More Success through Precise Diagnosis

CRT 2000®

Computerized Regulation Thermography

Non-Invasive

Dynamic Function Scan

Successfully Locates Foci of Disease

Adjunct Diagnosis for Mammography

Highly Reproducible

Quick Readings of Whole Body Systems

Advanced Dental Applications

Prioritization of Treatment Plans and Strategies

Computerized Analysis and Evaluation

EIDAM

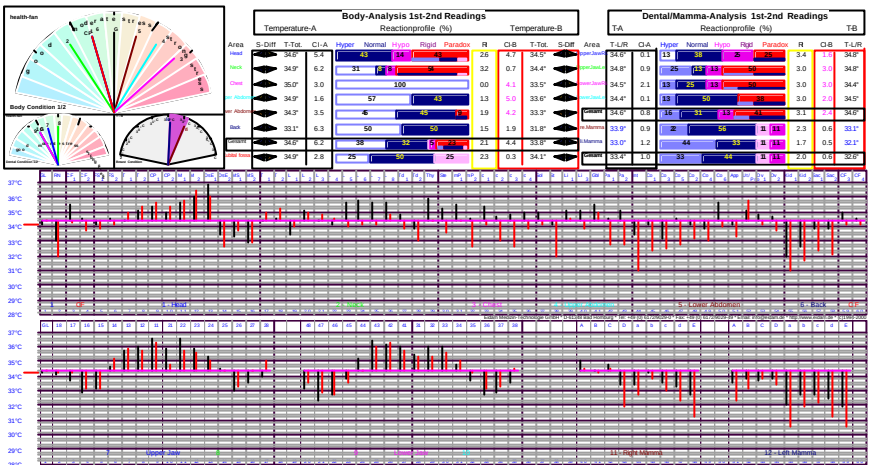
Computer Regulations Thermography

CRT 2000® - fast, complete, non-invasive diagnosis in your practice

The advantages of CRT® at a glance:

- ✓ [1]Dynamic function scan of whole body/organ systems.
- ✓ Includes cephalic, visceral, mamma and dental.
- ✓ Quickly locates the focal points of an illness.
- ✓ Highly reproducible.
- ✓ Greatly increases the certainty of an accurate diagnosis.
- ✓ Computerized recording, analysis and evaluation of data.
- ✓ Patient-friendly, visual presentation of complex contexts.

CRT 2000 with Medical Sensor



Print-out of a diagram with analysis

Technical Data CRT 2000
Supply voltage: AC 240 / 110 V
Power Input: 10 Watt
Frequency: Hz 50 / 60
Weight: 3 kg
Dimensions: W 290 x D 62 x H 259 mm
Range: 0° C - 50° C
Graphic LCD Display (lit)
For showing the measured values

Technical Data Sensor
Contact measuring
Short response time: < 1 second
Temperature resolution: < 0,1°C
Range 26° - 38° C (calibrated)
CE: This device fulfills the EC-directions 92/42/EWG and therefore bears the CE-sign.
FDA 510K# K 973177 (USA)

Software
Windows based data processing (ACCESS - database)
Required hard disc memory: 10 MB

Applications:

- ♦ Identifying hidden infections.
- ♦ Total organ *function* scan.
- ♦ Adjunct to mammography.
- ♦ Confirming diagnosis.
- ♦ Prioritization of treatment plans and strategies.
- ♦ Searching for the focus of a dental disorder.
- ♦ Neural therapy and acupuncture validation.
- ♦ And generally:
  For all regulatory disorders.

Regulation thermography is a scientific, highly reproducible means of measuring and quantifying the cutivesceral reflex through precise measurements of skin temperature.

CRT provides a focused statement of the health of individual organ systems through computerized presentation and analysis of the regulation of specific areas of the body.

Our aim is to not only prevent the progression of disease, but also to pinpoint the initial development of an illness, before the regulatory disorder appears.

By means of the analysis aid and new patient-friendly visuals, it is possible to precisely locate inbalances in whole body systems, thereby greatly increasing the efficacy of treatment programs.

Peripheral equipment

Prerequisites

Printer: Colour printer with graphic capability
Computer: Pentium, 100 MHz, 32 MB RAM
Operating system: Windows 98/Me/NT/2000/XP

Option: Windows driven thermogram analysis.

[1] **Please be aware that some of the colours in this and all following diagrams are not visible in the Acrobat version of this document.**

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Convincing Reasons for CRT

- Non-invasive
- Dynamic Function Scan
- Successfully Locates Foci of Disease
- Adjunct Diagnosis for Mammography
- Highly Reproducible
- Quick Readings of Whole Body Systems
- Prioritization of Treatment Plans and Strategies
- Computerized Analysis and Evaluation
- Advanced Dental Applications

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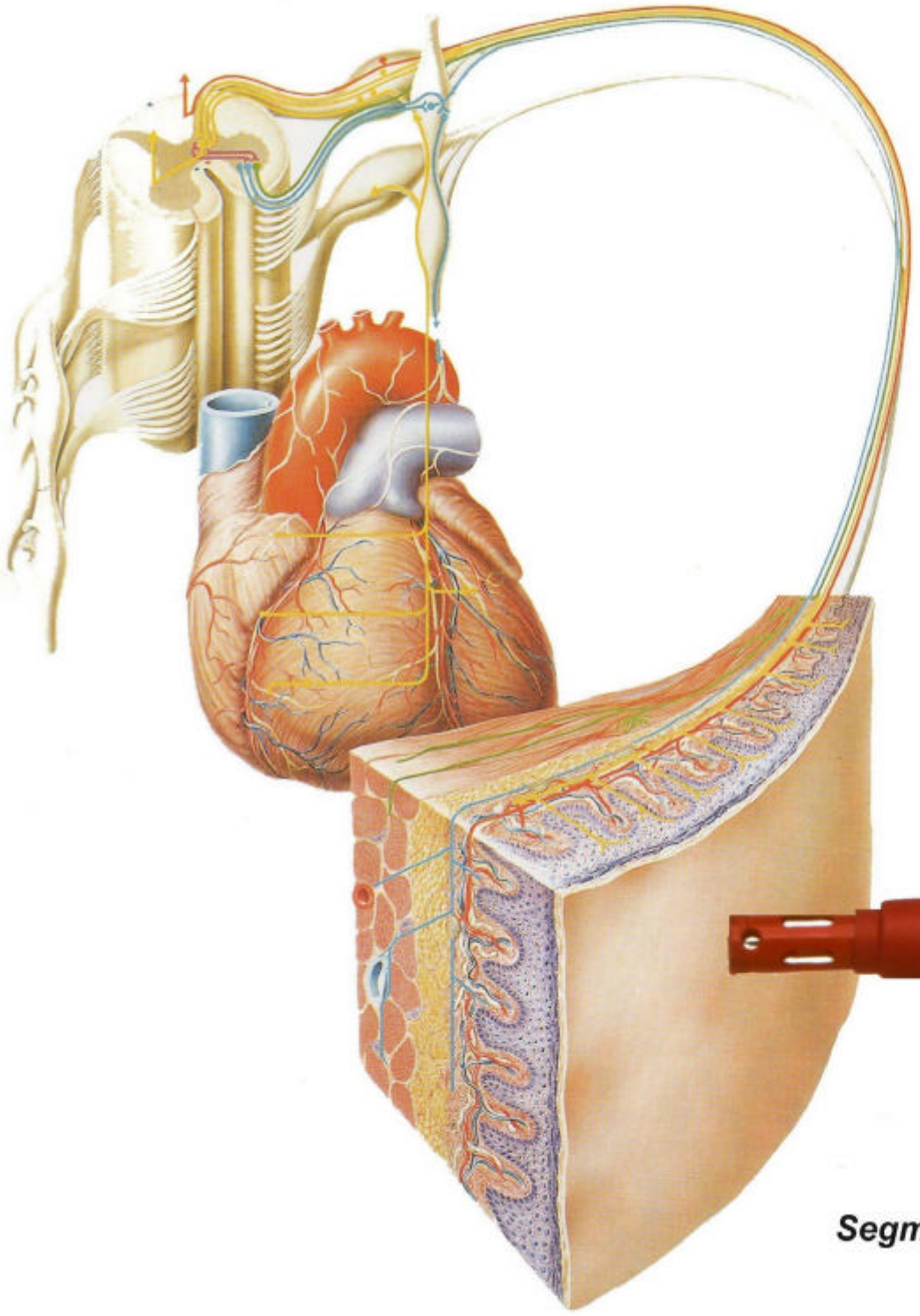
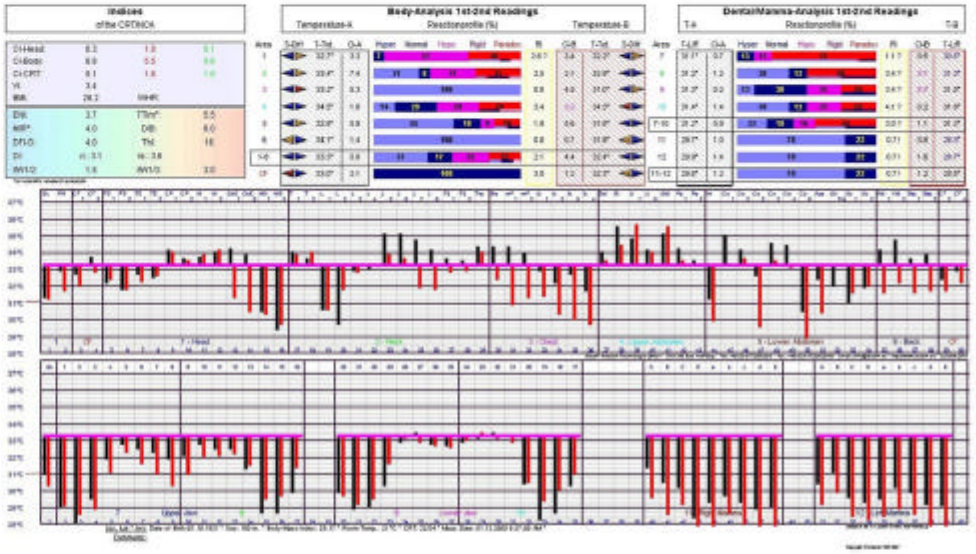


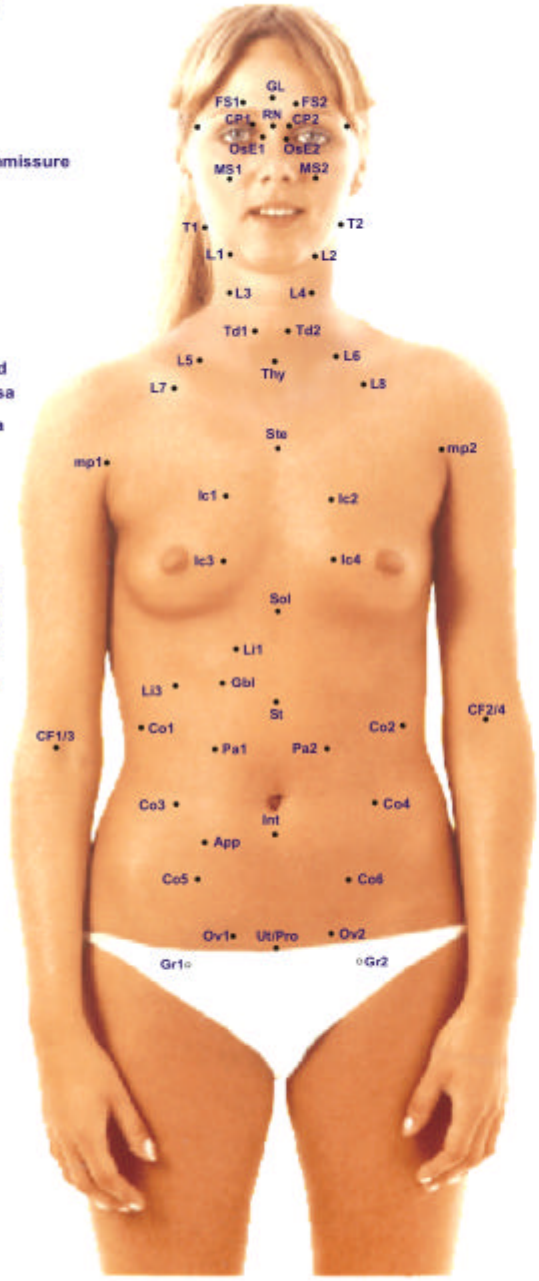
Measurement protocol with computerized analysis

