapy Plan

1. **ASSESSMENT**
According to clinical indications and holistic knowledge
(see the MORA-SUPER handbooks)

⇩

2. **BASIC-THERAPY** (see the MORA-SUPER handbooks)

- **Biorhythm** ----- **Prog. 109** for patients with hyper reactivity and children up to 14 years
- ----- **Prog. 110** for patients with hypo reactivity
- **Prog. 112** ------- for Patients with normal/moderate reactivity
- **Prog. 113** ------- for Patients with normal to slightly hyper reactivity (=Basic-Therapy Program of Dr Morell)
- **Prog. 114** ------- for Patients with clearly hypo reactivity and/**or** for cases of exhaustion
- **Prog. 104** ------- for children to 7 years
- **Prog. 105** ------- for children 7-14 years
- **Basic-Therapy as part of a 'sequence chain program'**
- **MORA-Optima** or **MORA-MOUSE** then **Individualised Basic-Therapy**
  (see the MORA-SUPER handbooks)

either — then — or

CAUSALTHERAPY

3. **EAP**-Diagnosis, or
RAC-Test, or
Bio-Tensor, with the intent: What are the obstacles to healing?

4. **Geopathic Burden? Psych. Block?**
see the MORA-SUPER handbooks

5.
- **Electromagnetic Burden?**
- **Tooth/Jaw Foci?**
- **Heavy Metal Intoxication?**

eg.: Dental materials
(For all of the above see the MORA-SUPER handbooks)

6. **Acid/Base Balance?**
Food Intolerance?
Mycotic Burden?

7. **Scar** or other types of **fields of disturbance** (toxic or infectious origin)

8. **Which is the most degenerated organ**?
Apply:
- **Point Therapy** or
- **5-Elemente Diagnosis or Therapy**
- **Medicine Test**
- **Nosode Test**
- **Orthomolecular Substances**
- **Colour Therapy**
- **Energy Circulation Therapy**

SYMPTOMATIC THERAPY

3. **Symptomatic Therapy**, **follow-up programs** eg. **The pain, lymphatic, chronic migraine, rheumatic programs.**

4. Apply the program 2-3 x week or even daily, if for example, there is pain.

5. If **several sessions** don't lead to an obvious **amelioration** then probably **therapeutic block(s)** are present.

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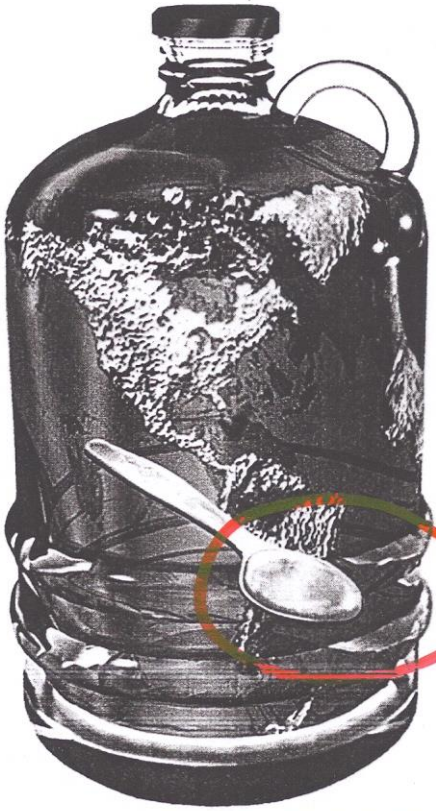

COMPUTER IMAGE BY CHUCK CARTER

The world's water supply

If all earth's water fit in a gallon jug, available fresh water would equal just over a tablespoon—less than half of one percent of the total. About 97 percent of the planet's water is seawater; another 2 percent is locked in icecaps and glaciers. Vast reserves of fresh water underlie earth's surface, but much of it is too deep to economically tap.

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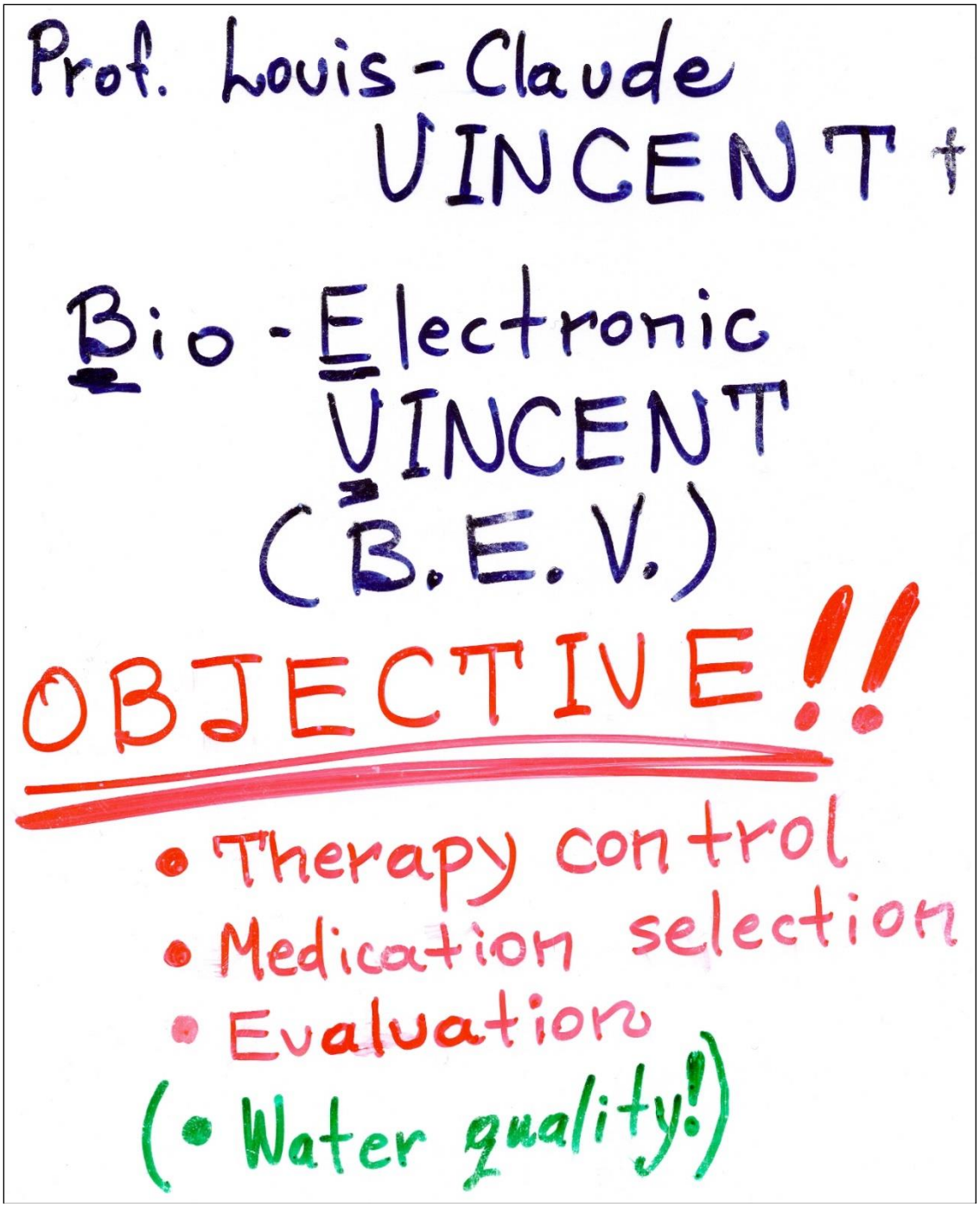

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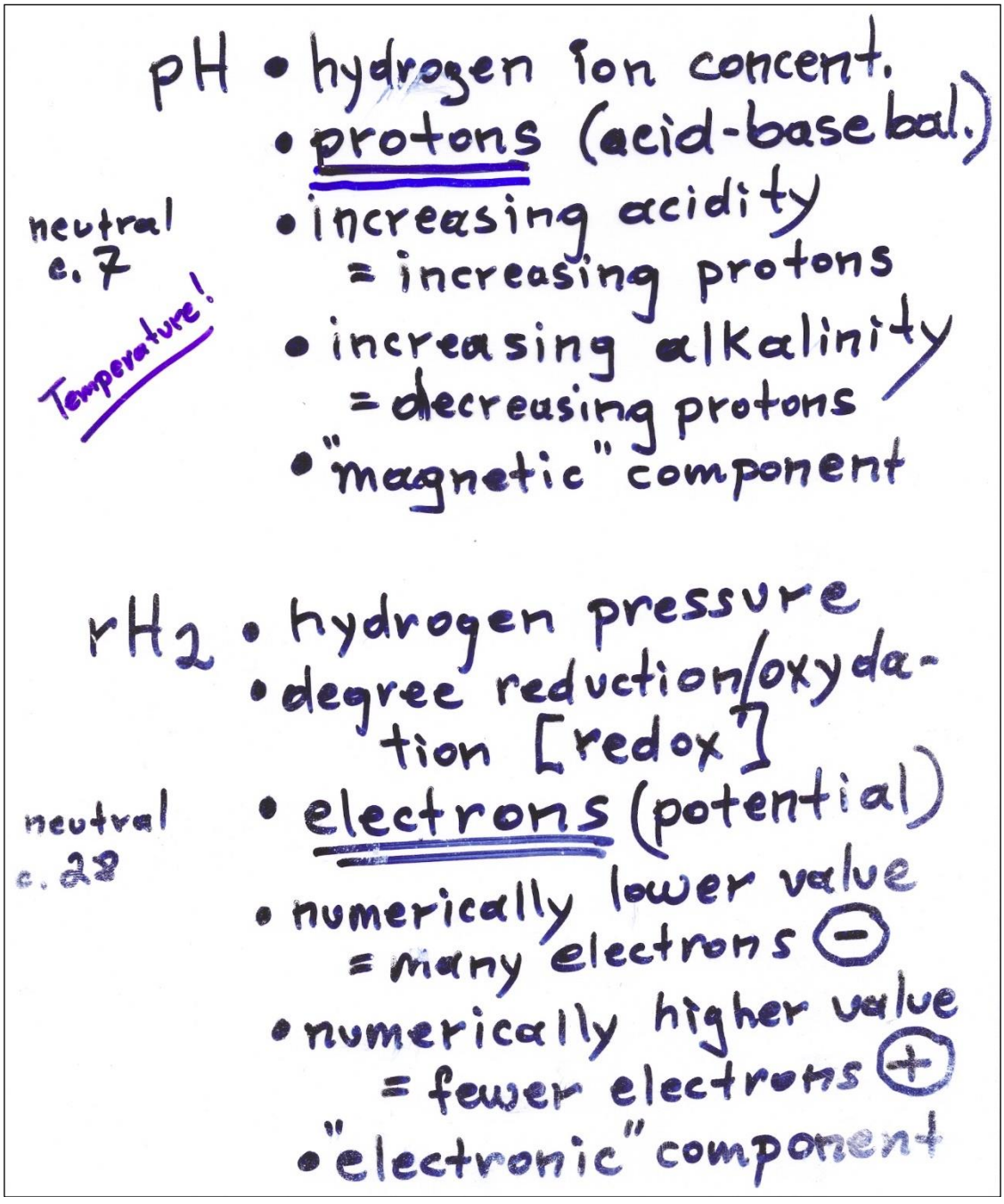

