

DIAGNOSTIC TECHNIQUES

Bio-energetic regulatory medicine

by DR JULIAN KENYON MD, MB, ChB

Conventional medicine is the only medical system which has ever existed that does not have a vitalistic approach to illness and does not contain any concept of biological energy. All other systems of medicine, including all the so-called complementary or natural therapies, have some concept of vital force or energy of some description.

Worldwide, traditional systems of medicine, all with basic vitalistic concepts underpinning their theoretical framework, represent 80 per cent of medicine practised⁽¹⁾.

Conventional medicine only accounts for 20 per cent. It is scientifically unlikely that traditional systems of medicine and particularly their underlying vitalistic concepts, have nothing to contribute to our understanding of disease.

These conceptual differences between vitalism, as opposed to the non-dynamic anti-vitalistic stance which conventional medicine holds, are fundamental to the lack of understanding between the natural therapies and conventional medicine. It is therefore no surprise that conventional techniques for investigating the body in states of illness look at static parameters such as morphology (ie structure) in the body using such methods as x-rays, CAT scanning and more recently nuclear magnetic resonance techniques.

All these methods are of major diagnostic use and in the case of nuclear magnetic resonance can image body structures almost down to cellular level, but these are of limited use. Taking the scientific standpoint of the natural therapies and looking at the body from a vitalistic point of view implies that scanning the body looking at minute electrical change would be useful.

So far very little research work has followed this path.

The nearest modern science has come to recognising the biological importance of energetic change in and around the body is the study of the biological effects of electro magnetic fields^(2,3). This research has shown that all living structures are sensitive to very small changes of ambient magnetic field. The levels of field change

From the standpoint of a view of illness that incorporates a concept of biological energy, it makes sense to look at ways of measuring minute electrical changes in the body.

to which the body is sensitive are reminiscent of the infinitesimal doses given in homeopathy.

Work in the area of theoretical physics, particularly by Frohlich⁽⁴⁾, has provided interesting theoretical models, some of which have been confirmed experimentally, of how and why subtle energetic change in and around the body may produce its effects. Because the energetic changes are of such low magnitude it is of no surprise that until now they have remained neglected by the majority of the biological sciences as being irrelevant.

It appears likely from the work alluded to here that biological systems display amplitude 'windows' in response to incoming energetic change. In practice this means that large stimuli may produce no change of any sort whereas very small stimuli may have maximal effects⁽⁵⁾.

Recording energetic change

Thermography is the best known method of recording energetic change. Equipment is available for recording very small changes in skin temperature and visually portraying them. Some work has been done using thermography as a monitoring technique for acupuncture⁽⁶⁾. Unfortunately this method gives us no insight into energetic change in the body as conceived by disciplines such as traditional Chinese medicine or yoga.

Kirlian photography (high frequency, high voltage electro-photography) is perhaps the best known method for visual recording.

However after much practical work in the area of Kirlian photography I have come to the conclusion that it is not the method of choice for recording electrical change in the body. Its main disadvantages are that the exploratory voltage which has to be applied to produce an electro-luminescent effect is in the kilovolt range and the biological changes being

recorded are in the low voltage and even milli-volt range⁽⁷⁾. So it is difficult to know whether the images produced are partially or wholly artefacts or if they represent genuine bio-electric events.

Controlling the exploratory impulse has also proved to be technically very difficult and in practice the frequency and amplitude of each impulse tends to be variable with the result that each Kirlian photograph represents many hundreds of exposures, one super-imposed upon another. The ideal situation would be to use one single high voltage impulse but this has all sorts of problems from the point of view of safety. The whole subject has been extensively reviewed in *Electrographic Imaging in Medicine and Biology*⁽⁸⁾.

During the past 20 years, complicated diagnostic systems have been developed which rely upon measuring evoked electrical conductivity over specific acupuncture points^(9,10). Recently these have been subjected to experimental testing. The most recent study was at the UCLA School of Medicine⁽¹¹⁾ and looked at the evoked electrical conductivity at the distal lung acupuncture point in 30 patients, four of whom had confirmed lung cancer on x-ray examination. The testing was carried out in a single-blind manner with the tester only having the patient's hand to test and seeing no other part of the patient. The results showed four true positives - in other words all the patients with lung cancer were identified on the basis of measurement of the distal lung acupuncture points - 22 true negatives and four false positives.

