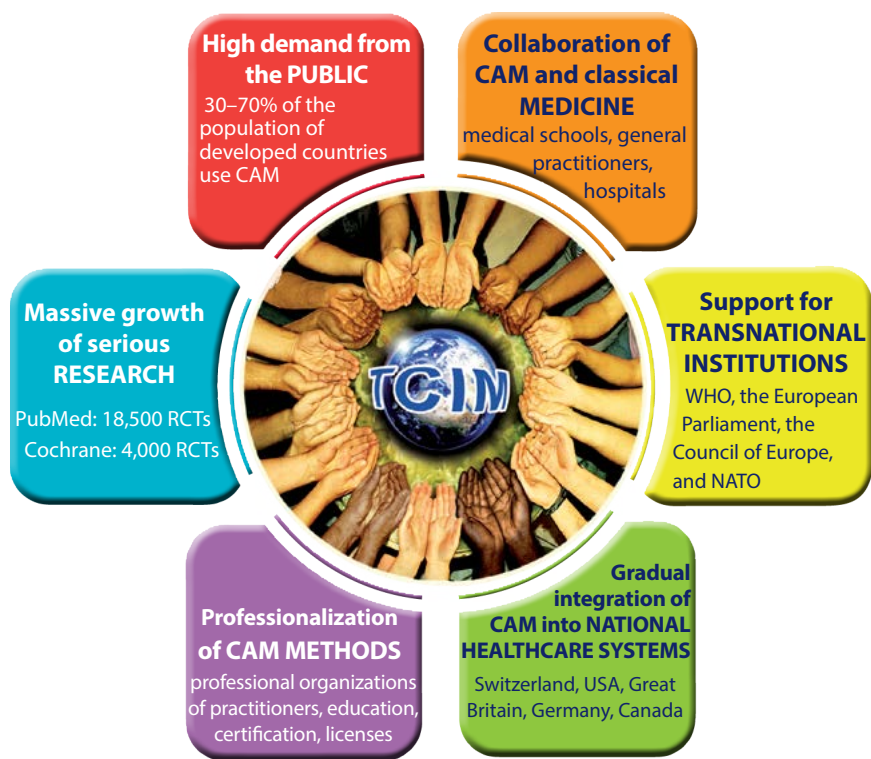


A GUIDE TO THE WORLD OF TCIM MEDICINE



Institute for TCIM/CAM
www.itcim.org

INSTITUTE FOR TCIM/CAM

A GUIDE TO THE WORLD OF TCIM MEDICINE

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INTRODUCTION

The publication “A Guide to the World of TCIM Medicine”, prepared by the Institute for TCIM/CAM (www.itcim.org), aims to present the public with facts that are not commonly discussed in the media. For example, did you know that 30–70% of people in developed countries use TCIM methods, that prestigious universities such as Harvard, Stanford, and Yale offer programs in integrative medicine, and that the World Health Organization (WHO) itself officially recommends their inclusion in national healthcare systems?

In areas where Western medicine sometimes reaches its limits, such as with chronic illnesses, stress, or prevention, TCIM can offer significant benefits. The aim is not to replace medical care, but to complement it. Perhaps most importantly, research shows that many of these methods are safe and effective. Today, PubMed includes more than 30,000 randomized studies in the field of CAM, and the Cochrane database lists over 4,000 studies—figures that dispel the widespread myth of an “unscientific alternative.”

“The Guide to the World of TCIM Medicine” is intended for anyone seeking information without prejudice. It offers an overview of the most common methods, presents international research, highlights examples of good practice from abroad, and shows how the Czech Republic compares in this area—along with what we might learn from other countries.

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LATEST DEVELOPMENTS

One of the most significant events in the field of TCIM in the Czech Republic is the series of World Health Congresses, organised by the Institute for TCIM/CAM and held under the auspices of the Capital City of Prague.

The Congress tradition began in 2020, when the COVID-19 situation prevented an in-person meeting in Prague. As a result, the inaugural Congress was held online as a video event on 20 June 2020.

The 2nd Congress took place on 11–13 June 2021 and was already held in person. More information is available at:

www.whc2021prague.com

Proceedings:

www.whc2021prague.com/pdf/Proceedings_WHC_2021_Prague.pdf

The 3rd Congress was held on 15–17 September 2023. The full recording can still be accessed at: www.youtube.com/playlist?list=PLhcrDNo_Ww6BSYmHKZtTqanNWMW9dN2J5

Proceedings, including all abstracts:

www.whc2023prague.com/pdf/Proceedings_WHC_2023_Prague.pdf

The most recent edition, the 4th World Health Congress 2025 Prague, took place on 3–5 October 2025, again under the auspices of the Capital City of Prague and several members of the Parliament of the Czech Republic.

The Congress has had a global impact among both professional and general audiences. Participants' feedback can be found on page 149, and the full Proceedings are available on page 11.

Congress website: www.whc2025prague.com

Individual presentations: www.whc2025prague.com/program

PRESS RELEASE
FROM THE 4 WORLD HEALTH CONGRESS 2025
PRAGUE



Prague Becomes a Global Center for TCIM

The 4th World Health Congress 2025 Prague took place from 3–5 October under the auspices of the City of Prague and several members of the Parliament of the Czech Republic. The event was organized by the Institute for Traditional, Complementary and Integrative Medicine (TCIM), led by Tomáš Pfeiffer.

The congress featured presentations covering a wide range of fields within TCIM as well as conventional medicine. Participants from 50 countries across all continents came together in the spirit of the congress motto — Health knows no boundaries, let us seek what unites us, it is time to start cooperating. This idea was fully reflected in the quality of the presentations across various TCIM and biomedical disciplines.

Members of prominent international organizations, research centers, and universities were present, including:

- World Health Organization (WHO) – Switzerland
- Brazilian Academic Consortium for Integrative Health – Brazil
- Weill Cornell Medicine, Cornell University – USA
- ARTOI / FIAMO Foundation – Italy
- British Ayurveda Medical Council – UK
- NICM Health Research Institute, Western Sydney University – Australia
- Association for Natural Medicine in Europe (ANME) – Germany
- University of Graz – Austria
- TEM Forum – Switzerland
- Institute for Clinical and Experimental Medicine (IKEM) – Czech Republic
- Maharishi College of Perfect Health International – Netherlands
- LUMEN International Foundation – Italy
- National Institute of Integrative Medicine (NIIM) – Australia
- European Federation of Homeopathic Patients' Associations (EFHPA) – Belgium
- VISAN Sanitary Medical School of Applied Sciences; Center Optima Formula – Serbia
- Institute for Homeopathic Research – Germany
- European Ayurveda Association (EUAA) – Germany / France
- National Health Freedom Coalition – USA
- Ayurveda University Prague – Czech Republic
- Association of Classical Homeopaths of Germany – Germany
- Tapovan Open University of Yoga and Ayurveda – France
- Ankara University – Turkey
- MykoTroph – Institute for Mushroom Medicine – Germany
- Institute of Medical Sciences, Faculty of Ayurveda, Department of Rasashastra & Bhaishajya Kalpana – India
- Global Council for Ayurveda Research – India
- Chandigarh Spinal Rehab – India
- Portuguese Society of Integrative Medicine – Portugal
- Polish Association of Spiritual Healers – Poland
- Hahnemann Center and Hahnemann House, Meissen – Germany
- Sri Sri College of Ayurvedic Science and Research Hospital, Sri Sri University – India
- Harvard-Yenching Institute – USA
- Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University – India
- American Herbal Pharmacopoeia – USA
- Institute for TCIM/CAM – Czech Republic
- SALUS European Network – Bridge to Longevity – Italy
- EUROCAM – European Committee for Homeopathy, Complementary and Integrative Medicine – Belgium

- Institute for Scientific Homeopathy – Germany
- Devi Ma Ayurveda Hospital and Devi Ma Kunja – Nepal
- Stellenbosch University – South Africa
- Association of Ayurveda Academy UK – UK
- Czech Naturopathic Society – Czech Republic
- Association of Friends of Yoga – Slovak Republic
- Czech Chamber of Classical Homeopathy – Czech Republic
- Homeopathic Medical Association – Czech Republic
- Balaji Tambe Health Foundation – India
- Charles University – Czech Republic
- Research Institute of Progressive Technologies – Czech Republic
- National Health Freedom Action – USA
- Research Council for Complementary Medicine (RCCM) – UK
- National Consortium of Ayurveda Medicine (NCAM) – India
- INDICA – Indian Development and Cultural Association – India
- International Maharishi AyurVeda Foundation – Netherlands
- International Institute of Indic Studies, University of Latvia – Latvia
- VISCUM Association – Czech Republic
- Global Platform “Healing Our Earth” – UK

The ceremonial opening evening of the congress received special recognition from His Excellency Shri Raveesh Kumar, Ambassador of the Republic of India to the Czech Republic, to whom the organizers express their sincere gratitude for his participation. The organization of the congress and the social evening also received high praise from all attendees.

A full recording of the congress remains available at
<https://whc.itcim.org/lobby/>



On behalf of the Organizing Committee

Tomáš Pfeiffer

President of the Congress

4th World Health Congress 2025 Prague

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Mag. Maria Walcher

Austria

Expert in intangible cultural heritage; member of the UNESCO Global Facilitators Network; advisor to the board of ANME (Association for Natural Medicine in Europe)

Intangible Cultural Heritage and Traditional European Medicine – Proposals for Greater Visibility of TEM through Inclusion in the Three UNESCO Lists

The adoption of the Convention for the Safeguarding of the Intangible Cultural Heritage in 2003 by UNESCO has set new standards in dealing with living traditions. Based on a broad perception of culture, it led to a paradigm shift. All at once, culture included much more than artistic disciplines or social practices and rituals. Especially fields such as Traditional Craftsmanship and Knowledge and Practices Concerning Nature and the Universe—including traditional medicine systems—brought new perspectives.

In correlation with the highly appreciated World Heritage List concerning tangible monuments and landscapes, UNESCO opened three lists for ICH:

- The Representative List of the Intangible Cultural Heritage of Humanity
- The List of Intangible Cultural Heritage in Need of Urgent Safeguarding
- The Register of Good Safeguarding Practices

To get accepted on these international lists, member states to the convention have to nominate traditions from their national lists. The establishment of such a national inventory/list/register in close cooperation with the bearers of tradition is one of the major tasks in safeguarding intangible heritage. Some European States—for example, Austria, Finland, Germany, and Switzerland—can already refer to entries concerning TEM elements in their national registers.

In light of the various threats which living traditions are facing, especially in the field of TEM, a further step in raising awareness could be a multinational inscription in one of the three lists of UNESCO. The successful application of eight states for Midwifery for the Representative List

can already be considered exemplary. Looking for more topics in this field could be helpful and motivating in view of further activities and cooperation.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=248>

* * *



Saturday, 4 October 2025 – Hall 1



Presentation video:

Isabelle Wachsmuth, MSc, MPH
Switzerland

Communication and project manager at the World Health Organization, Headquarters, Geneva; scientist and artist

Art and Creativity to Humanize Health Care and Services: A World Map View

Across the globe, art and creativity serve as powerful tools to humanize health care by:

- Enhancing emotional well-being and reducing stress
- Improving communication between patients and providers
- Promoting community engagement and health education
- Creating healing environments that reflect cultural identities

Art therapy is performed on a large scale in hospitals to reduce stress (for patients and health providers) today in many countries, with spectacular impacts specifically in mitigating health disparities and inequalities, as well as contributing to social cohesion and wellbeing at individual and collective levels. An example is music and dance therapy programs in clinics and hospices. Advanced initiatives in healthy design and architecture (including Indigenous art in Australia and New Zealand) are being considered more and more, as well as patient art installations and murals to create welcoming environments.

