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Interview with Dr. Rau
by Richard Leviton (April 1996)

Paracelsus Clinic fax/phone
tel: 011 41 71 335 7171
fax: 011 41 71 335 7100

<http://www.paracelsus.ch>; info@paracelsus.ch

The Paracelsus Clinic in Lustmühle, Switzerland was founded in 1958 as a center for health and well-being based on the principles of natural healing. Since then it has continually integrated and adapted to the evolving and developing models of biological and holistic medicine and dentistry.

A team of more than 60 motivated nurses and health practitioners work closely with: 6 doctors, 5 dentists, therapists, a pharmacist, consultants of different scientific specializations, medical assistants, dental technicians and administrative assistants. Thus a combination of treatments can be offered to the differing needs of patients.

The Paracelsus Klinik is the only outpatient clinic in Switzerland in which the full range of biological medicine is combined with conventional as well as state of the art therapies designed to help balance and restore the overall regulation of the body's systems. This unique model also includes the integration of holistic dentistry.

In nearly all cases of acute and chronic disease the patient can be either treated or advised on an outpatient or inpatient basis.

As it has been found through extensive study that the teeth as well as the jaw are frequently the cause for disease located elsewhere in the body, dental treatment is a key factor in this biological medicine system.

The on-site pharmacy at Paracelsus carries a complete range of biological supplements and medicines. The clinic also serves as an educational resource foundation for holistic medicine, offering further education to doctors, dentists, non-medical practitioners, pharmacists and other therapists.



"I treat human beings, not diseases. And this fills me with spirituality and joy."

L—You said that you wanted to focus on holistic dentistry in this.

R—You know the special thing that we do in Switzerland in our clinic which is the only clinic doing anything like this is the strict combination between holistic dentistry and biological medicine. We have all the possibilities of biological medicine since '58 we are developing this. The clinic exists since--

L—Why don't you tell me what biological medicine means in Europe because we don't quite have that term in the U.S. and the German-speaking countries, frankly, are quite a bit ahead of us in terms of what the government allows them to do. So what does that mean, what does it encompass?

R—Biological medicine understands much more than you understand here in the States. It's not only nutrition, biologic nutrition and organic things, but also all the methods combining with it—acupuncture, homeopathy, isopathic therapy, and Enderline things.

L—Underlying? Or Enderline

R—Enderline.

L—As in pleomorphic?

R—Yes, the pleomorphic things are much loved, wider spread in Germany and Switzerland.

L—Nobody has even heard of it in the U.S.

R—Yes, they are very new here, they are just registered now, but in Switzerland they have a tradition and are very effective. So these are all the things. And we integrate all the fine energetic therapies.

L—Can I ask another very broad question? I know who Paracelsus is, our readers wouldn't. We will explain it to them, but is there any philosophical kinship that your clinic has in terms of its approach to medicine with the old boy in the 17th century? Paracelsus as the alchemist, herbalist.

R—No. You know in the German-speaking part of the world Paracelsus is something like a symbol for biological things, for entire medicine, for entire thinking of regulation in the human being. It is not a philosophy behind like Kurelich (sp), or a group.

L—I didn't mean it that way, but Paracelsus had very definite views on medicine in his day.

R—In his day, but the day has changed and now we know much, much more. We integrate this thinking that the human being has to heal itself by changing the terrain, the internal milieu, the internal environment.

L—That and pleomorphism are ideas very poorly understood in the U.S. As you know, in the U.S. there is a war on between one practice of medicine and another, conventional allopathic and empiric, holistic, or biological medicine. And one side has tons of money and the government behind them and all the drug companies and the other side has all the therapeutic success behind it. So pleomorphism and the idea of the terrain are not well understood, even by a lot of people on the empiric side of things. Maybe, again, if you could amplify two things. You mentioned energetic medicines and the terrain. If you could briefly explain what you mean by both of those.

R—This is very difficult to explain because the internal milieu is what allows acting, the metabolism which allows acting -- the internal organs to react. If you change what we call the milieu, the acid-base balance of the cell and of the plasma, or if you change the reduction oxidation potential — it is very, very important, a big part of the internal milieu — or if you change the protein content. I think here in the States you see it somehow more narrowly. You see, for example, the trace elements. There are nutritionists who make orthomolecular medicine. They add trace elements, vitamin supplements, to the food and they think they act as this. But this is

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior one part of the internal milieu. The redox potential and the acid-base balance is other quite wide spheres.

L—How about pleomorphism in this respect? That is sort of the response of the internal milieu to influences.

R—Pleomorphism is not new, but it is strange for our mechanistic thinking that, for example, bacteria come from inside the organism, they develop in your organism, they change their activity, they change pathogenically. This means pleomorphism. Sickness is not caused by a bacterium, but the bacterium comes with the sickness. It is a different thinking and bacterias can only develop, or viruses or fungus can only develop if they have their proper internal milieu. By changing this milieu, this environment, internally, then the bacterium can no more or change back to what is the organic structure.

L—And then you mentioned energetic medicine. What would come under this category?

R—For example, acupuncture, homeopathy, reflexology massage (we call it foot reflex massage). This is only one example of all the bioresonance therapies. For example, Moira therapy. Bioelectronic therapies.

L—You mean electrodermal screening?

R—No, this is—yes, for example, but this is a diagnostic method—electrodermal screening. And you can also make therapies with waves.

L—See, most of this stuff is illegal in the U.S., so we do not know as much about it as you guys because you have a more liberated or more liberal government. So you have to explain a lot of this stuff. I have sort of heard of it, but not as well as you might think. So bioresonance, let's talk about what is involved with this.

R—To explain this, I have to speak about homeopathy. If you give a homeopathic remedy, you do not give material, you only give information, and this information changes the kind of activity in your cells because everything is led by information, in the organism. By homeopathic medicaments you can change it, this information. You can also give information in a technical way. You can give waves, as we call it, in waves, as homeopathic information, from an electronic way, and this is bioresonance. But all these things only can react if your cells are reactable. If they don't have, for example, the trace elements of acid-base balance which enables them to react, they can't react to homeopathic drugs. And there we are on the problem that we see very often today, that we have chosen the right homeopathic remedy and it does not react because the reactivity of the organism sometimes is blocked by lack of trace elements, by electronic influences, by the geopathic influences.

L—So what you are saying is a physical or gross imbalance or insufficiency can block the receptivity of an energy or information medicine?

R—Yes, this is really so. We can even test if a patient is reactable on informational medicine.

L—You mentioned geopathic stress. Again, very few doctors know about that in the U.S. I know in the German-speaking countries, it is much well known. I have read some of the stuff in translation. Is this an important part of your clinical use?