The study showed a significant level of agreement between the electro-acupuncture point measurement and the chest x-ray. It is interesting to note that one of the false positives showed an inconsistent shadow on his chest x-ray. This was shown not to be malignancy, however, it is interesting to note that the electro-acupuncture measurement pointed to the presence of some lung pathology.

A number of other studies have demon-

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NOT TO BE UNDERSTOOD, THEREFORE, AS AN ATTEMPTING TO NOTE THAT THE ELECTRO-ACUPUNCTURE MEASUREMENT POINTED TO THE PRESENCE OF SOME LUNG PATHOLOGY.

A number of other studies have demonstrated that electrical changes over acupuncture points seem to have some diagnostic value. For example, Rosenblatt⁽⁶⁾ showed that acute physiological changes in heart rate may be

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The Vegatest Method

We have tested our ability to pick up in a blind fashion substances poisonous to a test subject when using the Vegatest method. We took 10 bottles of sterile water and the third party filled each bottle with water or with Paraquat (a weed killer toxic to any living organism), based upon the toss of a coin. We were then given the 10 bottles which were numbered one through 10. The third party had the code for which bottles contained Paraquat and which contained water. Each of us (the three partners in our practice here in Southampton) measured these 10 bottles on a test subject. Any bottle which gave a disorder control indicated to us that, based on testing, this bottle contained Paraquat.

We ran one series of experiments like this and our findings were that we were all obtaining the same degree of accuracy of 70 per cent. In other words, our hit rate was much higher than chance.

We hope to do many more runs of this same experiment and use statistical techniques in order to establish an average accuracy for each practitioner. In the clinical situation we are not working in a double blind fashion, as each substance we put into the honeycomb we know exactly what it is. This increases our hit rate, even though we are drawing on our previous medical knowledge and experience and our intuitive abilities. When reaching a diagnosis with a patient in front of you and the aim of the consultation is to help the patient, then this is an entirely legitimate method of practice.

The Method of Point measurement is therefore not entirely objective. An insight into its mechanisms has been obtained recently through very painstaking work by Van Wijk⁽¹⁾ at the University of Utrecht. He showed that experienced testers can pick out appropriate remedies as opposed to placebos at a statistically significant rate in double blind studies. These were very similar results to the ones we obtained

Experienced testers can pick out appropriate remedies as opposed to placebos at a statistically significant rate in double blind studies. Changes in conductivity were partly brought about by subtle changes in the muscle tone of the tester

with our paraquat study mentioned previously. He also found that changes in conductivity were partly brought about by subtle changes in the muscle tone of the tester, i.e. the pressure of the electrode on the point. This sounds a bit like dowsing. Van Wijk points out that there is an unconscious change in the tester's muscle tone in response to the appropriate remedies which then change the conductivity over the acupuncture points by means of pressing slightly harder or less hard on the point when re-testing. My own personal experience has shown me that medicine testing, using the Vegatest and similar systems, is much less exhausting and quicker and indeed more accurate, using the Wheatstone Bridge apparatus which is basically what a Vegatest is. (With some non linear parts of the circuit added such as a high-gain DC amplifier) than by carrying out the same process by dowsing.

So what is going on? Recent work being carried out by the Dove Healing Trust, our research charity, is showing promising developments that may possibly lead to an explanation for this phenomenon. The likely possibility is that the Scalar Field hypothesis is the best and most likely possibility for explaining what is going on in testing. Essentially scalar fields are information which is carried in phase differences in electrons rather like a voltage pattern on a capacitor. This is basically a quantum phenomenon and because of this it cannot be observed directly electro-magnetically because the equations for electro-

magnetic fields are derived from quantum expressions.