The use of art and creative activities directly improves health communication through creative storytelling projects, in addition to supporting well-being among patients themselves, through patient partnership initiatives, between patients and health providers, and also among providers. Examples include art-based workshops for patient and staff well-being. At the community level, community-based murals and street art promote health awareness. Interactive art projects, such as living museums, support mental health and social inclusion. In Asia, for example in Japan, Zen-inspired art and meditation practices are used in patient care; traditional art forms such as Rangoli

and calligraphy are incorporated into healing spaces; and digital art and virtual reality therapies are used for rehabilitation. More broadly, nature-inspired art installations promote calmness.

This session will provide an opportunity to review and reflect on all these emerging practices in the field of TCIM and integrated health.

*The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=1463>*

* * *



Saturday, 4 October 2025 – Hall 1 



Presentation video:

Prof. MUDr. Julius Špičák, CSc.

Czech Republic

Emeritus director of Hepatogastroenterology Department
at IKEM (Institute of Clinical and Experimental Medicine),
Member of the Czech Parliament

An Alternative Approach to the Treatment of Common Gastroenterological Diseases

Acupuncture

Acupuncture, an important component of traditional Chinese medicine, has gained growing attention around the world in the past decades. Both manual and electroacupuncture are commonly used in clinical practice, especially by patients with gastrointestinal disorders seeking symptoms control due to disease recurrence and/or lack of effective treatments. Currently, patients with functional gastrointestinal disorders, constipation, gastroesophageal reflux disease, inflammatory bowel disease, ileus, acute pancreatitis, and gastroparesis may benefit from acupuncture treatment, as clinically evident. The most frequently used acupoints are chosen from the large intestine, stomach, bladder, and spleen meridian.

The underlying mechanisms of acupuncture involve neuromodulation, adjustment of gastrointestinal motility and visceral hypersensitivity, anti-inflammatory effects, repair of the gut microbiota, and strengthening of the intestinal barrier. As methodologies have advanced, a cumulative number of well-designed clinical trials has been established, which may help elevate clinicians' and gastroenterologists' awareness and perception of acupuncture for the management of gastrointestinal diseases.

Medical herbs

Despite the wide empirical use and demand for traditional Chinese medicine (TCM) herbs worldwide, high-quality clinical trials of TCM herbs in oncology remain limited. To address this, we developed recommendations for rigorous clinical trials to evaluate their safety and efficacy in oncology patients. For this purpose, the TCM & Cancer Research Committee of the Chinese Pharmaceutical Association convened a working group of oncologists, TCM experts, clinical researchers, biostatisticians, and industry/government representatives to establish principles and approaches for TCM cancer drug clinical trials. They identified two categories of herbal drugs based on therapeutic intent: survival improvement and symptom management.

The most commonly used TCM products are Huaier Granule, Huachansu, and Icaritin. Beyond oncology, these herbs also show high potential in the treatment of other common diseases, such as ulcerative colitis, chronic gastritis, gastric ulcer, fatty liver disease, Crohn disease, and functional dyspepsia. Further well-designed studies in diverse ethnic communities are needed to bridge the gap between Western and Chinese approaches.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=2994>

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Saturday, 4 October 2025 – Hall 1 

Tomáš Pfeiffer
Czech Republic

Philosopher, biotronicist; director of the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka; founder and director of the Institute for TCIM/CAM



Presentation video:

Council for Integrative Medicine

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=4348>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Amarjeet S Bhamra

UK

Officer of the British Complementary Medicine Association (BCMA); advocate for access to traditional medicine in Europe; lecturer and author on India's traditional sciences

APRIL Trial

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=7157>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Prof. Dr. Madan Thangavelu

UK

Genome biologist, Cambridge, general secretary and research director of the EUAA – European Ayurveda Association

Integrating Systems of Medicine, Health and Wellbeing

The world's systems of medicine, health and wellbeing are many. The recently established World Health Organization's Global Centre for Traditional Medicine (WHO-GCTM) in Jamnagar, Gujarat, India is recognition of this diversity. The Jamnagar facility will work on many of these systems – from Ayurveda, Unani, Siddha or Sowa-Rigpa of India, to traditional medicines and therapies used in Africa, Arabic, Islamic and Chinese practices. This diversity in systems of medicine, health and wellbeing raises an unavoidable question: is there a thread that runs through, connects and brings together these diverse systems of medicine, health and wellbeing?

One possible approach to answering this question is to re-visualize a continuum in the states between health and disease, as against the current descriptions where and overemphasis on

cures dwarfs or neglects the significance of other states. By having at least four states namely health promotion, health maintenance, and disease prevention, and finally cures, it is possible to expand the states of health and disease and in turn the spectrum of natural states in between.

Recognition for the three states, health promotion, health maintenance and disease prevention, can be found in all systems, but is most explicitly described in Ayurveda. Swasthavrittha , one of the sub-disciplines of Ayurveda, identifies these three states and procedures to be followed for achieving these three states. Swasthavrittha deals with health promotion, the maintenance of the health and the prevention of diseases through diet, yoga, hygiene, and naturopathy. Dinacharya (daily regimen) and Ritucharya (seasonal regimen) involve procedures to be practiced daily and for the seasons. Among the systems from India, such similarities are also described in Siddha.

Ritucharya , of swasthavrittha , describes how the human system responds to the changing seasons and in turn makes recommendations for procedures, including dietary changes, for preparing the body for the different seasons. Data available in contemporary scientific literature reveals how a complex system like the human body responds to the environment and in turn mirrors some of the concepts and principles for the basis of appreciating and deciphering these complex processes. I will present results of one such study (Dopico et al.

<https://www.nature.com/articles/ncomms8000>) of how the human body responds to subtle environmental changes that happen over the year.

By drawing on similar principles of traditional medicine and seeing how they align with ‘speechless languages’ of contemporary cell and molecular biology one can construct unbiased explanations for many of the practices in wisdom traditions. Such procedures that combine molecular markers from contemporary biology ratifying procedures from the wisdom traditions should form one if not the main basis of integration of systems. This will provide for an unbiased approach for integrating the diverse systems of medicine, health and wellbeing in the future. The nature of the modifications and how this impacts fully health and wellbeing across the changing seasons will come from further studies.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=8513>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Nora Laubstein

Germany

President of ANME (Association for Natural Medicine in Europe); executive board member, German Association for Natural Healing (DNB); Heilpraktikerin

Traditional Medicine – Today and Tomorrow

Traditional medicine is an intangible cultural heritage on all continents of this planet. Everywhere and at all times, humankind has treated pain, insanity, and organic or psychological deficits within a cultural framework. Today, modern technical and scientific standards raise questions about tradition. Experience vs. clinical evidence? The new WHO Global Strategy for Traditional Medicine 2025–2034 has cut the connection to the earlier strategies. Out of concern for disinformation, fake news, and alternative facts, only evidence-based medical procedures are expected to survive. But what does this mean for patients and practitioners?

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/IDyf1uV6TSk?t=10093>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Akshay Bhambri

USA

ICS–Harvard-Yenching Doctoral Fellow and STS Fellow at the Harvard Kennedy School; TCIM policy researcher

Co-author: Dr. Bhaswati Bhattacharya, MPH, MD, PhD, Clinical Assistant Professor of Medicine, Weill Cornell Medical College, New York

Pluralistic Pathways to Health: Comparing Policies in Traditional and Integrative Medicines between Taiwan, India, China, and the USA

As health systems worldwide grapple with access to health, rising healthcare costs, aging populations, and the growing burden of chronic diseases, there is increasing interest in the potential of TCIM to supplement mainstream healthcare. Four diverse national health policies—Taiwan, India, China, and the USA—have integrated TCIM to varying levels into their formal healthcare systems. The health economics and policy analysis reveal a strong, yet contested, rationale for integrating TCIM within health systems still dominated by biomedical models.

Our analysis provides evidence for the often-polarized debate between biomedical orthodoxy and tradition-based medical systems by offering a nuanced evaluation of integrative health models using economic data and policy-based metrics. In Taiwan, TCM is institutionally recognized and embedded within the National Health Insurance system, providing robust reimbursement mechanisms for TCM and exemplifying the use of cost-effective traditional therapies such as acupuncture and herbal remedies. India's AYUSH system is pluralistic yet fragmented; however, the widespread use of traditional medicine remains institutionally peripheral to the mainstream healthcare system. China offers a long-standing model of co-existence, in which TCM is deeply interwoven with the biomedical system under state oversight in public hospitals. In the USA, TCIM operates within a largely privatized system shaped more by demand than by coordinated federal policy.

Comparison between these four national contexts identifies key enablers and constraints for effective TCIM integration from policy and health economics standpoints. Implications for equity, access, and sustainability can be found in different integration models, from parallel coexistence to full systemic integration. TCIM can be a valuable adjunct in the pursuit of Universal Health Coverage goals, provided it is incorporated through evidence-informed, economically sound,

and culturally sensitive policies. TCIM should be seen as a vital resource in reimagining resilient, affordable, and holistic healthcare systems within the coming decades.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=11565>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Prof. Dr. rer. nat. Katharina Wirnitzer, BEd
Austria

Sports scientist and senior lecturer in sports science and sports didactics at the University College of Teacher Education Tyrol

Prevention First by School Curricular State Mandate – The Potential of School Health Promotion as a Key Building Block to Improve (Child) Public Health in Nations like the Czech Republic, or: How to Unlock the Dual HEAL Approach to Lifelong Health?

Health is the natural state from birth, but it has to be earned over a lifetime. Consequently, children’s health is a nation’s greatest wealth, since health behaviour and habits track from childhood to senior ages. While health is free, the costs to treat the skyrocketing numbers of NCDs are unaffordable for nations. Therefore, and because (i) children/adolescents in the Czech Republic spend 40% of their daily waking time at school, (ii) complete 9 years of mandatory school attendance, and (iii) 19% of the population (1.8 million) are under 18 years of age, health policies that exclude schools are doomed to fail.

Simultaneously, according to ChatGPT, vegan/vegetarian eating (booming across all ages and social groups) is forecasted to be considered the norm by 2075, with youth as key drivers in the global shift towards healthier and more sustainable lifestyles. Also, the IPCC 2022 Summary Report for Policymakers reminds us of the fact that the greatest shift potential for sustainable health comes from plant-predominant diets.

However, since food and physical exercise are considered “medicines”, their continuous interrelated application is a highly effective yet simple tool for improving health. The dual HEAL approach to lifelong health with (1) Healthy Eating—ideally whole-food, plant-predominant, preferably vegetarian/vegan diets—permanently linked and interwovenly related to (2) Active Living—ideally daily outdoors, in nature, with physical activity, sports, and exercise—serves as

the minimum recommendation and starting point to well-informed lifestyle choices, conscious decisions, and lifestyle changes. The HEAL approach serves to unlock the potential of the Power of Lifestyle to improve individual health over a lifetime. It is time to consider the fact that better public health in the Czech Republic will result from improved child public health only, with a snowball effect on society.

However, nationwide-determined school health promotion by curricular state mandate via the overarching educational goal holds huge potential left untapped to contribute to better public health for future generations, to match: (i) the need for improved vertical permeability of evidence-based health information, knowledge, and transfer to unfold the Power of Lifestyle to empower the young (with fourfold greater impact than the healthcare system) as the individual holds the greatest influence over one's health, and (ii) the "Prevention First" and "Prevention over Treatment" appeal of the European Commission that calls for actions across all levels and settings.

This keynote sheds light on a highly underestimated and mostly neglected body of evidence, providing insights into (1) youth health behaviour, spanning from school to university; and (2) a systematic review focusing on school curricula to identify the school health (promotion) potential. It further uncovers gaps and untapped potentials with urgency to be addressed and delivers potential solutions, including "why" and "how" the (child) public health mission is key for human development.