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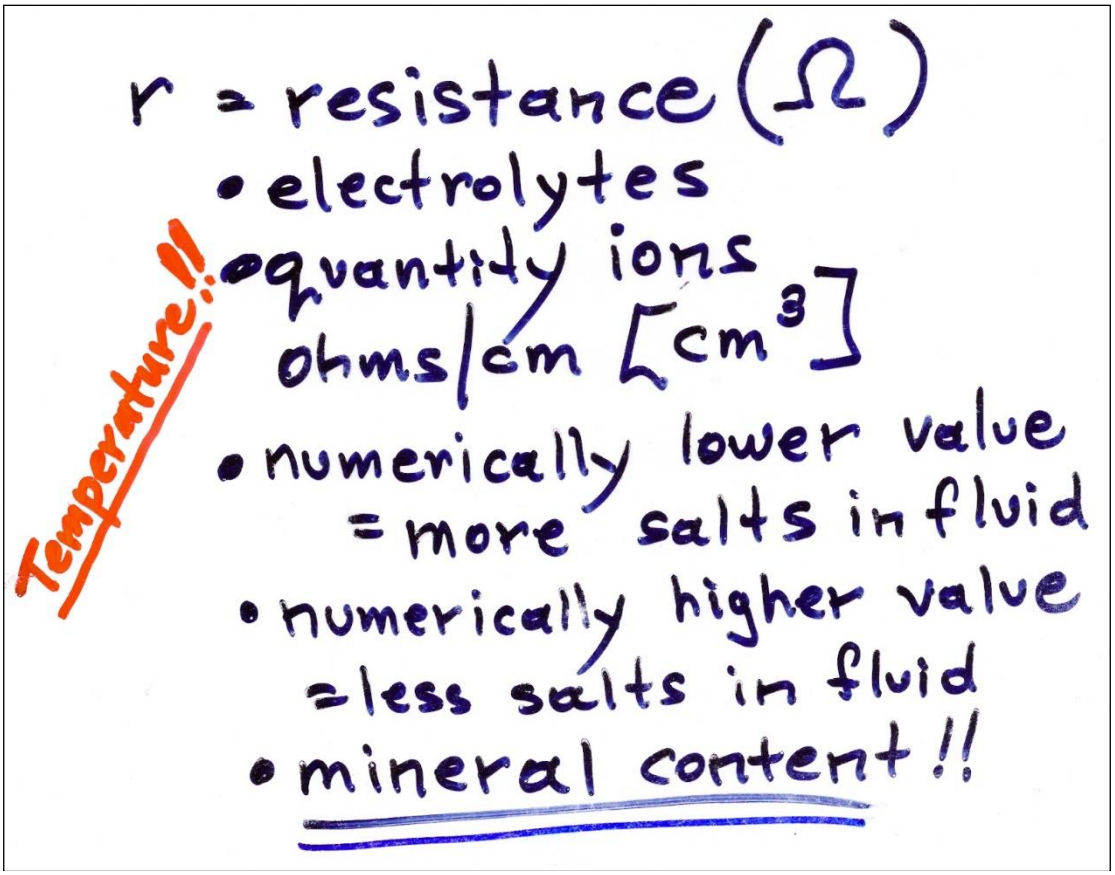

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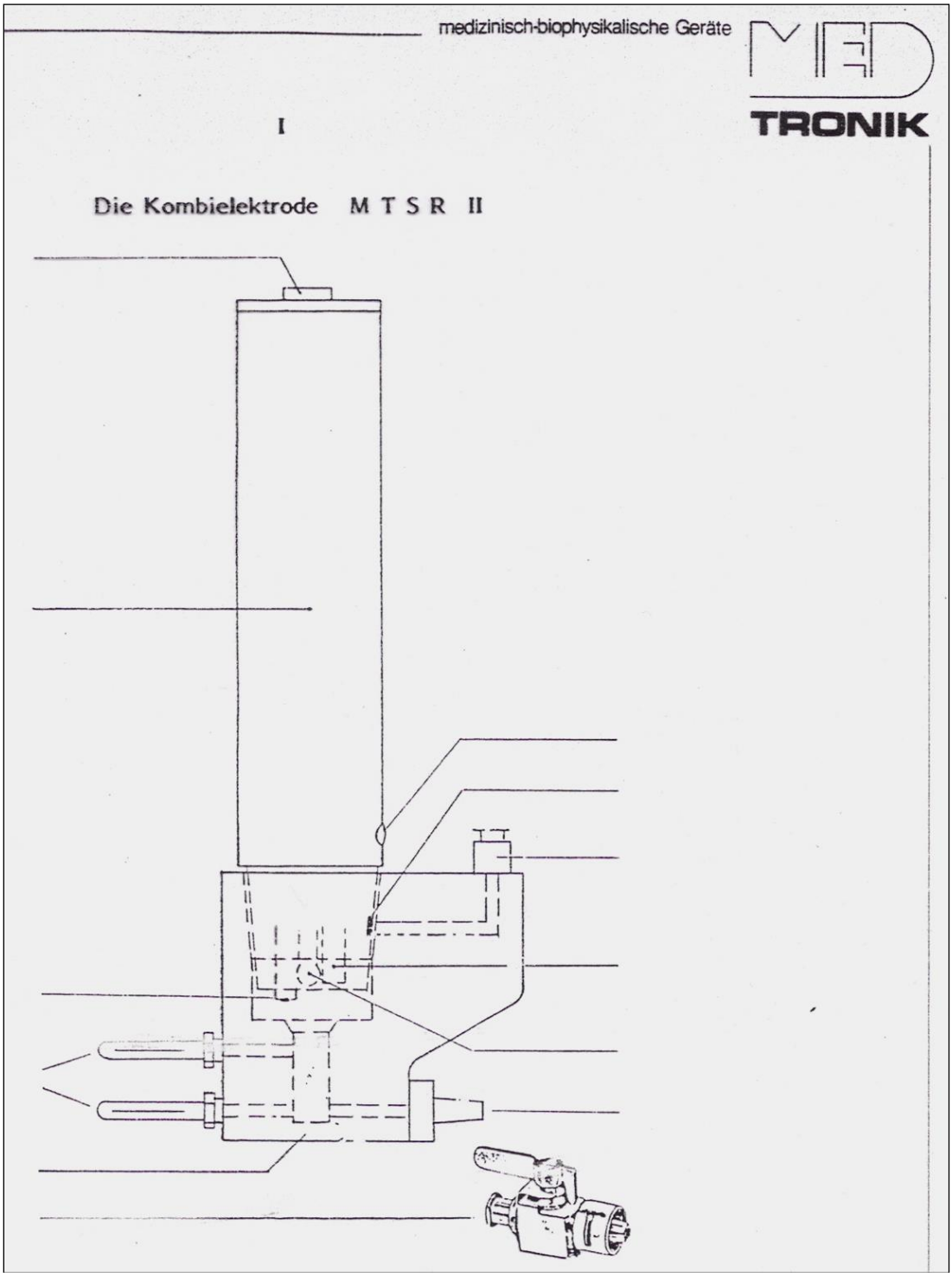
MORA®

BIO-ELECTRONIC TERRAIN ANALYSIS FOLLOWING THE ORIGINAL DESIGNS OF PROFESSOR VINCENT

The new generation: MT 732

- *Easy to use* — *Complete micro-chip control*
- *Automatic function check of electrodes and complete unit* — *ICS Integrated Check System*
- *Automatic calibration of the electrode* — *Analysis of results with the new BEV-VIN Windows software*

Note: This is the model of the older B.E.V. device.
Both devices have now been discontinued and are no longer manufactured.



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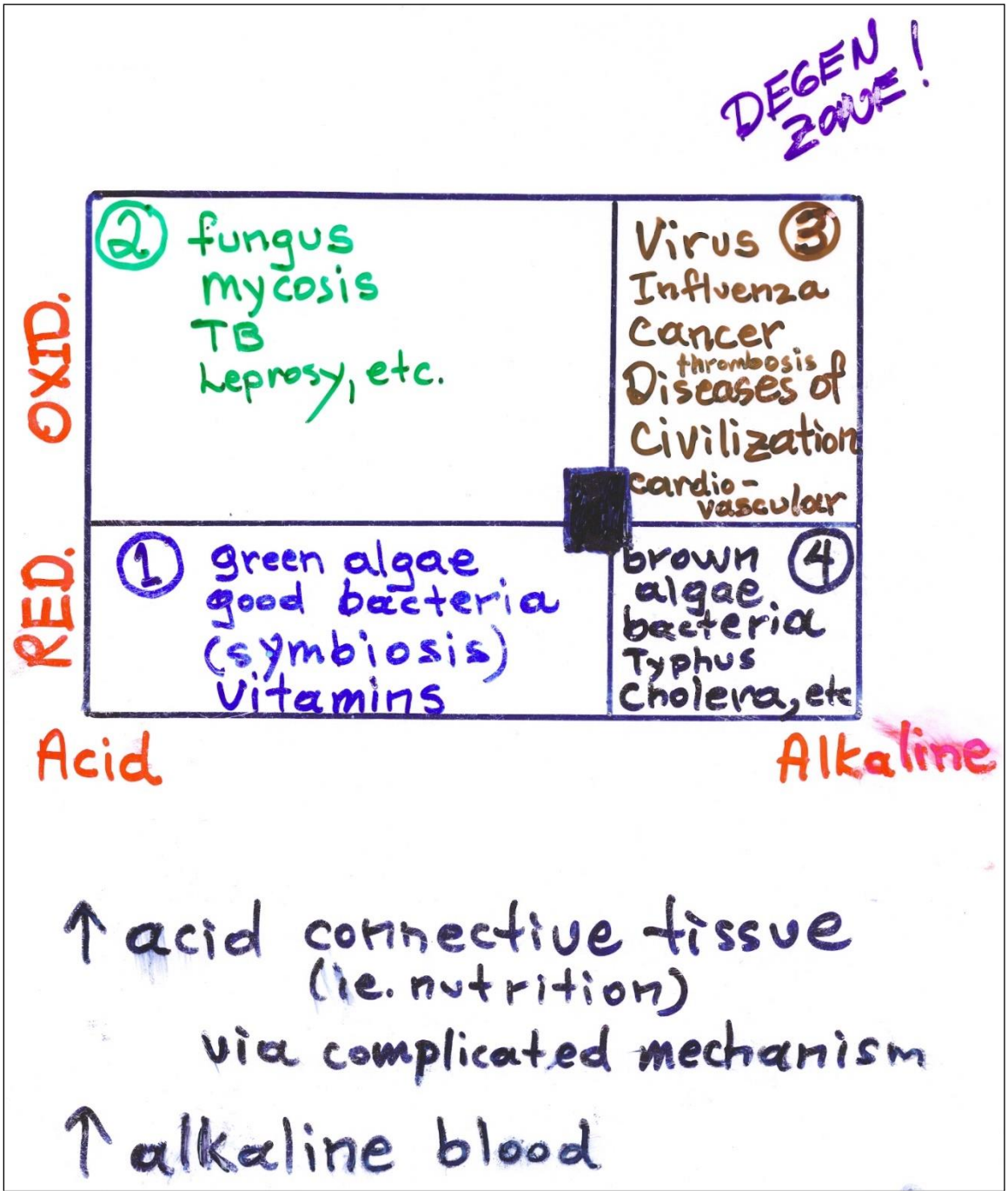