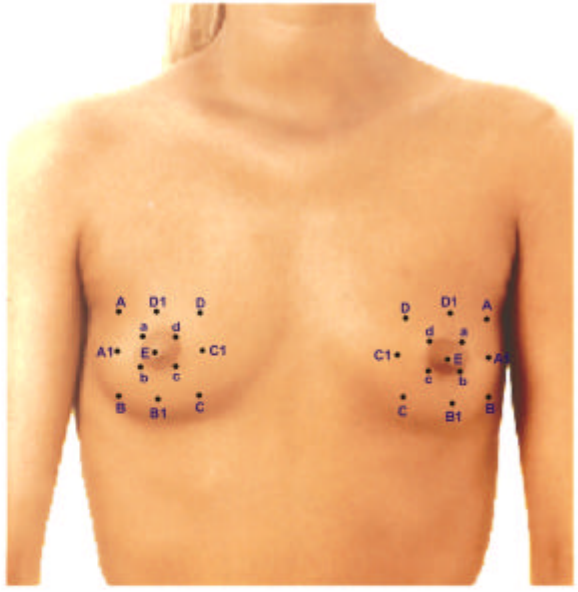


Segmental innervation of the skin measured by CRT

© Measuring Areas of the Computerized Regulation Thermography CRT 2000®

1 GL	glabella (reference)
2 RN	nasal radix
3/4 CF	cubital fossa
5/6 FS	frontal sinus
7/8 Te	temple
9/10 CP	medial palebral commissure
11/12 M	mastoid
13/14 OsE	ethmoid bone
15/16 MS	maxillary sinus
17/18 T	tonsil
19/20 L1-2	inframandibular
21/22 L 3-4	ventral edge sternocleidomastoid
23/24 L5-6	supraclavicular fossa
25/26 L7-8	infraclavicular fossa
27/28 Td	thyroid
29 Thy	thymus
30 Ste	sternum
31/32 mp	Lateral edge of pectoralis major
33 Ic 1	intercostal space III right (reference)
34 Ic 2	intercostal space III left (atrium)
35 Ic 3	intercostal space V right (reference)
36 Ic 4	intercostal space V left (myocard)
37 Sol	solar plexus
38 St	stomach
39/40 Li 1/3	liver
41 Gbl	gall-bladder
42 Pa 1	pancreas head
43 Pa 2	pancreas tail
44 Int	intestine
45-47 Co 1-3-5	ascending colon
48-50 Co 2-4-6	descending colon
51 App	appendix
52 Ut/Pro	uterus/prostate
53/54 Ov/Gr	ovary/groin
55/56 Kid	kidney
57/58 Sac	sacroiliac
59/60 CF 3-4	cubital fossa





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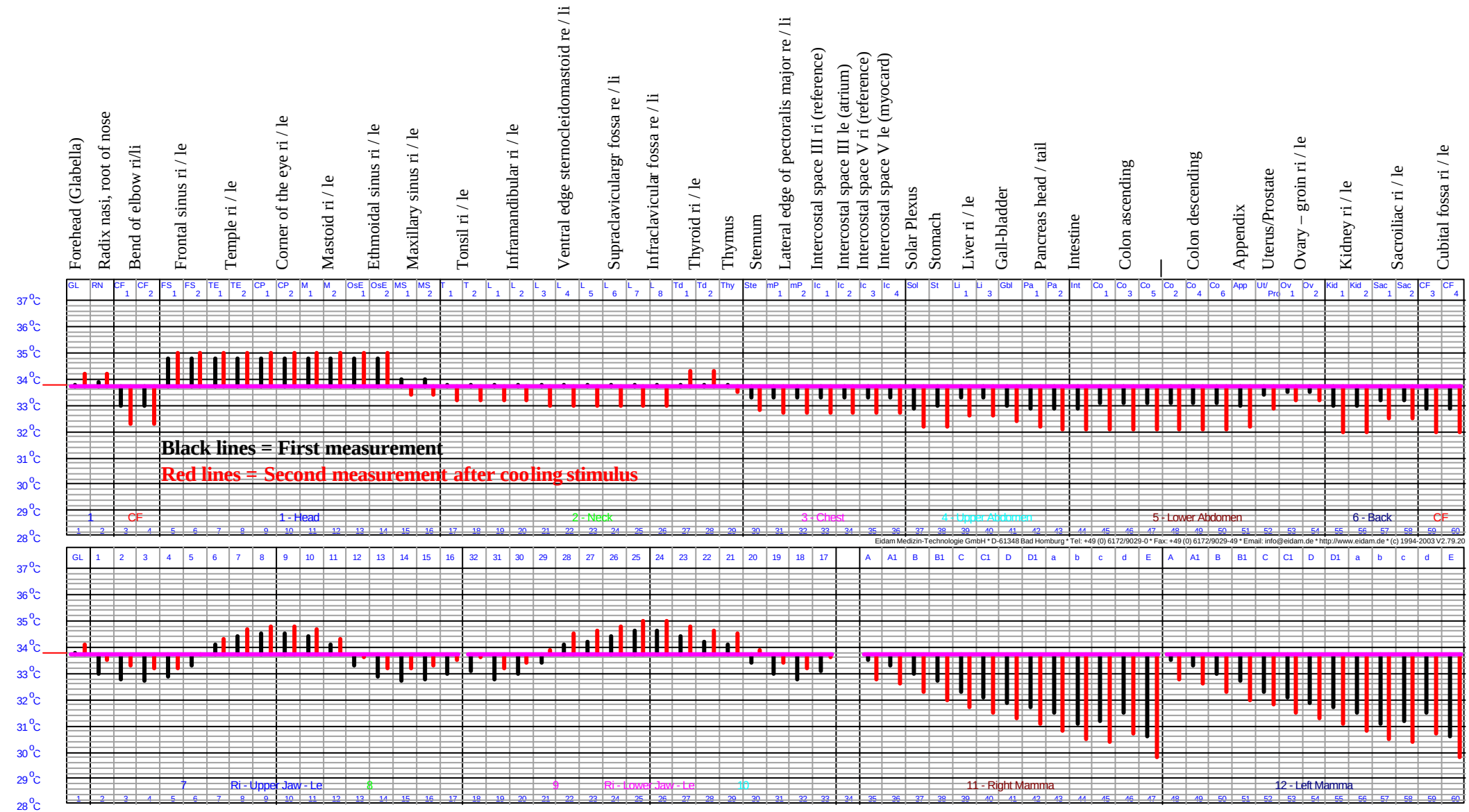
Physiologic Ideal - Diagram



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Computer Regulations Thermography

Advanced Basic Diagnostics through CRT for patients with chronic undiagnosed degenerative diseases

The way the world looks at diseases has changed over the years – especially in industrial countries. Older diseases – such as tuberculosis and other infectious diseases are becoming rarer and are now being replaced by chronic and degenerative ones, like heart disease and cancer. While the initial symptoms often go unnoticed the long term effects lead to severe disabilities and intensive medical care. Maintaining a high quality of life now requires early detection of symptoms and disease.

CRT – Computerized Regulation Thermography – greatly increases the certainty of accurate diagnoses by measuring and quantifying the cutivesceral reflexes. Over 100 precise measurements of skin temperature are registered with a highly sensitive medical sensor and then evaluated on the computer. This evaluation produces easy to read graphics and visual compilations of the body's overall state of health.

Two measurements are taken for each patient showing a resting reading and a reading under stress. The patient spends 10 minutes undressed in a 20-23°C room, creating stress on the organs as they respond to the body's need to maintain homeostasis. The body's ability to regulate these functions is then evaluated and focal points of illness are quickly located. This allows each doctor to determine a **protical** for each individual and a follow-up treatment plan.

The CRT is highly reproducible allowing the patient to track the results of a treatment over time. This creates a foundation, which makes is possible for doctor and patient to work together in the improvement of his/her health.

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CRT quickly locates the focal points of chronic, malignant and unspecified diseases such as:

- Migraines
- Chronic Fatigue Syndrome
- Rheumatic diseases
- Early detection and monitoring of breast and prostate cancer and other diseases.

Summary:

The CRT provides a focused statement of the health of individual organ systems through computerized presentation and analysis of their regulation in specific areas of the body. This not only prevents the progression of disease, but also pinpoints the initial development of an illness, before the regulatory disorder appears thereby greatly increasing the efficacy of treatment programs.

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A BROAD RANGE: FOR POSSIBLE APPLICATIONS

Diagnosis through Computerized Regulation-Thermography –
by Dr. Petra Blum, Tegernsee

The CRT – Computerized Regulation Termography is one of the possibilities for the diagnosis in regulation medicine. Regulation Thermography is applied heat-physiology. It measures temperatures with a contact thermometer on the skin before and after a stress. Through an understanding of cutivisceral reflexes, it is possible to make determinations about regulatory reactions of the organism. The method is reproducible, the measuring may be delegated, and through the new computer-supported evaluations (CRT®-NCA) it is objectifiable. This thermal regulation diagnosis covers a broadly spread-out territory.
Whoever has concerned himself with medical history can notice that there are two different conceptual approaches running through all time like a red thread: the mechanistic approach and the energetic approach. In this, the mechanistic approach shows the existent condition and the energetic approach shows the flowing process. Even nowadays do we find these styles, on the one hand, in the clinical training and activity, on the other hand, the regulation medicine.

Regulation Diagnosis is a sort of "stepchild"

Therapies based on regulation thermography have long been practiced: here, old therapies get resurrected all fresh. In contrast, many therapies within the clinical medicine are of more recent origin. Here, especially pharmacology needs to be remembered, but also the progressive techniques of surgical and internal medical interventions.

In the area of diagnosis, we have a different story. It has made
enormous steps in the maturity of technical developments during this century. Nowadays, clirical medicine has such objectifying processes as sonography, X-ray, computertomography, nucleo-spindletomograpghy, and many others at its disposal. With these processes, we are dealing with a diagnosis in the area of organs. Here is shown what has already „developed". Here, the regulation thermography has, unfortunately, been mostly neglected. Only in the most recent decades, several matured diagnostic processes have developed themselves within regulation medicine.

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The Levels of organs, of regulation and of information

Clinical medicine is predominantly built upon organ diagnosis, that is, a mechanic diagnosis. Regulation medicine, however, concerns itself with the function or with the information. Both must be viewed energetically. This means that diverse diagnostic processes need to be applied on these different levels. Something that "has become" tells us something different than something that "is becoming". The "becoming" corresponds to a functional disturbance.

Computerized Regulation Thermography

While image-producing or acoustic diagnostic processes are applied on the level of organs, on the level of regulation, processes are applied which diagnose the organism in its functioning or in its capacity for managing stress. On the level of regulation, processes are applied which test the intensity of stress. Clinical testing procedure include: Stress EKG, functional tests for the lungs, and also the oral Glucose-Tolerance Test. Here, the basic regulatory system gets tested before and after an applied stress.