Based on the Health in All Policies strategy with its intersectoral action capacities, i.e. decision and policy makers at federal, governmental, and intergovernmental bodies including role models/ multipliers in education, health, and care, this is a call to nations to set tracks for better public health by benefitting from the advantages of various synergistic effects resulting from the joint forces of inter- and transdisciplinary cooperation across scientific areas to engage relevant peer groups and sub-populations.

Keywords: child; adolescent; school health; health promotion; prevention; vegan; vegetarian, plant-predominant; physical activity; physical exercise; sport

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=13550>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Dr. Bhaswati Bhattacharya, MPH, MD, PhD
USA, India

Clinical assistant professor at Weill Cornell Medical College; Fulbright Specialist in Global Public Health, specializing in integrative medicine

Strategies for TCIM Harmonization – Bridging Modern Politics of Medicine with Ancient Systems of Wellness, Health, Vidya, and Kindness

When we discuss strategies to harmonize TCIM into society, we must first observe our belief systems, as they determine our values. Our belief in institutional power as more valid than individual power will determine how we shape TCIM policies.

Our belief in evidence as the basis for a medicine's validity requires us to help more people understand foundational tenets created by Sackett and epidemiology colleagues about EBM (Evidence-Based Medicine), which state that good evidence is a combination of individual clinical expertise, a patient's values and expectations, and the best available clinical evidence in the published literature, all to improve patient outcomes.

To harmonize, examine evidence showing that modern medicine with its medical errors, misdiagnosis, and pharmaceutical side effects are the third leading cause of death in the USA; that only 18% of the recommendations in primary care practice are actually strongly evidence-based, that large data studies tend to produce false results and are subject to misinterpretation and separation from real-world medicine.

How we can develop better models for evidence and for BS (belief systems) for good medicine?

- 1) Bring healing of the non-physical body back into the definition of medicine, as it exists in many ancient medical traditions.
- 2) Create metrics to assess health and wellness in the conventional medical setting, emphasizing well-being.
- 3) Compare health and medicine by examining wellness vs. illness, subtle energy changes vs. physical biochemical changes, and parameters important to the well-person vs. sick person conversation.
- 4) Acknowledge the emerging evidence in various modern sciences validating ancient wisdom traditions principles in ayurveda, biotronics, homeopathy and herbal medicines.

- 5) Reexamine the toxic effects of modern living, especially the processes of food production, safe water, electricity and non-ionizing radiation.
- 6) Utilize the efficiency in today's tools to create models of whole health systems.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=15259>

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Saturday, 4 October 2025 – Hall 1 

Massimo Bonucci, MD
Italy

Director of Integrative Oncology at Villa Benedetta, Nuova Villa Claudia, and Villa Anna Maria Hospitals in Rome; president of the ARTOI Foundation



Presentation video:

State of Integrative Oncology Research in Italy and across Europe

Integrative Oncology is understood as the complement to primary cancer care—such as chemotherapy, radiotherapy, and immunotherapy—through methods including Herbal Medicine, Homeopathy, Anthroposophic Medicine, Traditional Chinese Medicine (TCM), and related approaches aimed at improving patients' quality of life and ultimately their survival. Globally, it is now well established that integrative medicine is recognized as medicine. In more than 100 countries, this approach is considered standard.

In Italy, both public and private entities are scientifically advancing this field. We also provide education and training in Integrative Oncology for physicians, nurses, and other healthcare professionals. As Past Co-Chair of the Global Commission for Integrative Oncology of the Society for Integrative Oncology (SIO), and as Italian Ambassador—together with my colleague Dr. Eran Ben-Arye, Ambassador of the same organization—we are working to spread this approach across Europe, promoting the integration of traditional and complementary therapies in all countries.

It is essential to establish a solid scientific basis for integration in every European country and to lay the foundation for open dialogue with other scientific societies engaged in oncology, all for the benefit of patients' health.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=17134>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Prof. Faadiel Essop, FAPS, FRASSAf
South Africa

Director of the Centre for Cardio-Metabolic Research
in Africa and full professor in the Division of Medical
Physiology at Stellenbosch University

The Decolonization of Medical Practice and Education With Consideration to Indigenous Knowledge Systems

There is an increased impetus to decolonize medical teaching, research, global healthcare systems, and practice. The process of decolonization is complex and multifaceted. For example, colonialism contributed to and perpetuated false beliefs about racial hierarchies and differences in physiology based on race. Such ideas historically influenced medical research efforts, education, and practice, resulting in discriminatory treatment of some research subjects and patients. Moreover, attempts to address such issues can be challenging, as existing medical and biomedical sciences curricula are rooted in Eurocentric perspectives and historical traditions. The harms of colonialism and systemic racism remain, as they are often structurally embedded in populations, thereby perpetuating inequity in access to healthcare.

This talk will provide insights into the decolonization of medicine by focusing on three key aspects: curricula, research, and medical practices. It will highlight the importance of addressing historical legacies when training medical, allied health sciences, and biomedical students. Medical and allied health sciences curricula should therefore be reconsidered and remodeled to include reference to the role of medicine and science as part of the colonial project, as well as the

impact of scientific racism and linked medical practices on Indigenous peoples and contemporary marginalized communities.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=18345>

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Saturday, 4 October 2025 – Hall 1 

Kiran Vyas
France

Founder and director of Tapovan Open University, a bridge between East and West



Presentation video:

The Future Medicine for Humanity Based on Yoga and Ayurveda

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=20378>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Ing. Klára Doláková, MBA

Czech Republic

PhD student in Applied Ethics at Charles University and a researcher at the Royal London Hospital for Integrated Medicine

Models of Collaboration Between Health Professionals, Researchers, and TCIM Practitioners: Findings From a Qualitative Study in the UK

Theoretical background: Traditional, Complementary, and Integrative Medicine (TCIM) approaches are of interest to the general public, and in some countries selected methods are available through the health care system. In the UK, changes in National Institute for Health and Care Excellence (NICE) recommendations have led to the integration of selected TCIM into health services. However, there is no systematic integration of TCIM into the health service, and therefore this study explored models of collaboration between TCIM practitioners and health professionals in the National Health Service (NHS) clinical practice setting.

Aim of the study: This qualitative study explored practitioners' experiences of integrating TCIM interventions into the NHS clinical setting. The main aim was to identify what models of collaboration are currently in practice and what UK practitioners believe are the mechanisms and circumstances for their implementation.

Methods: Semi-structured interviews were conducted with selected participants. Field notes and recordings of the interviews were taken. Audio recordings were transcribed verbatim. The transcripts were thematically analysed using the framework methodology.

Results: Twenty-one participants, identified as researchers/academics, TCIM practitioners, and physicians, took part in the study. Several unique models of collaboration between TCIM practitioners and health professionals were described (e.g., an acupuncturist in a general practitioner's office, an herbalist in a hospital ward, or a healer collaborating with a physician on research). Collaborations were found to emerge through passionate individuals who are able to establish and build relationships in the health care sector. Thus, interpersonal relationships, openness to other approaches, and knowledge of the potential use of TCIM approaches are important.

Conclusion: This study has revealed models of collaboration in primary and secondary care that allow for the integration of certain TCIM interventions within and beyond current NICE recommendations into the NHS. Further research is needed to determine whether these models can be applied in systematic integration nationally or in other countries.

Keywords: traditional medicine; integrative medicine; complementary medicine; integration; NHS

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=21833>

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Saturday, 4 October 2025 – Hall 1 



Presentation video:

Nandu Goswami, MD, PhD, MME
Austria

Acting head, Division of Physiology, Medical University of
Graz

**Integrating Complementary and Integrative Medicine Education
into Western Medical Universities: Challenges and Perspectives**

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=22900>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Prof. Dr. Radko Tichavský

Nuevo León, Mexico

Academic director, researcher, and professor of
holohomeopathy, Comenius Centro Universitario
(Ecomenius)

Holohomeopathy – Health Begins in the Soil

Holohomeopathy is an advanced agricultural method that integrates biophysical, fractal, and biochemical principles to assess and improve the health of plants, fruits, and soil. A key tool in this approach is the crystallization by evaporation of drops (CED) method, which allows for analysis of the vitality of plant extracts and soil through patterns formed after a drop evaporates on a controlled surface. The fractal local dimension (FLD) of these patterns is calculated using software and serves as an indicator of structural and biochemical complexity.

Results show that crops treated with holohomeopathy exhibit significantly higher FLD values than those from conventional agriculture, indicating better cellular structure organization, higher microbial activity, and improved ability to retain water and nutrients. Examples include comparisons of hydrosols and sap from pepper and wheat seeds grown under different cultivation methods. The importance of polyploid plants, such as Kamut (*Triticum turgidum* ssp. *uranicum*), is emphasized—these plants demonstrate greater stress resistance, improved germination, and superior nutritional value. The fractal structure of fruits also contributes to increased resistance to pathogens, better water retention, and enhanced nutritional quality.

There is a circular relationship between soil, plants, fruits, and human health: living soil supports healthy plants, which yield high-quality fruits that contribute to population health—leading, in turn, to greater investment in sustainable agriculture. Additionally, holohomeopathy has been shown to reduce agricultural input costs by up to 70%. As plants are not susceptible to the placebo effect, they serve as objective indicators of the effectiveness of homeopathic applications.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/IDyf1uV6TSk?t=24265>

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Saturday, 4 October 2025 – Hall 1



Presentation video:

Santhosshi Narayanan, MD

United States

Associate professor, Palliative, Rehabilitation & Integrative Medicine, The University of Texas MD Anderson Cancer Center

Integrative Therapies in Cancer Symptom Management

Background: As guidelines and interest in integrative and complementary approaches for cancer symptom management grow, there is an increasing incorporation of various integrative oncology (IO) modalities into cancer care. Our integrative medicine service at MD Anderson provides consultations to patients across the continuum of cancer care in an evidence-informed manner.

Content: The presentation will begin with definitions of complementary, alternative, and integrative medicine, as well as a definition of integrative oncology. We will then discuss the MD Anderson Integrative Oncology model, highlighting evidence-based data on how we assess patients in our clinic, reasons for referral, patient concerns, and treatment recommendations. We will provide an overview of various integrative therapies, including acupuncture, oncology massage, yoga, meditation, health psychology programs, and music therapy. This will be followed by an explanation of how different therapies are selected based on individual patient symptoms. The presentation will also cover NCCN and ASCO-SIO guidelines on integrative therapies for managing symptoms such as fatigue, pain, and anxiety. Finally, we will briefly address the approach to herbs and supplements based on current evidence.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/IDyf1uV6TSk?t=26182>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Dr. Dilip Ghosh

Australia

Consultant and researcher, WHO Global Centre for Traditional Medicine; NutriConnect & NICM Health Research Institute, Western Sydney University

Global Regulatory Landscape of Dietary Supplements, Nutraceuticals, and Herbal Medicines

The number of individuals using dietary supplements (DS), nutraceuticals, and herbal medicine (HM) products is continuously increasing globally. The WHO reports that this consistent surge is due to limited access to safe, affordable, and high-quality modern medical care. Definitions and usage vary widely from country to country: in some, these products are limited to general health and well-being, while in others their use for therapeutic benefits is permitted.

To date, there is little consensus among countries on the scope, requirements, definitions, or even the terminology by which dietary supplements, nutraceuticals, and herbal medicine categories should be classified. Transparent, science-based quality standards for ingredients across regulatory frameworks are therefore especially important. Data analytics methods may play a significant role in the development of robust quality-evaluation methodologies to enhance assessments of natural products classified either as “supplements” or “medicines”.

