# Comparison of Ecological Testing with the Vega Test Method in Identifying Sensitivities To Chemicals, Foods and Inhalants

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*Abstract:* The bioenergetic method, Vega Test II (VT II) used for ecological testing, is now becoming a new objective technique in identifying sensitivities to a variety of antigens. No study, however, has been performed to compare classic ecological testing (ET)—intradermal and sublingual—with the new method. Therefore, the aim of our study was to find out the correlation between neutralizing doses determined by both methods in the same group of patients and for the same compounds tested. Double testing was performed in 43 patients with multiple sensitivities. In a total number of 227 tests, 183 were sublingual and 44 were intradermal. In 66 percent of VT II the neutralizing dose was exactly the same as in ET. Despite a positive clinical history, in 42 tests which make up 18.7 percent of the total, ET was negative whereas VT II showed useful neutralizing doses. In two tests, VT II was negative whereas ET showed only a pulse rate change. In 34 tests, VT II showed lower dilution for neutralizing doses than that by classic ecological testing.

IT IS well recognized that at the present time all existing methods for allergy testing, such as the scratch test, serial dilution intradermal test, sublingual challenge test, deliberate feeding test as well as the intranasal challenge test may be very useful tools in determining patients' sensitivity to particular antigens.

One of the shortcoming of most allergy tests, with the exception of the RAST, is that the procedure requires patient contact with an allergen. Thus, the testing procedure may produce reactions which are unpredictable in terms of intensity and their effect on subsequently tested antigens. A simple and more objective method of identifying specific allergies or intolerances is, therefore, needed.

Since the development of bioenergetic methods, several electronic devices have become available. They are more popular in Europe, particularly in Germany, from where the Vega machine was purchased for our study. Using this equipment, patients may be tested without any contact with antigens. No study, however, was performed to compare neutralizing doses found using a Vega Test II machine with those of the sublingual and intradermal method.

The purpose of our study was to analyze the correlation between both methods in a preselected group of ecological patients.

## Method

The Vega Test method is one of the bioenergetic regulatory techniques which enable us to record the bioelectrical potential of the patient under basal conditions and in response to tested allergens.[1,2] Bioenergetic regulatory techniques are all conceptually in line with modern scientific thinking in terms of quantum physics. The key to scientific understanding of these techniques lies in the area of particle

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physics, particularly the Heisenberg uncertainty principle and the Einstein-Podolsky-Rosen effect.[3]

The Vega test is based on an electroacupuncture diagnostic method which utilizes a galvanometer designed to register the skin electrical resistance at designated acupuncture points. Fig. 1 shows a schematic representation of the Vega device, where the potential difference between Honeycomb *H* containing an antigen to be tested and an acupuncture point of the patient is monitored by a Galvanometer *G*. As shown in Fig. 2, the Vega II galvanometer is connected in a closed circuit with the honeycomb and accessory devices.

We chose to use the first connective tissue point on the medial side of the third toe, which is ideal. A measuring stylus is used and the point regulator is tuned (decreased or increased in intensity) until the maximum 100 scale unit value is reached. Then, in order to determine that the machine is properly tuned to the patient, an ampoule of "disordering substance," e.g., cortisol, tetracycline or a heavy metal—cadmium in a used battery—is introduced into the machine's honeycomb. The measuring indicator will show a lower reading of 60-70.

Next, the concentrate of the antigen to be tested is placed into the honeycomb together with the filter Ferrum Metallicum in a dilution of $10^{-12}$. The indicator will show a low reading if the patient is sensitive. To find the neutralizing dose, subsequent dilutions of antigen are placed into the honeycomb until 100 on the scale is reached. To check if this effective neutralizing dose will be tolerated by the patient, another filter, Manganum, in a $10^{-30}$ dilution is used. A reading of 100 confirms the neutralizing dose which is then used for therapy.

