

Studies and Papers in Esogetic Medicine

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Induction Therapy
in the Prevention of
Cardiovascular Disease**



INTRODUCTION

In the so-called "civilized" countries, cardiovascular disease is still the Number One cause of death. It is therefore of great importance to consider methods and treatments which can have a positive impact on the risk factors for cardiovascular disease.

This study examines whether induction therapy, as developed by Peter Mandel, can improve the risk factors for cardiovascular disease.

Induction therapy is an application of esogetic medicine, developed by Peter Mandel. The method of applying brain frequency patterns over the skin for therapeutic purposes is setting entirely new standards. Induction therapy is based on the idea that humans are holographic entities. Starting with the assumption that all pathological processes, and all healing processes, are initiated by a brain impulse, Peter Mandel was able to develop a treatment in 1986 which simulates this brain impulse, together with the Vega company (then known as Vega-Som), and particularly Mr. Bruno Grieshaber, and with the support of a team of experienced therapists and researchers.

The basic idea was to trigger displaced or rigid wave patterns by inducing their natural "reflection," so as to allow the brain to self-regulate and correct physiological irregularities.

Robert Füß, who has studied the diagnostic and therapeutic ideas behind induction therapy, developed a working hypothesis which he described using the following key phrase:

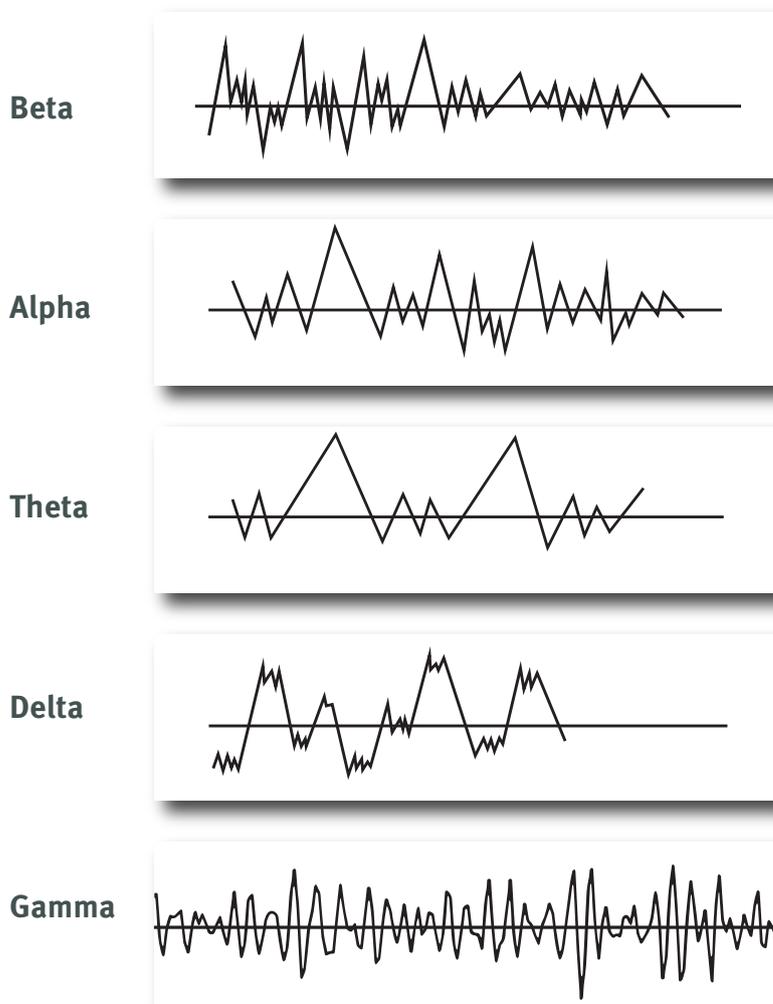
"I'm not treating the brain: I'm treating like the brain."

It is important that induction does not produce stimulation or compulsion of any kind, but rather regulates, i.e. it makes an offer to the brain.