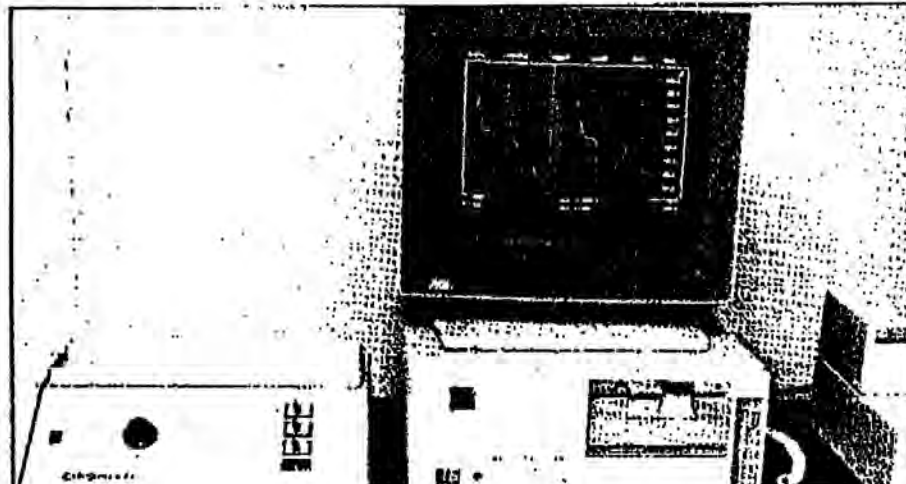
Much of the work being done in the Dove Healing Trust at the present time is in some way connected with detecting scalar fields in one way or another. This is highly innovative work and is a long way off from any form of publication. But current developments look promising. As a result of current scalar theory the author has discovered an objective way of measuring over acupuncture points using an electrode, placed over the acupuncture point which seems to be a totally objective method which gets round the difference in pressure intuitively applied by the tester. This method can be carried out by a computer. This was initially thought out as an application of scalar theory which should work in practice. This method has been presented recently at a conference in California⁽²⁾ and has been patented by the author. At the present time we are trying to assemble funds in order to develop this technique as it would put medicine testing on a totally different footing.

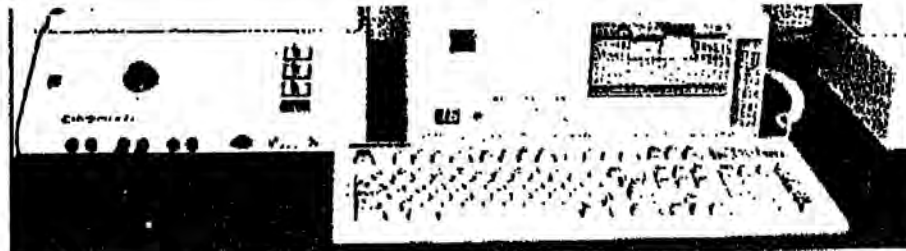
Computerised Testing Systems

At the present time there are two main computerised testing systems, the Ecllosion and the Listen systems. The Ecllosion system is highly sophisticated and contains within it a number of matrices which are basically plastic blocks under which are tiny metal tubes which are sealed at one end. In each tube there are substances such as bacteria, viruses, parasites, remedies, minerals, vitamins or whatever.

The patient is connected up via electrodes on the forehead, wrists and middle finger to the equipment and a very small voltage (DC) is passed through the patient and each substance in turn. The change in amperage, voltage and resistance, (ie not just resistance as in the Vegatest and similar devices) is measured. The EEG is also measured at the same time and a Fourier Transform (this means a frequency analysis) of the EEG is carried out every so many seconds.

All of this information is assessed by the computer and a score for each substance one through to 10 is made. The substances giving a score of 10 are the ones which are taken note of by the therapist. The first run-through which gives this objective





The Eclosion testing system

computer and a score for each substance one through to 10 is made. The substances giving a score of 10 are the ones which are taken note of by the therapist. The first run-through which gives this objective analysis is known as the Xerroid screen. This gives a guide as to what is going on in the patient. The key to this analysis, however, is dependent on a very in-depth

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xviii Kenyon JN, Preliminary Studies revealing structure in water connected with homeopathic remedies. Presented at the third annual conference of the ISSSR WEM Monterey, California, June 1993. (Paper 35/34 in conference proceedings).

Julian Jesse! Kenyon, co-director Centre of the Study of Complementary Medicine and director of the Dove Healing Trust, can be contacted at the Centre for the Study of Complementary Medicine, 51 Bedford Place, Southampton SO1 2DG, 0703 334762.