Existing surveillance systems implemented in various countries provide useful information resources on the adverse events of herbal products. Example include the ADR reporting system in China and Australia, the FDA MedWatch program in the United States, Medsafe in New Zealand, and pharmacovigilance systems such as the EMA database and the Rapid Alert System for Food and Feed of the European Commission.

This presentation will summarize key information from a longitudinal comparison of the status of dietary supplements, nutraceuticals, and herbal medicines across different national jurisdictions, including India, Japan, USA, Australia, Canada, and Europe.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=259>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Federico Palla

Italy

Project manager, Fondazione Interanzionale LUMEN;
coordinator of the European Network SALUS

Integrating Traditional and Complementary Medicines into European Health Systems: The SALUS European Strategy 2025–2029

The growing unsustainability of European healthcare systems — exacerbated by an aging population marked by increasing frailty and a general rise in non-communicable diseases — calls for an urgent paradigm shift: from a treatment-centered model to the active promotion of health. The SALUS European Strategy 2025–2029, developed by a European network of experts and stakeholders, proposes an innovative model that builds bridges between conventional medicine and traditional and complementary medicines (TEM, Ayurveda, TCM, Naturopathy, Bio-Natural Disciplines).

Through a transversal, holistic, and evidence-based approach, the strategy promotes healthy lifestyles, integrates health promotion into clinical pathways, experiments with innovative remuneration models linked to healthy longevity, and recognizes new professional roles such as the Health Promoter.

This presentation will illustrate how this integrated vision can not only improve citizens' health but also reinforce the economic, social, and environmental sustainability of European healthcare systems, contributing to the construction of a true Health Union.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=2253>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Prof. Bruno Renzi

Italy

Director at Maharishi College for Perfect Health International in the Netherlands and co-director of the Maharishi AyurVeda Health and Prevention Center in Milan

DNA, Temperament, and the Existential Project

The new frontiers of cosmology and knowledge in the physical–quantum field are revolutionising a series of paradigms that have conditioned the perception of humanity’s position in the cosmos. This presentation will attempt to answer the following questions: Is it possible that temperament can be determined by morphogenetic fields at the DNA level? Is it possible that a dimension of DNA represents a personal memory? How is this memory manifested in individual life? Can this type of morphogenetic configuration influence the “evolutionary flow” of the individual?

In this work, knowledge relating to wave genetics will be introduced, and the hypothesis of a transmission of configured memories and psychological aspects in the form of holographic content in DNA morphogenetic fields will be addressed. In this regard, the theory of formative causality and the morphogenetic fields hypothesised by the molecular biologist Rupert Sheldrake will be presented. Finally, the role of this quantum dimension of DNA will be emphasised in order to gain a better understanding of the factors that determine its expression in terms of temperament and the individual existential project.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=3574>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Mgr. Miloslava Rutová

Czech Republic

Facilitator, therapist, and instructor of One Brain Kinesiology, Elpida Plzeň; former member of the Czech Parliament

Transformations in Kinesiology

The applied method of kinesiology Proměny works with the body, conscious mind, and subconscious with the aim of relieving stress and achieving full realization of personal potential. Kinesiology is a method that relieves negative emotions and stress so that we can make free decisions and achieve our full potential. All negative experiences from the past are stored in the subconscious mind and cells of our body, which influences our current decision-making. Stress from the past can block communication between different areas of the brain and prevent the retrieval of knowledge from memory. The method helps with dyslexia and learning difficulties, improves self-confidence, and eliminates fears, anxiety, and depression. It solves problems caused by emotional stress. It leads to responsible creative thinking. Nowadays, even doctors admit that unprocessed emotions are often the cause of many diseases. Kinesiology is based on asking the body questions and obtaining answers through muscle testing. It does not address the problem, but rather works to dispel negative emotions that prevent success. The Proměny method is simpler but has the same effect as classic One Brain Kinesiology.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=5359>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

MUDr. Andrea Málková

Czech Republic

General practitioner specializing in myoskeletal and integrative medicine, Brno

Disease as a Meaningful Program in Human Evolution

New German Medicine (NM) was discovered in 1981 by physician and theologian Dr med. Geerd Hamer. It represents the first causal therapy based on the simultaneous study of the psyche, the brain, and the affected organ of the human body. It is founded on five natural laws that reveal the biological meaning of our diseases. The entirely logical foundations of NM enable the professional community to understand the course of diseases in a completely new way, while also being accessible to laypersons, offering them the possibility to comprehend their own bodily processes – and thereby often enabling subsequent healing.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=6363>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

MUDr. Hana Vánová

Czech Republic

Medical doctor specialized in acupuncture and homeopathy, Litovel; former president of the Homeopathic Medical Association (HLA)

Return to Rhythms and Homeopathy

Our inner rhythm, cosmic rhythms, the rhythm of a homeopathic remedy.

How are they all connected? In 2017, the Nobel Prize in Physiology or Medicine was awarded to three American scientists — J. C. Hall, M. Rosbash, and M. W. Young — who clarified further details of the circadian rhythm. According to the Nobel Committee, they “explained how plants, animals, and humans regulate their biological rhythms so that they are synchronised with the rotation of the Earth.” Modern science today is confirming what traditional cultures around the world have always known.

At the centre, holding the baton, is our inner Sun — the HEART. Blood circulation reflects the great cosmos in its effective connections and creates, in the microcosm, its cosmic image. In the pulsation of breath and circulation, we are connected to the solar cosmic rhythm. Is this coincidence? Certainly not! The rhythm of breath and heart, linked to cosmic rhythms, sets the pace for all other processes in the body — from thought to metabolism. And how does homeopathy relate to rhythms? In a fundamental way. For a remedy to be homeopathic, it must be prepared through two processes: dilution and dynamisation. Instead of the word “dynamisation,” we could also use the word “rhythmisation.” This creates a new and essential quality. Behind potency lies another effective force — one that is awakened by RHYTHM!

The realm of living nature follows the laws of life, as Goethe already emphasised. For the realm of living nature we use the collective term organism. The second realm is governed by the laws of physics and molecular chemistry — this we can summarise by the term mechanism. When assessing the effectiveness of homeopathic remedies, it is necessary to be guided by the laws of life, not the laws of the mechanical world. There is research demonstrating the biological effectiveness of homeopathic remedies (<https://vedecke-dukazy.svethomeopatie.cz> or www.pubmed.com). I will also present practical examples from life.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=7972>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Prof. RNDr. Anna Strunecká, DrSc.

Czech Republic

Former professor of physiology at Charles University in Prague; publicist, author, and researcher focusing on autism spectrum disorders

Panacea for Life and Health: Discoveries of Contemporary Science and the Transformation of Consciousness

The search for the elixir of life runs throughout the history of humankind. In this presentation, I will reveal newly discovered connections that may be useful in the current stage of humanity's transformation. To the surprise of many researchers, it has been found that human cells use the pigment melanin to break down water in much the same way that plants do during photosynthesis. Melanin decomposes water and uses it as a source of energy. In this way, cells obtain up to 90% of their energy from water. Hydrogen is nature's most widely used energy carrier, and melanin transforms water into biological fuel. This unexpected discovery opens a new era in biology. It may fundamentally reshape biochemistry, where glucose has long been regarded as the central energy molecule, stored in ATP.

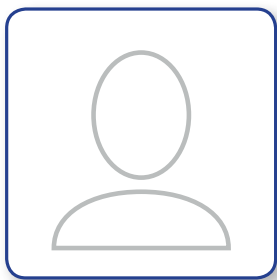
How, then, can melanin levels in humans be increased? Melanocytes are stimulated to produce melanin by the herb *Artemisia vulgaris* (mugwort). Sunlight triggers the body's production of vitamin D3. At present, 85–95% of the population in developed countries is at risk of vitamin D3 deficiency. The best proof of its necessity for the human body is that all cell types are equipped with receptors for this vitamin. Through them, vitamin D3 regulates 2,000 genes in the human genome and affects up to 500 different disorders and diseases. Melanin and vitamin D3, together with water and sunlight, represent a modern panacea.

We are living in an extraordinary time of consciousness transformation. Within a short span, humanity is undergoing a quantum leap into a new way of being. People are aging, healing, and dying in new ways. Yet 2.5 billion of our fellow human beings still lack access to clean water, and every hour 650 children in the world die of hunger. The state of our consciousness reflects the state of our overall health, and consequently the health of our planet. It is time to turn away from material dogmas and accept the fact that we are spiritual beings having a human experience. We are all one. Everything on this planet can be changed.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/Ad2WOWn8CQA?t=9381>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Mgr. Jan Frank

Czech Republic

Astrologer, homeopath, quantum sonogeneticist, and conductor focusing on the integration of astrology, hermetics, medicine, and music

Co-authors: Ing. Hrbáčková Hana, Ing. Kabelka Petr

Enhancing Human Resilience Against the Negative Effects of Electromagnetic Smog Using Sonofractal Essences

The presentation will focus on areas most sensitive to electromagnetic fields and the pathophysiological effects of their impact on the brain and nervous system, neurohumoral regulation, the heart and circulatory system, digestion, intracellular processes and membrane transport in somatic cells, individual cell organelles and biochemical processes – such as the respiratory chain in mitochondria and the production of cellular fuel ATP, damage to the gene pool of the human population (gene mutations) and damage to the psyche and cognitive functions, such as post-traumatic stress disorder and memory disorders.

The above examples demonstrate the positive effects of certain sonofractal essences, which lead to increased resistance of the organism and elimination of the consequences of long-term exposure to electromagnetic fields. Electromagnetic fields most often affect the nervous system. We present an example of therapy that eliminated serious problems with memory, attention, dizziness, and persistent headaches in a 70-year-old woman.

Other examples come from the field of digestion – the elimination of tertiary diabetes, which is caused by irritation of the pancreas by electromagnetic fields, and from a number of other areas of influence, such as increased sensitivity of the heart atria, higher incidence of tachycardia, bradycardia, dysrhythmia, asystole, extrasystole, and others.

Given that these fields are physically and technically difficult to detect and measure, it is not easy to prove the specific destructive effects of these fields on the human population. However, experience shows that sonofractal essences provide effective protection and thus optimal opportunities for improving the quality of life of people sensitive to electromagnetic smog.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=10959>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Ing. Adolf Inneman, Ph.D.

Czech Republic

Cosmic engineer collaborating with ESA and NASA, popularizer of science and ancient civilizations' knowledge, and promoter of the spiritual traditions of Jan Amos Comenius

Ayurveda – The Key to Health

AYURVEDA – THE PATH TO LONGEVITY

Ayurveda is one of the oldest cultural heritages related to health. Ayur means life and vedas is a science, i.e. the science of life. Life is like a fairy tale in which a golden-haired maiden is sought, and the persons of this story represent the basic archetypes of Ayurveda. The knowledge of Ayurveda deals with the human typology of KAF (Broad), PITH (Sharp-sighted) and VÁT (Long), these doshas are basically deviations from the optimal constitution of SAM (Successor of the King). The constitution is related to the mahadbutas – the movers of the elements: KAF (earth-water), PITH (fire) and VÁT (air-ether). Each human constitution requires a different lifestyle according to the elements. In general, man naturally tends to gravitate towards that which is most harmful to him: KAFA likes to overeat and likes to sleep, PITHa suffers from workaholism and has an exaggerated order and system in everything, VÁTa finds it difficult to keep any order and suffers from sleep disorders, but lives in the power of the present moment and is highly unreliable. Each person is an individual and practically not of pure constitution, but most often a combination of two doshas together, KAF-VÁT, PIT-VÁT, PIT-KAF. Ayurveda has methods to bring these disturbances into balance – SAM.

- The first rule of Ayurveda is – be with those who love you!
- The second rule of Ayurveda is – adjust your lifestyle according to doshas!
- The third rule of Ayurveda is – follow the rhythm of the organ clock!
- The fourth rule of Ayurveda is – avoid tamasic activities!
- The fifth rule of Ayurveda is – do good things and develop spiritually!