R—Yes. Especially in the States, they should know about it because here--

L—There is a war on here. The government does not want people to know most of this stuff because there is so much money tied up in the pharmaceutical drugs, billions and billions of dollars. Those guys do not want anyone to know about all the stuff you guys take for granted because they won't make any money off it and people will get better. Anyway that is the context. It is basically like eastern Europe before the wall came down. What they could not talk about politically, Americans cannot practice medicines. To

me, it is almost the same kind of suppression. Geopathic stress, what does it mean to you, how does it come into your practice as a diagnostic or etiological factor?

R—We are very much specialized for patients who have been everywhere before. Diseases that they think cannot be treated. For example, chronic fatigue syndrome or polyarthritis—rheumatoid arthritis—or colitis. And all these things which are very chronic. When we diagnose these patients, when we go really deep and diagnose, then we see very often that they are blocked by electromagnetic influences or geopathic stress of another kind, especially if they live in a region where there are bad influences.

L—Tell me how you would define geopathic stress.

R—Geopathic stress is the entire load which comes from your environment.

L—Including the house?

R—Including the house, electricity, electromagnetic things, from the earth itself, and also from radio stations and all this.

L—How do you assess this? How can you test someone to see what level of geopathic stress they are carrying?

R—We can test them with different methods. We can test them with fine energetic testing, for example, electroacupuncture, Voll, or we can test them, on the reactivity of this organism on temperature change. We make the thermal regulation diagnostic. And we like to make two very different kinds of diagnostics. It is no use to make two fine energetic testings, for example, kinesiology and electroacupuncture, because it is more or less the same. So we take another diagnostic to it.

L—The heat. Is that the same as thermography?

R—Yes, thermography.

L—I wonder if you know this guy. We got a letter from somebody, I believe in Germany, Dr. Weimar . I assume it is Germany, rather than Switzerland. He is talking about thermography. Have you heard of him?

R—No, but yes, this is Germany. Yes, computerized regulation, what he calls from another way, we call it thermal regulation diagnostic. This is the same thing, but he takes the computerized version. This is the new version that we have in our clinic too, but it is an uncommon abbreviation, CRT. But it is regulation thermography, according to Professor Rolst (?), but he is not the leader in this field. But if you are interested, I can give you addresses and names who really are on the field. We do this diagnosis in our clinic too. It is very effective.

L—The idea is that changes in body temperature are a way of measuring if you are reacting to an external source.

R—Yes, it is very interesting. If you would like me to explain shortly, this thermal regulation. Each inner organ has its zone on the skin. For example, if you have a heart infarction, if pain's here.

L—Is that different from the meridians?

R—Yes. It is the so-called Head skin zones. Dr. Head once described it in the middle of the century. Each organ has its zones on the skin. For example, if heart infarction, it pains here, why does not pain here? Because this is the skin zone of the heart. Gallbladder stone, cramps, it hurts also under the scapula because here is the skin zone of this.

L—Is this also different than nerve distribution?

R—Yes. So it is not to do with meridians or nerves?

R—No, nothing. A third system. It also works on the other side. If you put a cold on this part of the skin, then the inner organ reacts. It goes both ways. So now, on 68 points, we measure. The patient comes, takes off his clothes, and we measure all these points and according to inner organs, each point, temperature measuring, and according to each inner organ, we have skin points.

L—Oh, a different temperature at each point. Not the body

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R—No, it is a very fast-acting thermometer. And then we test on different organs, it reacts suddenly and we see which inner organ makes high temperature on the skin or lower temperature and then we put the patient in a room which is a little bit cooler and the skin should react by reducing the temperature for sparing bones.

L—How much of a temperature change do you notice when you have evidence of geopathic stress?

R—We see that the temperature changes less than it should, because by geopathic stress, you are blocked in your reactions. For example, a cancer organ does no more react than the skin zone of this organ does no more react on temperature changing. This gives suspicion to a cancer.

L—We are talking about regulation thermography, right?

R—Yes, CRT, this is exactly the same, uses another term.

L—So we talked about bioresonance, that is sort of geopathic, fungal. I want to get the broad scope then we will zero in on the dentistry. I want to get the whole picture first. So let's talk about Enderline. Most people don't know about this. What can you tell me about that category?

R—I am sure that this is the department of biological medicine which has the most future. This is fungal and endobiotic afflictions. Because this is not very well known now and it is very, very important because all these people having candida infections, having yeast infections, fungal infections, all these infections are clearly explainable by this kind of medicine.

L—Can you explain that? We are talking about Enderline's darkfield microscopy.

R—Yes, and therapy. The pleomorphic therapy is based on this kind of diagnosis. On the thinking, as I said before, that organisms can develop in your cellular milieu if it changes. By now, there are medicine and nutrition and surrounding problems, we have very much changing of the internal milieu. That is why the fungus feed themselves very well in your organism and they can spread over. It is no use to give an anti-fungus medicament, but change the milieu. This is the terrain thinking.

L—Is this already big in Europe?

R—Yes. It is the fastest increasing part of biological medicine, by far. Here in the States it would be so important because everybody is treated with antibiotics and makes himself a bad internal milieu by all these medical stuffs.

L—It is not that alternative medicine is perfect either in the U.S. I imagine in some cases it does not address the milieu either. Do you think so? You have traveled around the U.S. a bit now.

R—Yes, I know a lot of biological doctors now, but they think much too little about the biological internal milieu.

L—They use vitamins instead of antibiotics, but they don't think about the milieu enough?

R—Yes, they do not have the functional thinking, most of the biological doctors are not thinking biological. What is regulation, what goes on in your organism? And this we have to change.

L—You are an MD, a medical doctor, how did you get to be so enlightened about this? Were you trained this way? Are you considered a maverick in Europe, a renegade, or is everyone like this? 95% of MDs in American are all conventional, 5% are beginning to think along the lines you are talking about, but you are way ahead of them. So as far as Switzerland goes, are you an exception?

R—I was a rheumatologist. I led an orthodox clinic for rehabilitation in Switzerland, quite a large clinic where we did rehabilitation after operations of rheumatological patients. So I saw hundreds of rheumatoid arthritis and I saw them over years, again and again. And I made my medicine and they did not get better, even worse over the years because it is a chronic disease. I thought to

myself that it cannot be the real medicine if it does not create anything. So to heal these chronic patients, I have to change my thinking, other ways. So I began to integrate diet, therapy schedules, then orthomolecular medicine, then homeopathy. I learned it step by step over years.

L—It is quite a long list. You are a pretty young guy.

R—46.

L—In the last 10 years, did you make this change?