How can an organism stand up to a test? The regulation thermography according to Rost also is a diagnostic testing device which measures the skin temperature via defined measuring areas of the body with a contact-feeler. In this diagnostic process, heat-physiological fundamentals are used in connection with the knowledge of viscero-cutaneous reflex responses of the organism. With it, determinations can be made about the regulatory capacity, that is, the stress tolerance of the organism. A healthy organism shows a normal regulation. An organism tending toward a disease shows excessive regulation (hyper regulation), a limited regulation (hypo regulation) or a chaotic regulation (diversified forms of regulation), up to a rigid regulation. If the organism already shows a regulatory rigidity, one can proceed from the assumption that a strong stress of the basic regulatory system is the case.

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Execution of the Measuring Method

The measuring for setting up the thermogram can be delegated to a trained assistant. Before the measuring can start, the patient needs to adapt to the room temperature. Then follows the first measuring round of the individual measuring areas, whereby the body, the teeth, and the breast get measured. After the first round of measurements, the patient removes his/her clothing and remains sitting at room temperature for 10 minutes (thermal stress application). The organism cools off. Subsequently follows the second measurement in the same way. This sets up the thermogram. If there is a suspicion of a focal process, a third measurement follows after the therapeutic intervention for the verification of the focus.

Between the first and second measurements comes about a corresponding difference in temperature, which shows a difference of 0.5 up to 1ºC, up to the head area. This shows a normal reaction to the stress, indicating a normal regulation. Lower lying regulation values are the hyporegulation or rigid regulation. Higher regulatory values must be considered hyperergic regulations. The total picture of the thermogram gives thermal pointers to the therapist.

The new computer-supported aids for evaluation facilitate the interpretation (NCA). This represents an absolute quality-control. The NCA makes it possible to undertake a comprehensive evaluation from the combined bases of all regulatory data.

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Computer Regulations Thermography

What are the advantages and usefulness for the therapist working with a regulation thermogram? He finds indications for therapies via:

- the regulatory capacity of the ground-regulation system;
- delineation for the cause as well as the origination of the cause;
- focal and disturbance-field foci;
- thermal diagnostic possibilities.

Through these, the therapist finds an approach for his therapy and he has the possibility of controlling and documenting his therapy through the thermogram.

Methods of Diagnosis

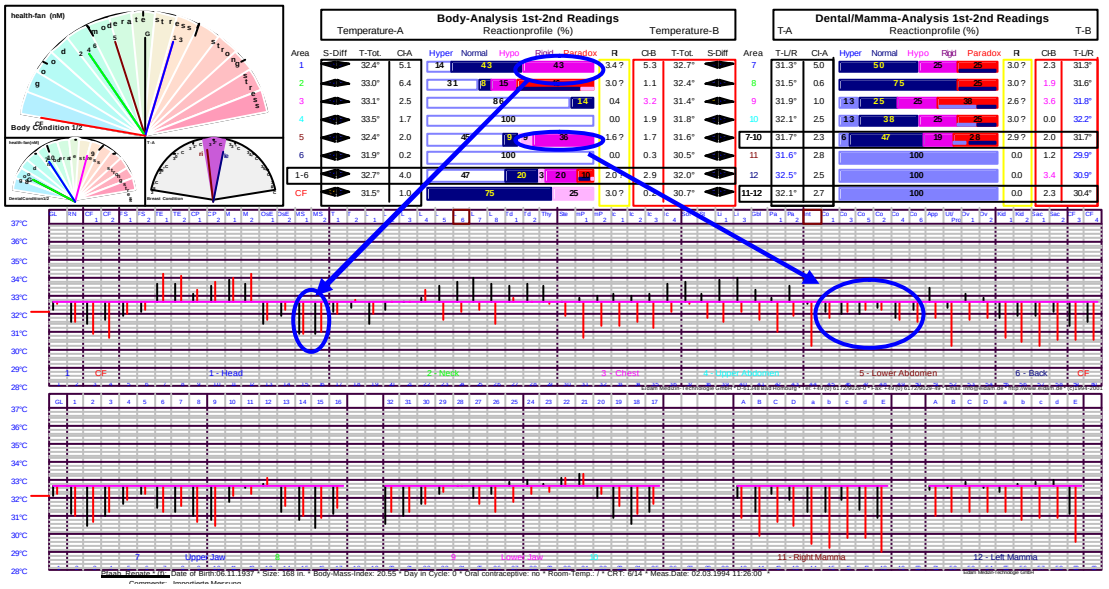
Level of organs
- Images producing process
- Acoustic processes
- Microscopic processes

Level of regulation
- Regulation Thermogram
- Stressful (test of functioning)
- e.g. OGT, TRH-test
- Stress-producing EKG
- Lung functioning test

Case example: Distant focal action of the organism

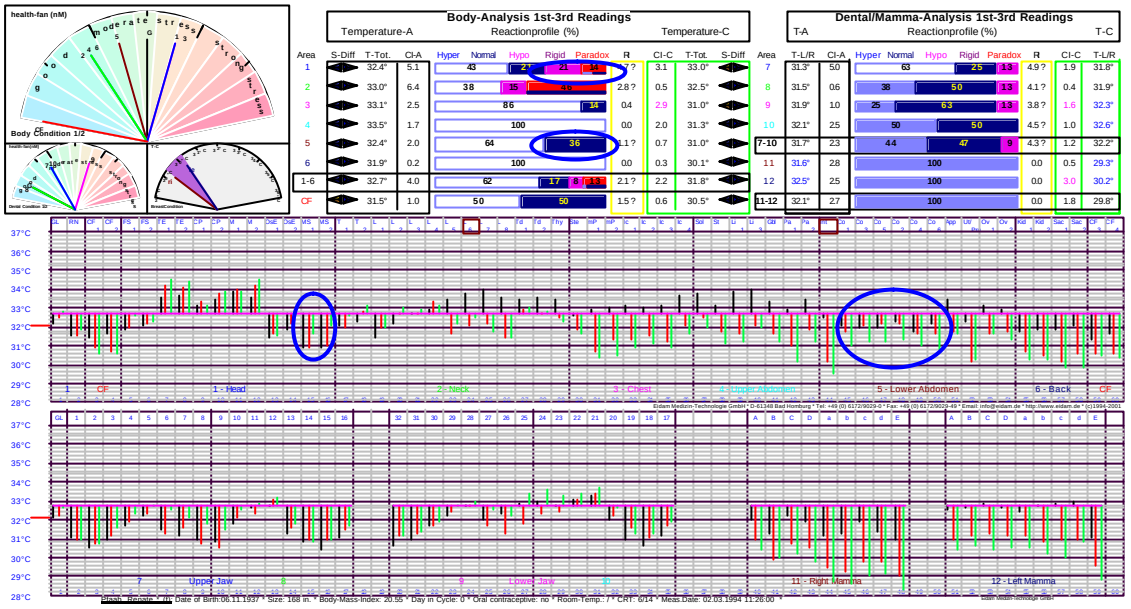
The focal diagnosis is one of the large domains of the regulation thermography. No other focal diagnostic known to me shows the distant focal action on the organism.

Fig. 1



Here is an example thereof: A 57 year old Asthma patient reported that her Asthma did not regularly get worse whenever she had intestinal problems. Thermogram Fig. 1 shows the rigid regulatory values above the measuring area Intestine. Conspicuous are also the measuring values above the maxillary sinuses.

Fig. 2



Here, one needs to verify through a third measurement whether the maxillary sinuses effect a distant action upon the intestine, or whether the intestinal area has a focal effect upon the maxillary sinuses. Therefore, the maxillary sinuses get sprayed with Xyloneural and after six minutes the third measurement follows Fig 2. It shows clearly that one can change the regulation rigidity in the intestinal area to a normal regulation. Therefore, there is clearly an action of the maxillary sinuses on the intestinal area.

Fig. 3 shows the thermogram of a 55 year old patient who feels exhausted and no longer fit. This thermogram shows a failing overall regulation, which can be read from the measuring values of the arms (thermal regulatory effectors); they show a strongly limited regulation. To verify a focal development in the dental area, tooth # 35 gets sprayed and a third measurement is prepared.

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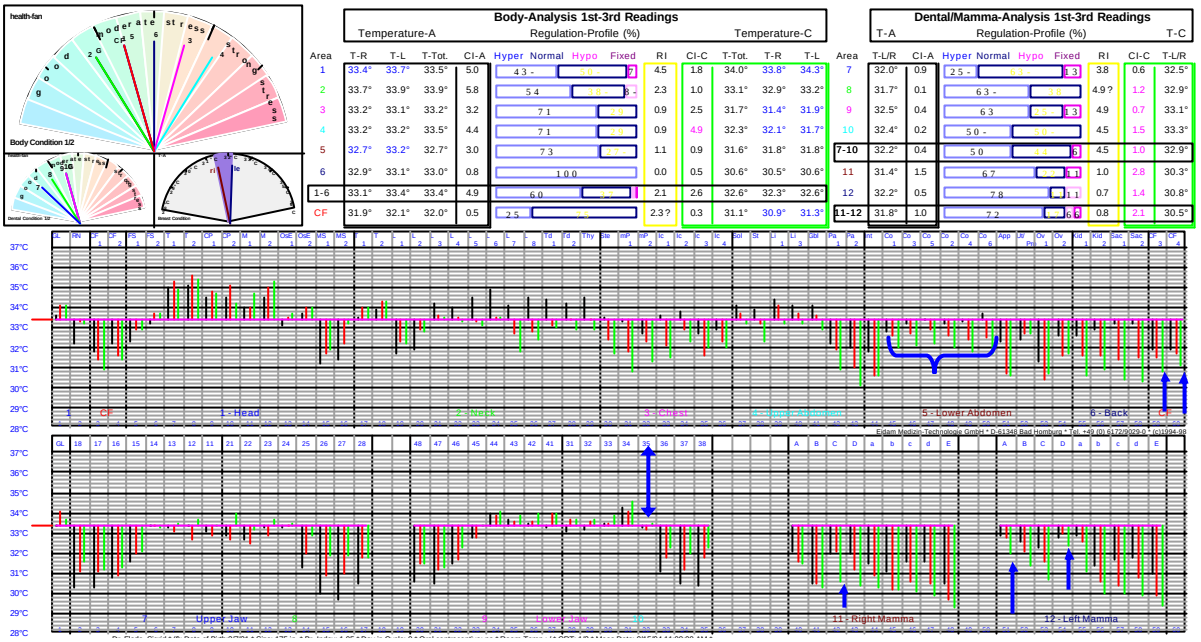
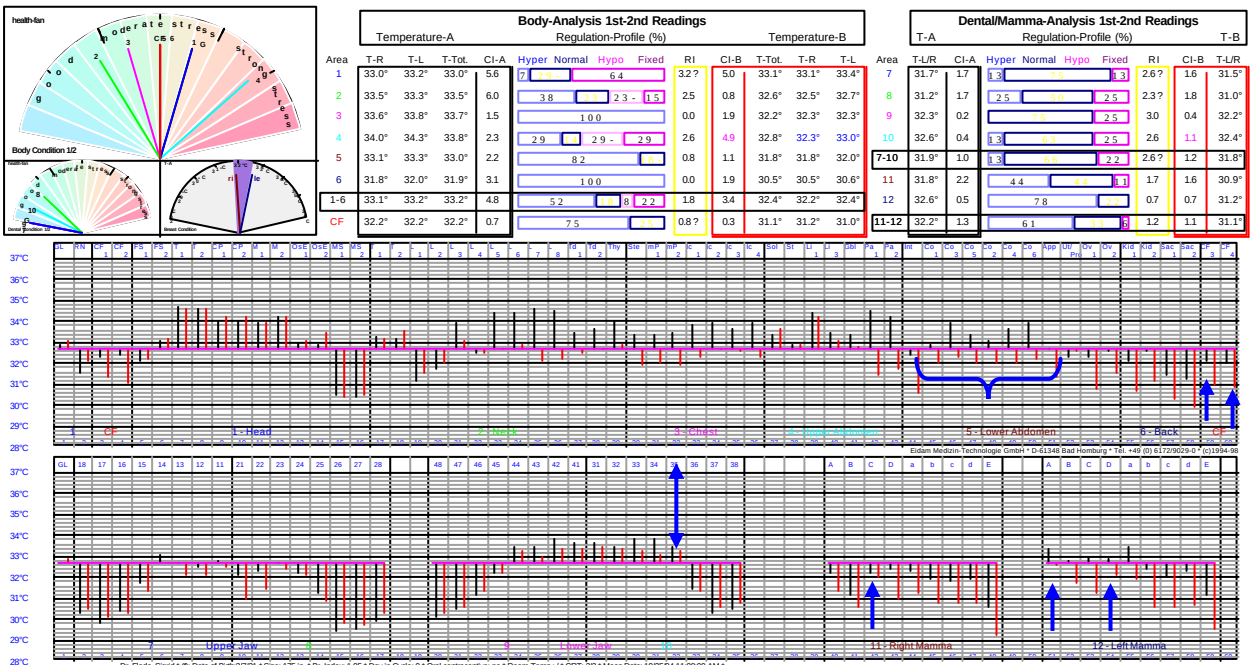
Fig. 4 clearly shows an improvement in the general regulation (El 3 and El 4) and dental focus distant-effects in the area Intestine and also both breasts. Two weeks after the extraction of the dental focus, another control thermorgram is prepared