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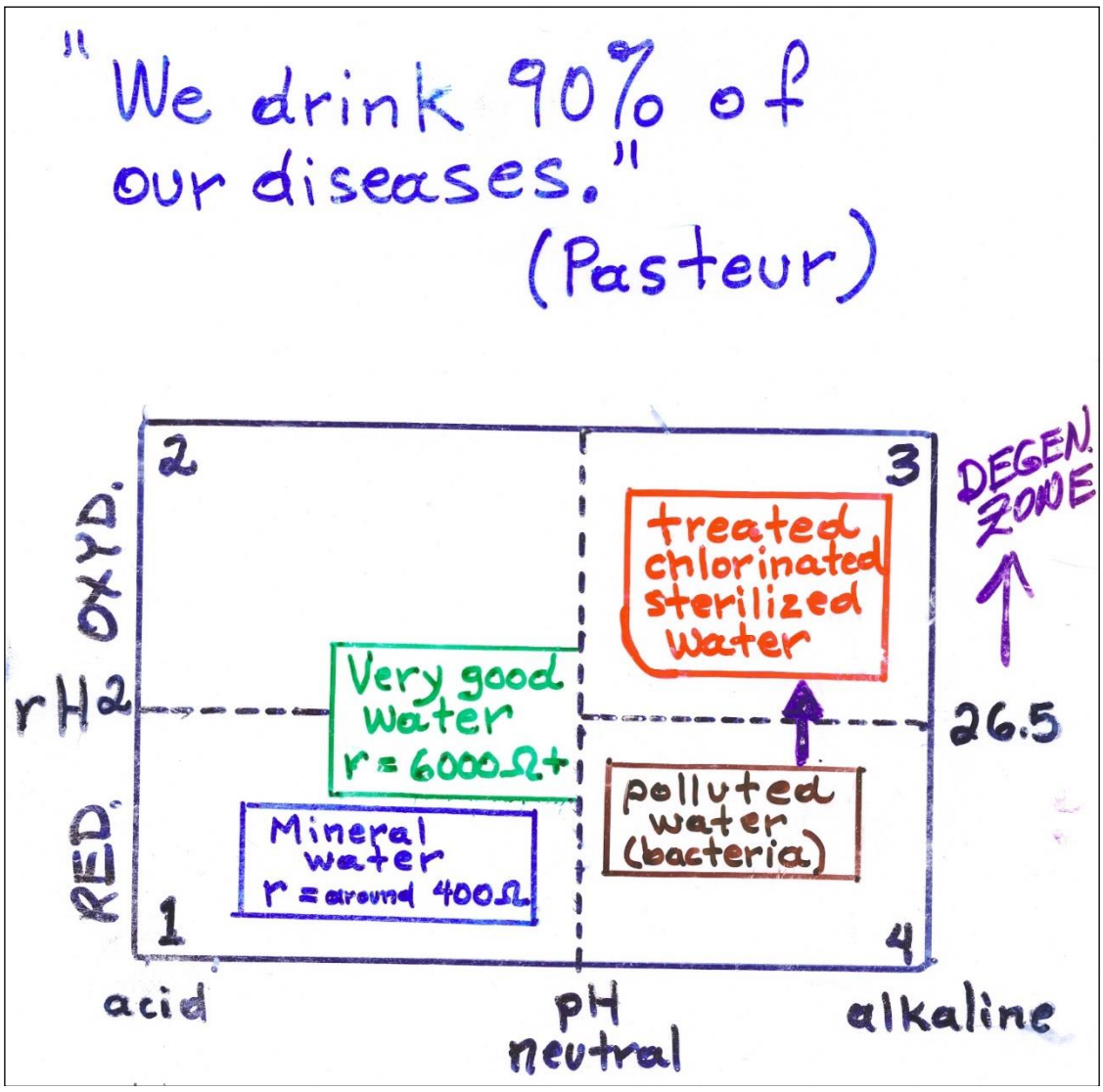

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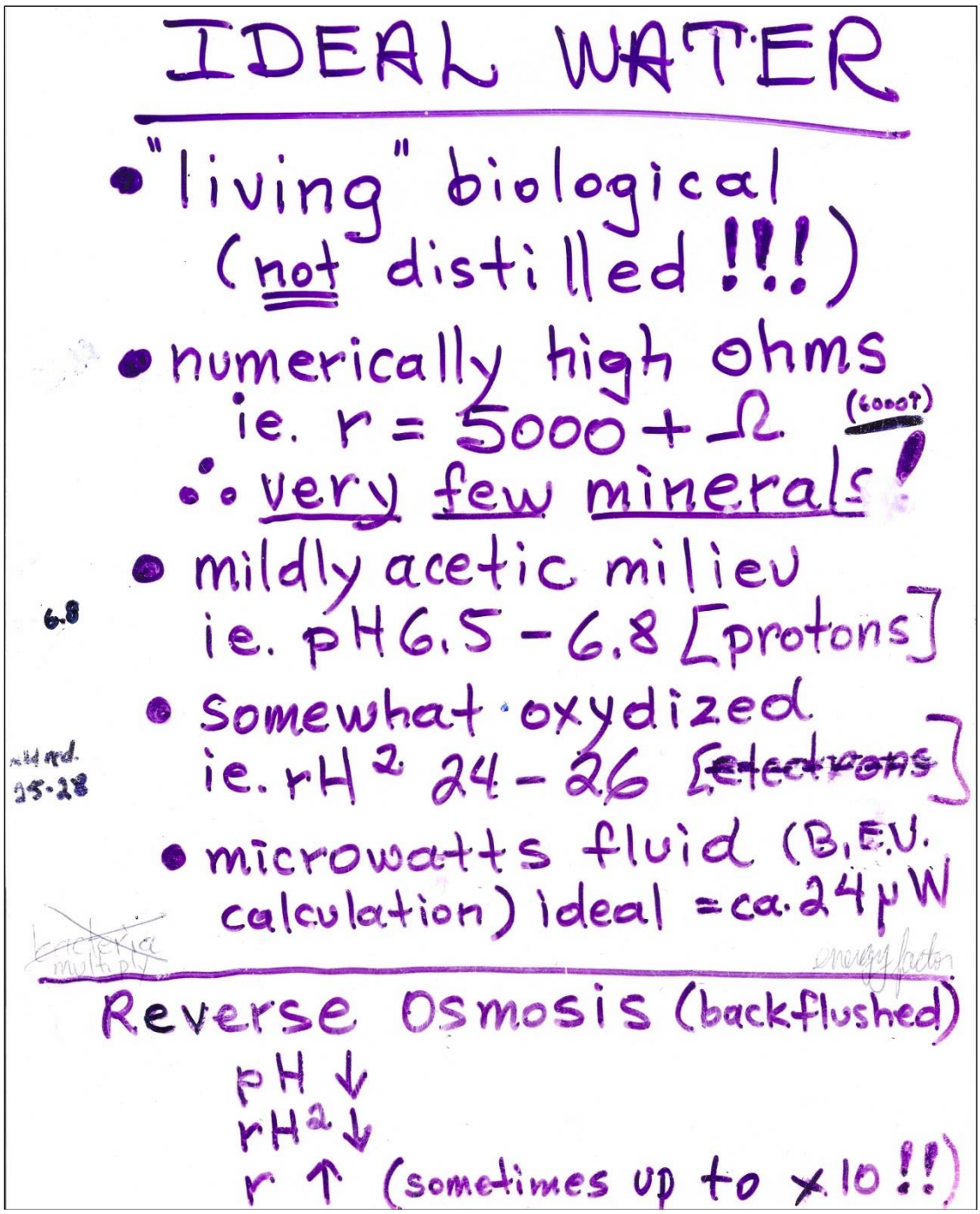

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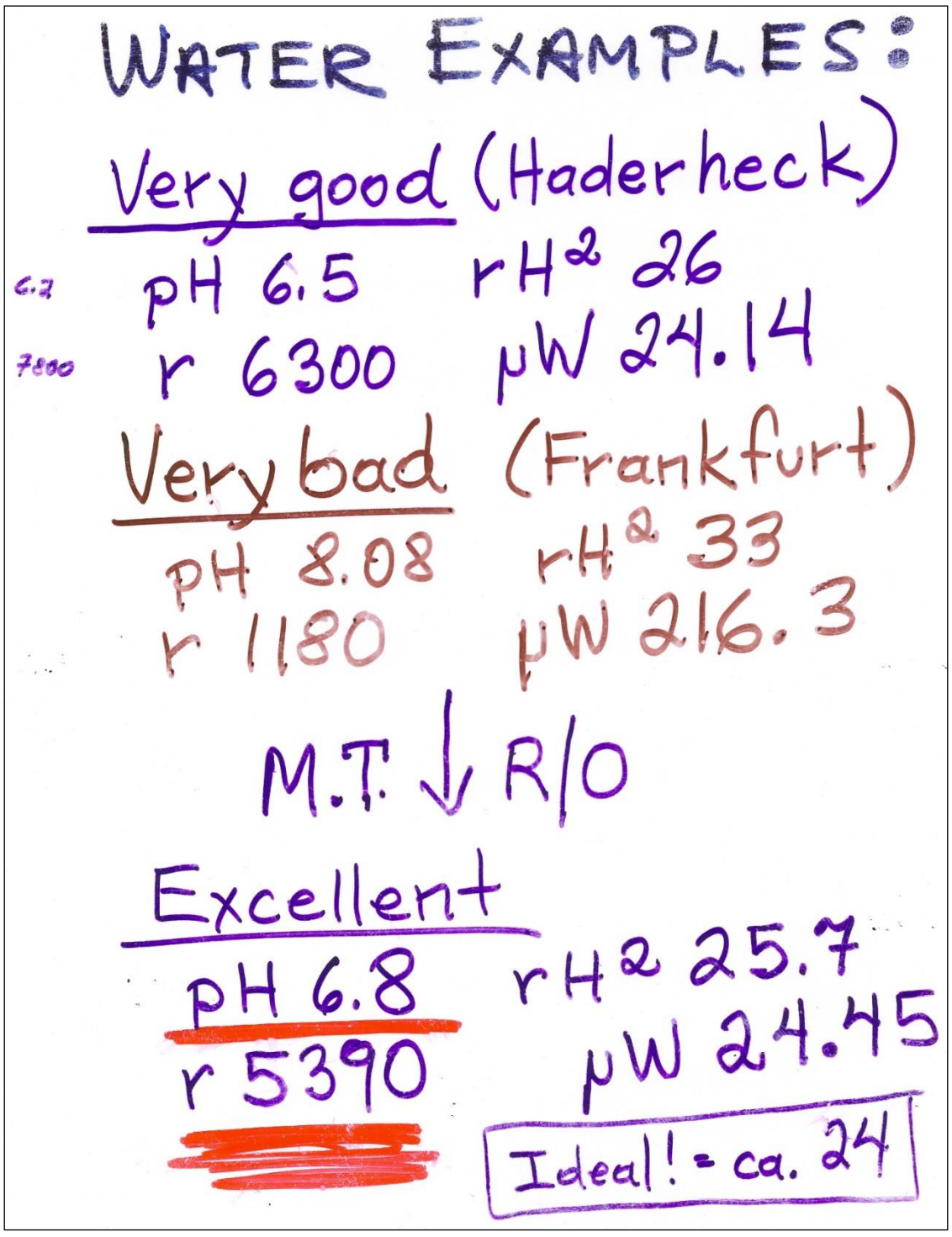

