

Standardized Symptoms on the Basis of Low-Level Mixed Pathology in Energetic Medicine

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Abstract: By systematic evaluation of low-level pathologies a number of symptoms heretofore usually termed idiopathic can be standardized. These conclusions were reached on the basis of measurements in the low-level range. Low-level pathology is understood as that realm in pathologic change which is not directly amenable to diagnostic clues in that the causal mechanisms are not understood on the basis of conventional medical thought. Traditional acupuncture serves as a starting point for understanding these mechanisms. Energetic medicine, which includes homeopathic electrodiagnosis in its armamentarium, made possible the determination and evaluation of underlying causal patterns of pathologic changes in the living body. The energetic concept is most rewarding. It makes possible a comprehensive synopsis of otherwise unaccountable observations.

A TYPICAL example of low-level symptoms on the basis of infectious involvement is that of herpes, in particular herpes simplex which often occurs in the oral area. Eruptions continue to arise intermittently long after the acute phase has ended. It was frequently found that other infectious changes were superimposed on the system, a foremost agent being hoof- (or foot) and-mouth disease which can clearly be shown by low level measurements. The virus of hoof-and-mouth disease is capable of provoking a similar picture as that given by herpes alone. In many cases this mixed pathology is misunderstood in orthodox clinical observations.

Another example is that of periodically occurring skin rashes which may be associated

with pimples or blisters. When these symptoms are present and accompanied by an itching sensation, diagnostic readings frequently reveal the presence of low level gonorrhoea even many years after the onset of the disease. It would be wrong to treat these complaints dermatologically only, as is the common procedure. When these blisters occur together with intestinal discomfort, typhoid involvement of the bowels is usually the cause. Both typhoid and gonorrhoea in the low level conjunction give a typical picture of a patchlike eruption of small blisters on the skin.

Another example is that of constant chronic constipation which is not amenable to any kind of intestinal cleansing. Low-level readings reveal that this is usually due to the presence of subliminal cholera on a base of mistakes in the diet. Chronic disturbances in the intestinal pathways plus low level cholera is certain to result in blockage and lack of regular bowel movements. Additionally, sluggish kidney function is a longterm result.

In contrast to this example, rapid bowel movements which are hard to control, were often found to be caused by low level typhoid. These individuals often exhibit borborygmus and clearly audible digestional noises. Low level typhoid plus dietary errors typically cause irritational disturbances of the intestines. Kidney involvement is also seen in these cases in the long run.

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E. coli and *Alcalensis faecalis* are normally harmless. However, they can turn pathologic by reason of other bacterial changes in the intestinal milieu, whereas typhoid and cholera can act as pathologic agents alone. In this connection it is most important to point to the sequela of vaccinations. A person otherwise never in contact with the manifest disease can very well produce the symptoms of low level disturbances following vaccinations, especially if these have been repeated many times. Many intestinal worries of small children have thus been caused by vaccinations alone which introduced the low level charges into the body. Some vaccinations "for unknown reasons" may give rise to severe aftereffects and complications. This usually occurs when other pathologic disturbances are present or when the individual lacks proper immunological defenses according to orthodox medical thought. Causal relationships can be detected by low level measurements to give plausible reasons for the intestinal disturbances.

One more example of skin alterations is that of measles-like eruptions lacking the typical symptoms of fever, nausea, etc. These non-specific measles-like eruptions can be caused by a low-level synergistic combination of both measles and German measles, whether the result of previous overt disease or from energetic charges from immunizations. In German measles the addition of nervous involvement is often seen, even partial paralysis of limbs. In morbillia, involvement of the innervation of the smooth muscles is more typical.

A noteworthy example of low-level involvement is that of allergic complaints. These may cause lifelong suffering and, in many cases, severely inhibit a human being's personal potential development or achievement. In orthodox procedures one tries to find a triggering agent such as house dust, dog hair, etc. However, all these triggering agents are only intermediate causes of the adverse reactions. The primary etiology is quite different as revealed by low-level measurements, and the truth thereof consistently confirmed in innumerable clinical experiences. A typical pattern of predominant low level etiologic factors was