(**Fig. 3**). In the case of a successful surgical intervention on a dental focus, the third measurement of the first thermogram must confirm itself in the control thermorgram. This is the case in thermogram

Fig. 4. The control thermogram shows normal regulation values over EL 3 and EL 4 (overall regulation). The regulatory values above the Intestine and also of the breast are improved.

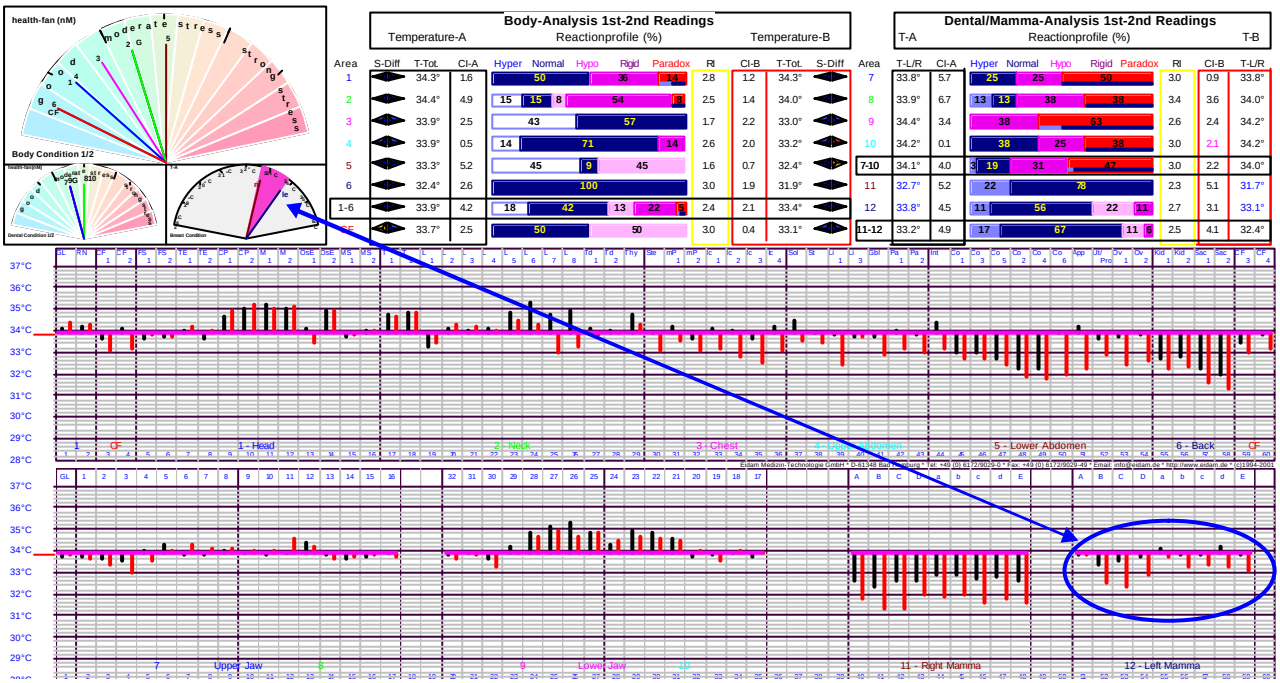


Computer Regulations Thermography

Case study: Breast Cancer

An additional domain of the regulation thermography is the diagnosis of breast cancer. Through certain combinations of regulatory values, clear thermal signals of a breast cancer show up in these cases. Thermograph **Fig. 6** shows the picture of a 65 year old patient with a palpable and movable knot in the breast which could not be clearly determined as malignant through the mammography. The thermogram shows a conspicuously different L/R temperature in the two breasts. This requires the basic assumption of malignancy-in-process. Surgery and histology confirmed the mamma carcinoma.

Fig. 5



Summary: A method that can be reproduced and objectified

It must be a matter of course for every regulation therapist to apply regulatory diagnosis before his/her therapy. Every single organism has its own, individual type of regulation and capacity for stress. These must be tested before the beginning of the therapy in order to reach an optimal therapeutic success. To secure the quality of a regulatory diagnosis, one should set the standard: that the chosen diagnostic method can be reproduced and objectified. The Computer Regulation Thermography fulfils these premises.

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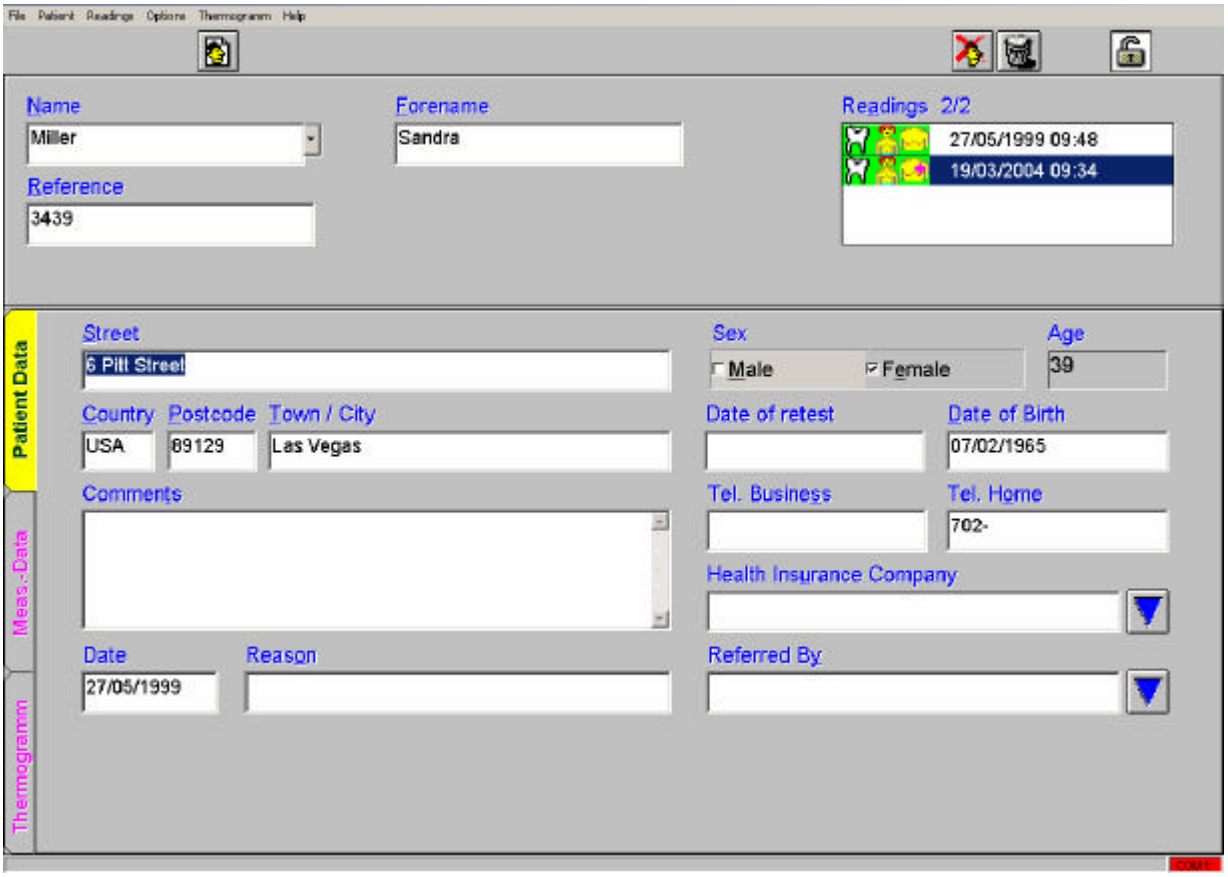
Computer Regulations Thermography

The Software - A Summary

This section will give you a basic introduction to our software. Please keep in mind that once you have decided to purchase a CRT there will be a more detailed demonstration on site.



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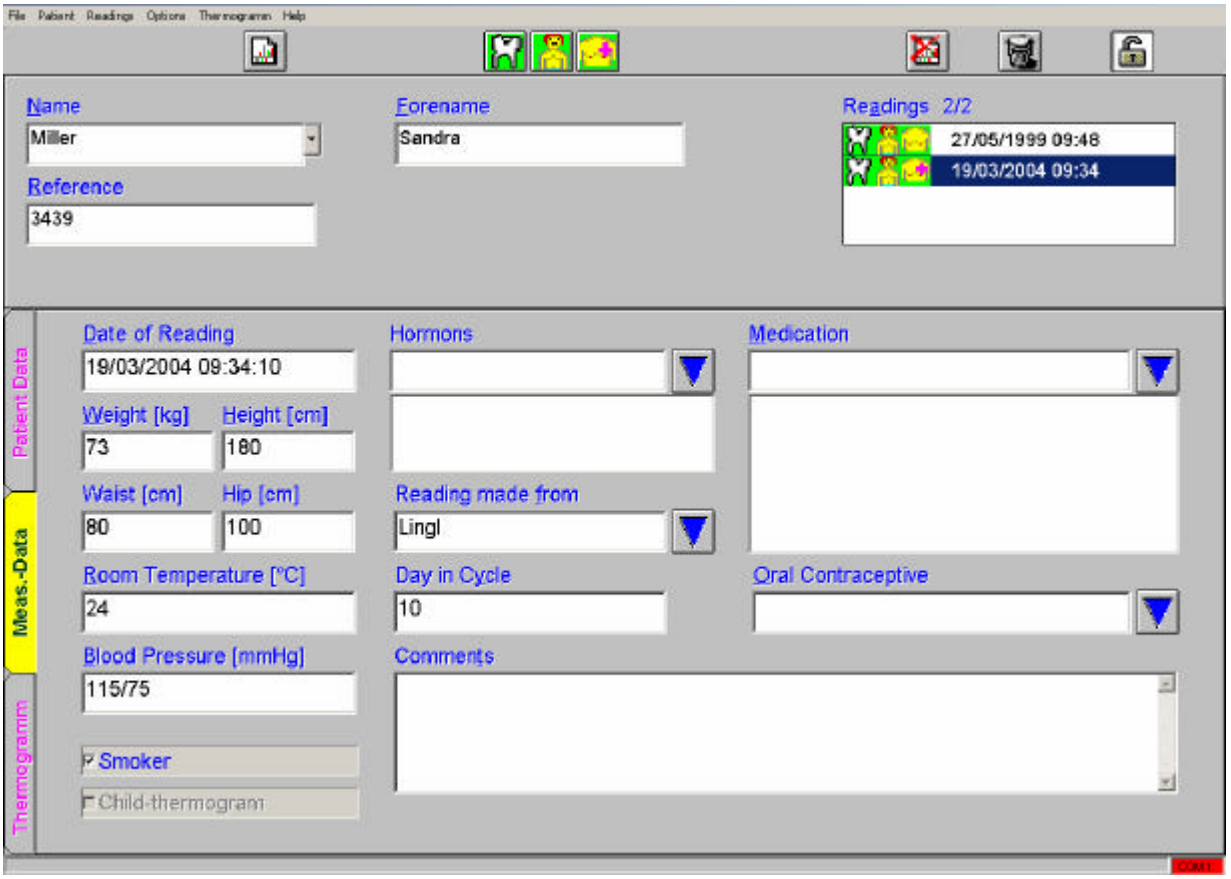
Registration of Personal Data