A change in our well-being requires a change in our brain rhythm. Over time, the brain forgets how to adapt its natural rhythms, which move between rest and relaxation, concentration or tension depending on the situation. The result is that our internal rhythms is no longer in sync with our outer ones. The stress to which we are exposed due to overwork, the pressure to succeed, loss or unresolved problems automatically changes the frequencies of our brain. We are practically always on high alert, and our brain is running on full blast almost without interruption. The desire to simply unwind can hardly be satisfied anymore. Constant stress becomes conflict stress and with that, our brain loses its original rhythms.

THE BASIC RHYTHMS OF LIFE

Our conscious and unconscious life runs within five frequency ranges. Four of these frequencies: beta, alpha, theta and delta, have been known since the 1930's and are measured using EEG leads. The 5th frequency, gamma, was first described only recently.



Beta rhythm (14 – 30 Hz)

Wakefulness, concentration, alert, anxiety

Alpha rhythm 7,5 – 13,5 Hz

Relaxation, rest, drowsiness

Theta rhythm 4 – 7 Hz

Light sleep and deep meditation. This condition promotes memory development, creativity and intuition.

Delta rhythm 0,5 – 3,5 Hz

Deep sleep, regeneration, important for an intact immune system and all healing processes in the body.

Gamma rhythm 30 – 100 Hz

Gamma waves were discovered recently by new devices employing computerized data analysis to identify the rhythms in the human brain. These are low-amplitude waves. For this reason, they are not easy to identify. Gamma waves are a frequency pattern of normal brain activity and can be measured between 30 and 100 Hz, making them the fastest low-amplitude frequency. It was found that gamma waves have the ability to combine information from all parts of the brain. In other words, all brain functions are affected by gamma waves. Although little is yet known about the way these waves work, researchers suspect that gamma waves can be found particularly in periods of high physical and mental exertion, periods of high concentration and focus, and during mystical or transcendental experiences. At the moment, gamma waves around 40 Hz are being studied in connection with focused meditation. For me, gamma waves are the waves of "bliss."

AREAS OF APPLICATION

The areas of application are extensive. Induction therapy in esoteric medicine is divided into three main areas:

1. programs with fixed indications;
2. point-based therapy with individual rhythms;
3. point-based therapy with short programs.

To date, 24 fixed programs have been developed. They are applied using two wristbands.

During the induction impulse, subjects feel only light electrode pressure on their skin. The extremely low signal energy cannot be felt, not even a "slight tingling sensation."

The treatment time for the programs is 10-45 minutes, depending on the indication.

In this study, we investigated which risk factors for cardiovascular disease can be affected using induction therapy.

METHODOLOGY:

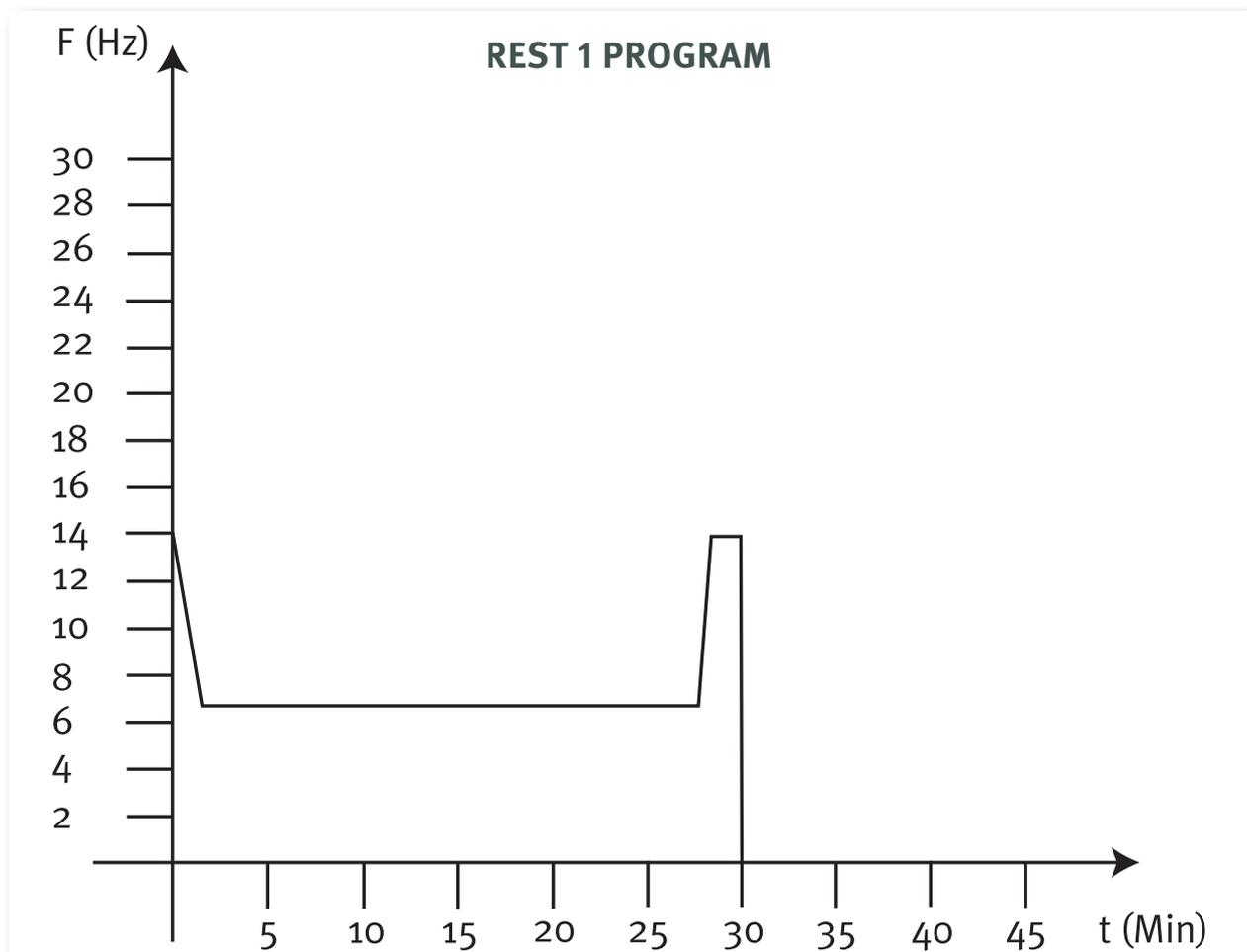
The study investigated various risk factors in adult men and women.

The participants had no illnesses with the potential to cause or affect cardiovascular disease.

Participants who recently began to take medication which could affect the study were excluded.

Medications which had been taken for at least 12 months were allowed.

The Rest 1 program was chosen for the study.



Patients were asked to undergo induction therapy by running Rest Program 1 once a day. This program could be applied at home using a small handheld Synapsis device.

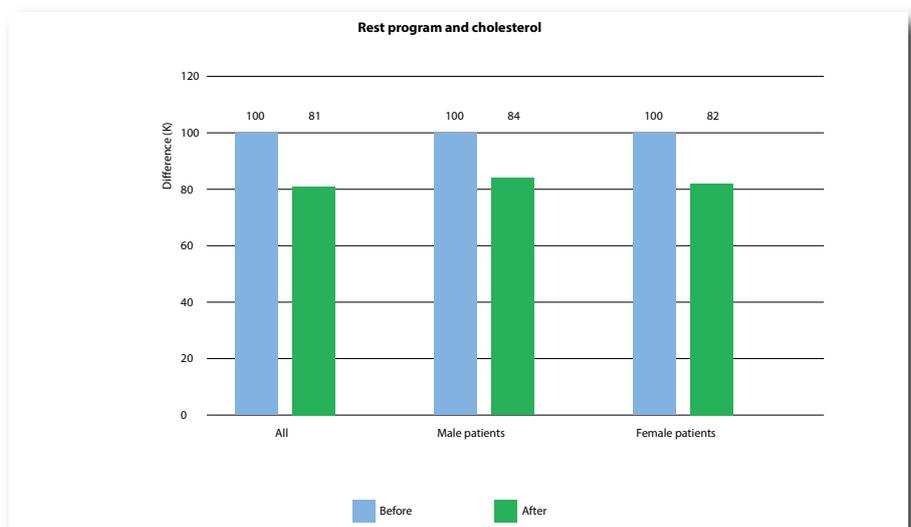


The study participants were asked to return to the practice after 3 weeks and after 6 weeks. The following examinations were performed: blood tests, an ETD scan (Kirlian scan) was taken and the patients completed a multi-page questionnaire about their state of mind. Only those who ran the program consistently were included in the study.