R—Yes. I have treated biologically for 10 years. But it was a slow, learning and changing, until 4 years ago when I took over this Paracelsus Clinic. This is not the clinic I met. I took over another clinic and I made a cut and only treat now in this way.

To explain why it cannot act with orthodox medicine, I can give the example of rheumatoid arthritis or arthritis anyhow. Arthritis is a disease which reacts very badly to conventional medicine, as everybody knows. Why does it act so badly? Because it is a reaction disease. Your organism tries to put something out of itself, to excrete something, as you can excrete through skin, through stools, through urine, but it can also excrete in the joints. This is a synovial membrane, also mucus membrane, and it can try to excrete something. If you just say, stop excretion, we give antihistamic medicine or cortisone, we make it worse because there is no place to excrete it too, so it gives an intoxication toward inside. As soon as we stop, by prostaglandins, then it comes out again, and so that explains that you have to make the antitherapy far and far (?). If you lead the body to excrete over another way, for example, over stools or over liver detoxification or over skin, then it does no more need its synovial excretions. That is the way of thinking in biological medicine. You always have to find the cause why does the body react like this?

L—In Switzerland, do you have many colleagues who think this way? Are you alone? Does everyone practice this way? I need a sense of context. In other words, if there were 100 MDs in Switzerland, how many practice the way you are talking?

R—In Switzerland, we have about 6000 practitioners—it is not so much—about 400 of them act biologically. But really consequently, only biological medicine as I do it, there are very few. 20 or so.

L—But you also said it has a great future. Is it growing noticeably?

R—Yes, it is very fast growing. We do seminars. In the last 5 years, we have been doing seminars for our thinking and this Enderline medicaments and homeopathic medicaments. 5 years ago we did not have a lot of participants, now all the courses are booked for years.

L—You mentioned here under homeopathic therapies, isopathic. Again, there is very little of that in the U.S.

R—This is the Enderline thinking that everything grows inside your organism and you have to really build these high values, as he calls it, these high value organisms, this substance which also is in your organism. It is a little bit difficult and the word isopathic is not so awkward.

L—Is it the same as a nosode in homeopathy?

R—No, it is not the same because nosode is only informational.

L—What about environmental toxins such as pesticides, nuclear radiation, nasty agricultural products, fluorides, are these factors that you look at as well?

R—Yes, of course. We see that a lot of people are no more reacting correctly. For example, an arthritis patient reacts wrongly. He excretes in his articulations, instead of excreting by stools and urine. So why does his detoxification, his excretion, no more function? This can be misinformation, then it is a homeopathic ques-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior tion, or it can be an environmental problem, location of the liver, for example, by toxins, by insecticides, etc., or it can be a lack of trace elements because the food is cultivated much too fast and plants don't have time to take in enough trace elements.

L—This list of Dr. Victor von, is he your principle partner? How many people are in your clinic? How many doctors and how many staff people? Big place, little place?

R—We have an outpatient department and an inpatient department. The outpatient department, there we do all our therapies. This is that, all of what is described here is outpatient. I have another brochure for the inpatient. And we have 5 dentists and 4 doctors. And we have therapists—1 chiropractor. All in all, it is 36 people. It is privately owned, not a government clinic. We are all the shareholders, the most active in the clinic.

This is at St. Colum, one hour east of Zurich, at Lake Constance. Between Lake Constance and the mountains, it is very nicely situated.

L—Now let's talk about dentistry. We have 2 categories here, holistic dentistry and amalgam diversions and interference and focus elimination neural therapy. What does the latter mean?

R—If patients have blocked their regulation system, their own possibility to heal, we call this blockage. We have to ask ourselves what can cause these blockages? It can be caused by foci, which is a subclinical infection still remaining somewhere in your organism. We saw that most of these foci, which have an interference somewhere in your organism, that most of them are in the jaw region, the jaw or tonsils.

L—Even if the tonsils have been taken out?

R—Yes. When the tonsils have been taken out, they were never taken out entirely because the scar tissue around can take over the inflammation of chronic infection, but it can no more react infectiously, so it stays there for years, for dozens of years it can stay there. Also the jaw infections caused by root canal treatments or by dental infections or jawbone infections.

L—Didn't Switzerland outlaw mercury dental amalgams?

R—Yes, it is no more used in the University.

L—How about in the general population?

R—The general population has still a high amount of mercury fillings and this is very bad.

L—In America they arrest the dentists if they tell the patients this.

R—This is absolutely crazy. What we see in our clinic, we have lots of patients who have very severe disturbances caused by mercury.

L—How do you find this information out? EAV or a different kind of testing device?

R—Again, we are quite a large clinic and people in government and everybody and the dentists, look to what we are doing, so I have to be careful, like here too, what I am doing. I can't only test this fine energetic test methods because they don't accept these results. But for me, they are important. So I have to find other methods, in addition, how to prove mercury load. Not only mercury load, but also that the patient gets sick from it.

L—So you do use some kind of electrodermal screening, plus measurements that give you a grosser analysis like the Jerome vapor analyzer or?

R—Yes, we do vapor analysis seldom because we don't need it really. It is only for show. But we do thermal regulation diagnostic, which is a very different diagnostic method and we do DMPS testing.

L—I know what DMPS is, how do you use it for testing?

R—DMPS is a chelation medicament. When you inject DMPS, then by running through the body, it takes mercury and absorbs

mercury. The substance, DMPS, is not absorbed in your organism, it goes through, comes out in urine within one hour.

L—So if mercury shows up in your urine after giving DMPS, you conclude that there is mercury toxicity in the body.

R—We make a mercury test before the DMPS injection and 1 hour after the injection, and by the jump of concentration we can see if there is a mercury toxicity.

L—Do you consider an approach like that more accurate than electrodermal screening or as accurate, do you need both, or can one tell you and you don't need the other? One is a grosser report and one is a more subtle report.

R—We always try to combine different kinds of methods to have a picture—is it toxic or not?

L—I guess what I mean is which one is foolproof, which one can you absolutely count on all the time to be accurate?

R—The DMPS test. Because the electroacupuncture testing is very difficult and it can give wrong results if other factors in your organism disturb the testing. For example, lack of trace elements, or make another reactivity or other blockades. For example, you can't test mercury as long as there are treated root canals inside or as long as there are galvanic electricity in your teeth. People have treated root canals and they have metal sticks to fix these root canals and this B metal (?) situation filling end. A metal stick below makes this galvanic electricity. And this galvanic electricity is 5000 times higher than what you measure by electroacupuncture. So it is no use to do electroacupuncture with the teeth which measures very, very little differences as long as you have a battery in your mouth.

L—So it disturbs the reading?