The study protocol consisted of 43 patients (29 female, 14 male) ranging in age from 10 to 60 years, who suffered from environmentally induced illnesses. In the period of May to November 1984, they were seen in the office and underwent testing for chemicals, foods and inhalants.

Chemicals used for testing were synthetic ethyl alcohol, formaldehyde, chlorine, natural gas, tobacco smoke, perfume, glycerine, air terpens and progesterone.

Foods included apple, milk, cane sugar, orange, potato, beef, tomato, cheese, corn, pork, eggs, peanuts, brewer's yeast and coffee.

Inhalants tested were housedust, household insects, Candida, TOE, mold mix, cat, dog, horse, grass I, II, mix, tree I, II, mix, ragweed mix, weeds, weed terpens, grass terpens and tree terpens.

In the same day, the patient was tested for an individual antigen using both ecological methods — intradermal and sublingual — and the Vega test method. Two technicians performed the testing independently so that the results in one testing were not influenced by the results in the other testing.

At the conclusion of the study, we compared results obtained from both testing methods and calculated a concordant rate expressed as a percentage of the total number of tests.

## Results

Table 1 shows the results obtained from 224 tests in which ecological and Vega testing demonstrated an identical dilution factor in 68 percent for chemicals, 71 percent for inhalants and on average, 66 percent as total. Foods were tested in a smaller number of patients, and 30 percent of comparable results in 23 tests appear to be much lower than for the other compounds tested. In 77 tests, both methods gave different results, which comprise 34 percent of the total number of tests. For chemicals and inhalants, the discordant percentage was 32 and 29 respectively. Food compounds assessed in 16 tests were in 70 percent discordant.

The differences between results obtained from ecological testing and Vega testing were then divided into three groups: 1) Where ecological testing was positive but Vega testing showed negative results; 2) The test with negative ecological testing but positive Vega testing; 3) The test where both methods gave totally different results.

Table 2 presents the negative versus positive results in both methods. In only two tests, Vega testing was negative whereas ecological test-

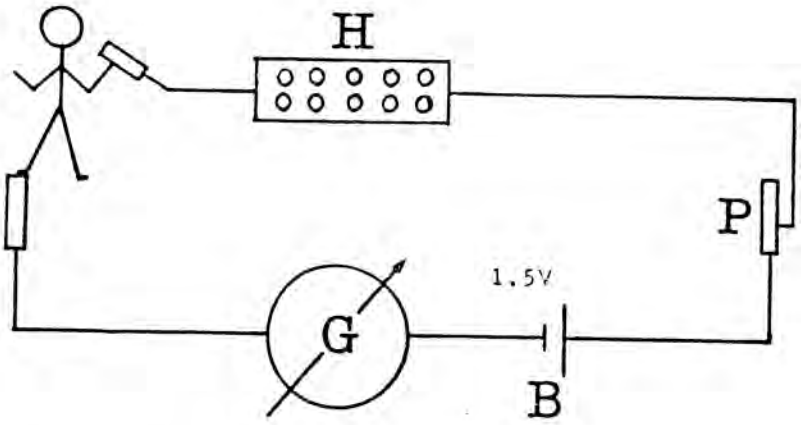


Fig. 1.

Schematic diagram of current circuit in Vega testing.
$H$ = Honeycomb, $G$ = Galvometer, $B$ = Battery, $P$ = Point Regulator.

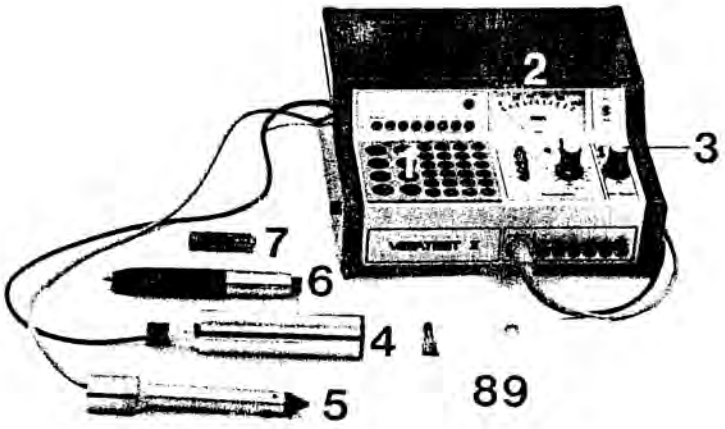


Fig. 2.