STEP 1:

Since cholesterol levels are seen as a key risk parameter today (although this is open for discussion), the persons chosen for the study had cholesterol levels of more than 250 mg/dl for at least one year. A prerequisite for inclusion was that conventional measures such as exercise, relaxation and dieting showed no success.

After 6 weeks, mean cholesterol levels were 17% lower than at the start. There was no significant difference between men and women.



But a close examination of the data revealed two different groups: one group which responded very well and one which showed practically no response. The question was, why?

STEP 2:

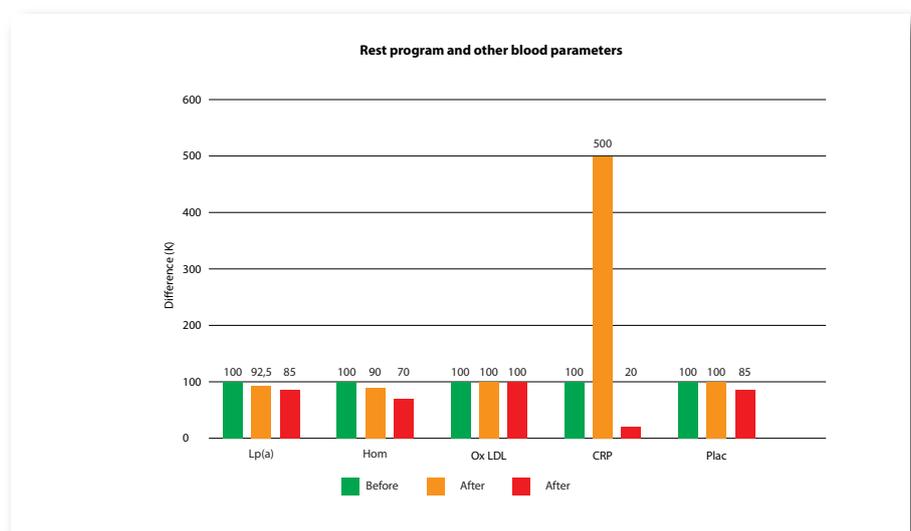
In the second phase, risk factors were observed which, while less well-known, are very important biochemically. These risk parameters are typically not used in medical schools, but are measured every day by orthomolecular physicians.

These parameters are lipoprotein (a), homocysteine, ultra-sensitive CRP, oxidized cholesterol and LP-PLA₂ (PLAC-test). There are still other possibilities (e.g. LDL particle size), but these were not examined in this study.

After 6 weeks, we received the following results:

- lipoprotein (a): down 7.5 – 15%
- homocysteine: down 10 – 30 %
- oxidized LDL-antibodies: no difference
- ultra-sensitive CRP: down 80% through up 400 %
- PLAC-test: down 0 – 15%.