R—Yes, absolutely. So you cannot really measure it. I am very experienced in measuring electroacupuncture. My colleague too, Dr. von Toenges. We try to make a cross control and I tell him, just measure my patient so and so and I don't tell him what I found and quite often, we don't find the same thing although we are both quite experienced. And that shows us that this method of testing is not accurate enough.

L—Now did you have to learn about dentistry on your own? They did not teach you in medical school?

R—No, this was self-learning.

L—Again, we will get back to the dentistry, but I want to make sure that I have got all these explained. What is this one about? Biological therapy division intestinal lavage manual therapy chiro therapy.

R—Chiropractic. We call it in German manual therapy.

L—And intestinal lavage?

R—This is colonics. This is for us very important because it is the most intensive detoxification method.

L—Now, for a given patient, you would not necessarily do everything on the list, but this is your repertoire of available options for both testing and treating, right?

R—Yes. We cannot do everything in every patient. It would not be needed?

L—Now, you want to talk to us about dentistry for this article, which is fine, but why? Is this your favorite subject or is it extremely important or is it something you are researching now?

R—No, we are over the phase of researching. We have been doing this for a year. For me, it is very important to speak in the U.S. about this because this thinking is new for the U.S. That teeth can have their influences on the organism. This is very important and we see very often that people got sick by wrong dental work, by, for example, mercury or by root canal fillings, or by extracted teeth which have not been extracted correctly. It leaves root polyps inside or infection.

L—I think we call that cavitations.

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R—Yes. I have gotten a lot of American patients for our combined holistic work. They come to Switzerland from here. Mostly they have cavitation problems.

L—Let's talk about dentistry then. Do you have a case, a patient you can tell us about, and then talk about dentistry in relation to that case, or how do you want to go about it?

R—Yes, we could talk about some patients. For example, one patient, woman with rheumatoid arthritis, now 46. She had RA for 10 years. She was several times in clinics, cortisone, methotrexate, antiflorigenic medicaments and all these things. And she came yearly to my formal clinic. Starting when she was 30. She had a tooth, the lower molar, was root canal treated, which was on the meridian of the large intestine. And on the upper jaw, she also had a treated root canal tooth, on the colon meridian. This meridian goes through the knee and she had especially knee joint arthritis for years. We removed one tooth completely—pulled the dead tooth out. The bone around this tooth, also you did not see it on the X-ray, it was very smooth, was infiltrated by infection. We had to cavitate this bone and do neural therapy.

L—What does that mean?

R—Injections with biological medicine. Lidocaine or procaine or zilocaine, -- and novacaine.

L—To accomplish what? To get the bone to regrow?

R—To rebuild the—all these root canal have bacteria inside. Not only the root is infected, but also the surrounding bone. And these bacterias, you cannot remove the jawbone, but you have make a hole and there you have to inject in the jawbone our special medicaments which rebuild these chronic bacterial infections. And then no jawbone cavitation infections happens. The bone cleans out and the thing is over. And this patient had, from the day of extraction, no more knee arthritis.

L—So you took out one out of 2 root canals.

R—Yes.

L—And you completely reversed the problem.

R—Yes, because her organism was recompensated because this main focus was gone.

L—So in other words, her body could tolerate the second root canal, even though it was on the same meridian, but 2 was too much.

R—Yes, exactly. But I always told her—although you are in good shape now, know that you are still sick. You can compensate.

L—Why was she still sick?

R—Because she still had one focus in. Why didn't you take that one out?

R—Because she didn't allow us. Until she got another disease which is correlated to the--

L—So she got sick again?

R—Yes, as I told her since the beginning. She got another disease, dermatitis. Very severe dermatitis for months.

L—And how would that be related to the dental focus?

R—Because colon and skin belong in Chinese thinking together. As a reevaluation of this whole sickness story, she got this dermatitis and by extracting the second tooth, the dermatitis was over again.

L—How soon?

R—The dermatitis was so severe that the skin after extracting the tooth had to rebuild itself, but suddenly it got better and the itching was gone. To make new smooth new skin it lasted some weeks.

L—If we could quantify this a little—you began to see a turnaround in her dermatitis how many weeks after removing the second tooth?

R—2 or 3 days.

L—How long did it take for the condition to completely go away?

R—I would say 2 months.

L—Let's go back a step. When you removed the first tooth, how long—

R—The arthritis was gone suddenly, the next day.

L—Please explain the relationship between having root canal on the large intestine meridian and the generation of an intestine problem. How does it work? How do you end up getting dermatitis?

R—To explain this is very complicated. If you have the Chinese medical thinking of meridians, you know that each organ its correlation to other organs. For example, the intestine meridian has not only the large intestine on it, but also other organs; for example, the system of skin belongs to the large intestine because it is a system of excretion too. By sweat it excretes. And it belongs to the large intestine system, or meridian. And some joints belong to it also. As for other meridians, you have other organs; for example, thyroid gland and stomach and female breasts, they belong to the stomach meridian. And so, you can say in advance, what kind of sickness could this patient get in his career.

L—So the tooth blocks the flow of chi through the large intestine and then it just develops an illness as a result?

R—Yes, because by this root canal treatment, they have a focus on this tooth which belongs to the colon meridian. Each tooth has its meridian. So I built, by years of experience, with the help of even more experienced doctors, a system, a dental chart of which tooth belongs to which meridian and which influences on the body does it have.

L—Did the dentist in your clinic do the dental work for this patient? You examined her, you made the correlations of the tooth, the root canal of the tooth, the intestinal meridian, the dermatitis, and the arthritis, and you then passed her on to your dentist, and that person took the tooth out.

R—Yes. When a patient comes, there are 2 possibilities. Some patients go first to the dentist because they know we do holistic dentistry and they have come for this. In the clinic, our dental department. Then he sees that there is a whole body problem and he sends the patient first to me, or opposite. Patients come to me, for example, because they have stomach problems or breast cancer or whatever, and I look to the teeth. And I see, for example, by doing a X-ray, a Panorex (?), I see the full side on the teeth. So we work very closely together. We speak about the cases. We see the patients together.

L—Let us say that you have 100 patients in a week, how many of these are likely to have dental problems that are the main factors in their illness.

R—About half. It is difficult to say is it really the main factor, but it is one very important factor.

L—So this is part of your analysis of every patient then, to see if their teeth, root canals, cavitations, mercury fillings, are interfering with their functioning.

R—Yes. For me, you cannot do any treatment of chronic diseases and you cannot do any biological treatment without integrating the holistic dentistry.

L—Can you tell me another case?

R—Yes. I have 2 cases. One from L.A., a woman who was treated for mercury toxicity, elimination of all the fillings. She had a neurologic disease, akinetic syndrome. This is a disease that has the appearance like Parkinson's. She could not walk, she was very rigid, and could hardly speak, talking very slowly. She was about 40. Very young, not the age of Parkinson's, which is normally 60 and up. She came to us through the Mercury Toxicity League in

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L.A.