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reflected in changes in conductivity at heart acupuncture points, while no change in conductivity at another acupuncture point nearby and at a non-acupuncture point was noted. Matsumoto and Hayes⁽⁴¹⁾ have shown that vagotomy selectively changes the skin resistance in rabbits at the relevant acupuncture points. Scrisawa⁽⁴²⁾ studied 50 patients with pulmonary tuberculosis and found an accumulation of low electrical resistance points, relative to healthy controls, on the radial side of the upper arm, in other words on the lung meridian.

A number of other studies show similar positive correlations between pathology and evoked electrical conductivity over the related acupuncture points. More recently a scanning technique has been developed by Dr Helmut Schimmel in Germany called the Segmental Electrogram which has now been developed into a more advanced instrument known as the Diagnostic Device for Functional Medicine (DFM)⁽⁴³⁾. This will be described in this paper and forms part of the discipline of bio-energetic regulatory medicine.

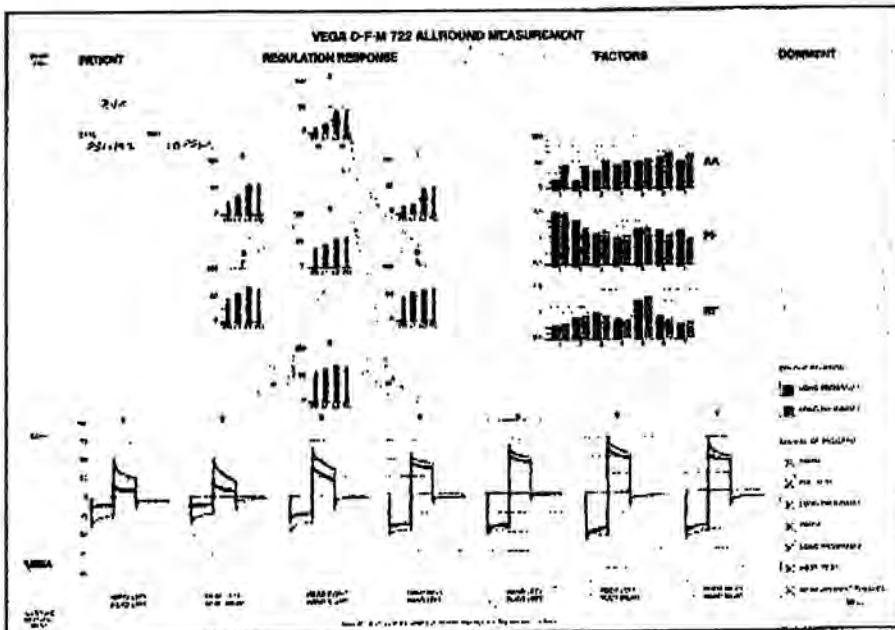
Bio-energetic regulatory medicine

Bio-energetic regulatory medicine is an umbrella term for a number of techniques which have been developed on the interface between acupuncture and homeopathy. Many of them rely on measurement of evoked electrical conductivity over acupuncture points. They all look at the body in an energetic (electrical) sense.

The Diagnostic Device for Functional Medicine (DFM) has something to contribute to present diagnostic methods.

Diagnostic Device for Functional Medicine (DFM)

The DFM records skin impedance (combination of the resistive effect of the skin and the capacitive resistance of internal body structures) over seven body



This is an example of a readout from DFM measurement

quadrants (the head, head and chest right, head and chest left, the diaphragm and upper abdominal organs, the abdomen left, abdomen right and the pelvis. The recording electrodes are placed over the forehead, a hand held electrode in each hand and a foot electrode on which the feet are placed.)

Depending on which way the measurement current is passed, then a particular segment, as mentioned, is recorded.

As the diameter of the electrodes is relatively large, it can be assumed that the skin resistance beneath the area of the electrodes is more or less equal over the whole of the electrode area. This means that the attenuation of the exploratory current which is subsequently recorded as a DFM recording, is largely brought about by the impedance of major internal organs situated in the path of the measurement current. For example the abdomen right largely records liver function, and the pelvis left that of the descending colon.

The DFM illustrates the fundamental conceptual difference between conventional and alternative ways of looking at the body. To the majority of doctors the idea of energetic pathology is a total mystery and is usually dubbed unscientific (ie not within the confines of the narrow scientific view of the doctors who so judge these methods).