Vegatest II machine and accessories.

1. Honeycomb
2. Reading Scale
3. Point Regulator
4. Silver Electrode
5. Measuring Stylus
6. Stimulator PM 2000
7. Cadmium Battery for "Disorder Control"
8. Ampoule of Ferrum Met. 12x
9. Ampoule of Manganum 30x

**Table 2.**

Negative versus positive results in both ecological (ET) and Vega testing (VT).

| | ET (+) VT (-) | ET (-) VT (+) |
|---|---|---|
| Chemicals | 0 | 18 |
| Food | 1 | 6 |
| Inhalants | 1 | 18 |
| Total | 2 | 42 |

**Table 3.**

The advantages and disadvantages of Vega testing versus ecological testing.

| Advantages | Disadvantages |
|---|---|
| 1. Time<br>½-1½ hrs. assessing approx. 30 antigens vs. 20-40 hrs. in ecological testing | 1. Acupuncture point<br>—may be affected by local pathological changes<br>—may get exhausted |
| 2. Patients<br>—very sensitive<br>—infants<br>—incompetent or noncooperative | 2. Patients<br>—not convinced, expecting to have symptoms reproduced by testing procedure<br>—lack of motivation to follow ecological advice |
| 3. Low cost | 3. Professional skill required to operate |
| 4. Easy to perform | 4. False negative (rare) |
| 5. Objective | 5. Interfering effect of electromagnetic field (battery watch, fluorescent lights, etc.) |
| 6. Reliable | |

ing showed changes in pulse rate without any other manifestations. In the remaining 42 tests which make 18.7 percent of the total number of tests, ecological testing appeared not to be sensitive enough to find positive response and to choose a useful neutralizing dose.

Vega testing in this group was clearly positive and based on these results, patients were successfully treated. Fig. 3 shows individual results of ecological testing and Vega testing in the group of discordant tests. Regarding very well established clinical application of ecological testing, the results of this type of testing were prerequisite for desensitization therapy. We do not know whether the neutralizing doses found by the Vega test would also be applicable.

## Discussion

Our study provides data obtained by testing the same group of patients by conventional, well accepted ecological methods in comparison with a new bioenergetic technique. The latter is based on electroacupuncture exposing the patient to only a certain type of electrical energy. Vega testing used in our study provides a new means of identifying sensitivity by exposure to putative energy generated by tested substances and transmitted to the patient via an electronic device.[1, 4, 5]

The tested patients had no direct contact with the antigens normally causing reactions varying in intensity from barely detectable to life-threatening. The severity of these reactions is the major shortcoming of ecological testing. Therefore, any different approach devoid of this risk seems to be justified regardless of the lack of scientific background.

Bear was the first to use the Voll machine to find neutralizing doses for phenolic food compounds.[6] Tsuei *et al* published observations on comparable results of the food and inhalants test, RAST, and IgE with those obtained using the electroacupuncture method developed by Voll.[7] They reported that the new technique was comparable with other tests in 70.5 percent. Our findings confirm this observation by providing evidence that in 66 percent of tests, the neutralizing doses were identical in both methods.

In 18.7 percent of tests, the Vega test showed a higher sensitivity by detecting neutralizing doses not obtained by ecological testing. Therefore, negative results in ecological testing do not prove the absence of sensitivity when the history clearly indicates so.

Our experience with the Vega test may indicate that bioenergetic testing is not only comparable with ecological testing but may also provide an alternative method of testing, where ecological methods are negative.