L—Oh, DAMS probably.

R—We found that she not only has mercury problems, still in her body. The fillings had been removed correctly, but she still had mercury in her body. We had to eliminate this and she not only had this rigidity, this akinetic syndrome, but also seizures, grand mal seizures.

L—Did she have these conditions before all of her fillings were taken out? So in other words, they came out, but they still did not correct it, because the mercury had leached into her body.

R—Yes.

L—So it is still producing all the problems even though the fillings were gone.

R—Exactly. And she had seizures. We made the Panorex again, this is autopan tomograph (?). One is an X-ray of the whole jaw region, one picture which shows all the teeth. This is a computer tomograph which can do this in one picture, all the teeth you see on it. On this picture we saw that she had wisdom teeth which were impacted. One with a high pressure on the neighboring tooth. We removed by operation this wisdom tooth and from that day she had no more of her major seizures.

L—Were the wisdom teeth on a meridian?

R—Yes. All 4 wisdom teeth are on the small intestine meridian and have an influence on the heart because the small intestine and the heart lie together, and a very high influence on the cerebrum.

L—So there is the seizure connection.

R—Yes. We very often see problems of wisdom teeth connected to mental disorders or with epilepsy.

L—Okay, there are 2 things here. She had 4 wisdom teeth that were impacted and she had mercury toxicity in her tissues.

R—Yes.

L—So you dealt with the impacted teeth. What about the mercury in her tissues?

R—We removed it with DMPS infusions.

L—So you did both of these at the same time or within a week or so?

R—No, we had to do both of these at the same time.

L—After you did both of those, then her seizures went away?

R—Yes. Now it gets interesting. We took out the worst of the wisdom teeth and we began the removal of mercury. From the first day on, she did not have any more major seizures.

L—As soon as you removed even one tooth?

R—Yes. But there were 4. Then we took out the other upper wisdom tooth and from this day on, she did not have any more seizures. Between the first and the second, she still had seizures, but no more major ones, just small seizures.

L—But she still had the Parkinson-like problem?

R—Yes, still. Because this is a degeneration of normal tissue, a damage already.

L—Is that the myelin sheath? The myelin sheath was ruined?

R—Yes. And to reconstitute this, it takes months or even years.

L—But you had to remove the mercury first to be able to even start dealing with this. Because the mercury would prevent the body from healing.

R—Yes, this toxicity to the myelin membranes too. So we did both and by removing the second worst wisdom tooth, she had no more seizures. This was several months ago and I just saw her husband in L.A. and he told me her moving is much better, she is no longer so rigid, but very seldom some seizures happen again. What is this? She still has one more impacted wisdom tooth. And this disturbs again. For some months she could regulate this focus, but now the regulation capacity goes down again because we no longer

are treating so intensively. She has to get the tooth removed.

L—Why wasn't it taken out earlier?

R—She did want it, but-

BG interrupts—asks for info on Alzheimer's

R—This woman was so rigid that she could hardly breathe and taking out the wisdom teeth is quite an operation in such a case. She could not open her mouth she was so rigid. It was a big thing to take these wisdom teeth out, that is why nobody did it here. And she had seizures during the extraction. Nobody would do it here.

L—How many months after the seizures stopped did it take for her rigidity and Parkinson's to get a lot better?

R—Well, she was in our clinic some months ago and it got better now—3 months. But she is far from being healed, but she is still rigid but less. Before it went down and down and down.

L—I made notes of all the stuff we talked about at lunch. Ozone. Tell me what you do with ozone and oxygen at your clinic.

R—We use ozone for different diseases, especially for tumor diseases.

L—Cancer.

R—Cancer. And also for all chronic inflammatory diseases because it can make regressive regeneration of cellular function. As tumors are always a high level of degeneration and caused by free redox potentials, free radicals as you call it. You can rebuild these free radicals.

L—How do you apply the ozone?

R—We apply it by taking blood from the patient, about 100-200 ccs, and we add ozone to it in a sterile, a closed system, and we reinfuse it. Combined with a high dose of vitamin C and magnesium in some cases, and all the homeopathic stuff that we add to the infusions, depending on what the patient has. Nosodes on the one side and the Sanum Enderline remedies on the other side.

L—What are the Sanum remedies?

R—This is the firm Sanum Kehlbeck in Germany, family which owns this firm called Kehlbeck, and they are represented here by Enderline Enterprise. They make an effect in rebuilding cancer cells to normal cells, to lower the activity of infiltration of cancer cells.

L—Oh, ozone therapy.

R—But this is hyperbaric ozone.

L—Can you tell me a little more about the Sanum remedies? What is in them? I don't understand what they are.

R—To understand this, it is quite difficult. You have to understand the pleomorphic thinking. The development of viruses and bacteria and even fungus in your body is caused by terrain, as I have told you, and to redevelop it, to make to go back, Sanum has invented, Enderline has invented or found, fungal substances can redevelop these bacteria which grow in your body.

L—The beneficial ones, the probiotic.

R—Yes. So to say probiotic remedies which redevelop the—
L—Now are these homeopathically potentized?

R—No, they are dilutions.

L—So they are still gross, so to speak, as opposed to beyond number. There is still some molecular trace of the substance in it.

R—Yes, there is the molecular substance in these medicines, but it is not a live substance which could develop bacterias.

L—Attenuated, like a vaccine.

R—Yes, it is something like this. It is another system, but it is something like this.

L—How are those given at the same time as ozone? By injection or oral?

R—Sometimes we even add it to the blood going back to the body. And we look at it in darkfield, when we give, for example, a

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drop of these medicaments to the darkfield examination or when we look at the blood before or after the ozone. It is quite a difference. The oxygen intake is much better.

L—At lunch we were talking about cancer. You said that you looked at 50 cases of breast cancer and you found a connection with root canals.

R—As I told you, each meridian has its organs and the stomach meridian is on—no, the breast lies on the stomach meridian. So if you have a blockage on this meridian it can cause degeneration, it can cause cancer development. For example, in the breast cancer, if you have a tooth with root canal on the stomach meridian, which is the 6th tooth from the front on both sides, the molar, if you have this root canal treated, it can be a blockage which can disturb the breast. I have seen about 50 cases just for me to look after, patients which we treat for breast cancer. I looked at their teeth and I saw that all of these 50 patients had a blockage on the tooth belonging to the stomach meridian.

L—Just a root canal, or could it be a mercury filling?