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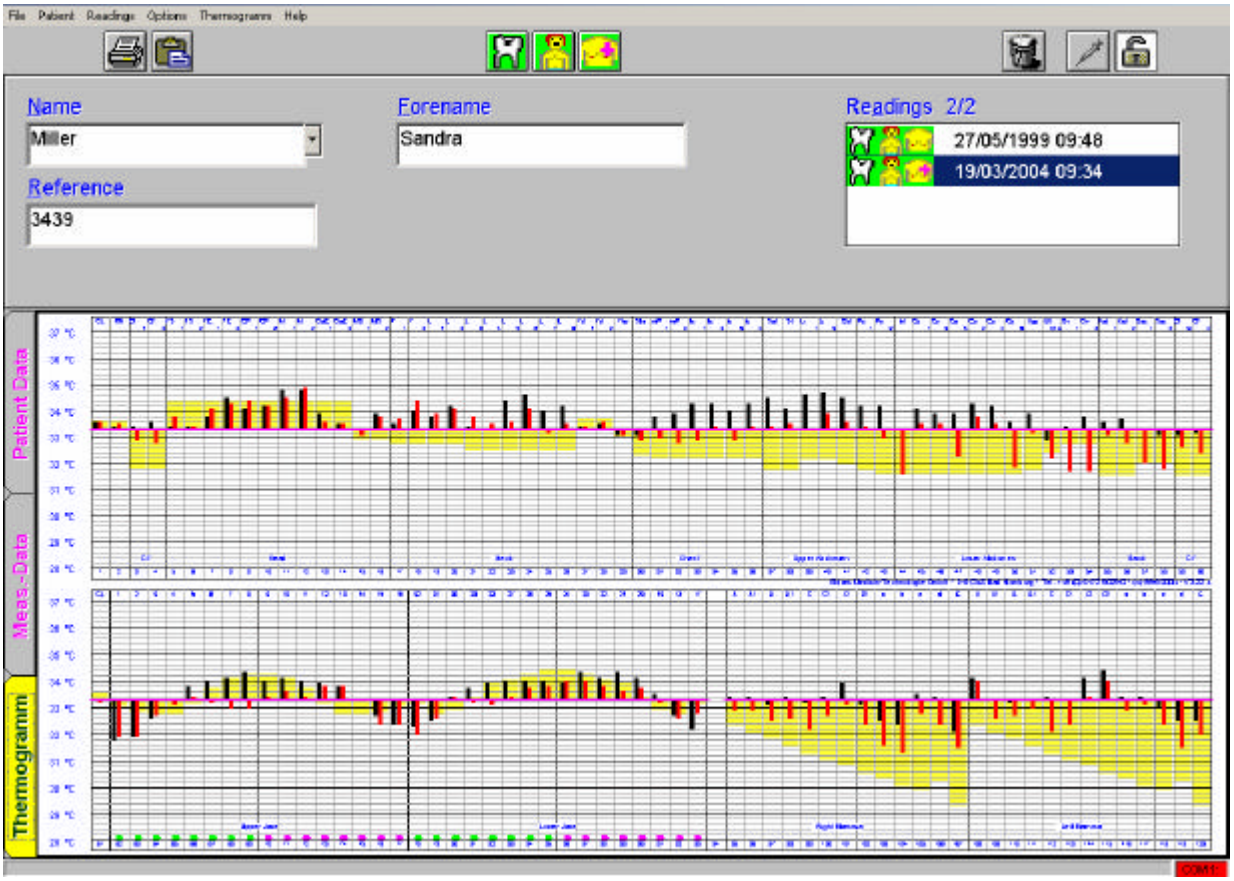
Computer Regulations Thermography

Standard Measurement Program

At a glance: The registration of all measured areas



Standard Measurement Program

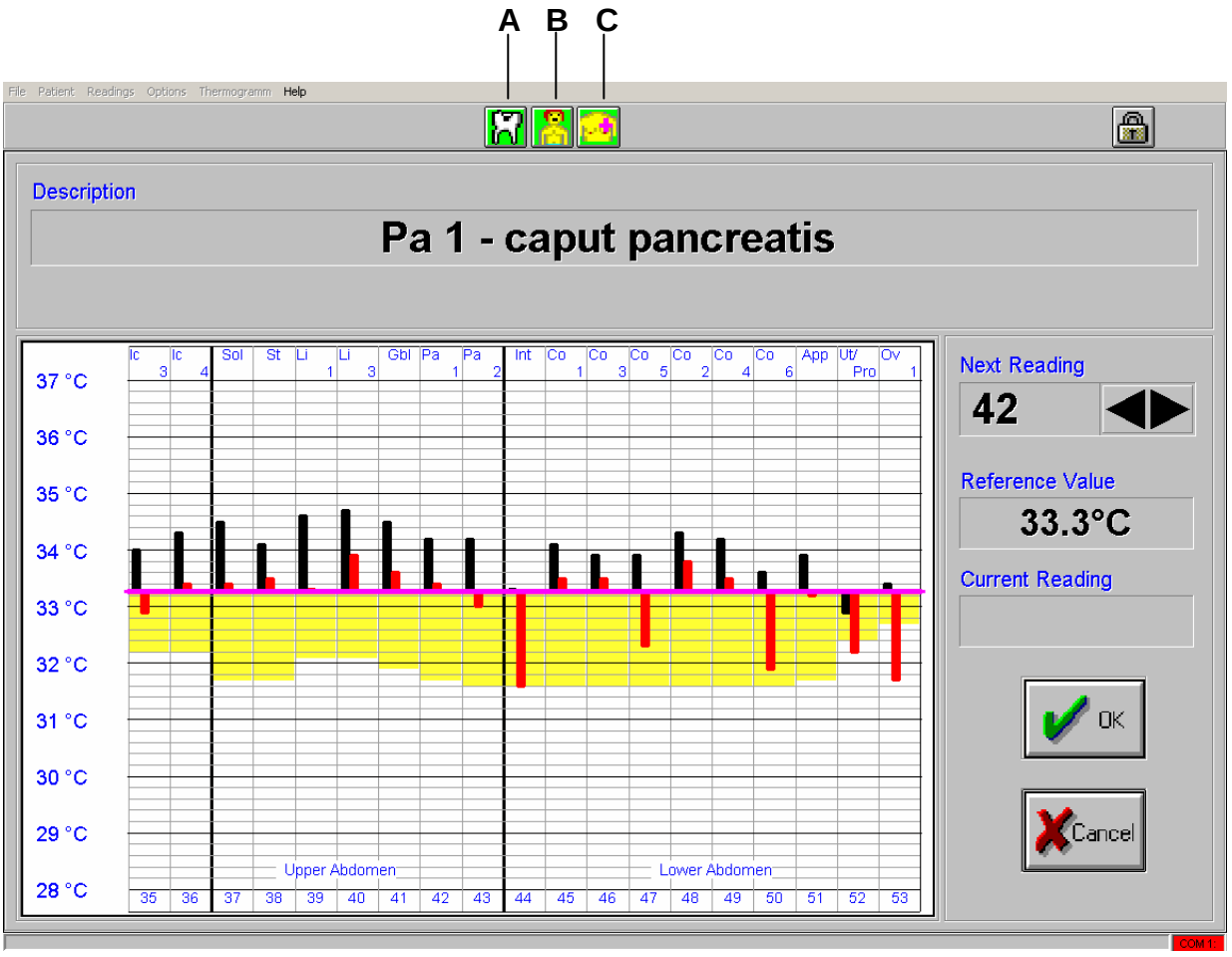
The Standard Measurement Program is divided into three areas:

- The dental thermogram (A)
- The body thermogram (B)
- The mamma thermogram (C)

Following the standardized prerequisites, you can measure the patient up to four times during one examination.

Black	-	1st Measurement / Basic Measurement
Red	-	2nd Measurement after 10 minutes cooling down
Green	-	3rd Measurement after therapeutic intervention
Blue	-	4th Measurement after second therapeutic intervention

The program will guide you through the measurement process to guarantee you are following the correct order.



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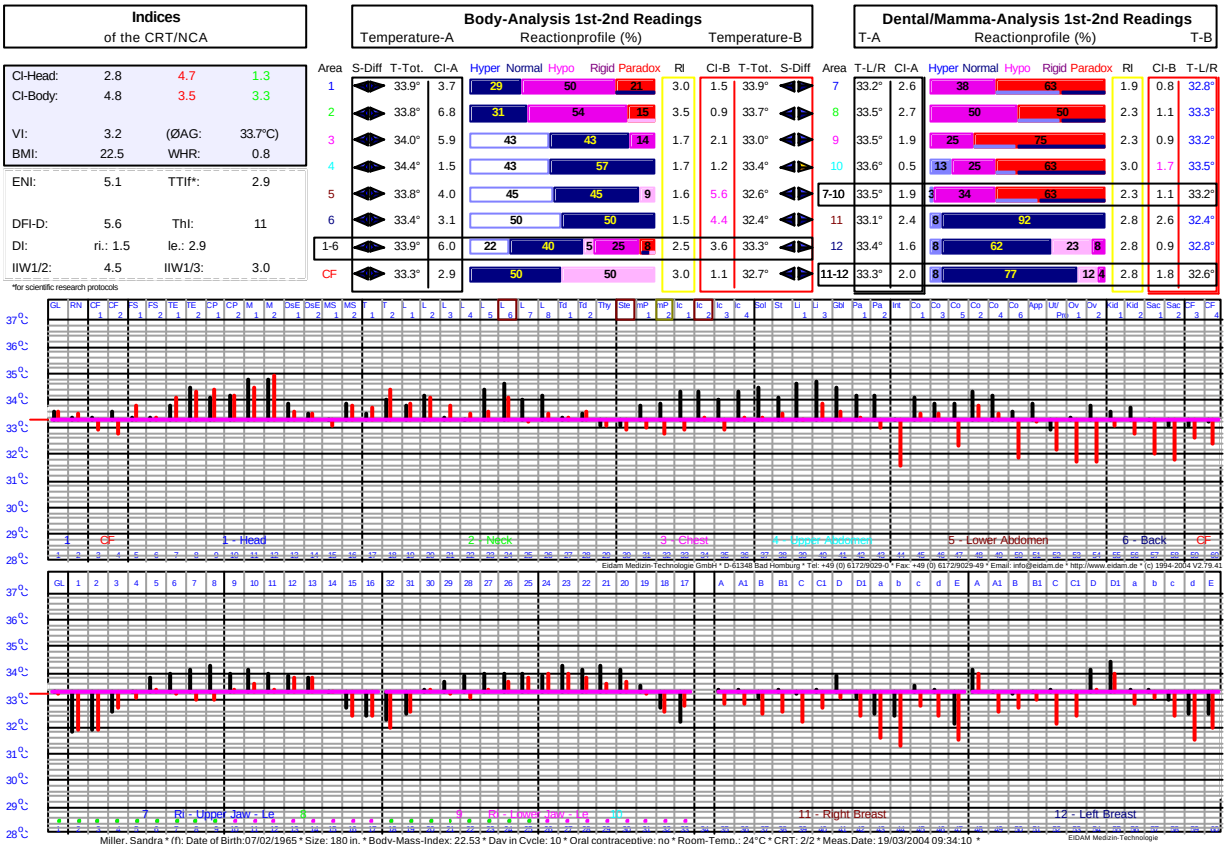
Computer Regulations Thermography

NCA

Numeric Computerized Analysis

The NCA was developed to facilitate the analysis process. The computerized indices and numerical values enable you to identify some of the following information: The origin of the diagnosed diseases, side irregularities, the overall body temperature etc. Its visual structure is designed to reduce the time spent on the analysis making it easier to read. Differences that are not easily recognized with the naked eye in the block graphic are more clearly shown in the NCA. Optic signals, like question marks or exclamation marks, indicate areas that show eye-catching numerical values.