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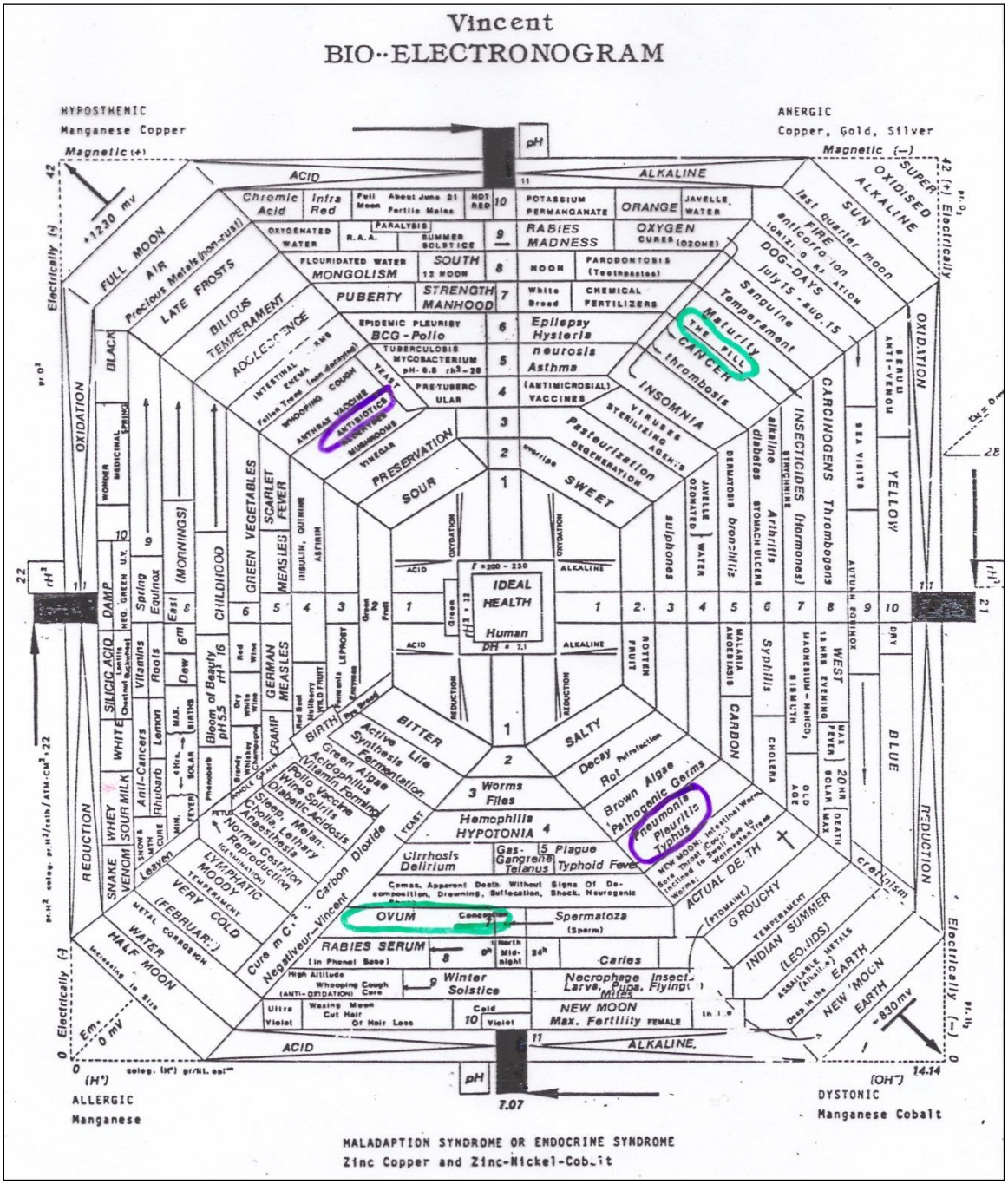

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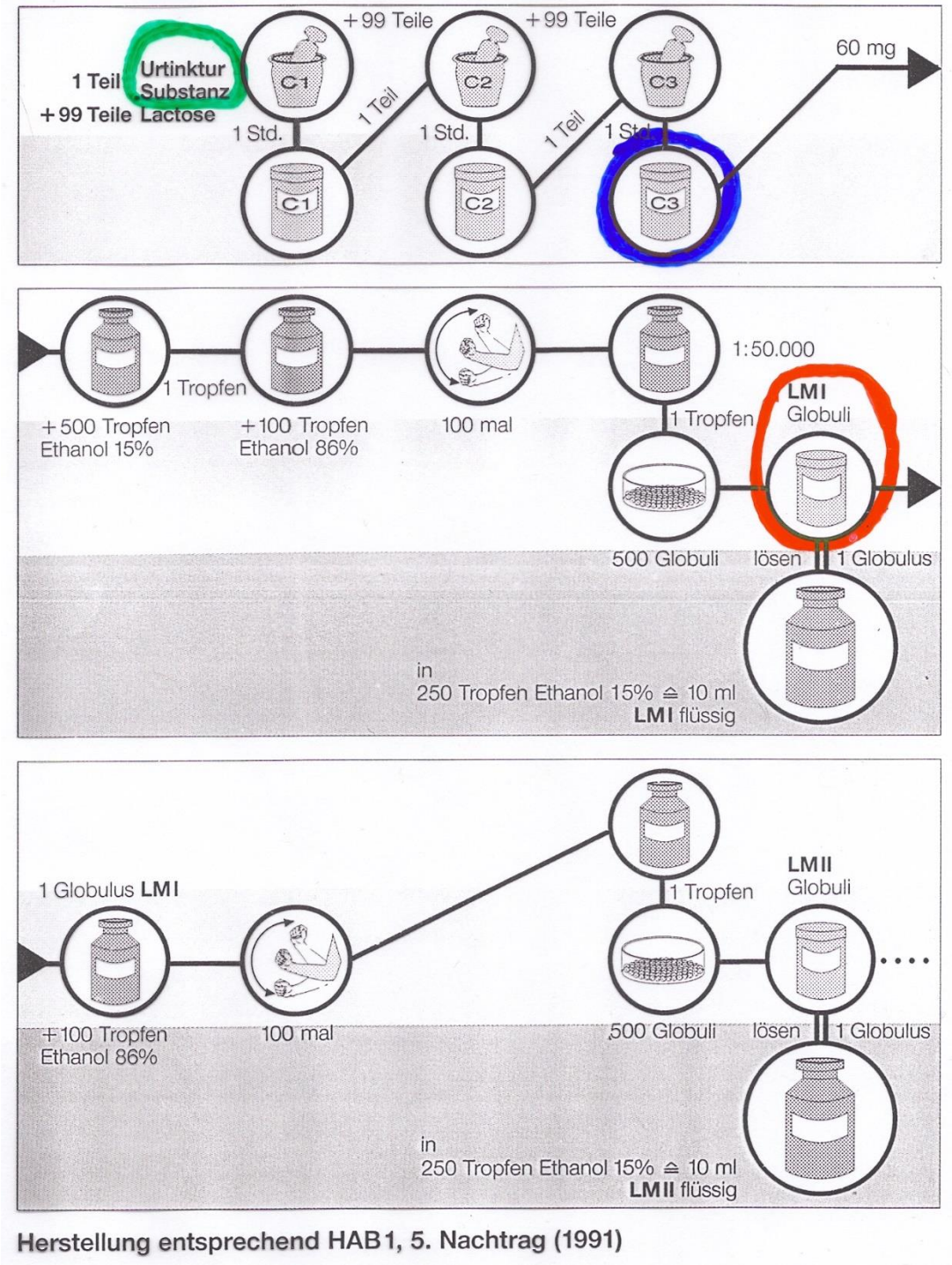
Der Herstellungsvorgang von LM-Potenzen



Herstellung entsprechend HAB1, 5. Nachtrag (1991)

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BOSE CANADA

QuietComfort® 3 Acoustic Noise Cancelling® headphones

Separate the noise from the music.

Leave the noise behind, and get the most from your music. QuietComfort 3 headphones offer a proven combination of Bose® noise reduction and audio performance with a comfortable on-ear fit. These award-winning headphones deliver clear, lifelike sound, making listening a pleasure just about anywhere.

- **High-performing noise reduction** for home, work or travel
- **Rich, detailed audio** highlights musical nuances
- **Comfortable, on-ear fit** for hours of easy listening
- **Includes two audio cables**, one with mic/remote for iPhone/iPod control and hands-free iPhone calling
- **25 hours of use** on average from rechargeable Li-ion battery; includes charger

Proven performance

QC3 headphones feature Bose® Acoustic Noise Cancelling® technology to electronically identify, then dramatically reduce, the noise around you. You're left with the music you love—or the simple serenity you desire. Proprietary signal processing and audio reproduction technology also provide lifelike performance across the full range of sound—including deep low tones—from small and lightweight on-ear headphones.

Create a comfortable escape

Think of your noisy office, or the bustling activity in train stations and other public places. At the flip of a switch, that background noise is reduced to a whisper. That’s when the high quality sound these headphones provide becomes even more apparent. You’ll hear more of your music—without having to turn up your music. And the soft-cushioned, easy-on-the-ears fit lets you listen comfortably for hours.

Hear the difference for yourself

Wear QC®3 headphones when you fly, and you'll notice a dramatic reduction in engine noise the moment you turn them on. And when it's time for some music, simply plug the cable into your portable player, tablet or the inflight entertainment system. The cable fits directly into most any portable device.

Take calls. Take control.

QC3 headphones come with an additional cable customized for select Apple products. A three-button remote and inline microphone let you take calls on your iPhone and manage music on other Apple devices. You can control volume, track selection and voice applications, plus easily switch between calls and music. You can also purchase a mobile kit that lets your QC headphones work with other cell phones, too.

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Ten Years of the MORA Concept

F. Morell

Summary

The basic principle of MORA therapy is the cancellation of pathological information stored in the body. Experience over the last ten years has led to interesting progress in the field of therapeutic application. A decisive improvement has resulted from the possibility of recognizing geopathic stress and treating it with MORA. Some of the most important innovations are the diagnosis and treatment of allergies and the application of the law of the five elements in both MORA therapy and MORA colour therapy.

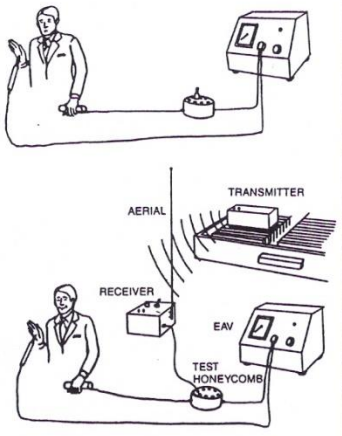
10 years ago, when the MORA concept was made known, some people predicted that it would only have a short lifespan. The basic principle of this form of therapy was probably too new at that time. It required a drastic change in our way of thinking, away from the familiar ideas of biochemistry and organ pathology and towards electro-physical concepts in the field of the finest, almost non-quantifiable energies, which at that time were not fully understood or accepted. Our form of medicine, even the holistic kind, is still characterized by an ignorance of physics. Today's view of life is, however, orientated less and less towards biochemistry and more and more towards physics. By this we mean primarily the area of communication, the level of biophysical signals and steering mechanisms; in all, the level of the "biogenic energy field", an area in which huge progress has been made in the last decade (especially by *Popp, B. Heim, Cyril Smith* and others).