The experience with the DFM shows that the body is very adept at covering up organic pathology in an electrical sense. It is not uncommon to record a normal DFM in a patient who has a macroscopic tumour present. One way around this embarrassing finding seems to be to destabilise the body field temporarily so as to remove any... (text cut off)

minute in each polarity. On doing this the electrical abnormality, due to underlying organic pathology, becomes clearer.

Regulatory Capacity

The change in the DFM following electrical stimulation described in the previous section, is of major importance as it gives some idea as to what the functional capacity of the main organs are.

If the DFM parameters become worse following stimulation, then this bodes ill for the patient and should be taken as a guide for therapy. In these cases a more dramatic approach may be necessary. In practice this means often means a surgical rather than a conservative approach, which is often based on complex homeopathy (a combination of herbal medicine and homeopathy).

If the amplitudes of the DFM recording increase following stimulation, then this shows that the body has a good energy reserve and the patient is likely to respond to a conservative approach. This is termed Positive Regulatory Capacity. Due to the way the DFM is connected up electrically and due to the placement of the electrodes, positive regulation in the abdomen left, abdomen right and pelvic quadrants, actually show a lower amplitude post stimulation than pre stimulation. The other four quadrants show an increased amplitude.

The whole concept of regulation is fundamental to the discipline of bio-energetic regulatory medicine.

Sadly, much of conventional therapy is suppressive in nature as evidenced by the widespread use of anti-rheumatics, anti-inflammatories, immune suppressants, anti depressants, steroids etc.

Recordings of DFM's in patients on steroids, for example, produce alarming





The DFM Measurement Apparatus

is not uncommon to meet a patient in a patient who has a macroscopic tumour present. One way around this embarrassing finding seems to be to destabilise the body field temporarily so as to remove any electrical homeostatic effect. This is not as alarming as it sounds and involves passing a 13 hertz voltage first in a negative and then in a positive polarity from the head to the toes, (ie right down through the head and trunk), at tingling intensity for one

widespread use of anti-rheumatics, anti-inflammatory, immune suppressants, anti depressants, steroids etc.

Recordings of DFM's in patients on steroids, for example, produce alarming findings in terms of the patient's ability to regulate and therefore by implication to react in a positive way to energetic therapy of any sort such as homocopathy or acupuncture.

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knowledge of a whole range of complementary therapies as well as conventional medicine. As this system is so sophisticated, the essence is in analysis. It is a great pity to see that one or two of these pieces of equipment have got into the hands of untrained non-medicals who seem to be running this diagnostic technique in health food shops and handing out a whole range of readings from the Ecllosion system from which the patient is not able to make any interpretation whatsoever. This leads to fear, wrong diagnosis, a denigration of the whole system and its potential and should be acted upon by those of us who are properly trained and respectable within the complementary medical establishment.

In the Ecllosion system it is possible to obtain a remedy made from each of the 5000 substances in the system. The remedies are available, so far as the Nosodes and Sarcodes are concerned, in potency accords. That means a range of potencies. This very much adds to therapeutic benefit when giving these to the patient as this is a very much more resonant form of treatment. With our work in scalars and much of the other work carried out in the Dove Healing Trust we have found that resonance effects in biology are powerful, therefore the design of resonant treatments such as in potency accords, it is an important scientific step forward. The Ecllosion system shows that this works well in clinical practice. From the point of view of expense of setting up, an Ecllosion system is much more expensive than setting up with a Vegatest system. It is therefore probably advisable for people starting off in BIC medicine to start off with a simple Vega system and carry out some clinical work based on the Vegatest system. When they are then ready to move on to more sophisticated equipment than The Ecllosion would be the next best step.

The other main computerised system available today is the Listen system. This is a very interesting system as it simply contains in the software a computer code which is indicative of each particular remedy on the system. In the Listen system there are a vast number of remedies available, of the order of 12,000 remedies. The computer code relevant to each substance has been derived electro-magnetically by passing an electro-magnetic field through the actual remedy. Based upon this an algorithm is derived from each substance and from this algorithm it is a relatively short step to devising a computer code which corresponds to that substance, the code is essentially a sequence of zeros and ones on the computer. Treatment on this system is either given

We consider this approach to be valid and one which conventional doctors would react to more easily than the traditional description of organ function as found in any textbook of traditional Chinese medicine

the Listen system and I am in the process of assessing it. It seems to work and seems to have potential. From a scientific point of view it is an extremely interesting way of handling this area of medicine.