According to Ayurveda, we have five qualities in common with animals: 1.EATING FOOD, 2.SLEEPING, 3.REPRODUCTION, 4.FEAR-DEFENCE, 5.ATTACK. The mastery of these five qualities of life is making us Human. Self-control is the way to uplift the whole human society. It is in limitation that the true master is known.

Ayurveda does not prohibit anything to anyone, it is universal and is not the prerogative of a selected section of society. Its tool is the use of natural remedies, treatments and oil massages. All the Ayurvedic practitioners all over the world, do not forbid meat to anyone, though they themselves are vegetarians. We are all at different stages, and we have to respect that. The Russian writer Leo Tolstoy, who wrote the novel War and Peace, said, "As long as there are slaughterhouses

in the world, there will be wars!" In his time, Tolstoy was chairman of the worldwide Esperanto-vegetarian movement. Tolstoy influenced, for example, Mahatma Gandhi, who named his first ashram after him and founded a movement of non-violence – active resistance – in India called the Fortress of Truth (Satyagraha). Respecting the natural biorhythms: the cycles of the day, the phases of the moon, the seasons and the climatic zones leads to a full and rich life at every age. Every plant has five stages of growth: PRE-SPRING – Seedling germination, SPRING – Growth and Flowers, SUMMER – Fruit ripening, AUTUMN – Seed dropping into the soil, WINTER – Plant death. Like plants, we too are subject to these immutable laws. But life does not end with death, our soul – ATMA – the light within us continues its evolution even after death in the realm of souls. With the new Spring, we take on again, as a soul, a material form and continue with a new chance to realise a better life anew. Just as when we go to sleep and wake up in the morning refreshed and full of strength, so we die and then are reborn, to new opportunities where our one life is but a mere day in the great cosmic year. We are born at an extraordinary time when we can influence the world around us in a creative spiritual way. We are no longer at the mercy of superstition, religion, politics, ideologies and errors. If we learn from the wisdom of our ancestors, based on our knowledge of history. If we turn to Mother Earth, submit to the cosmic laws of the Universe and open the Heart within us. A peaceful world awaits us, favourable to all manifested and unmanifested beings. It is up to us what kind of world our children will live in. Therefore, accept the message of peace from Prague:

- "Do not fight evil where the Light is brought – the Darkness disappears itself!"
- "Let everything flow by itself – no violence – this is a solution!"
- "SAT-CHIT-ANANDA" "*****"CONSCIOUSNESS-BEING-GOOD"
- "OM – SHANTI"

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=11929>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Dr. Jayvant Bhagattjee, BUTM, CMA

South Africa

Physician practicing Unani-Tibb, Chinese medicine, and acupuncture in Cape Town; member of the Allied Health Professions Council of South Africa

TCIM in Bali Indonesia

Indonesia's TCIM landscape is deeply interwoven with its rich cultural diversity, particularly exemplified by the distinct practices found in Bali. Rooted in centuries-old traditions, TCIM ("Pengobatan Tradisional, Komplementer, dan Integratif") remains a vital component of healthcare, often serving as the primary or preferred option for many communities, especially in rural areas and on islands such as Bali, where cultural preservation is key. Cultural heritage: TCIM in Indonesia encompasses a vast array of systems, most notably Jamu (empirical herbal medicine), Bali Usada (Balinese traditional medicine based on Hindu philosophy, massage and herbs), Sinshe (Traditional Chinese Medicine), and various indigenous ethnic practices. In Bali, TCIM is inseparable from Hindu Dharma and Tri Hita Karana (harmony with God, nature and others). Healing involves spiritual elements (mantras, offerings), physical therapies (balur massage), and complex herbal formulations (lloh) prepared by Balian healers. This system is not merely a form of medicine but a core aspect of Balinese cultural identity and daily life.

Regulatory framework: Regulation is evolving but remains fragmented. The primary national authority is the National Agency of Drug and Food Control (BPOM RI), responsible for ensuring the safety, efficacy and quality standardisation of traditional medicines (Jamu, OT – Obat Tradisional). Key regulations include Regulation of the Minister of Health No. 003 of 2010 concerning the Saintification of Jamu, which encourages evidence-based research, and Law No. 36 of 2009 on Health (Articles 48–49), which recognises traditional health services alongside conventional medicine. Integrative medicine practices in hospitals are guided by specific ministerial decrees. However, regulating the vast number of informal healers and ensuring consistent quality across diverse traditions remains a significant challenge, particularly for deeply spiritual practices such as Bali Usada.

Research and development (R&D): R&D efforts are increasing but face resource constraints. Key areas of focus include:

1. **Pharmacological validation:** Identifying active compounds and mechanisms of action in Jamu herbs (e.g. Curcuma spp., Zingiber officinale) and Balinese plants (e.g. Brotowali – Tinospora crispa).
2. **Clinical trials:** Assessing the efficacy of specific Jamu formulations (e.g. for diabetes, hypercholesterolaemia) and Balinese therapies (e.g. for pain or post-stroke recovery).

3. **Ethnomedical documentation:** Systematically recording indigenous knowledge, especially from remote communities and Bali's unique practices. Institutions such as the Research Centre for Traditional Medicine and Medicinal Plants (B2P2TOOT) in Tawangmangu and universities (e.g. Udayana University in Bali) lead research, often in international collaboration. However, research on the holistic, spiritual and ritualistic aspects of Balinese medicine lags behind phytochemical studies.

Public perception and accessibility: TCIM enjoys exceptionally high public trust and utilisation. Surveys indicate that a majority of Indonesians, including urban populations, use Jamu regularly for wellness and illness management. In Bali, traditional healers (Balian Usada , Balian Sehat) remain highly sought after, often consulted first or alongside conventional doctors, particularly for culturally specific illnesses or spiritual imbalances. Accessibility is generally high:

- **Affordability:** TCIM is significantly cheaper than conventional care.
- **Availability:** Jamu is ubiquitous (street vendors, markets, modern packaged products), and traditional healers practise widely, especially in villages.
- **Cultural acceptability:** TCIM aligns deeply with local beliefs and worldviews, particularly in Bali. Challenges include variable quality control, limited scientific information for consumers, and geographical or economic barriers for some marginalised groups, despite overall affordability. Integration into the formal health system (Puskesmas/community health centres and hospitals) is progressing but remains uneven.

Conclusion: TCIM, particularly Jamu and the unique Bali Usada system, forms a cornerstone of Indonesian healthcare and cultural heritage. While regulatory frameworks are strengthening and R&D is expanding, effectively integrating diverse traditional systems such as Bali Usada into a standardised regulatory structure, advancing research on holistic practices, and ensuring equitable access and quality remain critical tasks. Public perception remains overwhelmingly positive, driving continued reliance on these culturally resonant healing traditions.

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<https://youtu.be/Ad2W0Wn8CQA?t=14267>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Prof. Dr. Dušan Vešović
 Serbia

Professor of Occupational Medicine at the Sanitary Medical School of Applied Sciences VISAN, Belgrade; founder of the OPTIMA FORMULA Centre

Health Implications of Endocrine-Disrupting Chemicals (EDCs): Is Clinical Medicine Addressing the Risk Adequately?

Endocrine-disrupting chemicals (EDCs) are exogenous substances that interfere with the body's hormonal balance, contributing to a wide spectrum of health disorders. Found in plastics, pesticides, cosmetics, personal care products, and industrial pollutants, EDCs have been linked to hormone-dependent cancers, thyroid dysfunction, reproductive abnormalities, immune suppression, metabolic disorders, and neurodevelopmental issues. Despite mounting scientific evidence, the clinical relevance of EDCs remains under-recognised. This presentation aims to raise awareness among healthcare professionals by summarising key findings and emphasising the importance of EDCs in preventive and clinical practice.

EDCs act through multiple mechanisms: they can mimic, block, or alter hormone synthesis, secretion, or transport. Even in small doses, they may significantly affect endocrine-sensitive tissues such as the breasts, uterus, prostate, thyroid, and brain. The effects of diethylstilbestrol (DES), highlighted as early as the 1970s, reveal the transgenerational impact of EDCs, with links to reproductive abnormalities and neurobehavioural disorders such as ADHD.

Common EDCs include bisphenol A (BPA), phthalates, dioxins, PFAS, PCBs, triclosan, and pesticides such as glyphosate. They enter the body via ingestion, inhalation, or skin contact, and

many persist in the environment due to poor biodegradability. Ongoing international research focuses on developing improved diagnostic models, high-throughput testing methods, and tools to assess neuroendocrine disruption. Clinical attention to EDC exposure is crucial in the evaluation of patients with unexplained metabolic, hormonal, or reproductive issues. Healthcare providers should educate patients on reducing exposure: replacing plastic with glass or ceramic, avoiding microwaving in plastic containers, choosing phthalate- and BPA-free products, and promoting dietary detoxification strategies and adequate hydration. Integrating EDC awareness into clinical education and public health policy is essential. Medical professionals must take an active role in recognising, preventing, and managing EDC-related risks to improve long-term health outcomes.

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<https://youtu.be/Ad2W0Wn8CQA?t=15915>

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Saturday, 4 October 2025 – Hall 2 

Dr. Peter Kath
Germany

Member of the EUAA Executive Committee; member and consultant of the Executive Board of the registered association Santulan-Veda; lawyer



Presentation video:

What Would Hippocrates Say Today?

Nature knows no boundaries. There are no English, German, European or Indian elements. Air, fire and water increasingly reveal their global character. Borders are human constructs that draw artificial lines through undivided nature. All methods that serve health aim for the healing of the human being. According to the teachings of Ayurveda, we are all composed of the same elements that shape both nature and humankind. Ayurveda was created by sages to serve all humanity, not individuals of a particular nationality. The knowledge (Veda) of life (Ayur) concerns the human being as such.

The 2017 Geneva Pledge of the World Medical Association, a modern version of the Hippocratic Oath, recalls the central ethical principles of the profession:

“I solemnly pledge to dedicate my life to the service of humanity. (...) I will share my medical knowledge for the benefit of the patient and the advancement of health care. (...) I will respect the autonomy and dignity of my patient. (...) I will attend to my own health, well-being and abilities in order to provide care of the highest standard.”

It is therefore important to emphasise four key aspects: service to humanity; sharing knowledge for the benefit of patients and health care; respect for the patient's right to self-determination; and care for one's own well-being. All healing methods can be integrated into a system founded on these pillars. What this means for a shared strategy, and what role music can play within it, will be the focus of the lecture.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=17529>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Dr. Maria Peneva, PhD

Bulgaria

Public health manager at the MC Evrozdrave-Bulgaria Health Center and technologist at Daflorn; researcher

Co-authors:

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The Effects of *Lactobacillus bulgaricus* DWT1 as a Psychobiotic During the Bulgarian Antarctic Expeditions and on Post-COVID Syndrome

Psychobiotics are live bacteria that, by improving the gut microbiome, benefit the host's mental health. The aim of the study is to establish the effect of a probiotic formula with *Lactobacillus bulgaricus* DWT1 on the mental well-being of both the crew of Research Vessel 421 during the first and second Bulgarian Military Antarctic Expeditions and of post-COVID syndrome patients.

The maritime profession puts the crew under high stress. During the two Antarctic expeditions (2022–2024), the crews (25–28 individuals) were divided into two groups – those taking and those not taking the probiotic. Research methods included measuring anxiety and depression using Zung questionnaires and a survey to assess sleep quality. Individuals taking the probiotic showed no statistically significant differences in anxiety and depression levels before and after the voyage. They maintained sleep quality under the extreme conditions of the expeditions. Individuals not taking the probiotic showed a significant increase in anxiety and depression symptoms, which correlatively worsened their sleep. The probiotic used supports the crew's mental stability by protecting against depression and anxiety and by improving sleep. The voyage of Research Vessel 421 to the Antarctic is a model for studying the effects of the psychobiotic *Lactobacillus bulgaricus* DWT1 on the mental health of people under extreme stress.