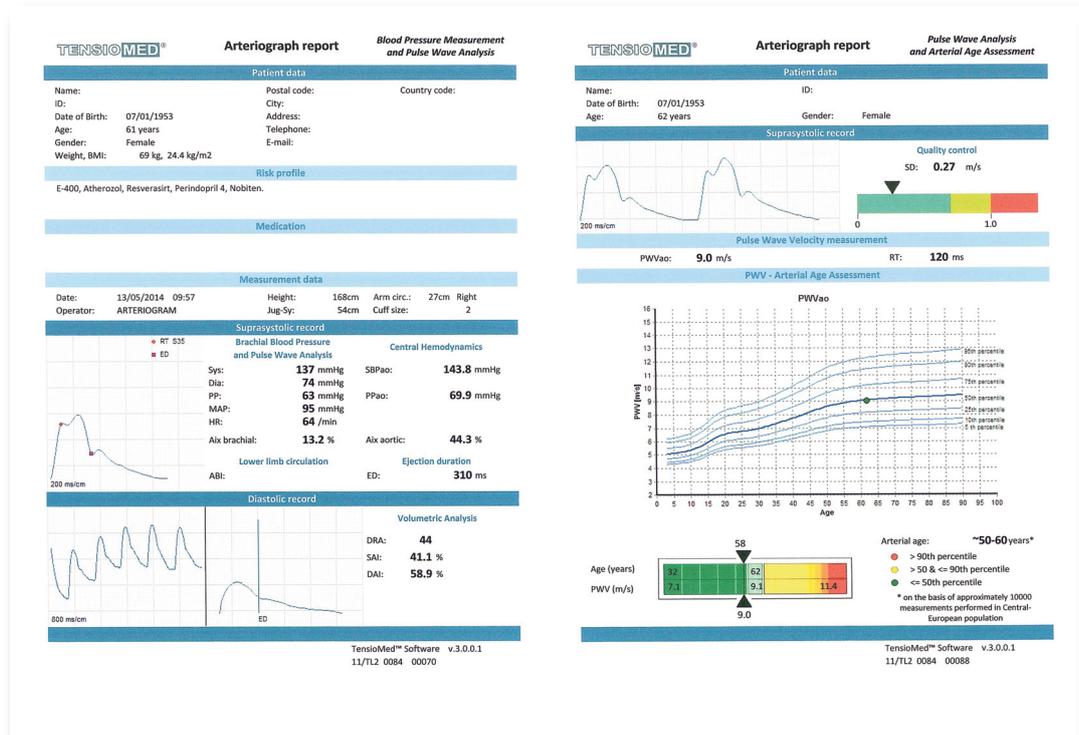
Here as well, we saw considerable differences between the individual results: some people responded very well and others did not respond at all. Why??



STEP 3:

In this stage, we examined how the rest program affected the arteriography measurements.

The arteriograph is a device which measures the elasticity of the blood vessels (as a parameter for arteriosclerosis). This measurement, while relatively obscure, is recognized internationally as a way of assessing potential morbidity and mortality.



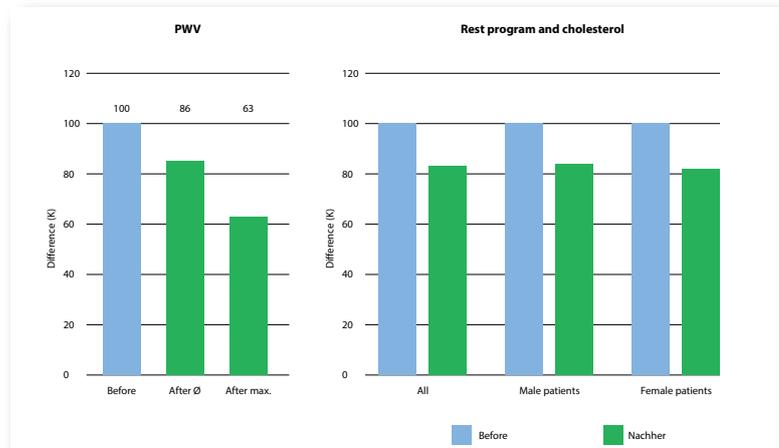
The device measures various parameters, but the two most interesting are pulse wave velocity and return time (of the pulse wave).

Pulse wave velocity is directly proportional to the severity of the arteriosclerosis and return time is inversely proportional. One could almost say that pulse waves can reproduce much faster in blood vessels with sclerosis.

And after 6 weeks, we had the following results:

- pulse wave velocity (PWV): down 0 – 37 (mean value: down 14)
- return time: up 0 – 60% (mean value: up 22%)