The level of the biogenic energy field with its biological signals (electro-magnetic oscillations), is, however, superior to the biochemical one. It is therefore sensible to start applying therapy at this level. One must ask, "What good is it to apply therapy on the biochemical level, if pathological signals are still present at the higher level, which can maintain the course of the illness or even cause it to recur?"

With MORA therapy we are concerned with exactly this level of signals in the biogenic energy field. Its basic principle, established more than 10 years ago, is the cancellation of pathological information stored in the body, namely in the body fluids (extra- and intra-cellular) or in the DNA of the cell nuclei.

The information process in the body takes place with enormous speed, probably at the speed of light, because of which the assumption of electro-magnetic oscillations seemed justified. It is also supported by a discovery we made as long ago as 1974: the information of medicaments is of electro-magnetic nature and can therefore be transmitted without wires over a distance. This happens, for instance, in the medicament test using electro-acupuncture according to *Voll*, where the oscillations of medicaments (illustration 1) are transmitted with the aid of a transmitter. The measurement value improves or normalizes in the same way as in the usual test in the test honeycomb, when the right medicament is being "transmitted". The transmitter, however, is only capable of receiving and transmitting electro-magnetic oscillations, which proves their existence. These oscillations then reflect the ones in the body, which leads to a change or improvement in the measurement value.

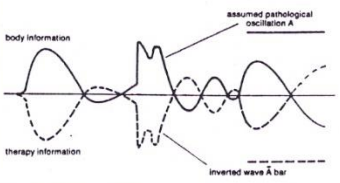
The fact that medicaments have specific oscillations capable of improving the measurement values of the body, also proves that there must be oscillations of the same dimensions and characteristics in the body, because otherwise there could not be



Ill. 1: Above: medicament test. Ampoule situated in the test honeycomb. Below: medicament test with the use of the T.S.E.

any resonance. It seemed likely that it should then be possible to utilize the body's own oscillations for therapy by taking them from the body and returning them in a suitable way as therapeutic oscillations (illustration 2). If an assumed oscillation emitted by the body is turned through exactly 180° (= inverted), both oscillations will cancel each other out. Inverted oscillations are represented by a bar across a capital letter; i.e. the body's oscillations A enter the MORA device and leave it as inverted oscillations A bar.

The basic principle of MORA therapy is exactly as described: the cancellation of electro-magnetic oscillations by returning them to the body in the inverted form. After therapy the condition of the body is exactly as it was prior to the existence of the pathological information. The continuation of the pathological situation, however, depends on the existence of pathological information. When that has been abolished, the body has the opportunity to fully activate its healing powers. It must be fully understood by the therapist (possibly also by the patient), that MORA therapy is primarily based on the cancellation of pathological information which is present in the body; thus its field of application is already clearly defined, namely in any of those areas where such information exists. A few examples should illustrate this: All diseases of the internal organs like: asthma, stomach ulcers and duodenal ulcers; inflammations and functional disturbances of any kind; preparation and aftercare of operations; improvement in the healing of wounds; skin diseases; orthopaedic diseases; children's illnesses; allergies; diseases of rheumatic diathesis.



Ill. 2: Body and therapy waves cancel each other out by invertion.

However, there are also a few other aspects which should be mentioned in order to understand what MORA is today.

The cancellation of pathological information is the most important aspect, but not the only one. It may be that the necessary information has been lost, that it does not exist. Gaps can have occurred in this huge spectrum of electro-magnetic oscillations in which we live (from 0 to many million Hz). For this reason they must be replaced. Coloured light oscillations (which are vital to life) are the best known ones. Yet it is not necessary to "irradiate" the body with any kind of colour. That would be time consuming and not very effective, since coloured light oscillations have a very small depth of penetration and therefore cannot reach the internal organs. However, that is exactly what they should do, because the internal organs and tissues are dependent upon these oscillations. They are necessary for them in order to retain or regain their full efficiency or ability to function.

The information from healthy tissues, from trace elements and some minerals could also have been lost. They can be returned to the body by incorporating them via the MORA device in position A, which is not inverted.

It may be of interest to report how MORA therapy has developed since its conception. Originally the intention was only to treat acupuncture points, i.e. to remove the information at the acupuncture points via a point electrode, to invert it (A bar) and to return it to the body at a certain amplification. Although this procedure was very successful, it often took a long time, because many acupuncture points had to be treated. The therapy was regarded as successfully completed when all points were balanced at 50. For that reason we introduced the basic therapy, which removes the pathological information from the whole area. Since almost all information exists in the palms of the hands or on the soles of the feet, therapy can be applied via hand or foot electrodes. The patient may hold an electrode in his hand which is connected to the input. All the information which can be received, enters the MORA device, is filtered there, then inverted and transmitted in an amplified form to the output of the device, where it returns to the patient via a second hand electrode.

It was stated that the information was "filtered". It was found that some patients were stressed too much by treating their whole oscillation spectrum at once. That is why electronic filters first eliminate the high frequency oscillations and then the low frequency oscillations. For that purpose we use variable filters, which can be selected from 100 to 10,000 Hz and are called high or low pass, respectively.

Furthermore it has proved effective to interrupt treatment with short intervals, in order to give the body a chance to react. With the basic therapy, seven seconds of therapy duration are applied with intervals of three seconds. The basic therapy is the most common form of therapy. It is so effective that often no further treatment is necessary.

Therefore it is always applied at the beginning of a MORA therapy. After the basic therapy, any of the numerous forms of MORA therapy may follow.

the onset of success and also to prolong the beneficial effect.

The opportunity to recognize geopathic stress and to treat it with MORA has been a decisive improvement. Earth energies and other stresses of electric or electromagnetic nature are for many still subjects which they would like to ignore, but the evidence is now so unequivocal, that their existence can no longer be doubted. The diagnostic method we use is based on measurements of the electro-magnetic rotation of the patient's blood, which is anti-clockwise if geopathic stress is present. It is not necessary to have dowsing abilities in order to carry out the test with the rotation tester. The doctor himself can determine whether the patient suffers from geopathic stress. Geopathic stress always impedes the correct response to any therapy, not only to MORA therapy. Homeopathy, nosodes, phytotherapy, any physical therapies, even allopathy, are all disturbed or rendered ineffective if geopathic stress exists. This is also true for the medicament test using electro-acupuncture. An effective MORA treatment removes geopathic stress, allowing medicament testing and therapy to function normally again. Careful handling of the source of radiation causing stress to the patient is always necessary. Only in very rare cases can this be carried out by the doctor himself. However, it remains in the hands of the doctor to keep control of the situtation by being able to take repeated measurements on the patient.

The three most important innovations added over the last ten years, should be mentioned briefly:

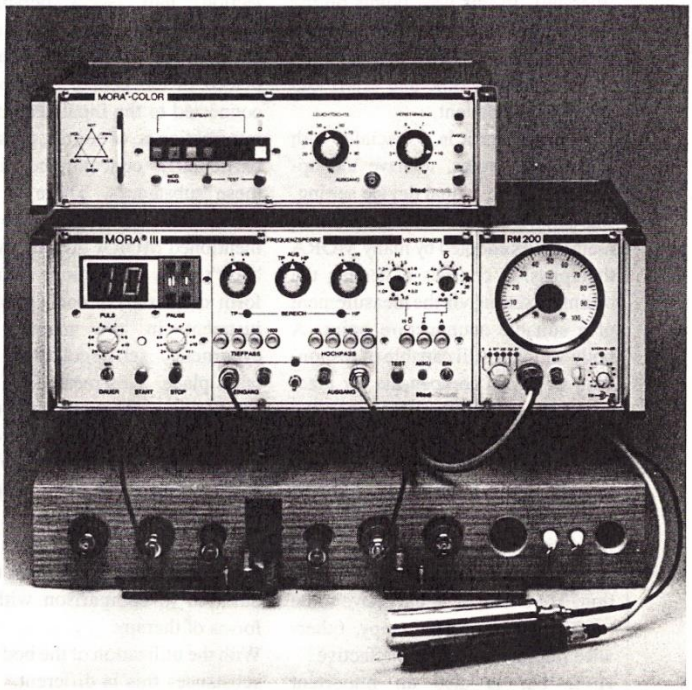
1. MORA colour therapy.
2. MORA allergy therapy.
3. MORA therapy according to the law of the five elements.

The MORA colour therapy sends chromatic light oscillations as therapy into the body. Colours are vital to life, as is known from a great deal of research. Although they only form a very small part of the almost infinitely large spectrum of possible electro-magnetic waves, this part especially is of particular and vital importance to our health.

The MORA colour device has the advantage, not to "irradiate" with coloured light; it merely transforms the light oscillations into a form which can be conducted through a wire and therefore be applied at acupuncture points or via area or roller electrodes. Colours are necessary, because MORA therapy only cancels existing pathological oscillations and has no influence on possibly lacking coloured light oscillations. Therefore they have to be replaced. MORA colour therapy can be applied as independent therapy and offers a particularly broad application spectrum by inserting special colour filters (ill. 3). Its combination with MORA therapy is optimal. Its special application, as well as that of MORA therapy, is taught in regular courses for beginners and advanced practitioners.*

The diagnosis and therapy of allergies has probably been the most important innovation in our field during the last ten years. It will be dealt with in a separate article. It will briefly be explained here, that it is possible to test each allergen correctly with the measurement section using a special setting of the MORA device. In most cases we are concerned with masked

* Information about courses from Med-Tronik GmbH, Daimlerstr. 2, Postfach 30, D-7632 Friesenheim 1, Federal Republic of Germany.



Ill. 3: The MORA device with the MORA colour device

In order to check the result of the therapy one usually utilizes the measurement part of the device for electro-acupuncture diagnosis. Therapy is regarded as complete when all points are balanced at the normal value of 50.

Whereas the basic therapy is non-specific but is the most important form of therapy, single point therapy is applied for specific treatment of internal organs, painful areas, etc. Specific pathological information of an internal organ, for example, is collected at its acupuncture points and returned to the body as therapy oscillations. This is continued until the point shows the normal value when it is checked.

An important discovery in this respect was the use of two point electrodes, one of them connected to the input (information into the device) and the other one to the output (therapy). In this way, points on the same meridian or on different meridians can be used. This method often saves enormous time and effort and stress on the patient.

How important it is, especially with sensitive allergics, to have the optimum and individual device setting, was shown by *Scott-Morley,* whose method was adopted by many MORA therapists. It consists of testing the optimum setting via the measurement of a suitable acupuncture point. A body which is still capable of responding well, can compensate for inaccuracies in the setting. However, the poorer the response of the patient (and those are the cases we are dealing with mostly), the more exactly the individual settings of all the regulating factors (low pass, high pass, limiting frequency, amplification, H+D bar or A bar) have to be established prior to therapy, otherwise treatment may be ineffective.

H+D bar is also an important discovery, thanks to *L. Mersmann.* This is a special filter, the H+D separator (molecular sieve), which allows the separation of harmonic (= normal, healthy) and disharmonic (= unhealthy, pathological) oscillations. This seems almost incredible. It has, however, been proven by a great number of measurements. When this separator is switched on, it is possible to invert only the pathological oscillations, i.e. from D to D bar, and then to amplify them, but not to invert the healthy ones, and to amplify them separately. This setting can be a great advantage in some cases, approx. 15%, especially if the patient is very weak because of a long illness and is in need of a special boost to his healthy oscillations.