After the COVID epidemic, a new nosological class was formed – post-COVID syndrome, which is expressed not only through somatic disorders but also through various deprivations in the human psyche – sleep and social adaptation disorders, and high levels of anxiety. For the period 2022–2024, 98 post-COVID syndrome patients, including 15 women with children up to 2.5 years old, were examined using applied practical psychology methods (analytical, dynamic, ecopsychological, situational, systemic). Clinical observation shows that the application of nutritional therapy with a probiotic formula containing *Lactobacillus bulgaricus* DWT1 and psychological consultations leads to behavioral stabilization, control of emotional reactions, and improvement in social adaptation and sleep quality. By improving the gut-brain axis, this probiotic formula with *Lactobacillus bulgaricus* DWT1 is an effective psychobiotic both for people under extreme stress and for post-COVID syndrome patients.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=18805>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Dr. Francesco Marino

Italy

Former director of the Scientific Department of the Italian Homeopathic Federation (FIAMO); working with the ARTOI Foundation

Homeopathy, the Second Worldwide Medical System: Clinical Evidence in Integrative Oncology

Introduction: In the last 20 years, more and more patients in Europe have chosen to integrate validated oncology protocols with homeopathy. The results obtained have led a growing number of oncologists to transform initial skepticism into genuine clinical interest. This work aims to highlight the clinical and pre-clinical evidence published in biomedical literature about the use of homeopathy in oncology.

Materials and methods: The most significant sources of evidence have been the main search engines (Pubmed, Embase, etc.) and a homeopathic database which includes only studies published and indexed from 1949 to the present. It is updated twice a year and contains 1,146 entries of reliable evidence, catalogued in nine different research fields.

Results: From 2005 to 2024, six observational studies, four RCTs, two prospective studies, two retrospective studies, two case series, and three preclinical studies have been published. Most of them reported highly significant improvements both on primary (QoL and survival time) and secondary outcomes (weakness, hair loss, nausea, anxiety/depression). In all these studies, homeopathy was prescribed in addition to validated protocols.

Discussion and conclusions: In recent decades, a large number of positive studies have been carried out in homeopathy, with surprising results even in oncology. Many oncologists have noted improvements in compliance, quality of life, and survival in patients who integrated homeopathic therapies into standard protocols. In 1999, the NCI (USA) recognized the complete regression in a number of cancer patients treated with a homeopathic protocol from India. They concluded that “the evidence collected justifies the development of research in this field”. Studies confirming this positive trend have multiplied in the last decade. Further and larger studies in the field of integrative research are required in order to provide even more effective strategies in oncology.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=19954>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Diane Miller, JD

USA

Attorney and legal and public policy advisor, National Health Freedom Coalition (NHFC) and National Health Freedom Action (NHFA)

Health Care and Healing Practitioners, and the Law

Diane Miller is an attorney in the United States and co-founder of the National Health Freedom Coalition and National Health Freedom Action. She will present information to the attendees of the WHC about the laws that impact health care practitioners, professionals, and healers of all kinds from a United States perspective. Miller views the universe as having and offering many forms of healing for health seekers. She is aware that cultures and governments approach healing and health care in many different ways. Diane will share how her work has involved protecting healing practitioners so that they can share and utilize what they know, whether it be considered indigenous, contemporary, integrative, complementary, or alternative. At the same time, she works to pass laws that protect the rights of health seekers, in order to protect their options and keep them informed about their practitioners and what those practitioners have to offer.

Attorney Miller is an educator, lobbyist, and advocate for collaboration, and works to implement the principles of health freedom in all areas of health. From helping to protect the human right of all people to make their own health choices including the right to choose and access non-toxic health options and the right to decline or avoid medical treatments that they do not want, to promoting laws that protect all health care practitioners, whether licensed or not. Miller is a strong advocate and supports and brings together leaders who are working to impact health decisions, including decisions by international forums. She does this in order to protect health freedoms around the world. Diane Miller is co-founder and moderator of the United States Health Freedom Congress and author of *Health Freedom: The Greatest Freedom of All*, and her seminal book, *The Principles of Health Freedom*.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2WOWn8CQA?t=21364>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Antoni Przechrząta, M.A.

Poland

Chairman of Polskie Stowarzyszenie Duchowych Uzdrowicieli (Polish Association of Spiritual Healers) and director of Instytut Realizacji Siebie (Institute for Self-Development)

Complementary Meets Conventional: Poland's Journey Toward Integrated Medicine – Challenges and Achievements in a Global Context

Complementary and alternative medicine (CAM) plays an increasingly important role in public health worldwide. In Poland, the development of CAM has faced significant challenges, including legal uncertainty, marginalization by conventional medical institutions, and a lack of will for systemic integration. Despite this, professional organizations, ethical codes, and practitioner training programs have developed, bringing structure and credibility to the field. The WHO has called for the integration of TCM into national health systems, but implementation remains limited.

In Poland, CAM was historically practiced openly—coexisting with academic medicine and, in some areas, supported by universities and medical chambers. However, after Poland's EU accession in 2004, many remedies and therapies were excluded due to strict pharmaceutical regulations favoring large international corporations. Efforts to integrate CAM into the healthcare system include a 2018 legislative proposal I submitted to the Prime Minister, aiming to allow doctors to incorporate CAM methods with patient consent—without being penalized. Despite initial support, the proposal was never processed. Currently, physicians in Poland risk losing their licenses for using or recommending CAM therapies. More than 200 doctors are facing disciplinary proceedings for raising concerns about the safety of COVID-19 vaccines.

Nonetheless, organizations such as the Polish Association of Spiritual Healers and citizen-led movements like STOPNOP, among others, continue to advocate for integrative and holistic medicine. The recent implementation of a new PKD (Polish Classification of Business Activities) code (86.96.Z) for traditional and complementary medicine, from January 2025 and aligned with EU classifications, confirms that this field has the right to exist and develop as part of international healthcare system. While integrative medicine in Poland still faces serious challenges, it offers great potential. Progress depends on open dialogue, clear regulations, respect for patient

autonomy, and therapeutic diversity—goals that we, as TCIM practitioners and advocates, are actively working toward.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=22376>

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Saturday, 4 October 2025 – Hall 2 



Presentation video:

Dr. med. Sepp Fegerl
Austria

President of the International Society for Mayr Medicine;
vice president of GAMED; consultant for complementary
medicine at the Austrian Medical Association; lecturer

F. X. Mayr Medicine – A Shared Cultural Heritage as a Potential Gift to the World

The Mayr Method, founded by Austrian gastroenterologist Dr. Franz Xaver Mayr (1875–1965), emphasizes the central role of the digestive system in overall health. Drawing from decades of clinical observation and systematic research, Mayr developed a diagnostic and therapeutic approach that integrates anatomy, physiology, and functional medicine. His concept of Sanology highlights the gut as the “root system” of human health, and his clinical principles remain highly relevant within the field of Traditional, Complementary, and Integrative Medicine (TCIM/CAM). Mayr diagnostics focus on visible and palpable signs such as abdominal shape, posture, and tone, which provide immediate insights into digestive function. Subtle manual palpation allows the physician to detect irritation, dysmotility, or dysbiosis beyond the reach of imaging or laboratory tests. This clinical approach strengthens the therapeutic alliance, fosters patient self-awareness, and promotes self-efficacy.

Therapeutic interventions are guided by four classical principles: rest of an overstrained digestive tract, cleansing to reduce toxic load and support autophagy, retraining of eating habits and mindful self-regulation, and substitution to correct deficiencies and optimize metabolism. A core element is the manual abdominal treatment, which enhances circulation, lymphatic flow, motility, and vagal tone while also stimulating the oxytocin system—an effect with profound implications for the gut–brain axis and psychosomatic wellbeing. Nutritional therapy is individually tailored, beginning with fasting or light, easily digestible foods and progressing towards a balanced, constitutionally appropriate diet. This flexible, functional framework allows effective integration with other TCIM modalities, particularly Ayurveda.

The Mayr Method represents a practical, evidence-informed, and patient-centered approach that enriches the diagnostic and therapeutic repertoire of integrative medicine. It offers physicians and therapists a structured yet adaptable system that combines traditional insights with modern relevance, thereby contributing a valuable cultural and medical heritage to the global dialogue in TCIM/CAM.

The full presentation video is available at the URL and via the QR code by the photo:
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Saturday, 4 October 2025 – Hall 2 



Presentation video:

Dr. Dominique Eraud
France

Founder of the Ecomedicine, Green Intelligence, and CNMSE conferences; co-president of the NGO Solidarité Homéopathie

Humanism, Mindfulness, and Acupuncture

I have been practicing acupuncture for over 30 years, and I have also been practicing meditation for 30 years. I was fortunate to become interested in alternative medicine thanks to my father, Dr. Henri Eraud, a wonderful humanist physician and acupuncturist, and the founder of the Union of Acupuncturist Physicians of France. Little by little, I came to understand that there are many bridges between these techniques, and among other things, each of them speaks of "emptiness"...

We are seeing more and more scientific publications in the medical field that show the therapeutic effects of meditation. Pioneering physicians include Drs. Jon Kabat-Zinn, David Servan-Schreiber, Thierry Janssen, Christophe André, and the biologist Matthieu Ricard. Many examples in the scientific literature show that combining meditation with treatments such as acupuncture is particularly effective. Acupuncture offers us an original framework for understanding the human body: the body is seen as a constantly transforming whole, connected to all living things, to Heaven and Earth, in mutual interaction with the universe. It is a matter of harmonizing the flow of Qi within the human being and between the individual and the Qi of the universe—at that precise moment.

Traditional Chinese medicine texts state that the acupuncturist's presence is essential: their attitude and state of mind matter. This resonates with what is taught in meditation practices.

Around the world, more and more “integrative medicine centers” are opening, where Western medicine, alternative medicine, and meditation are brought together.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=24254>

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Saturday, 4 October 2025 – Hall 2



Presentation video:

Dr. Rakesh Kumar Sharma, MD, PhD

India

Physician and Ayurveda educator at Dr. Sarvepalli
Radhakrishnan Rajasthan Ayurved University

Marma Therapy: An Effective Ayurveda Treatment Modality

Ayurveda has been a holistic and scientific system for the health and medical concerns of mankind since the Vedic era. It is a life science that heals human beings through the treatment of the mind (Mana), body (Sharir), and soul (Aatma) in the form of harmless therapy. This ancient wisdom incorporates various treatment modalities, viz. Panchakarma, Ksharsutra, Jalouka (Leech Therapy), Agnikarma etc. Similarly, it has developed a treatment modality known as Marma Therapy. Marma Therapy involves the application of specific pressure techniques on different Marma points (vital places) for quick relief from various diseases. Marma points are specific locations in the body where Mamsa (muscles), Sira (vessels), Snayu (ligaments/tendons), Asthi (bones), and Sandhi (joints) converge. Acharya Sushruta described a total of 107 Marmas in the human body, having different prognostic values, ranging from sudden fatal outcomes to severely painful conditions. The human body is controlled by Prana, Oja or Soma, and Tejas or Agni in their subtle forms. Marma Therapy works to maintain this triad intact. In earlier eras, warriors used to protect these Marma points (vital points) with specialized metallic wearable outfits against assaults during wars.