R—Mostly it was either cavitation problems after extraction of the teeth which was not done correctly or it was a root canal filling. Mercury does not act specifically on the meridian. Mercury acts on the interstitial space and acts on this way over the whole body.

L—If you had 100 women with breast cancer, would you expect 100 women to have a tooth involvement?

R—Yes. Or at least 90 or even more.

L—How about other kinds of cancers?

R—We saw similar things also in prostate cancer.

L—Which tooth is that?

R—These are the front teeth. But the incidence is not so high. There are a lot of prostate cancer patients who do not have front teeth problems. But in the breast cancer, we did not find a single case without.

L—We were also talking about Iscador. Is this a standard part of your practice?

R—Yes. We have a schedule for cancer treatment which includes in all cases Iscador therapy, the mistletoe therapy. It does not need to be Iscador, this preparation, but it can also be, for example, *Viscum compositum* from Heel or another mistletoe.

L—Is Iscador a brand name at this point? I know Steiner identified it, but is it a trademarked name for a product.

R—Yes, it is a trademarked name for the Steiner medicament.

L—By and large, mistletoe in whatever form is a key component in your cancer treatment.

R—Yes, but only one key component, along with several. The cancer approach, the therapy that we do in all consultations is Iscador, then trace elements, supplements, by test of hair analysis and darkfield examination which shows us also the internal milieu, and the 3rd thing is Enderline products which we always add to the cancer therapy. And I also do these tumors which you can reach by needle, by injection, we do a local therapy with homeopathics, iscador, and isopathic medicaments, Enderline medicaments. I inject them just around the tumor. And I do correction of acid-base, acid-alkaline milieu. This is very important.

L—We will come back to this in a second. In your residential clinic, where people stay over, how many people can stay over at a time?

R—This is a hospital with 40 beds, but I don't fill all the beds myself with our patients because other colleagues, for example, surgeons who have a private practice, they use it also. So I am very free in filling more or less of these beds.

L—The reason I ask is that I presume cancer patients would be residential.

R—Yes, normally they are.

L—So what percentage of your residential patients are there for cancer treatment?

R—About 50% of the inpatient patients.

L—Then you were talking at lunch about reversal rates for Class IV and Class III and other kinds of cancer.

R—We have to be serious and if we speak about reversal cases, then we have to also say over how long a time.

L—What would be a meaningful period of time?

R—I would say for a Class IV, that is the worst kind, mostly metastasis. For these patients, we have a success rate which is very different from tumor to tumor. When you can stop the growth and when the patient feels better in a stage IV, this is a success in my eyes, and such patients we have about 50%. But it is hard to say over 5 years or 10 years. Another thing is that in the Stage I when a cancer node is diagnosed, for example, breast cancer, then our prognosis is very good. As of yet, we do not have a patient who got metastasis after Stage I and we have been doing this for over 7 years.

L—In your cancer treatment, do some of these other factors come into play, such as diet, fasting, acid-base therapy?

R—Yes.

L—You said at lunch that acid-base was one of the most important things you do.

R—Yes. Acid-base, or say it more generally, internal milieu regulation which is acid-base regulation, pH, this is the most important thing in our clinic.

L—For any kind of illness?

R—Yes, for any kind of chronic illness, including cancer. Cancer is the final stage of cellular degeneration and the degeneration goes so far that these cells no longer follow the interest of the whole body. Then we see cancer. To rebuild this, you have to profoundly rebuild the internal milieu, detoxify. To rebuild all the causes that led to this—

L—You do not mean rebuild, but reverse or undo.

R—Yes, undo, to make it go back, yes, to reverse. An acid-base balance, the pH thing, is one of the most important things.

L—So a person with cancer or extreme degeneration has acid or alkaline?

R—They have acid, too acidic, because the cancer cell does not breathe with the mitochondrial system, with the acid citric cycle system. It takes its energy out of glucose and it makes lactic acid. Cancer cells produce lactic acid which is acid and so the surrounding of the cancer tissue is acid and we have to make it alkaline.

L—You also said at lunch that both sugar and animal protein—I mean, cancer cells feed on animal protein, as well as sugar. Could you explain both of those?

R—Yes. The feeding on sugar is what I said is because cancer cell takes its energy from sugar, glucose. It needs glucose to get energy for living.

L—There is sugar that you consume, but it is all converted to glucose when it is in the blood. Now do you mean dietary sugar or glucose as in blood sugar?

R—Yes, but if you eat too much glucose or dietary sugar it is converted to glucose in your body.

L—So you would have a high glucose content in your blood?

R—Yes.

L—Like maybe 150-200, almost like diabetes?

R—No, it must not be in the blood. Probably the metabolism of glucose is still so intact that it can be in the tissue, storing it in the tissues.

L—So there is too much sugar in the tissues and the cancer cells feed off it.

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R—Yes.

L—And then we have the problem of animal protein. How is that different from any kind of protein?

R—Animal proteins are loaded with endobions (?).

L—Does that include fish, by the way?

R—Fish less, but also.

L—So beef, chicken, all that stuff.

R—Yes. Especially the red blood animal proteins. The beef and all the 4-legged animals. We say all animal proteins are a load for your body.

L—They have a cumulative effect.

R—Yes.

L—What do they do? I don't understand what the problem with them is. I mean, everyone says meat-eating is not good for you, but can you tell me exactly why the animal protein has a bad effect on you and plant protein does not with respect to cancer?

R—Because plant protein is much better metabolized. Digested. Not only the intake, but the intake into the cells. It is much better. I wrote this article about hyperprotein, excess protein syndrome.

L—Is that the same thing as animal protein fermenting in the intestine or are you talking more on a cellular level?

R—I am speaking more on a cellular level.

L—Is this any kind of animals or because they have been treated with antibiotics?

R—No, it is because animals have also the endobion which is the basic structure for building bacteria, fungus, viruses, and the degenerative tendency which is in Enderline's thinking. If you take animal blood, you see that it has a very high degenerative tendency.

L—But they don't get cancer, do they?

R—Animals do. A lot of cancer.

L—Just recently or always.

R—I can't say.

L—Surely they don't get it at the rates that humans do.

R—Well, they have a high rate. For example, dogs have a very high rate of tumors. Very, very frequently dogs die of cancer.

L—Do cows get cancer?

R—I don't know.

L—But the thing is they eat a vegetarian diet. So is it a kind of autoimmune response in their case.

R—I can't answer for cows because I don't know it. This is not the theme of today, but the problem of mad cow syndrome is that they are fed with animal proteins and no longer vegetarians.

L—Okay, so we have sugar and meat as problems. Are there any other aspects of your cancer therapy? Your treatment of cancer has many factors.