Table 3 summarizes the advantages and disadvantages of the new method. In general, Vega testing is very effective in terms of time. In ½ to 1½ hours, approximately 30 antigens may be tested compared to 20-40 hours in ecological testing. This new method is particularly useful in testing very sensitive patients, infants and patient being incompetent or uncooperative. Its reliability, low cost and objective results emphasize the application of the Vega test in a broad range of sensitive patients.

Among disadvantages, the new method may not be convincing to the patient. Some expect to find symptoms reproduced during testing. Lack of reproducibility of symptoms may be the cause of poor motivation in following ecological advice and therapy. As well, the acupuncture point could get exhausted or have anatomical changes.

In conclusion, our results indicate that Vega testing is effective, reliable and comparable to ecological testing based on either sublingual and intradermal methods.

Second, ecological patients who fail to respond to ecological testing may be diagnosed precisely by Vega testing and treated successfully with neutralizing doses identified by the new method.

Third, in Vega testing, patients are not directly exposed to allergens, so that there is no risk of inducing severe reactions.

Fourth, the new method appears to be fast, safe, cost effective and particularly applicable to universal reactors.

Fifth, the electrophysiological basis of the fascinating phenomenon utilized in Vega test-

**Table 1.**

Comparison of ecological testing (ET) with Vega testing (VT).

| Antigens | Number of Tests | Results ET = VT | Results ET ≠ VT |
|---|---|---|---|
| Chemicals | 81 | 55 (68%) | 26 (32%) |
| Foods | 23 | 7 (30%) | 16 (70%) |
| Inhalants | 120 | 85 (71%) | 35 (29%) |
| Total | 224 | 147 (66%) | 77 (34%) |

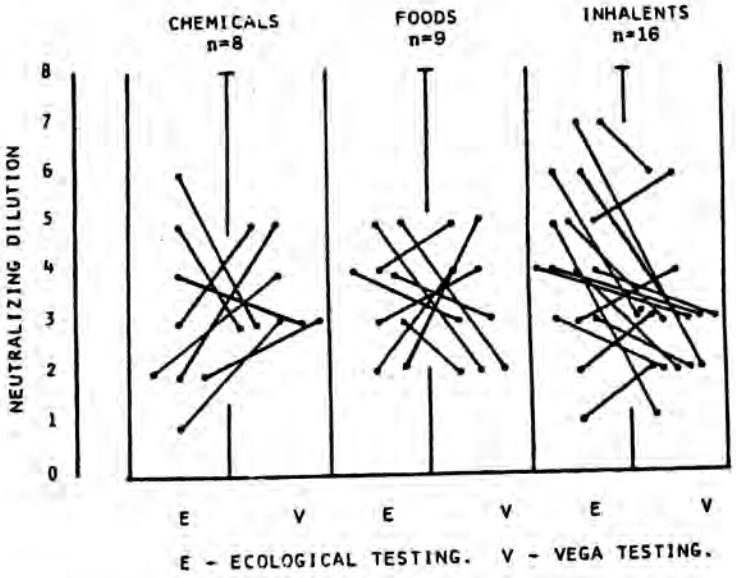


**Fig. 3.**

Comparison of individual results obtained by Vega testing and ecological testing in patients with different reading in both methods.

ing has no explanation presently and remains to be researched.

## Coda

1. Our study lacks a full explanation of the bioenergetic phenomena which gave rise to the development of new concepts and a new fascinating method of measuring specific interaction between allergens and sensitive organisms.

2. Better understanding of the concept and the bioenergetic techniques may be achieved by a well-designed research program involving cooperation of medicine with biophysics, bioengineering, electrophysiology, electronics, etc.

3. In this complex problem it would be of practical value to find explanations to:

a) what mechanism causes the organism to respond to antigens without any physical contact?

b) what kind of energy is transmitted from the tested antigen via the Vega test device?

c) why neutralizing or stimulating effects are noted even when the dilution factor is so high that the tested solution is in physical fact devoid of any allergen (dilution range $10^{-12}$ to $10^{-24}$)?

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