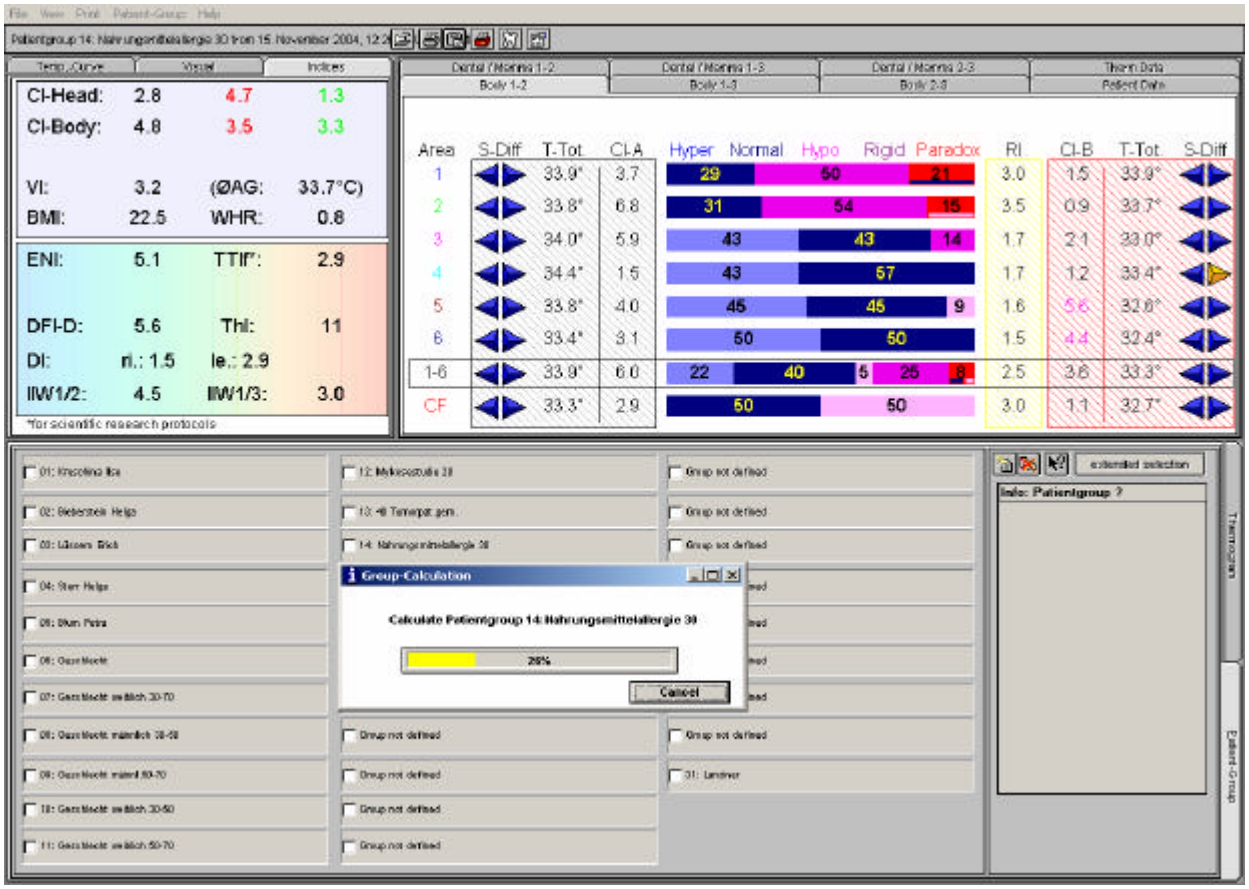


NCA

Numeric Computerized Analysis

Example - The Group Statistic

The new software gives you the possibility to design group statistics, which can either be used for scientific research or to identify the reaction of a specific group of patients - selected according to age, sex or indication - to a defined therapeutic intervention. For example, the group statistic option can be used to analyse the relationship between a defined group of patients and a specific hormone therapy.



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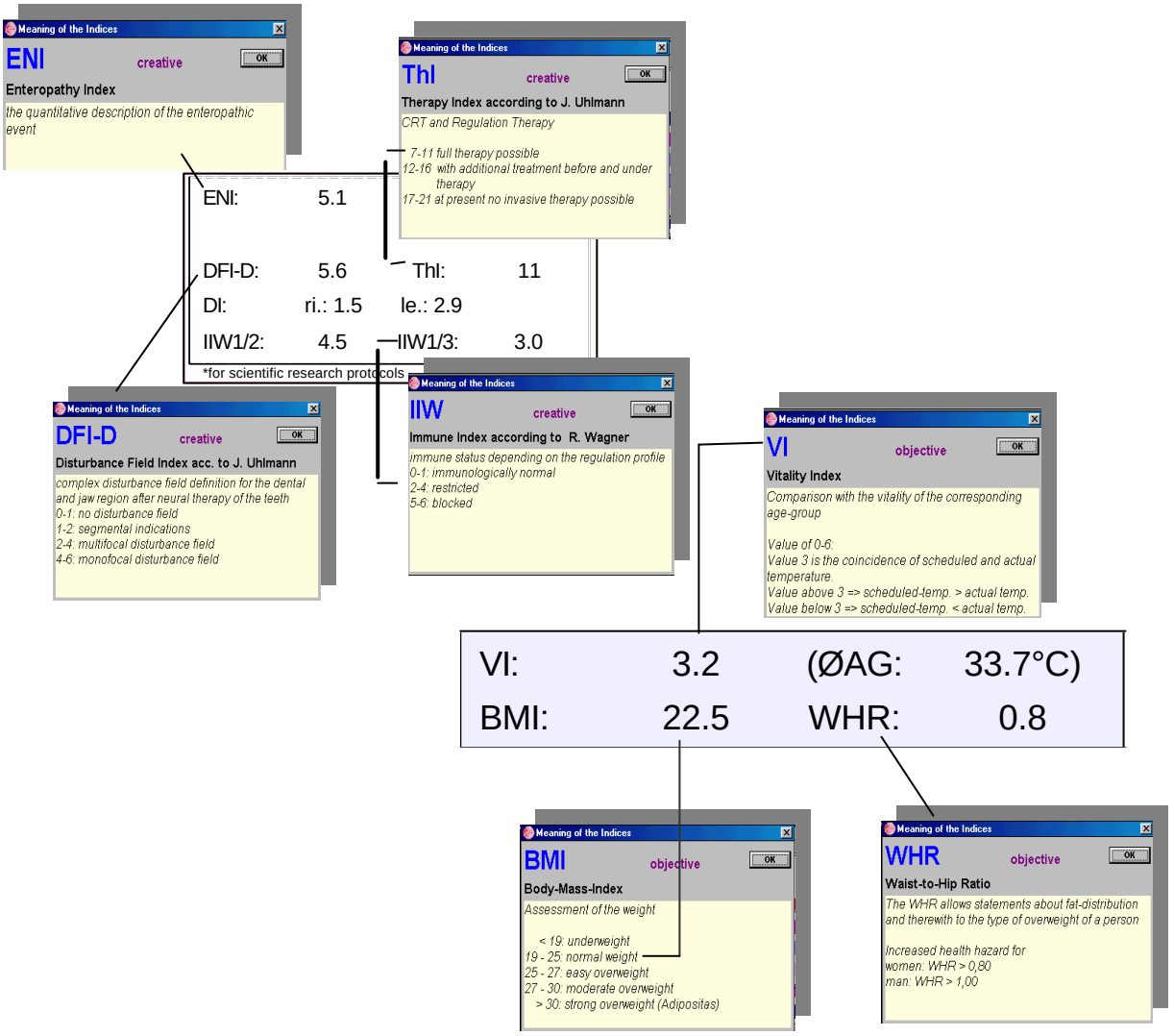
Computer Regulations Thermography

The Indices of the International Medical Academy for Thermography e.V. (IMAT)

These indices comprise the experience of doctors and the results of medical science research. Eidam Medizin-Technologie transfers this data into IMAT's software



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Thermography: Basic Principles, Sources of Error, Points of Emphasis and Limitations to the Method

What is thermography? What "*methods*" are available? Where are the "*priorities*" and its "*limitations*"? What possible "*sources of error*" do we have to look out for?

Humans are homoiothermic beings (warm-blooded animals). Homoeothermic state is dependent on metabolism. However, all metabolic events generate heat. In order to keep temperature Constant it is essential that the heat produced inside the body is transferred into the surrounding environment by radiation as soon as the temperature in the core of the body exceeds a certain degree (H. HENSEL).

Thermography is based on the physiology of heat in humans. Generation and dissipation of heat are governed by cybernetic rules. In addition to knowledge of heat physiology knowledge of the control sequences of the organism is a requirement for understanding of thermography.

Heat being predominantly generated in the core of the body is first of all lead to the skin by means of convection through the blood vessels. It is then transferred in the avascular uppermost skin layers to the surface of the skin by conduction and from there radiated off into the environment. The result is two different ways to quantifying heat:

1. Measuring of surface temperature by skin contact
   a. with quick acting electronic thermometers (*contact thermography*)
   b. with micro-encapsulated liquid crystals (cholesterol crystals) which change color according to skin temperature (*liquid crystal thermography*)
2. Measuring of radiated heat, infrared radiation, with out skin contact
   a. with a thermovision camera (infrared thermography)
   b. with non-contact thermometers (bolometers, pyrometers, etc.) (*non contact thermography*)

Liquid crystals and infrared thermography provide a colored picture of heat distribution. The different colors must then be converted info centigrade. A documentation is done with a polaroid type instant picture camera.

Contact thermometers measure skin temperature in centigrade. A computer is used for documentation and analysis of the measurement.

A non-contact thermometer records the infrared radiation originating from the skin. With reference to the spectrum of radiation if looks as if human skin acts like a black source of radiation.