Research in Ayurveda has significantly gained momentum in the last few decades. However, as far as research regarding Marma Therapy is concerned, there is still a long way to go. A considerable amount of literature regarding Marma and Marma Therapy is available in the Sushruta Samhita and in the Siddha system of medicine as Varmam therapy. Nowadays, Marma Therapy is gaining recognition for its quick relief benefits. Moreover, it is a drugless therapy, which is also a reason for its growing popularity among the masses.

At the 4th World Health Congress, this presentation will make an effort to explore the efficacy of Marma Therapy and its importance in detail.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Ad2W0Wn8CQA?t=24985>

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Saturday, 4 October 2025 – Hall 2 

Stephan Hein
United Kingdom

German Heilpraktiker, CAM practitioner, therapeutic yoga teacher, and lecturer at UCL Medical School (London)



Presentation video:

TGL – The Medicine of Creative Consciousness: How to Stay Positive in Challenging Times

Introduction: In the rapidly changing scenarios of our times, this health education workshop series asks: What is the potential of human consciousness to create and maintain well-being in body, mind, and soul? Is there a healing recipe for what troubles us during these uncertain times? The project is an unfolding enquiry—using the timeless, and often poetic, healing wisdom of traditional Indian Ayurveda and Yoga medicine, philosophy, and science.

Methods: Drawing from treasures of ITS (Indian Traditional Sciences) related to vibrational subtle body work through Nada Yoga (Yoga of Sound), Yoga Nidra (Yogic Sleep), energy centres, and Rasa (the vibrational core of aesthetics & beauty)—as part of a more general rasayana (revitalisation from within) healing approach—these workshops provide opportunities for individuals to connect with an experience of the creative Source within, allowing letting go, trust, inspiration, hope, and empowerment to arise from deep within.

Results: Started in January 2024, the study continues, and has been offered to people in different environments, including medical schools, spiritual communities, and the health charity sector. Constructive feedback from participants allows the project to evolve into new creative possibilities. So far, 160 people have taken part.

Conclusions: Research shows that such creative interventions may be helpful for the long-term management of physical and mental health challenges, including fatigue, burnout, insomnia, stress, anxiety, depression, PTSD, trauma, chronic pain, fibromyalgia, MS, and dementia, while fostering resilience and trust in the events of life's ever-changing circumstances. Traditions like Ayurveda, Yoga, and meditation—especially in a more subtle and spiritual context—lend

themselves well to addressing deeper layers of healing in body, mind, and soul. This makes them particularly suitable during challenging times such as these, helping to guide people “back home to themselves,” where they may once again rest in a state of balance, inner peace, and joy.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/Ad2W0Wn8CQA?t=26169>

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Saturday, 4 October 2025 – Hall 3



Saturday, 4 October 2025 – Hall 3



Presentation video:

Joerg von Bergen

Switzerland

Expert in medicinal mushrooms (mycotherapy);
coordinator of the German MykoTroph Institute for
Switzerland; coach

Focus on the Power of Medicinal Mushrooms

Mycotherapy is one of the oldest and most effective natural healing methods in the world. It is based on the healing power of medicinal mushrooms, which have been used for centuries in alternative medicine to treat numerous illnesses. These mushrooms are rich in essential vital substances such as trace elements, vitamins, minerals, enzymes, and amino acids, and also contain a variety of other bioactive compounds.

The MykoTroph Institute is dedicated to the comprehensive research and application of mycotherapy. Its central tasks include providing free, personalised advice on health and nutrition issues, scientifically analysing and documenting the therapeutic effects of medicinal mushrooms and providing well-founded information for experts and interested parties.

MykoTroph contributes significantly to the dissemination and further development of mushroom medicine through regular training courses, specialist articles, and lectures. A particular focus is on the training of mycotherapists. The MykoCampus offers structured training courses, webinars, and practice-oriented advanced training programmes that provide therapists with compact and targeted knowledge about mycotherapy. The training covers both the scientific principles and the practical application of medicinal mushrooms in preventive healthcare and therapy. Through the combination of traditional knowledge and modern scientific findings, MykoTroph makes a valuable contribution to the development of the field.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=113>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Pratibha Shah

United States

Founder and president of the Wholistic Health Alliance and the Global Council for Ayurveda Research; senior faculty at the Sai Ayurvedic Institute and the Yoga Veda Institute

Ancient Life Philosophies – An Overlooked and Untapped Source for Deeper Wellness

In today's fast-paced and hyper-digital world, wellness is often reduced to a checklist of habits or commercial trends, alienated from its deeper roots in meaning, connection, and balance. This presentation will explore how traditional worldviews—such as those found in Ayurveda, Indigenous knowledge systems, and Eastern philosophies—offer timeless, holistic frameworks for living well. These systems view health not just as the absence of disease but as a state of harmony within oneself, with others, and with nature.

A central theme of this talk is the importance of embracing a “two-eyed seeing” approach—originally articulated by Mi'kmaq Elder Albert Marshall—where we view the world through the strengths of both Indigenous and Western perspectives. Applied to health and wellness, this dual lens invites us to value empirical science alongside intuitive wisdom, and to integrate traditional healing practices with modern healthcare in respectful, synergistic ways.

Drawing on examples from Ayurveda and other ancient global systems, the presentation highlights how these philosophies cultivate inner awareness, seasonal living, purposeful action (dharma), and a reverent relationship with the environment—all essential components of sustainable well-being. By reframing wellness as a way of being rather than a set of outcomes, these traditions remind us that true health is cultivated from within and in alignment with the rhythms of life.

Ultimately, this presentation invites a reconnection with ancestral wisdom not as nostalgic revival, but as a vital resource for addressing today's mental, emotional, and ecological crises. Through a two-eyed view, we can build a more inclusive and profound model of wellness—one that honors both ancient teachings and contemporary insights in the shared journey toward wholeness.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/9oP4sNbAQcU?t=1050>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Sanjay També
Germany

Group director at Santulan Veda e.V.; president of Das Indien-Institut in Munich; life coach

Co-authors:

- Dr. Nikhil Dongarkar (MD-Ayu) – Head of Pulse Diagnosis at Santulan Kurzentrum, Germany
- Thomas Trinter – SOM Trainer, Frankfurt

SOM Program – 5 Modules for a Stable Mind and Healthy Sleep

The SOM research project aims to determine whether the subjectively experienced benefits can be objectively substantiated by measurable data points. This could help further disseminate the positive implications of the SOM program and make it accessible to a larger number of people with positive social impact.

Jnana Prabodhini's Institute of Psychology in Pune, India, in collaboration with the German Institute for Holistic Healing (Santulan Veda), has investigated the effects of the SOM program on various psychological aspects such as mental and emotional well-being, quality of life, and resilience. In addition, medical specialists will examine the effects on physiological parameters such as blood pressure, body temperature, pulse rate, respiration, blood sugar, and others.

The SOM program was developed by renowned spiritual master and Ayurveda expert Dr. Balaji Tambe (Padmashree) as a series of daily practices. It aims to promote excellent physical health and reduce mental stress, as well as to facilitate spiritual progress through a process of "communication with the self." It includes mantras or positive self-affirmations, flame gazing, Santulan Kriya Yoga, mudras (specific hand and finger postures), relaxation with music, and yoga nidra (a specific deep sleep technique). The program was developed over a period of 40 years and has been practiced in its current form as the SOM program for 10 years.

The entire SOM program is described in detail in the book "Communication with the Self – The SOM Program" by Shreeguru Dr. Balaji Tambe. The book has also been translated into German under the title "OM – The Prime Language of the Soul," and has already sold over a thousand copies. The SOM program is practiced by a large number of people worldwide, many of whom have provided extremely positive and diverse feedback about the benefits they have experienced.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=1976>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

BSC Stina Andersson

Sweden

Founder and vice president of the Ayurveda Sweden Association; director and lead teacher at Sweden's oldest Ayurvedic school; runs a private clinic in Ängelholm

Healing the Past and Understanding the Future – Insights from Plant Medicine

As a trained engineer with a scientific mindset, my path took an unexpected turn later in life when I began exploring Ayurveda and, eventually, Shamanism and the world of traditional plant medicine—most notably, Ayahuasca. This journey, both personal and professional, has revealed profound layers of insight into healing, consciousness, and human potential.

Through carefully guided ceremonies, I have experienced states of awareness strikingly aligned with the descriptions found in the Upanishads: moments of deep inner silence, dissolution of ego, ancestral memory, and non-dual awareness—"the fourth". These insights have helped me process past family trauma, release inherited emotional burdens, and uncover a clearer understanding of my own purpose and direction. In the current global context, the field of psychedelic research—especially involving DMT, the active compound in ayahuasca—is one of the most dynamic and promising areas of neuroscience and psychiatry. Studies suggest significant potential for treating depression, PTSD, and addiction. Beyond clinical outcomes, these substances are catalyzing deeper questions about the nature of consciousness itself.

This presentation seeks to bridge ancient spiritual frameworks with modern scientific inquiry. Drawing from Vedic philosophy, systems thinking, and personal integration practices, I will offer a grounded perspective on how these experiences can support both individual and collective evolution, and how the methods support each other. As humanity faces complex existential challenges, we must rise to a higher level of consciousness. Psychedelic-assisted insight, when approached with reverence, structure, and proper integration, may play a key role in this awakening. My aim is to contribute to an open, respectful dialogue that unites science, spirit, and healing—guiding us not only to heal the past but also to consciously co-create a wiser, more compassionate future.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=2897>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

MUDr. Santoš Samuel Rajpoot

Czech Republic

Gastroenterologist at the IBD Centre and the Department of Gastroenterology, KNL Turnov; lecturer at the University of Ayurveda Prague (AUP)

Bridging Two Worlds: Integrating Ayurvedic Wisdom into Modern Ambulatory Medicine

Born into a traditional Ayurvedic family in Prague and trained in Western medicine at Charles University, I stand at the intersection of two medical paradigms. This presentation explores how Ayurvedic knowledge, grounded in thousands of years of observation and systemic thinking, can be practically and respectfully incorporated into daily outpatient allopathic practice. Using clinical examples from gastroenterology and inflammatory bowel disease, I will illustrate how Ayurvedic concepts such as dosha, gunas, and agni can support the choice of therapeutic treatment, patient communication, and lifestyle counselling — all while staying within the ethical and professional boundaries of evidence-based care.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/9oP4sNbAQcU?t=3817>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Anton Janse van Rensburg, MBChB (UP), MSc (UP), AMP (MBS)

Czech Republic

Lecturer, researcher, consultant, and physician specializing in integrative medicine; Asnatek

The Safe and Effective Application of Silver in Clinical Practice

Silver has been used in medicine for over two millennia, with historical references by Hippocrates and widespread application across ancient civilisations. In modern integrative practice, silver is re-emerging as a safe, evidence-informed adjunct with broad-spectrum antimicrobial properties. Its ability to disrupt bacterial, viral, and fungal integrity without inducing resistance makes it highly relevant to the growing challenge of chronic and treatment-resistant infections.

Recent research highlights silver's multi-targeted mechanisms, including disruption of microbial membranes, interference with replication pathways, and inhibition of biofilm formation. Clinically, practitioners report benefits from topical, oral, and nebulised silver, particularly in upper respiratory tract infections, skin conditions, and gastrointestinal infections. Silver's immunomodulatory effects may also assist with inflammation control and tissue repair. Emerging research includes its role in eczema, resistant fungal and parasitic infections, and potential anticancer activity demonstrated in preclinical models.

Concerns about safety, particularly argyria and microbiome disruption, are often overstated. These risks are primarily associated with unregulated or inappropriate forms of silver, such as high-concentration colloidal silver, banned nano-silver formats, and silver compounds manufactured without proper oversight. In contrast, pharmaceutical-grade ionic silver (Ag^+) in purified, deionised water presents a fundamentally different safety profile. Produced under validated Good Manufacturing Practice (GMP) conditions, it contains no stabilisers, excipients, or carriers, and is typically used at ultra-low concentrations below 0.003%. Studies in lung cell lines, human oral use, and inhalation models support its low toxicity, even at elevated exposure levels. Microbiome studies confirm no disruption at standard doses.