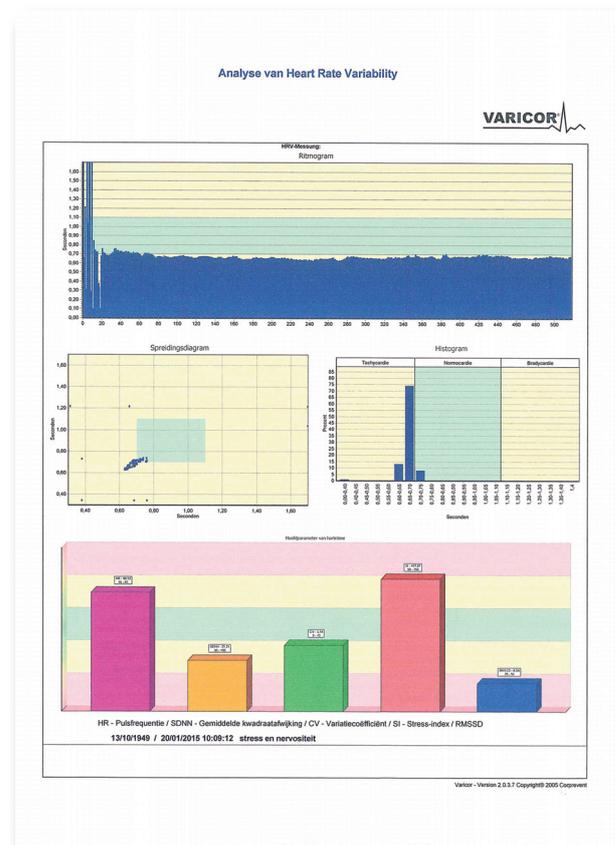
Here as well, we see that there were patients who responded very well and others who do not respond. Here as well, the question is, why?



STEP 4:

In Step 4, we measured the activity of the autonomous nervous system using a Varicor device. This device measures e.g. heart rate variability and some parameters for sympathetic and parasympathetic activity.

Two important parameters are the stress index (as a parameter for the sympathetic nervous system) and RMSSD (as a parameter for the parasympathetic nervous system). This can be seen in Fig. 6 (the last two bars).



And after 6 weeks, we saw that the stress index (as a measure of sympathetic activity) was down while the parameter for parasympathetic activity (RMSSD) was up.

Another very important observation was that we saw the best response in the parameters for Steps 1-3 in patients with sympathetic dominance. For patients with parasympathetic dominance, these values showed little to no response.

This means that those who responded well at first were, in all cases, people with sympathetic dominance, while the group which barely responded, or did not respond at all, consisted entirely of patients with parasympathetic dominance.

That is the common thread in this study, since it explains the individual differences.

It also means that the rest program can be very successful for people with sympathetic dominance, and that other strategic must be found to control risk factors for people with parasympathetic dominance.

STEP 5:

The results from the multi-dimensional questionnaires about patients' state of mind were also interesting. Positive feelings were hardly affected, but negative feelings were reduced by up to 40%. Through anamnesis, it was clear that those who performed all the tasks regularly generally felt much better and were very positive in connection with their feelings towards this therapy. A large majority wanted to continue using the device.

SUMMARY:

What can we expect from treatment using the rest program in induction therapy?

- Certain factors are unaffected by the treatment (such as oxidized cholesterol and ultra-sensitive CRP).
- Other factors are positively affected (e.g. cholesterol, homocysteine, PLAC-test, arteriography measurement and sympathetic dominance), but with individual differences.
- Which patients respond and which do not is determined by the balance between sympathetic and parasympathetic activity. Patients whose sympathetic nervous system is dominant have significantly better results in all measurements, while the others are much less successful. The results of the measurements show how important the autonomous nervous system for cardiovascular problems.
- Rest Program 1 in induction therapy has the potential to positively affect sympathetic activity and can significantly reduce the risk factors for sympathicotonia.
- The most "spectacular" results come with patients whose values are very abnormal. Those whose values seem to be in order respond very little.
- Negative state of mind consistently improved, and the patients felt steadily better and more positive.

CONCLUSION:

It is clear that stress plays an important role in cardiovascular disease. Accordingly, we need treatments which can successfully alleviate stress. This study demonstrates that induction therapy, as developed by Peter Mandel, is a successful and reliable method for accomplishing this object.

Rather than blindly treating blood levels, it would perhaps be more sensible to conduct a stress evaluation and treat stress (e.g. with induction therapy) in combination with other measures.

Although this study observed only one induction therapy program (out of more than twenty), there are good reasons to utilize/apply this treatment for the prevention of cardiovascular disease.