The two different approaches therefore incorporate two different parameters - measuring of temperature and measuring of heat radiation -. Therefore the resulting thermograms have to be interpreted differently. This has not been and is not done frequently. Therefore results are often unsatisfactory and misunderstanding leading to confusion which acts as a disservice to

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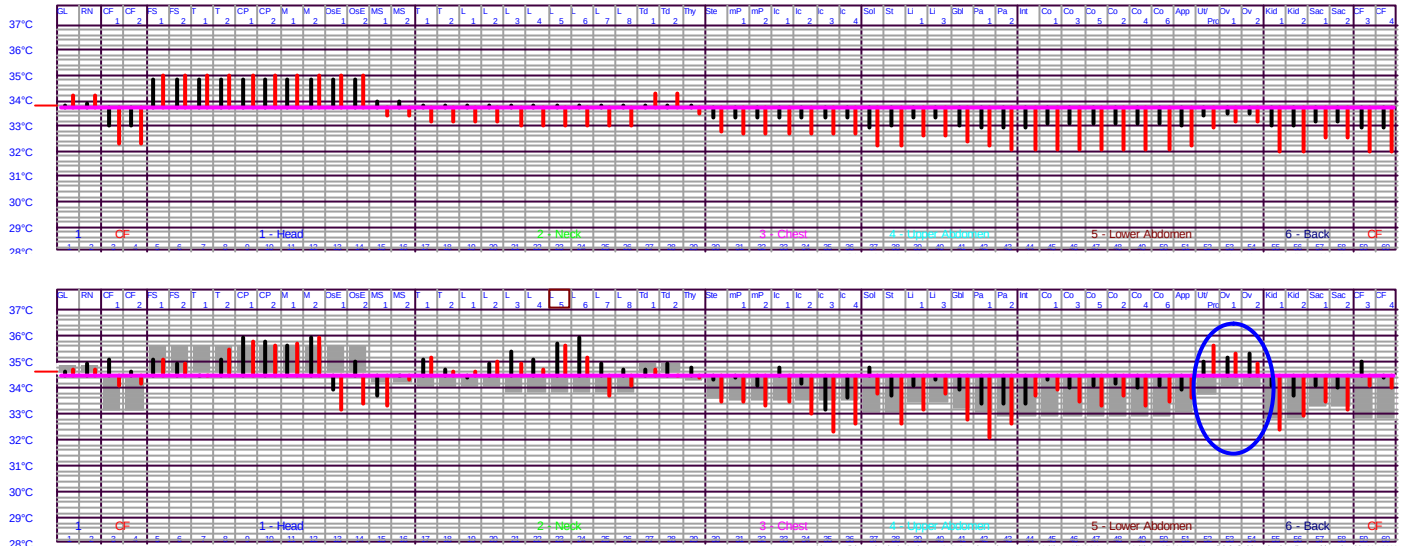
thermography. Each of the different approaches can be justified and there are specific indications for each one. Infrared thermography is preferred in rheumatology (J. M. ENGEL).The colored picture on the screen reproduces the affected area of the joint. Examiners looking for a focal area affecting the joint prefer the contact thermography.

Fig. 1: Physiological ideal thermogram
Fig. 2: Organ disease with throughout satisfactory regulation for the rest



Liquid crystal thermography is reserved for local areas (diagnosis of breast lesions, certain neurological problems).

The practitioner who wants to get an overall impression of his patient and who is looking for the cause of chronic disorders amongst other things, uses the contact thermography – my publication of results are only valid for this approach.

The general conditions for thermal measuring and for observance of possibledistorting factors as to the

patient as well as to the measuring ifself have already been published in several papers (J. M. ENGEL, H. P. KÜMMERLE, A. ROST, E. SCHWAMM, G. STÜTTGEN).

Further error and misunderstanding are due to the different approaches of different groups in research. These differences must and should lead to different results. Without taking this into consideration there is no comparison or exchange which could be dangerous.

Temperatures at the surface of the skin are not only subject to vascular influences but are also influenced by viscero-cutaneous reflexes. In this way a specific temperature pattern which is characteristic to the individual can be reproduced like a signature.

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Computer Regulations Thermography

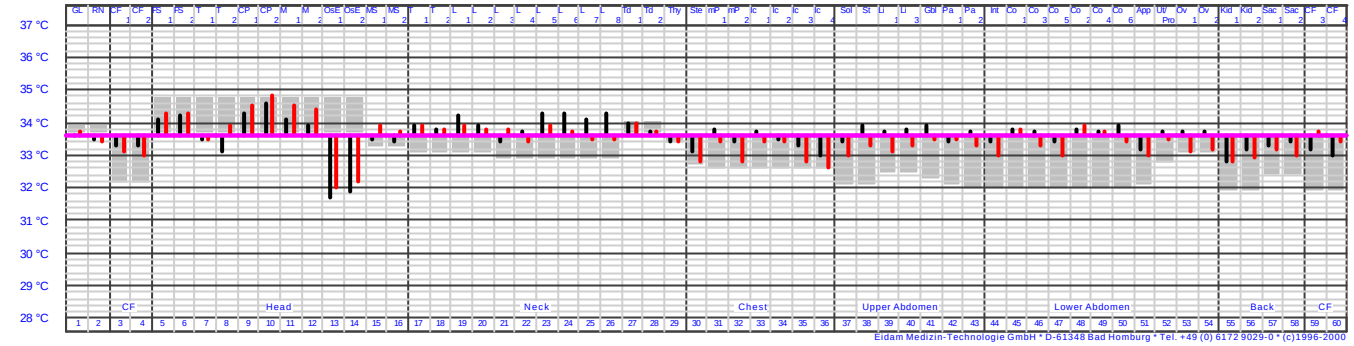

Fig. 3: Hyporegulating thermogram

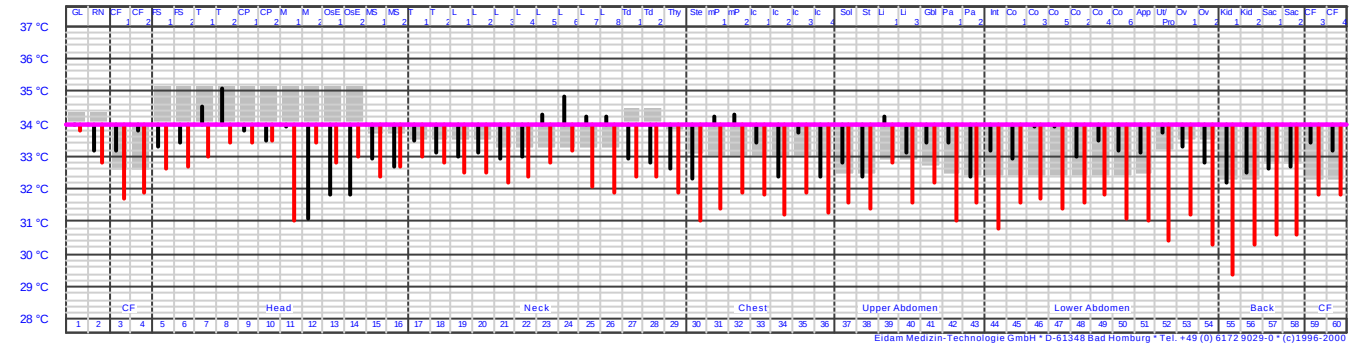

Fig. 4: Hyperregulating thermogram

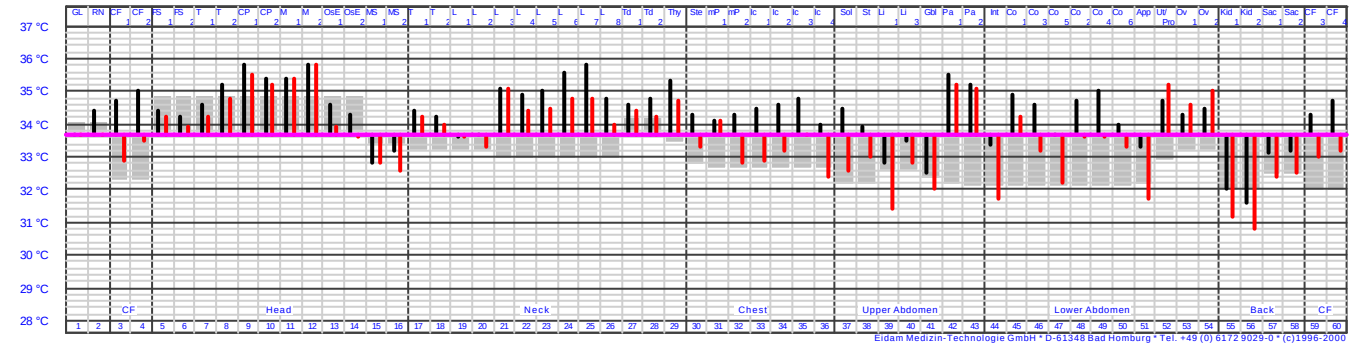

Fig. 5: Chaotic thermogram

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The approach of the clinicians therefore is identical with our second measurement. In contrast we do not add another one but we simply put one in front. This very first one has to be obtained from an unstressed system, i.e. from the not yet cooled system. Our organism is only able to react once to a physiological stimulus and our thermal stimulus is a physiological one and it makes use of the full range of its regulatory capability, the regulatory range. A further stimulus in the physiological range provokes no more, no further reaction. That means: After a cooling stress such as the temperature of the room there will be no more, no further reaction to an additional stimulation such as wetting the hands with cold water.
Thermal regulation testing using several measuring points of the body is only possible because the cooling stimulus by the considerably lower room temperatures does not immediately lead to a drop of skin temperature. It works in our favor that any regulator also in biological systems has a so called "*dead period*" In technology this is the period of latency between stimulation and triggered effect. This "*dead period*" during which skin temperature is kept up at its original value lasts for about one minute and a half as we found out in our own studies. During this one and a half minute all anticipated measuring has to be completed.

To a cooling stimulus there are the following forms of regulatory response:

1. Normal regulation. On thorax and abdomen we record a lower temperature by 0.5-1.0 centigrade.
2. The regulatory range is reduced (0.3 - 0.4 centigrade).
3. There is no regulation in the corresponding reflex zone, i.e. first and second reading are equal.
4. After cooling stimulus we find increased temperature, a paradoxical reaction.
5. Temperature drops excessively in several areas (beyond 1.0 centigrade).
6. The temperature image is generally chaotic: zero and excessive reactions simultaneously and in dose succession.

It is of special importance that disturbances of heat management -applying to disturbances of heat patern as well as temperature regulation - precede organ damage by years. Preceding even functional disorders. On the one hand there is the disadvantage that we occasionally cannot (yet) verify our pathological finding clinically. On the other hand by regulation thermography we own a method representing true preventive medicine. Considering this being a completely harmless, non-invasive method, in no way bothering the patient, working with a physiological stimulus - something man is always exposed to -, it is incomprehensible that this approach did not get any wider acceptance in medicine. Perhaps this is due to the necessity to change our thinking to evaluate thermal findings: It is recorded not only "*what*

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has happened" but also '*what is about to happen*". It is impossible to present all the diagnostic capabilities of regulation thermography within a short paper. Only a few important features can be mentioned.

On principle regulation thermography is not and cannot be a supplementary method supporting other diagnostic procedures. It is rather a preexamination, as a basic one, supporting further clinical diagnosis.

Being such as basic investigation it may:

- Spare the patient unnecessary and unpleasant invasive diagnostic methods,
- save the physician a lot of time and
- help lowering costs of the health insurance resp. of the patient itself for diagnosis considerably

The patient's temperature pattern provides us with reliable information's as to function triggered by the autonomous nervous system of individual organs and of the whole organism. Assessment of the regulatory capability informs us how far the system is under stress, how much more stress it can take, how much can be compensated. It shows us if we deal with purely functional disorder, with organ disease, with a chronic disorder, or on top of it with malignant tendencies. We get informed about the selection of therapy, can control our therapy and are able to document our therapeutic success. We can find out if disease is caused by a field of disturbance, are able to verity it and can check the success of focal therapy. Impending coronary infarct or stroke (CVA) can be read from documented values. In case of psychic disorders we can distinguish psychosomatic from somatopsychic ones. This limited information should suffice.