An interesting form of therapy is that using the body's own substances. According to the requirements of each case; secretions, blood, urine, saliva, surgical material (e.g. from a focal infection), hair, faeces, perspiration, vaginal discharge, pus, flakes of skin, etc. may be used. The material is placed in the beaker electrode and connected to the input. Pathological information is, of course, present in a particularly concentrated form in these substances. There is a fundamental difference to the above mentioned MORA therapy using the body's own oscillations. With this form of therapy a concentrated adjustment in the manner of a cybernetic self-regulating system takes place. This means, the body's oscillation is changed by the therapy oscillation, resulting in a new oscillation entering the device, which is again answered by a new therapy oscillation. This process of adjustment is very fast and accurate, which explains the relatively short therapy duration in comparison with other forms of therapy.

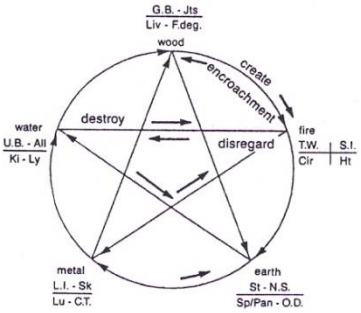
With the utilization of the body's own substances this is different. The information reaching the input remains constant, it does not respond to the new situation in each case. This may be of advantage for numerous conditions with an inadequate responsiveness, since the existing blockages are being overcome. In this way it is possible to treat problem cases successfully, without having to resort to medicaments. The field of application is enormous. It allows the therapist a particularly creative application of the MORA method.

For the refined application of specific forms of local therapy, a number of electrodes have been developed; e.g. the roller electrode. It is used for the treatment of areas and has a good depth effect, which means that not only superficial pains, but also deep-seated processes like haematomas, thromboses, cysts, tumors, skin diseases, joint disorders and many others can be treated. It should be remembered that the principle of the treatment is always the cancellation of pathological information. The advantage lies in the fact that the information may be handled in different ways, facilitating the achievement of the goal.

This can be illustrated by an example: headaches are often known to be very obstinate and can cause the doctor almost unsolvable problems. MORA therapy has proved to be very successful here. The procedure is such, that after the basic therapy the end points of the meridian are treated, on which the pains are localized, e.g. that of the gallbladder or the Triple Warmer is localization is in the area of the temple. After that the pain nearly always improves, but does not disappear completely. Only after treating the temple area with the MORA roller electrode, does the pain disappear completely. It is of great advantage in treating headaches, to apply MORA colour therapy simultaneously (see below) because it has been shown to accelerate

food allergies, which are the cause of numerous pathological conditions, not only allergies. This can be proved by the above mentioned principle of cancelling pathological information, in this case allergens, from the body of the patient.

The third innovation was the law of the five elements and its application in MORA therapy. The law of the five elements (wood, fire, earth, metal, water) is one of the oldest and most fundamental rules of Chinese acupuncture. Translated into our present understanding, it is highly topical, because it must be understood as a rule of the energetic relationships between the organs. From this it follows, that a manifestly diseased organ must not be treated directly, but the one which, according to the law of the five elements, causatively precedes the diseased one energetically. These rules are quite complicated (ill. 4). They include the four powers: create, destroy, encroachment and disregard and their relationships among all the organs. The selection of the organ to be treated had to take place according to very special rules, which explains the relative unpopularity of the method, although anybody having understood it, was convinced of its importance. We later succeeded in developing a test method which makes it possible to determine quickly and accurately the effective energetic organ relationships in each case, with the aid of electro-acupuncture and potentized organ preparations. With this method a causative treatment has been introduced, which appears particularly important and which has given us special therapy success which was not possible with other forms of therapy. The combination of the law of the five elements, which is several thousand years old, with the ultra-modern MORA therapy is an extremely happy synthesis. However, it needs a change in thinking as stated at the beginning of this paper.



Ill. 4: The five elements, the four powers, assignment of the organs.

Literature:

Morell, F.: The MORA Concept. Patients' own and coloured light oscillations. Theory and practice. Karl F. Haug Verlag, Heidelberg.

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The new

MORA®-Therapy

From a lecture by E. Rasche at the Teninger Seminar on 28th April, 1990.

Translated by Marion Guest

Edited by Dr. Anthony Scott-Morley

I INTRODUCTION

Any new therapy becomes established by patient demand whether or not they are covered by National Health schemes or private medical insurance schemes. A new therapy method becomes successful when it becomes an indispensable part of the doctors practice. In orthodox medicine treatment is largely governed by the pharmaceutical industry. The pharmaceutical industry provides the guideline's for the use of different drugs. The doctor considers the symptoms from A - z and prescribes according to the symptoms.

This approach to medicine soon degenerates into a production-line practice. The patient arrives at the surgery, recites his "script" (the answer to the question: "What is wrong with you?"), receives his prescription and leaves the surgery. This process is covered in the shortest possible time. Result: The quality of the treatment is dependent upon how well the patient is able to explain his illness, and also on the willingness of the health insurance scheme to pay for the necessary treatment. This is the common picture in most medical practices to-day. The individuality of both doctor and patient becomes lost and the process leads to a dead-end. Many doctors would like to escape from this dilemma because they, themselves, are not satisfied. The doctor is frustrated with the inhumanity of the system and with the over-expectation of the patient. It is the patient that initially decides when to seek medical treatment and then expects the doctor to be able to rectify all ills. The result of this frustration is that both doctor and patient frequently seek an alternative. However, alternative and complementary medicine do demand a change of attitude and approach from both sides.

With most alternative healing methods time and patience go hand in hand. The doctor must first find his new healing method, study it in depth, become convinced that it does indeed offer advantages to the patient, and be prepared to devote more time to each patient. The patient, on the other hand, has to learn to trust both the doctor and the new treatment method. More frequent visits to the surgery may be necessary which requires both patience and perseverance.

II. AN OLD, YET NEW THERAPY METHOD.

Time and patience are two words which keep occuring in alternative and complementary healing methods (e.g. acupuncture, homoeopathy, herbalism, etc.), including MORA therapy. To-day, the MORA concept can be included in the field of gentle, non-invasive medicine. Therapy takes place with the patient's own oscillations (i.e. physiological and pathological information) according to the laws of homoeopathy.

At this point I would like briefly to define MORA therapy. Therapy takes place without using any external electrical voltages, currents, or frequencies. Only the electromagnetic, or rather, micro-magnetic information from the body of the patient is used. This information can be accessed from specific body areas by using suitable electrodes, then modified in the MORA device using suitable filter and amplification systems, and then conducted back to the body again by suitable electrodes. The fundamental requirement when returning oscillations to the body is the inversion of the pathological oscillations and therefore their cancellation in the organism. Physiological information oscillations are those that build and strengthen the organism and these are returned to the patient amplified but otherwise unmodified. Thus, a so called bio-cybernetic regulating cycle is established.

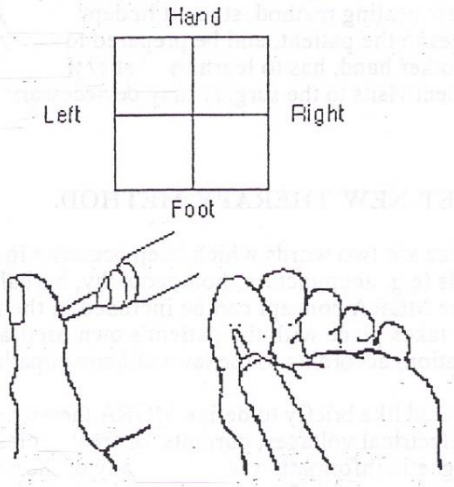
To invert means to turn upside-down, i.e. to transform electronically a waveform into its mirror image and therefore into its own counter-oscillation. We define this procedure in MORA literature as Ä which indicates that the output signal A is converted to Ä.

A costly form of therapy? Not at all. Therapy takes place with the so-called electronic low and high potencies. By having a choice of various filter settings and amplifications. MORA therapy is similar to homoeopathy. The patients' own low frequencies (equivalent

to homoeopathic low potencies) *up to* 1,000 Hz with high amplification and relatively long duration are used in acute cases; and patients' own high frequencies (equivalent to homoeopathic high potencies) *from* 1,000 Hz with low amplification and relatively short duration are used in chronic cases. In most cases after taking case notes, therapy begins with a basic therapy. Basic therapy could also be termed the opening therapy since it reveals, after its application, the true situation of the patient in that minor regulatory disturbances and blockages as well as simple pains are removed. Latent diseases (i.e. those which have not yet emerged in an acute form), deeper energetic disturbances, and chronic degeneration often are only revealed after a basic therapy.

The basic therapy is given to the patient in two therapy stages - low pass and high pass. It takes place via both hands or both feet according to the nature of the complaint. The initial diagnosis is of importance here. If the discomfort is is mainly in the head or chest area, such as migraine, vertigo, tonsils, heart, lungs, etc., then the basic therapy should take place via the feet. If the discomfort is mainly in the abdominal, pelvic, or uro-genital area, or in the legs or feet, then the basic therapy should take place via the hands. In order to maximise the success of the basic therapy it is important to place the input and output electrodes according to the energetic polarity of the patient. The polarity is ascertained by taking measurements from the thumbs or from the big toes.

The Quadrant Measurement Points



Although these are not electro-acupuncture measurement points, they do give an indication of the condition of the hypophysis. The measurement values generally lie between 25 and 60 scale units on the E.A.P dial of the MORA machine. In patients with a good measurement response the measurement values are between 30 and 45.[1] The input and output electrodes are placed in such a way that the input electrode is assigned to the side that shows the highest measurement value and the output electrode is assigned to the side with the lowest measurement value. A memory aid: You take away from where there is excess, i.e. high measurement value = MORA input. Take to where there is less, i.e. low value = MORA output.

[1] Editors note: I find that the measurement value of 50 on these points indicates normal balance.

Very often secretions from the patient (e.g. blood, urine, saliva, perspiration, etc.) are added into the basic therapy as an auto vaccine. These fluids represent the pathological condition of the various organs. This kind of treatment is an electronic "Auto-iso-therapy". With these various options available to the therapist many treatment possibilities exist.

BLOOD	Lymph, Liver, Heart, Gall-bladder, Lung
SALIVA	Stomach, Small Intestine, Pancreas, Large Intestine Mucous membranes
URINE	Bladder, Kidney, Lymph, Skin, Spleen,Genitals
STOOL	Symbiosis, Large Intestine, Small Intestine, Stomach, Lymphostasis
NASAL SECRETION	Colds, Sinusitis, Detoxification, Thyroid

For example, let us take the urine which is the mirror image of the mesenchyme. The urine collected first thing in the morning contains all of the toxins of the night and is extremely well suited as an auto-vaccine in the treatment of all dermatological conditions.

The urine is poured into a small glass vial and placed into the input beaker of the MORA machine. Treatment takes place using the "Dauer" (continuous) option, no filter, Ä inversion, and amplification between 4 and 30 according to the tolerance of the patient. The therapist uses the roller electrode to roll over the affected skin areas. After the treatment, the so-called MORA drops should be made from the urine signal. The drops are made using the same settings as for the therapy except that a pulse signal is used (20 cycles of 7/3) with amplification set to 40.