Other Systems

This paper would be incomplete without mentioning the AMI apparatus developed over 20 years ago by Hiroshoma Motoyama from Tokyo in Japan. To give it its full title it is the apparatus for the measurement of the functions of the internal organs. Motoyama measures amperage over terminal acupuncture points using very fast circuits.

The fact that the Japanese electronics industry is something of a world leader allowed his access to such technology. He measured current over terminal acupuncture points every thousand billionths of a second. These readings were then plotted against time and a graph was obtained. He found that after 10 micro seconds polarisation of the tissues had occurred which applied an equal and opposite voltage to the measurement voltage applied, thereby lowering the initial current recorded before polarisation had occurred.

Initial current measurements can be as much as 300 millamps and after 10 micro seconds this decreases to 20 or 30 millamps.

All currently existing measurement apparatus used over acupuncture points all measure after polarisation has occurred. Motoyama claims, and indeed has shown through a number of clinical studies, that the before polarisation value represents electrical activity in the meridians, although he says that there are other processes as yet little understood going on in the meridians. These processes are almost certainly of a scalar nature.

Our own work would therefore support this and we would agree with him that Chi is related to electrical energy but there are other aspects of Chi which do not seem to relate to electro magnetism as we understand it at the present time therefore this

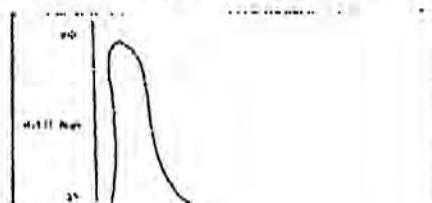
brings in the scalar hypothesis.

We have looked at Motoyama's basic work and have re-done the basic electrical measurements over acupuncture points through a study based in the electronics department at Southampton University (set up by the Dove Healing Trust).

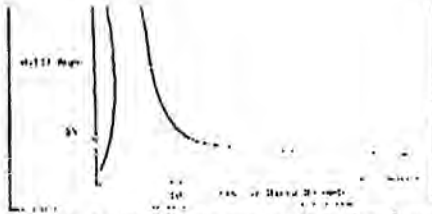
We made the same findings as Motoyama and were able to build apparatus which measured 10 times faster than the Japanese equipment - something of an achievement, we thought, considering the strength of the Japanese electronics industry.

We are about to publish this work. We therefore consider this approach to be valid and one which conventional doctors would react to more easily than the traditional description of organ function as found in any textbook of traditional Chinese medicine. This is based upon our findings that our readouts with the AMI are extremely stable and are the most reliable and objective methods of measuring meridian function available anywhere in the world today. An AMI readout is shown on Page 25 and indicates organ function. In the left hand column the normal reading should be nought, any minus reading then the higher it is then the more deficient that organ is. Similarly the same applies for any reading, going from nought to a maximum of plus 10. In the second column from the left the levels of organ activity are organised in a seasonally adjusted way based upon measurements carried out on thousands of healthy Japanese individuals through each month of the year to reflect the circadian rhythm of Chi as described by traditional Chinese medicine. These measurements show that the traditional Chinese observations were in fact completely correct. This seasonally adjusted list is very important from a clinical point of view, and in this particular case the kidney was the most deficient organ. This patient had one of the traditional Chinese kidney shu syndrome which will be familiar to those of you working with traditional Chinese medicine, much as we do in our clinics in Southampton and London.

We are currently working on a cheaper version of the AMI and are building a prototype, which we hope with negotiations with Japan, will enable an AMI device to be produced at a more affordable price than the current price being asked by the



is a relatively short step to devising a computer code which corresponds to that substance, the code is essentially a sequence of zeros and ones on the computer. Treatment on this system is either given by potentiating a bottle of water with the appropriate remedies that come upon the system or you can actually order these remedies from the vast range of suppliers whose substances are on the Listen system I have had some experience with



Graph to illustrate current behaviour with relationship to time measured over termination acceptance points.

version of the AMI and are building a prototype, which we hope with negotiations with Japan, will enable an AMI device to be produced at a more affordable price than the current price being asked by the Japanese.

The AMI must therefore represent a very important step forward in this field of measurement of subtle energies in the same way that the Ecllosion device represents a similar step forward in the