R—It is a very wide treatment and that is why we are so successful because we integrate all these possibilities for anticancer treatment which is Iscador, Enderline, acid-base balance, oxygen or ozone--

L—You do colonics?

R—Yes, of course, focus elimination, detoxification because all things which block your body are--

L—It is blocking its ability to respond in a natural way.

R—Yes. All these things have to be eliminated.

L—How about diet and fasting cures? Obviously, you take someone off a meat diet and cut out the sugars, but anything else?

R—We do a lot of fasting cures. And we do courses, seminars in how to fast and we do this fasting with our patients, but fasting is not a therapy for everything and it is not a therapy for any patient. You have to choose very individually.

L—Also at lunch you said that your colleague, Dr. Victor von Toenges, an anthroposophic physician. To what extent does that

come into play in your practice? In the U.S. there are only about 60 MDs who practice anthroposophic medicine. Very few people know about it. In your practice, is Dr. Victor von Toenges just one of the boys or is he a specialist, do you believe in all the things he says, is it just part of your medical way of looking at things?

R—No, no. The anthroposophic medicine is one kind of medicine which you can integrate in our holistic system, but to be holistic you really have to integrate everything you know and what is proved. This, for me, means holistic. The anthroposophic medicine is a very good medicine, but it is a medicine which was developed in an age of '50s, from 1930 to 1950 about, and circumstances were very different then. Now we have the toxic problems, the heavy metal loads, we have all these things which did not exist in those days. But on the other side, anthroposophic medicine has a very sophisticated thinking behind it, the spiritual model which is very important, especially for cancer problems too, because there is always a spiritual problem behind it. By integrating, not only doing this, it is a very good thing. And he is not the boy who just does this, because he knows all the other things too.

L—So he has integrated a lot of other things as well?

R—Yes. We do about the same tumor therapy. He does perhaps a little more the mental things. Me, I do more the darkfield of things.

L—How about the pharmacy? They have lots of remedies they have made up specifically for anthro medicine. Do you use a lot of those?

R—Yes, we integrate a lot of anthroposophic medicines in our clinic. We both, especially he, worked a long time in the anthroposophic clinic in Dohrmark. What they do is very good, but we make it much, much larger.

L—What about things like eurhythmy, drawing, art therapy, some of these supportive psychological and artistic components?

R—That is what I meant. My colleague, we treat all the cancer patients, we always speak together about what we can do for the patient in this individual case and so we integrate these things too.

L—Can you tell me about Alzheimer's? Maybe you could tell me a case or what is involved in your analysis. You mentioned lead and aluminum and some other factors like that.

R—Yes. The most important thing in Alzheimer's, as in all the chronic diseases, that they are multifactorial and the more factors we find, the more successful we are in treatment.

L—Do you have a lot of Alzheimer's in Switzerland?

R—Not so much as here in the States because the toxic situation is not as far as it is here, but we have a lot of Alzheimer's too. It is an increasing among.

L—What do you do for it?

R—Again, it is always the same for all toxic things which could exist. We do EAV, all these findings, hair analysis, and we do a very intensive reconstituting therapy for nerve cells, including phosphyl lipids, vitamin B high dosed, vitamin C, and also again acid base metabolism, change of diet and so on.

L—Is there a dental focus in any cases?

R—Yes, not so often as in cancer patients, but it is very often too. Especially the root canal sticks, the metals in the root canals. These metals that make galvanic electricity in the mouth is very, very bad.

L—So by and large, Alzheimer's is the result of accumulation of toxins in the body.

R—Yes, that is it.

L—Is it reversible?

R—Yes.

L—Even in someone who seems to be pretty far gone on daily

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R—That depends how far the destruction of his brain cells has gone.

L—In the U.S. we talk about phosphatidylserine which is a phospholipid and ginkgo biloba which is an herb as parts of a therapy to help rebuild memory synapses and such. Is this sort of amateurish compared to your approach?

R—Yes. Of course. In biological medicine, you may never have the mono thinking, that one substance could be good for this or that. So in Alzheimer's, all these substances may be good and we integrate them, especially ginkgo, we infuse too.

L—Didn't you say in respect to plants, that there is no single plant that can reverse cancer, but that plants can help the helping?

R—Exactly.

L—It is the same with Alzheimer's?

R—Always the same. For all these diseases, it is not a single substance which makes something, but a lot of single substances combined can help healing.

L—You gave a case at lunch about a child with fibromyalgia and chronic fatigue. Can you go through that again?

R—This was a very severe case, a child from San Francisco, 10 years old, a girl who had a very severe neurological disease, nobody knew why it was. Then they found, even here, a high mercury load and they began to eliminate mercury but it didn't have any effect. She got, not only this fatigue syndrome and these chronic pains and the fibromyalgia, but she could no longer stand or walk, or concentrate or go to school for the past year. A very severe case. They found in one of the many, many examinations, some bacteria and they treated it with some antibiotics, but the bacteria was not by far the cause. It was only a secondary infection and by these antibiotics she got much worse. She got colitis and they had to bring her by ambulance to our clinic. And only some weeks later, it was -- We treated this girl with detoxification, reconstituting--

L—Let's do one step at a time. How did you detox?

R—We did DMPS infusions, DMPS combined with alkaline infusions, sodium bicarbonate infusions, which are very special—we prepare these ourselves. We did these infusions because this child was very hyperacid in the whole body reaction.

L—A balanced state is like 7?

R—It depends which liquid you take. Blood must be about 7.28 to 7.45. This girl was in blood still alkaline because blood tries to compensate; it was about 7.38. In urine pH, it was always about 4 to 5 pH. Normal would be 6.8. She was very acid.

L—Now that was an expression of the terrain or cellular milieu, right? Extreme acidification.

R—Yes.

L—And the toxicity had produced that.

R—No. Well, it is difficult to say what was first. The toxicity or the bad milieu. They work together.

L—So you did alkaline infusions and DMPS.

R—And vitamin infusions, B complex, C, E, and also magnesium and other trace elements. Intravenous infusions, every day in the beginning because she had diarrhea and could no longer eat really, she was in very bad shape so we had to give daily infusions. And after some days, changed to 2 to 3 days a week.

There were many components. Homeopathic therapies and according to the darkfield examination, I made a very individual Enderline therapy. And I think diet of course. As soon as she could eat again, we did a diet.

L—How long did it take to reverse these conditions in this child?

R—After 3 weeks, she could walk and normally speak again. After 1 week [HE MUST MEAN MONTH], she came to my chil-

dren at home because we live opposite and they rode a bicycle together and after about 6 months she went to school again as a normal child. The child had been sick for more than a year and a half.

L—You also mentioned that Tourettes syndrome and attention deficit or hyperactivity also have a toxicity factor.