found to account for the presence of diverse allergies whether the reaction be the picture of hay fever, constant nasal problems, conjunctivitis, skin rash or any other of the many widely known reactions. These low-level causal agents are (1) tuberculosis in addition to venereal disease; (2) antibiotics; (3) noxious chemical agents, which may include industrial, occupational and agricultural chemicals as well as household agents; (4) other allopathic medications, frequently those of longterm exposure. Allergic phenomena of any variety indicates the need for low-level examination for the presence of the above mentioned primary causal factors of which at least one, if not more, will be found. Most patients in whom the immediate detection of the causative agents is not at once obvious will eventually disclose exposure to one or more such substances. To illustrate this, I have seen a case in which the triggering agents were house dust and cat hair. However, the lone primary factor in this case was the patient's mouth rinse which was used daily. In this case it must be noted that the reaction typically is remote from the causal agent. Such cases can try the practitioner's ingenuity, but are most rewarding.

A widespread tragic feature of our time is mental depression. Completely erroneous concepts, primarily from the psychological point of view, have done considerable psychological and physical damage to patients. Depression in most cases has a completely plausible basis in somatic alterations of the low-level range. Most spontaneous depressions with no relationship to outside factors impinging from the environment of the individual were found in low-level measurements to be due to low-level involvement of the hormonal system, in particular the gonads. Gonadal low-level tuberculosis is a paramount factor. However, peritonitis and venereal diseases can also be responsible. Proper low-level treatment will completely cure depression without any further ado. It should be mentioned that low-level changes can be transferred from one person to another following direct contact. Thus, it may happen that patients report that their depression exa-

carbates following contact with another specific individual. This has been wrongly interpreted by orthodox psychiatric concepts. Energetic low-level examinations of numerous cases have repeatedly demonstrated this transfer of depression energy.

It is typical in low-level etiology that overt symptoms are found remote from the source of the problem. A joint problem may be the only evident symptom of low level pathology. Any joint may be involved. Why a certain joint is affected in one instance while in another instance following the same kind of organ involvement, different portions of the body are affected, is a matter of mixed pathology. For example, pain in the anterior region of the shoulder joint indicates trouble in the large intestine accompanied by tonsillar or tooth problems on the respective side of the body. Any joint may be involved. Low-level diagnostic measurements will determine the organ relationships which removes automatically all other speculation. In generalized joint involvement a more holistic approach has to be followed in that a general agent involving the entire system may be responsible. In this case, however, the onset is clearly marked by an incipient joint, with the other joints following concomitantly. Thus, e.g., persons after the intake of mineral oil exhibit a generalized articular involvement after the monarthritic onset mostly in digit V and I of the hands. Tooth problems are frequently a part of the etiology of such joint problems. A tooth may be asymptomatic but nevertheless by measurement have a low level streptococcal involvement. Joint problems may arise from this long before the offending tooth develops clinical symptoms. As known from low-level measurements, teeth may directly or indirectly be associated with organs such as the small intestine, the nervous system, the gall bladder, etc. Following the meridional concept of energy propagation throughout the body, joints may give conclusive evidence as to the existence of such low level disturbances being present in that individual.

Chronic (or ulcerative) colitis is another example of low level etiology disease. After

many years of chronic development this disease is hardly amenable to any kind of orthodox treatment. The pacification of that organ by diverting the stools via colostomy is insufficient and highly unbiological. Surgery according to low-level energetic considerations is reserved for acute and traumatic cases. It should not be used in the treatment of chronic disease for most cases, with exceptions existing here and there. Chronic colitis was found to involve the gonads of these individuals, usually tuberculosis in the low-level range plus venereal disease. Many cases which had been previously treated in the orthodox manner without remission were cleared on the basis of these pathologic agents. For the most part, surgery had been recommended including removal of the colon *in toto!*

It has to be pointed out in this connection that although the pathologic agents present in the low-level range are specified or titled by their actual manifest or higher counterparts, they are different. They constitute what is known as "bodensatz," meaning the residual pathologic force being yet able to produce trouble of an uncertain nature, weaker in appearance and yet related to the manifest forms. They exhibit remote effects but are traceable by low-level energetic measurements to the sites of principal aggression in their manifest form in the respective body organs.

In this paper only a small number of examples could be given to elucidate the theory. The concepts of energetic medicine are most rewarding in practice. They apply to incipient pathology, preventive medicine and acute disease as well as chronic disease. The techniques and financial cost of energetic diagnosis and therapy are minimal in contrast to orthodox medical procedures based on an overburden of technology.

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