When making the MORA drops, which is the transfer of electro-magnetic information into a suitable carrier material, one should proceed as with the basic therapy using L.P. and H.P. The reason for this is that the carrier solution (30% alcohol solution) is charged with the information for both the acute and the chronic phases of the disease using different frequency bands.

The drops made from the corresponding body secretion serve to support the elimination of long term toxic pathological information which has, over the years, been deposited in the deeper fat and mesenchyme layers of the patient. Measure should also be taken for the efficient elimination of toxins (see below).

Basic MORA therapies carried out using these criteria generally show a regulating balance of up to 80%. Point measurement of the control measurement points will indicate which organs remain pathological. These may be the result of geopathic stress, allergic burdening; or a genuine pathological organic disease. If the latter is the case, the simplified "Law of 5 Elements" according to Dr. Morell should be applied, whereby the causally preceding organ is determined. That organ is then treated using MORA point therapy.

The duration of the complete MORA treatment depends upon the severity of the clinical picture. If it is convenient, two treatment sessions per week may be carried out. If this is not possible then the use of MORA drops together with the additional use of colour therapy will support the treatment until the next consultation.

III Elimination measures after MORA treatment.

All MORA treatments, in whichever form, dissolve homotoxins and heavy metal deposits in the parenchyma of the organs, in the mesenchyme, and in the deeper fatty layers.

When the molecular bridges of the heavy metals have been broken in this way elimination measures must follow. The easiest way to rid the body of these toxins is by drinking good quality water. The characteristics of good quality water are, unfortunately not well known and it would go far beyond this lecture to explain the nature of these characteristics. However, I would like to make one point clear: The water should be still water (not carbonated) and low in mineral content. It should be capable of absorbing and excreting ,via the kidneys, compounds of deposited inorganic material which were not assimilated by the body. "Mont Roucos" water from France is well-known to us and is commendable. Unfortunately, this water is not sold everywhere in Germany> A very good alternative is drinking water prepared using the principle of reverse osmosis. The technology has been solved with the world famous PUROLUX system. This device also embodies a magnetic component which, according to Dr. Aschoff, restores the magnetic alignment and with it the biogenic information to the hydrogen isotope after it has been poisoned by chlorination and conventional water treatment.

It is therefore very important for the optimum elimination of toxins that a large quantity of low-mineral content water is drunk after MORA therapy. One should start gradually with 1 liter spread over a day and increase to 2 to 2.5 litres per day.

IV The MORA Super Therapy Concept

What is the therapeutic advantage of the MORA Super? Present users of this new form of therapy confirm the appropriateness of the term "Super", because even with the first basic therapy, super results are achieved. Why?

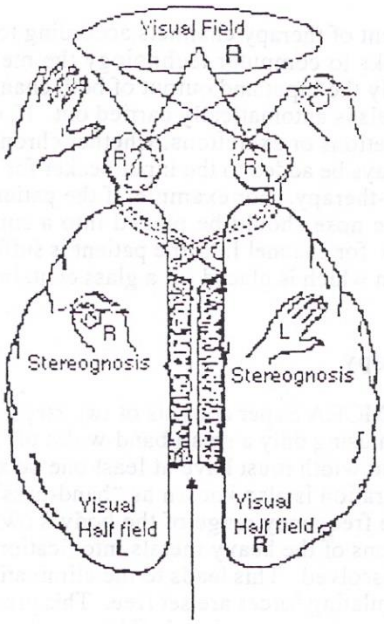
The answer to this question lies in the 5,000 year old wisdom of the Chinese healing arts which take into consideration the polarity of the body, i.e. the opposite forces of Yin and YANG. Chinese acupuncture teaches us that health is a condition of in which the organism fluctuates in harmony between yin and yang. The symbol of the monad which is divided by a sinous curve, symbolizes the law of polarity and change. We find these laws occur again and again in all areas of our lives.

Just as yin is within yang, so yang is within yin. With reference to our lives this means that there is an iota of happiness when we are unhappy and vice-versa. The law of polarity!

V. The polarity of the human being

Many examples could be given here, but let us return to the MORA Super. It is possible to carry out therapy according to the laws of polarity on a medicament level if one has a precise knowledge of the patient and also of the medicaments. Diagnostically, the human organism gives us an almost classical example; the antagonism of the acid/alkaline balance from the tissue to the blood is clearly a yin -yang situation. If this acid-alkaline balance is disturbed, a suitable terrain for many diseases is created. I am thinking, in particular, of Reckeweg who states in his teaching on homotoxins that approximately 80% - 90% of all allergies have their origin in a disturbed acid-alkaline balance.

The left half of the brain has a direct neural connectionto the right half of the body, and vice-versa. Information from one half of the body is transmitted to the relevant hemisphere via the corpus callosum.



If we are to take the yin-yang balances into account in MORA therapy then two therapeutically separate channels must be available. At this point it is possible to compare with homoeopathy where low potencies are given for acute and sub-acute conditions (the yang situation) and higher potencies are given for chronic and degenerative conditions (the yin situation).

Dr. Morell was able to recognize this situation and use MORA therapy to give a two-step treatment whereby electronic low potencies (Low pass filter) of the bodies own oscillations are used for the yang condition in the first part of the basic therapy and electronic high potencies (High pass filter) are used for the second stage of the basic therapy - the yin conditions.

In order to utilize this knowledge to advantage in therapy, and also to save time, MORA Super Bipolar was developed. This is an instrument with two separate therapy channels. With this instrument channel 1 is always used for the acute situation (the yang condition) and channel II is used for the chronic or yin condition.

VI Determination of the polarity.

In order to determine the polarity of the patient, the yin-yang situation is automatically measured before each basic therapy. The patient is connected to two hand electrodes and two foot electrodes. When basic therapy is selected from the pre-programmed indication list the segment measurements of EAV follow automatically.

First the conductance between left hand (LH) and right hand (RH) is measured and electronically recorded. Then the conductance between the right hand and the right foot is measured and recorded. This is followed by the left hand and left foot and finally, the conductance between the left foot and the right foot. If the conductance value for any segment is over 80 then a sympatheticotonic state exists, i.e. a yang condition. If the conductance value of any of the segments is less than 80 then a vagotonic condition exists which is a yin condition.

An automatic assignment of therapy channels according to the measured yin-yang situation then follows. Thanks to computer technology the measurement of the quadrants necessary to assign correctly the input and output of both channels, and the subsequent assignment of therapy channels is automatically carried out. If, during the anamnesis, reference was made to any secretions or excretions, whether chronic or acute, then samples of these secretions should always be added to the input beaker for channel 1 (acute) or channel 11 (chronic) as an auto-iso-therapy. For example, if the patient is suffering with an acute cold then mucous from the nose should be placed into a small glass vial which is then placed into the input beaker for channel I. If the patient is suffering from chronic tonsillitis then a swab should be taken which is placed (in a glass container) into the input for beaker for channel II.

VII The two-step therapy

Basic therapy with the MORA Super consists of two steps. The first part of the therapy is a pre-therapy preparation using only a small band-width of frequencies from the patients own oscillations. This band width must have at least one octave of a mean frequency. In electronics this kind of filtration is also known as "band-pass" (B.P.). If the band-pass is slowly applied over a wide frequency range of the body's own signals it is found that the molecular bridge connections of the heavy metals intoxications found in the mesenchyme and deeper fat layers are dissolved. This leads to the elimination of the body's specific intoxications and the self-regulating forces are set free. This pre-therapy becomes even more effective if it is applied as a pulse-pause signal. The pre-therapy is helped enormously by using the bipolarity where the initial measurements and therapy channels are automatically established. After the automatic assignment of the two therapy channels I and II together with their inputs and outputs, the band pass from 0 - 1,000 Hz is applied for the yang polarity. After reaching the frequency of 1,000 Hz it changes automatically from channel I to channel II which is assigned to the yin polarity. The band pass then passes through to the highest frequency range and back again. The pre-therapy then stops automatically when completed.

Then follows the second part of basic therapy as it has been successfully carried out for over thirteen years, but with the big difference of bipolar therapy.

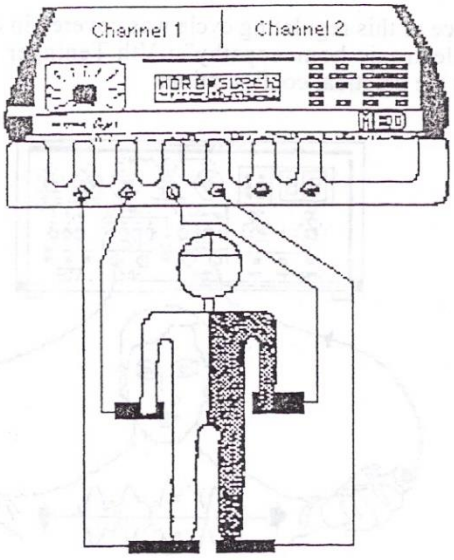
The second step, which is the main part of basic treatment, then automatically follows using electronic high and low potencies (H.P. and L.P.) controlling the patient's own information according to homoeopathic laws.

For acute conditions, electronic low potencies (L.P. frequencies) up to 1,000 Hz with high amplification are used. These frequencies are applied through therapy channel I.

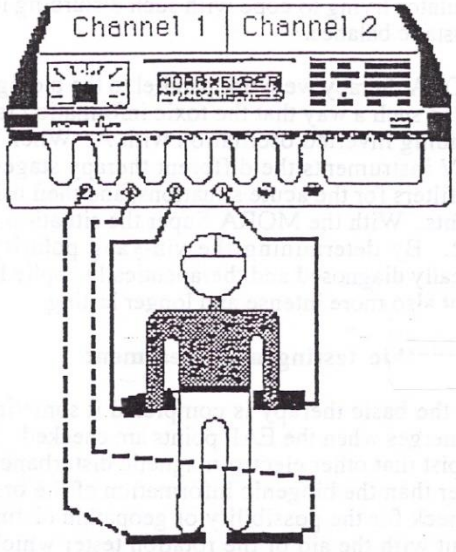
With chronic conditions electronic high potencies (H.P. frequencies) with low amplification are used. Therapy channel II is used for this application.

This part of the basic therapy is preceded by another automatic conductance measurement from the quadrants for the assignment of the therapy channels. It has often been found that a change in polarisation takes place between the pre-therapy and the subsequent main therapy. This illustrates how important it is not to carry out treatment without adequate diagnosis. Both channels are then used together to treat the yin and yang conditions. The following illustration shows the four possibilities for channel assignment.

Possibility One



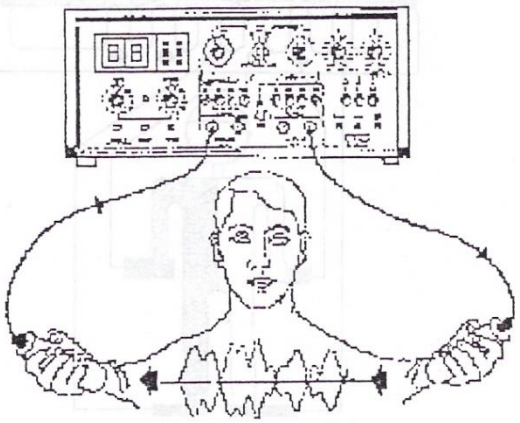
Possibility Two



In the majority of cases a basic therapy carried out in this way regulates the energy flow of up to 90% or more of the patient's acupuncture points. The remaining pathological EAP points are treated with MORA point therapy according to the osis/itis condition. See also "Sequence of the MORA SUPER treatment" in the flow chart at the end of this article.