R—Yes, very often. On one side, the ADDS, the hyperactivity syndrome, is mostly caused by high aluminum and a very imbalanced trace elements system.

L—How do little kids get aluminum in their body so quickly?

R—Because they are overacid. Aluminum only gets into your body if the terrain is acid.

L—How does the terrain get so acid then? By diet?

R—Yes. This is very important. By wrong nutrition and by gross processed food.

L—So you have a child less than 10 years old probably, wrong diet and then that changes the milieu of the cell and it makes it able to take aluminum in and they develop all these problems.

R—Exactly. And this disturbs the neural system and then they get these problems.

L—What do you do in a case like this?

R—What else is hyperactivity than somebody disturbs me in my body? I get this itching, I am disturbed but internally. I don't know what I should do, how to bring it out, an inner irritation by heavy metals, by wrong composition of trace elements and so on.

L—What about environmental estrogen, synthetic chemicals that mimic estrogens? There is evidence that has come out recently that it can even be passed through mother's milk. In fact, it can even be passed from the mother to the baby in utero. Could this play into this situation even earlier than bad diet? In other words, toxicity being passed to the child.

R—Yes. We can see this in little children who do not have mercury fillings and when we test them for mercury, they have mercury in their body.

L—ADD and hyperactivity are big diseases in the U.S. 10% or 20% of boys aged something in the U.S. are on ritalin.

R—Why it is so frequent in the States, for me, it is very clear. They drink too much processed drinks with phosphates in them; for example, coke and soft drinks. They take too much acidity by sugar, animal proteins, they get too acid and so they get more sensitive to neural diseases and they look at too much television. Television has a very intensive electromagnetic influence on your body and changes your cellular potential.

L—Even in adults?

R—Yes. Less in adults, but especially in children. And children tend to sit very close to the television set and then the irradiation by electromagnetic influence.

L—You said it changes the potential of the cell.

R—If you do this with your hand along the screen of the television, you notice that the hairs stand up because there is a very intensive electromagnetic potential. And this has an influence on your body. It changes the cellular potential.

L—Permanently or temporarily?

R—Well, if you look at television for 4 hours a day—most children do this—then it has a real chronic influence.

L—Less so in adults.

R—Yes, adults are a little more resistance to electromagnetics.

L—Does it matter what kind of program is on the TV, such as a violent program versus a Shakespeare play?

R—Well, this is another dimension. I only spoke about the electromagnetic thing, but if you have a program which is not logical or which has sequences which are too fast to follow the scenes. This takes a concentration in the child, this is so unlogical and so

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L—You also were talking at lunch about this device you invented for mercury amalgam removal to funnel the fumes or the little bits upwards. Is this something new or that your colleagues invented or physically made or had made? You did not buy it from another company.

R—No. We did this ourselves because we found that the dam is nonsense. Because you are poisoned by removing the filling.

L—In other words, the device that dentists use, namely the dam, thinking that they are going to prevent mercury from leeching into the body, that it actually produces more mercury leeching because it presses down on the gums and the mercury gets into the tissues as a result.

R—Yes. You are not poisoned by the big pieces of mercury. You are poisoned by the vapor, the fumes which go through the tissue.

L—And the dam makes it worse?

R—Yes. And the gum dam is permeable for vapor.

L—This device that you invented, what would you call it?

R—There are 2 things. It is a very strong vacuum pump which vacuums exactly there where the drill is because the drill is--

L—A precision vacuum, right down to the little--

R—And we do not use the high frequency drills. We use a diamond drill at a very slow speed which takes off very big particles, not very fine powder particles of mercury.

L—How big is the unit in this drawing?

R—This is the drill which is half a mm thick and this might be about 5 mm.

L—The vacuum pump fits over the drill like a housing.

R—Yes.

L—It is as if you put an acupuncture needle inside a straw.

R—Yes, exactly. But it is thicker than a straw.

L—It sucks it out of the mouth, but then where does it go?

R—Outside, in free nature.

L—Don't you have to collect it and dispose of it like a toxic chemical?

R—I am joking. It goes through a water system. The vapor goes through a water system which absorbs the vapors. And then it goes outside.

L—Are you the only person in Europe who uses this or have you sold it to anyone?

R—No, we did not sell it.

L—So you are the only clinic in Europe who uses this approach?

R—Yes. This is new. I did studies about which removal method brings the least mercury load. So, by finding the results that the dam is nonsense, which also was found in Germany by other colleagues who do the same, we asked ourselves what to do. And we found the diamond drill and invented this vacuum, then the colonic thing which--

L—At lunch you said you actually did a study to see how much mercury was leaked with the dam and without. Can you explain that again?

R—Yes. We did a study with dam and without dam. I must say with our method which has no dam, the vacuum pump, and with the normal method with the dam, and our method was much better. With the dam, there was more mercury going out because people are poisoned by mercury vapors and not by mercury particles. The dam only takes off mercury particles.

L—Is there any area that I haven't asked you about that you wanted to tell me or talk about? Have we covered all the areas that are important to you?

R—The children's medicine is a very important thing. In chil-

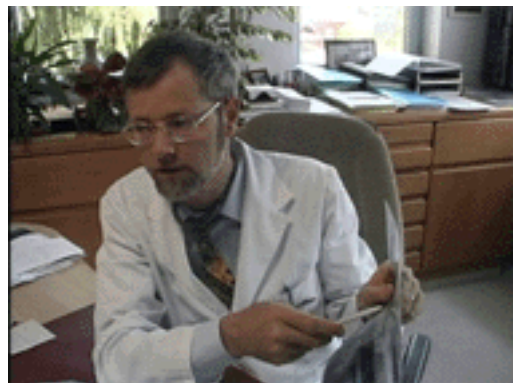
dren, biological medicine is most effective because children normally can regulate. All these children who are susceptible to infections, they would not need to be that if they were fed correctly and if they would have a therapy with Sanum remedies, Enderline remedies, and homeopathic remedies to increase their immune system. That is why susceptibility to infection on the one side and children's neurological diseases on the other side, there we are very, very effective.

L—Have you told us everything you wanted to about the dentistry?

R—Yes. The main thing is every root canal can bother your health—this is very important—can cause chronic diseases. And the mercury toxicity has to be not only taking out fillings, but also detoxification. These are the most important things. And each tooth has its meridian which is always sick too if the tooth is sick.

L—Say you have 40 beds in your hospital, how many patients does your clinic see in a week who just come for the day and don't stay over?

R—We have a turnover of about 100 to 150 patients per day. Five days a week. But this includes the inpatients who come each day.



At the Paracelsus Clinic, the holistic health examination starts with a detailed case history, sometimes dating back to childhood.