Every method has its limitations. This is also true with thermography. Knowing and observing its limitations protects us from committing diagnostic errors and protects the method from coming into disrepute or being rejected. As with every newly developed method of the last decades there has been a temptation as to thermography being able to "*prove cancer*" Very soon thermography has been found not being more efficient than other methods. Its sole advantage is being absolutely harmless. Because it has not been living up to these expectations it has been put aside again. Even recent attempts to develop a computerized version into a "*cancer-diagnosing tool*" did not satisfy. Meaning to expect too much of it. You cannot simply decide with regulation thermography if there is badly damaged tissue or already existing tumor. It is however more important to say that regulation thermography represents a tool for "*tip-off-diagnosis*" We must make use of this opportunity since thermal changes are the first signs of beginning processes and since no other method recognizes them at such an early stage.

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Whoever understands and uses regulation thermography in the aforementioned manner has a method at hand providing an early and comprehensive insight info the physical shape of his patient. He will do justice to his patient by not -as is often the case - dismissing problems being difficult to define as "psychosomatic". And he will be able to monitor his therapy.

Summary

Thermography in conjunction with thermoregulation testing offers an abundance of diagnostic conclusions. The reliability of this method is due to its physiological basis: Generation and irradiation of heat in humans. There are two different approaches: Measuring of skin temperature on one hand and registration of irradiation of heat on the other. Results of both procedures are not equivalent. They have to be interpreted in different ways.

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Authors

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Body-Analysis 1st-2nd Readings

Temperature-A | Reactionprofile (%) | Temperature-B

Dental/Mamma-Analysis 1st-2nd Readings

T-A | Reactionprofile (%) | T-B

	Diff	T-Tot.	CI-A	Hyper	Normal	Hypo	Rigid	Paradox	RI	CI-B	T-Tot.	S-Diff	Area	T-L/R	CI-A	Hyper	Normal	Hypo	Rigid	Paradox	RI	CI-B	T-L/R
		33.7°	6.6	7	50	7	36		3.2	6.1	33.9°		Upper Jaw Ri	32.3°	1.4		63		25	13	3.0	0.5	32.5°
		33.4°	6.3		31	8	46	15	2.5	0.6	32.8°		Upper Jaw Le	32.2°	1.2	25	13		63		3.0	0.0	32.1°
		33.9°	3.8		71		14	14	0.9	3.8	32.2°		Lower Jaw Ri	32.8°	0.7	25			75		2.3	0.1	32.4°
		33.4°	2.7		57	14	14	14	1.3	4.6	32.4°		Lower Jaw Le	32.6°	1.8	25	13		63		1.9	0.5	32.3°
Lower Abdomen		34.6°	2.2		64	18	9	9	1.1	3.2	33.3°		Gesamt	32.5°	1.3	34	13		53		2.5	0.3	32.3°
Back		33.3°	3.0		100				0.0	1.9	31.7°		re. Mamma	33.1°	0.0		89			11	0.3	0.1	31.1°
Gesamt		33.8°	5.3		43	20	12	22	3	1.9	4.7	32.9°	li. Mamma	33.1°	0.2		78			22	0.7	0.6	31.5°
Cubital fossa		33.3°	0.3		25	25		50		2.3	1.9	32.5°	Gesamt	33.1°	0.1		83			17	0.5	0.4	31.3°

CI-Head:	1.2		
CI-Body:	8.7		
VI:	3.3		
BMI:	36.7		
ENI:	5.3	TTIf*:	2.6
		TIhl:	12
DI:	ri.: 1.7	le.: 2.3	
IIW1/2:	6.0	IIW1/3:	6.0

*for scientific research protocols

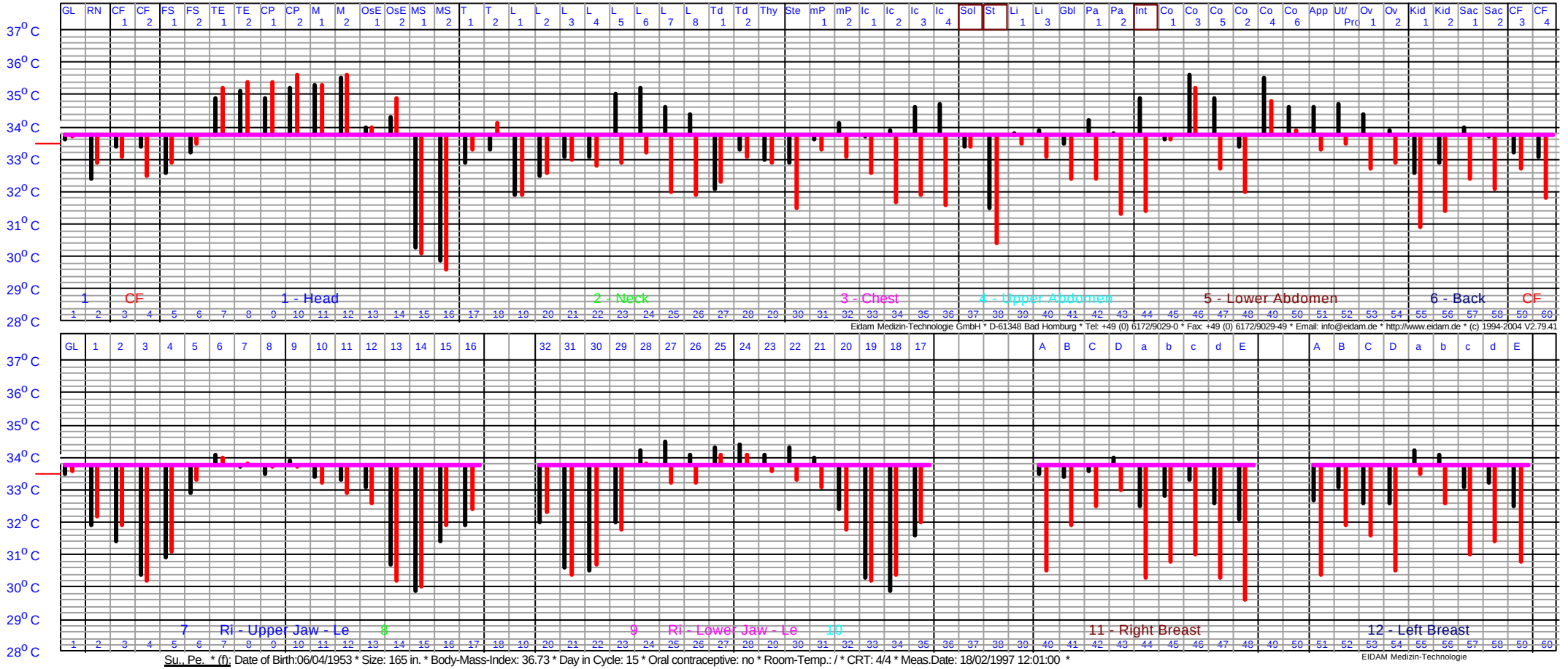
Meaning of the Indices

ENI — creative — OK

Enteropathy Index

the quantitative description of the enteropathic event

Range from 0-6
0:ideal
6:strong pathological



Su., Pe. * (f): Date of Birth:06/04/1953 * Size: 165 in. * Body-Mass-Index: 36.73 * Day in Cycle: 15 * Oral contraceptive: no * Room-Temp.: / * CRT: 4/4 * Meas.Date: 18/02/1997 12:01:00 *

Comments:

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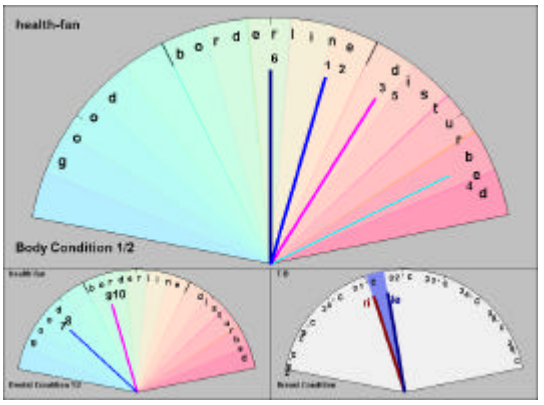
Explanation of the indices and Thermal Indications

Name of Patient: Su., Pe.
Reading: 18/02/1997 12:01:00



Explanation of the indices:

VI: The VI, with a value of 3.3 in comparison to the particular age group (Ø33.5°C), is normal.

BMI: The BMI shows severe overweight (Obesity).

ENI: The Entheropathy-Index indicates a poor thermal resilience of the intestine.

ThI: The Therapy-Index, with a value of 12, indicates that the patient can tolerate an invasive therapy with additional treatment before and under therapy.

IIW1/2: The Immune-Index indicates that the immune system is blocked.

IIW1/3: The Immune-Index for the 3rd measurement indicates that the immune system is blocked.

The following thermal indications can be recognized from the thermogram:

1. The nasal root indicates a poor circulatory system.

2. The elbow crease indicates stress by a focal point caused by a temperature side difference. The regulation values of the elbow crease are getting improved during 3rd reading on (CF3/4)! The elbow crease shows a thermal side difference in the 3rd reading on CF1/2!

3. Thermal Indications for the axial skeleton.
   associated with the thoracic vertebrae (temperature side difference between the mP (musculus pectoralis) points)!
   associated with the musculus temporalis (temperature side difference in the CP (commissura palpabrum), FS (Frontal Sinus) or T (Temple) areas)!
   associated with the jawbone (temperature side difference in the first measurement for the MS (maxillary air sinus) and T (tonsil) points, or the L1 and L2 (submandibular lymph ducts) points)!
   Examples of Therapy: Physical therapy, chiropractic or osteopathy, consider: dental appliance

4. Indications for poor circulation in the head region. Examples of Therapy: Exercises in fresh air; Cognitive mental therapies, Ginkgo, Improvement in Oxygen Intake and metabolism

5. Chronical Nasal Sinus System! Examples of Therapy: Phytotherapy, Homeopathy, Oxygen inhalation.

6. Indications for lymph drainage disturbances. Often seen as tonsil hypertrophy, sinusitis or dental problems, acne.Examples of Therapy: Treat the cause and give supportive therapies such as face and throat lymph drainage. Complex homeopathic remedies

Name of Patient: Su., Pe.
Reading: 18/02/1997 12:01:00

7. The pathological regulatory disorder is to be sought in the abdominal area

8. Thermal Indications for the Intestines (Diverticulosis)! When symptoms are present consider referring to colonoscopy.

9. Thermal Indication for Food Intolerance.
   Further diagnostic requirements, such as an IgG-Test, will help show which foods are responsible for the intestinal immunological stress.

10. Thermal Indication for Intestinal Mycosis!

11. Temperature difference in at least one quadrant of the breast in the 2nd reading!
    Temperature difference in quadrant A greater than 0.7°C, left side warmer.
    Temperature difference in quadrant B greater than 0.7°C, left side warmer.

12. Temperature difference in at least one quadrant of the breast in the 3rd reading!
    Temperature difference in quadrant A greater than 0.7°C, left side warmer.
    Temperature difference in quadrant B greater than 0.7°C, left side warmer.

The following laboratory parameters are to be determined:

Remarkable values in the area 2: A lymphogenic virus panel for EBV, CMV or toxoplasmosis is recommended.