VIII. The biocybernetic regulating system in MORA therapy

The importance of this regulating cycle was covered in detail in the lecture "MORA: an introduction to electronic homoeopathy" : Vth Teninger Seminar 1989. The following illustration shows the practical configuration:



Disturbances of various kinds, such as environmental toxins, geopathic and psychological influences, continually attack our biological regulating systems. Our immune system is the regulator trying to cope with such disturbing information with the aim of maintaining a homoeostatic balance.

In MORA therapy we work parallel to the biologic regulation of the immune system and support it in such a way that the toxic information is cancelled permanently by applying the corresponding inverted oscillation with Ä. When using the conventional MORA III and MORA IV instruments the different therapy stages are applied consecutively, first using low pass filters for the acute situations, and then using the high pass filters, for the chronic components. With the MORA Super the situation is very different because of the bipolar treatment. By determining the yin-yang polarity the different regulating cycles are automatically diagnosed and therapeutically applied. Therapy duration is therefore not only shorter but also more intense and longer lasting.

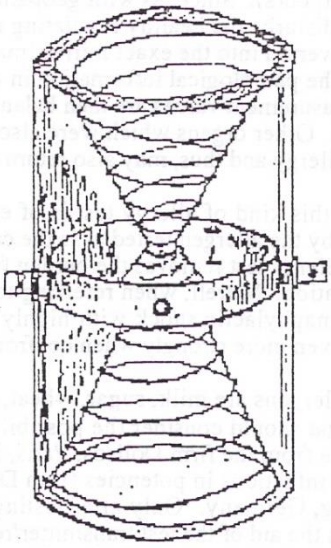
IX. Geopathic testing and treatment

After the basic therapy is completed it sometimes happens that a completely chaotic picture emerges when the EAP points are checked. This can be helpful in that it indicates to the therapist that other electro-magnetic disturbances influence the patient's health ore illness rather than the biogenic information of the organism itself. In such cases it is advisable to check for the possibility of geopathic disturbance in the patient. The diagnosis is carried out with the aid of the rotation tester which, as a receiving antenna for the blood picks up and amplifies the electro-magnetic direction of rotation of the elementary particles of Fe_2.

MORA Super

bipolar

DREHUNGSTESTER



This rotational direction is also called spin. If the blood is geopathically stressed, the blood spin is anti-clockwise, if it is not stressed it is clockwise. At the beginning of the geopathic diagnosis a spot of blood from the patient is placed on a piece of filter paper and immediately placed into the anti-clockwise (LD) high frequency antenna of the rotation tester. The Geo-Test program is then called up in the MORA Super, which in the "test" configuration indicates all of the programmed instrument settings.

The circuit configuration is arranged in such a way that the pathological anti-clockwise rotation of the blood is cancelled during the renewed checking of the EAP measurement points. An improvement in measurement values towards 50 then occurs at the EAP points. If more than five EAP points are significantly improved then one can assume that a geopathic stress exists. Improvement may take place in an osis condition as well as with an itis condition. It must be emphasised at this point that it is vital eliminate this electro-magnetic information at this point in order to obtain a further objective diagnosis. We have to establish which organs are genuinely pathological when the geopathic influence is removed.

For the treatment of geopathic stress the drop of blood which has been used for the diagnosis remains in the anti-clockwise (LD) spiral. The Geo-Treatment program is then called up and the therapy program started. After this treatment all of the EAP points affected by the geopathic stress are energetically re-balanced. We have made a further therapeutic step forward and corrected at another energetic level.

X. Allergy testing and treatment

It may be possible that during a new EAP diagnosis an allergy is suspected. Pathological measurement values at the points All.1, T.W.1, S.I. 3a, and Ht.9 would confirm this suspicion. If these four points do not return pathological values but an allergy is still suspected, then the suspect allergen can be tested against the most pathologically dis-

turbed organs points. The point S.I. 3a gives a safe indication for a food allergy. Here we also have a fixed pre-programmed allergy test and treatment program available. For the receiving sensor to test the allergens we only need a beaker electrode connected to the TSE receiver and permanently connected output beaker. We choose one of the representative EAP points to test for the allergen(s). Since, as with geopathic stress electro-magnetic information is involved which disturbs the healthy regulating mechanism of the organs, the pathological information is inverted into the exact mirror image using Ä and then returned to the organism. In this way the pathological information in the organism is cancelled out. The previous pathological measurement values are then balanced because the disturbing information has been cancelled. Other organs which were also previously pathological may have been influenced by the allergy and thus, may also return normal measurement values.

According to Dr. Morell this kind of allergy test is of enormous value to the patient since the body is not stressed by the allergen tested as is the case with traditional EAP tests. On the contrary, the MORA allergy test removes the burden from the organism by applying the inversion of wave information. Morell, when referring to the EAP allergy test method also warns of the danger of anaphylactic shock with highly sensitive allergenic persons, since the patient has to react even more strongly when confronted with the suspect allergen.

Up to 90% of the main allergens are milk, sugar, wheat, rye, and yeast. If yeast is indicated as an allergen then one should consider the possibility of candida.[1] Suitable test sets for candida are obtainable from the firm Dolisos, Paris, in D8 potency; or a better test kit containing various fungal infections in potencies from D6 - D100 are obtainable from Adler Apotheke in Schleswig, Germany. Only after testing these main allergens do we look for further allergens with the aid of the test transmitter/receiver. When the therapist is of the opinion that he has found all of the allergens then therapy takes place with samples of all allergens placed into the input beaker of the MORA Super. A 30% alcohol solution in a 25 ml., 50 ml, or even 100 ml bottle, is placed in the output beaker for preparation of desensitizing drops. If during the course of this first diagnosis a basic therapy has been given then we only need to give therapy with the allergen(s) in the input beaker. For this therapy it is only necessary for the patient to be connected to one hand or foot electrode. After the allergy therapy the program automatically switches to the manufacture of the allergy drops. It is also necessary for the patient to avoid all of the allergenic foods for a period of four to six weeks. He should take 5 - 10 of the prepared drops three times a day. If possible he should also receive a weekly basic therapy with the allergenic substances in the input beaker for a four to six week period. This program is the first treatment program in the allergy test program. The program can also be called up separately #153 and the patient can then receive bi-polar treatment.

By giving the allergy treatment another undesirable information level has been revealed and eliminated. By the end of this stage the treatment objectives may have already been achieved and, thus, the therapist should re-check all hand and foot EAP points. Should there still be some pathological points remaining these are treated using MORA Super point therapy.

XI. MORA Super Point Therapy

Point therapy takes place using the same hand or foot electrode that was used for taking the EAP measurements. During the basic therapy a cybernetic regulating loop between the patient and machine builds up between hand/hand, foot/foot, or hand/foot. In point therapy this regulating cycle builds up between the appropriate hand or foot electrode and the therapy probe which is placed on the respective acupuncture point. In order to deliver the therapy the red button on the treatment probe is depressed. On the standard MORA instruments the therapy cycles have to be pre-set; on the MORA Super the point therapy is immediately carried out whilst the red button is held depressed. The therapy pulses are one

[1]Editors note: When candida is present very often sugar, yeast and alcohol show as main allergens.

second pulse followed by one second pause. When the red button is released therapy stops and point measurement can again take place.

It is a matter of experience using MORA therapy which specific settings to use, whether to use high or low pass filters, etc.

There are some guideline's which can be used in making this choice. If the EAP point to be treated is in an -osis condition (measurement values of less than 50) the probe should be set to output (Ausgang). The input is then automatically at the corresponding hand or foot electrode. If the point to be treated is in an itis condition then the probe should be set to input (Eingang).

The next question is whether the corresponding organ is acutely disturbed (yang), or chronically disturbed (yin). If the disturbance is chronic then use high pass filter above 1,000 Hz. If, after a few short impulses the measurement value returns towards the norm then the choice of high pass has been correct. In order to speed up treatment high frequency ranges can be used from 5,000 Hz, 10,000 Hz all the way up to 50,000 Hz can be used. The point should be treated until the measurement value returns to normal.[1] With acute situations a similar procedure is followed except that one starts with low pass below 1,000 Hz. Should the point measurements show an adverse change then either change from low pass to high pass, change input to output, or try with no filter. The changes in setting are easily made by using the cursor keys.

Point therapy generally takes place using the mode H + D. If, however, toxically sensitive organs such as the kidney, the liver, or the lymph are involved then A is recommended as the therapy mode.

There are some occasions when point therapy does not seem to have any influence on the point, or very little change takes place. The question then arises:

a) what has been done incorrectly?
b) what has not been considered?

To question a): Have the corresponding filters and modes been applied correctly? Is there necessity for adding organ specific or meridian specific information (e.g. MORA colour)?

To question b): Is there a causal organ which energetically precedes the diseased organ, i.e. the phenomena of disregard, destruction, or encroachment?

In any event the Law of 5 Elements should first be considered. The causal organ can be quickly found by using the test set developed for this purpose by Dr. Morell. The causal organ is then treated using point therapy so that the diseased organ can recuperate.

For therapy, question a) can be resolved by testing suitable medicaments with EAP. The tested medicament can then be given orally or more elegantly and equally effective is the information transfer to the patient using the pre-program # 156. On the MORA Super this allows the therapist to transfer the information from previously tested medicaments to the patient using first the low potency ranges, and then the high potency ranges. After treatment, prepared drops may also be necessary.

The further possibility exists to carry out therapy on specific acupuncture points or meridians using the MORA colour. This type of therapy has been successful for nine years and uses the principle of converting the visible light frequencies to low beat frequencies. This is a therapy which does not utilize visible light but, instead, uses the low beat fre-

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[1]Editors note: If the measurement becomes worse then either change frequency or try low pass filter.

quencies which still contains all of the specific information but with the advantage that information penetration into the organism is deeper than with visible light, and also therapy is much faster.

A systematic protocol for MORA Super treatment is appended to this article as a flow chart. This chart is meant as an aid to those who are new to MORA therapy and also as a guide to more experienced practitioners who are new to the MORA Super concept.

XII. Summary

The MORA Super concept gives us for the first time a therapy which is a biocybernetic medicine and which also takes into account the polarity of each individual patient. Experienced MORA therapists do not have to abandon their experience because it is no longer relevant. On the contrary, modern computer technology allows us to draw upon this experience to provide more therapeutic possibilities and greater efficiency.

In anticipation of further innovation using the body's own oscillations the electronics of the MORA Super have been designed in such a way that the software can be updated as new findings become available without having to replace the whole instrument.

If you are a MORA therapist, or even a user of the MORA Super and have found your own effective therapy settings I would invite you to inform us of your experience in order that other therapists may also make use of them. Please also be aware that many general ideas concerning MORA therapy can also be translated into the MORA Super software.

Finally, advice for yourself: therapy #112 at least once per week is good for you as well as for your patient.

NOTE: This lecture by ***Erich Rasche*** (the RA of MORA) was originally published in German and then translated and presented during this 1990 seminar with translation assistance from ***Marion Guest*** and editing by ***Dr. Tony Scott-Morley***. Subsequently it was expanded (now 52 pages) and published as a report/book and is now available in full through OIRF/P2P.

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The End

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