This presentation will review silver's historical foundations, clinical applications, evidence base, and safety profile. It advocates for a responsible, patient-centred approach to its use. Importantly, clinicians must distinguish between nanoparticulate silver and GMP-certified ionic silver. While nano-silver may carry risks of accumulation and toxicity, properly formulated ionic silver remains a safe and versatile option in integrative care.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=5014>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Vikram Chauhan

India

Ayurvedic physician, author, and entrepreneur; CEO and founder of Planet Ayurveda Pvt Ltd.

ITP – A Rare Disease Curable with Ayurveda

Immune Thrombocytopenia (ITP) is an autoimmune condition in which the body's immune system mistakenly attacks and destroys its own platelets, leading to a lower-than-normal platelet count, which may result in easy bruising, bleeding, or a feeling of fatigue. While conventional treatments can offer temporary relief, they frequently come with side effects and relapses. Ayurveda, the ancient science of holistic healing, offers a groundbreaking, natural alternative for managing and overcoming ITP.

In Ayurveda, ITP is closely linked with "Teeryak Rakta-Pitta", a bleeding disorder where in which the Rakta (blood), vitiated by the Pitta dosha, flows out of the orifices of the body, leading to blood tissue depletion and immune dysfunction. Rather than simply addressing symptoms, Ayurveda dives deep into the root causes and provides excellent treatment by restoring balance, detoxifying the system, and strengthening the body's natural ability to produce healthy platelets. Using time-tested herbs like Ashwagandha, Giloy, Moringa, Amalaki, Vasaka, papaya leaves, etc., helps in rejuvenating the bone marrow, boosting immunity, and enhancing overall vitality. Personalized dietary plans, yoga, and stress management techniques are integrated to support complete healing at the body, mind, and spirit levels.

Clinical success stories are emerging worldwide, showcasing remarkable platelet count improvements, sustained recoveries, and enhanced quality of life through Ayurvedic care. Unlike aggressive chemical treatments, Ayurveda's gentle yet powerful approach offers hope and results without harsh side effects. Today, Ayurveda stands as a beacon of hope for ITP warriors seeking a safe, effective, and sustainable path to wellness. As modern research continues to validate ancient wisdom, Ayurveda is fast becoming a preferred choice for holistic ITP treatment, transforming lives naturally.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/9oP4sNbAQcU?t=5956>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Gábor Pék

Hungary

Assistant professor at the CrySyS Lab, Budapest University of Technology and Economics; yoga instructor

Co-author: Gejza. M. Timčák (Slovak Yoga Association)

Svādhyāya Meets Technology: Can AI Assist Self-Study for Wellbeing?

Svādhyāya refers to the study of scriptural sentences as well as the silent recitation (i.e., japa) of a purificator mantra such as OM to lead oneself to complete wellbeing: liberation. According to yoga, wellbeing is rooted in one's state of mind which shapes not only our reactions and how we engage with the world, but also preserves how the world affects us. This way, there is a deep interconnection between the world outside and inside. Traditionally, the purpose of loud and silent recitation of scriptural sentences is to engrave new pathways into the devastating desert of misconceptions and misbeliefs that undermine one's physical and mental health, as well as to unveil new perspectives about our true nature. Furthermore, these texts are not only profane words, but sacred syllables resonating with frequencies that reshape one's rigid inclinations.

Today, AI extends and in certain cases pursues to replace existing approaches to how we attempt to solve the challenges of humanity, including our wellbeing. While the extent of convenience offered is seemingly indisputable, we already experience that there is a lot to lose—for example, the willpower we invest in our self-study and self-exploration. Without such drive, our scope of agency depletes, and such dependency fosters laziness and sluggishness that slowly deteriorate our wellbeing and health.

In this presentation, we first discuss the traditional meaning of svādhyāya, or self-study, for mental and physical wellbeing. Then, we explore the pros and caveats of using AI in such a process, as well as suggest how contemporary technologies can help an aspirant's initial efforts, while highlighting their limited scope. Approaches such as transhumanism and human-machine interoperability are also touched upon, which are certainly envisioned by many as an optimal solution for our ailments.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=6920>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Revathy Prasad

India

Medical officer at the Government Ayurveda Hospital, Piravom (National AYUSH Mission), Kerala, India, with a focus on palliative care

Co-author: Dr. Asha Karunakaran K, Associate Professor, Department of Kayachikitsa, Government Ayurveda College, Thiruvananthapuram, Kerala, India

Effect of Ksheeradhooma Nasya in the Management of Facial Palsy Associated with Stroke – A Case Report

Stroke is the fourth leading cause of death and the fifth leading cause of disability in India. Acute facial palsy is one of the most common aftereffects of ischemic and hemorrhagic strokes. In the former, oxygen deprivation causes facial nerve damage, while in the latter, pressure on the facial nerve from leaking blood leads to facial palsy. As the face is an important medium for communication and expression, facial palsy greatly impairs a person's quality of life. A 52-year-old male patient suffering from facial palsy following an ischemic stroke was effectively managed with Ksheeradhooma Nasya, Karnapurana, Marsha Nasya, and Shiropichu.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=7901>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Priyanka Chorge

Lower Saxony

Founder and medical director at Ayuryogalaya, Hamburg;
Ayurveda lecturer at the Medical University of Graz; board
member of IFAD

Treatment of Neurological Diseases from the Perspective of Ayurveda

Ayurveda is a holistic science, or system of medicine which has addressed neurological problems since its origin. There are more than 600 known neurological disorders, and up to 6% of the world population suffers from these conditions. Neurological disorders are classified under the umbrella of Vata Vyadhi in Ayurveda. Although there are different types of Vata Vyadhi, the current mainline treatments for managing these diseases are aimed at symptom management, as there is currently no known cure or treatment that can slow down the progress of the disease.

Ayurveda's perspective and line of treatment differ significantly from conventional therapies and have shown promising results in the treatment and control of the progress of the disease. In this paper, we will discuss the Ayurvedic perspective, diagnosis, medicines, different modes of treatment, and food as medicine to prevent the progression of the disease. Also, we will shed light on the Ayurvedic constitution (Prakruti) of the body and its application in diagnosing the type of neurological disease and its treatment.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/9oP4sNbAQcU?t=8321>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Yehuda Tagar

Slovakia

Founder of Psychophonetics and Methodical Empathy;
director of the Psychophonetics Institute International;
psychotherapist and trainer

Participatory Medicine – The Client as the Expert in Their Own Experience

The greatest source of real psychosomatic diagnosis and healing options is the patient themselves—if we can only build a bridge between their life system and their consciousness. Psychophonetics is a modality of counselling, psychotherapy, and consultancy based on a new level of patient participation in the healing process.

It achieves this by engaging the deep intelligence of the body, together with Methodical Empathy, spontaneous gesture and movement, visualization, and the sounds of the universal human alphabet. Through Psychophonetics, the patient and therapist become a team of equals in a participatory process of self-awareness, personal responsibility, and healing.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=9350>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Jean-Paul Ngueya

France

Sexual health advisor and human rights advocate,
Jeunesse du Monde en Action and Afrique Avenir

Co-authors:

- Marie France Nkuitcheu (Jeunesse du Monde en Action)
- Jennifer Joy Abah (Jeunesse du Monde en Action)
- Annie Chiwanza (Jeunesse du Monde en Action)
- Mireille Kamdem (Jeunesse du Monde en Action)
- Geradin François Bamou (Jeunesse du Monde en Action)
- Lady Berenice Bissemb Dimodi (Jeunesse du Monde en Action)
- Lidam Elizabeth Juanita (Jeunesse du Monde en Action)
- Richard Nkunuzumukiza (Jeunesse du Monde en Action)

HIV Prevention in the Fan Zones of Africa Cup of Nations 2024 Host Cities in Ivory Coast

Issues: Promote behavior change by raising questions and discussions on prevention. Raise awareness of the risks incurred in these moments of strong emotions. Modify collective representations of negative behavior in relation to the transmission of HIV and social representations (examples: "Whatever happens, effective treatments against HIV exist"; "Condom reduces pleasure"; "It is used by sexual vagabonds"; "We no longer die of AIDS"; "You only live once"; "I have difficulty supporting condom use").

Project: Identify fan zones. Train volunteers on the essential themes to be addressed as well as the attitudes and strategies to adopt. Coordinate actors to get messages across. Cleverly approach supporters in order to discuss, distribute prevention materials, put up posters in strategic places. Simply ensure a presence by reminding them of the legitimacy of experiencing their emotions while preserving health.

Lessons learned and their implications: Around twenty actions will be planned. Thousands of people will be exposed to prevention messages. The visibility of prevention tools and discussions with volunteers will increase awareness of risk-taking. Preserving the health of a human being

means giving their dreams and resolutions a chance. Despite their different configurations, living spaces are conducive to health promotion.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=9927>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Dr. Elif Erbay

Turkey

Research assistant at Ankara University, working in health management and healthcare administration

Co-authors:

- Canan Cengiz, MSc (Health Institutes of Türkiye, Türkiye Health Care Quality and Accreditation Institute, Ankara)
- Gökçen Çeliker, MSc (Ankara University, Faculty of Health Sciences, Department of Health Management, Ankara)
- Gözde Yalçın Ulutaş, PhD (Yüksek İhtisas University, Vocational School of Health Services, Department of Medical Services and Techniques, Ankara)
- İrem Şengün, MSc (Ankara University, Faculty of Health Sciences, Department of Health Management, Ankara)
- Sinem Sarıçoban, PhD (Sivas Cumhuriyet University, Faculty of Health Sciences, Department of Health Management, Sivas)
- Şükran Hiçdurmaz, MSc (Ankara University, Faculty of Health Sciences, Department of Health Management, Ankara)

Mapping Drug Reimbursement Deductions Across Public Hospitals in Türkiye: A Nationwide Analysis

Reimbursement policies play a critical role in ensuring the sustainability of health services. The Social Security Institution (SSI), which plays a central role in financing health services in Turkey, imposes deductions in reimbursements to hospitals for various reasons. These deductions affect the financial structure of hospitals and the delivery of health services. Therefore, analyzing reimbursement deductions across the country may provide valuable information.

In this cross-sectional and descriptive study, deductions in drug reimbursement to public hospitals over a one-year period were analyzed in terms of inpatient and outpatient services. The study aimed to identify areas for improvement in terms of health policies by revealing the distribution and determinants of deductions in reimbursement processes. Annual deduction data obtained from hospitals across the country were evaluated.

Total annual deductions for inpatient services (EUR 4,009,125.79) were almost twice as high as those for outpatient services (EUR 1,987,639.00). Deduction amounts for both inpatient and outpatient services were higher in the first months of the year but decreased significantly between June and August. In tertiary hospitals, both inpatient (EUR 261,444.82) and outpatient (EUR 128,050.22) deductions were significantly higher than in secondary hospitals, as expected.

In inpatient services, the highest deductions were for Eptakog alfa (rFVIIa) (EUR 380,844.77) and human normal immunoglobulin (IVIg) (EUR 234,553.00). In outpatient services, cetirizine (EUR 580,232.13) was the drug with the highest deduction. High deductions were also applied to oncologic monoclonal antibodies such as trastuzumab (EUR 331,713.03) and rituximab (EUR 177,603.75). Deductions were mostly on antineoplastic and immunomodulatory agents affecting the immune system and nutritional supplements.

The study concluded that fluctuations and differences in deductions may be associated with regional differences in audit mechanisms as well as differences in practices in billing processes. Policy recommendations were developed for SSI and health managers for transparency, standardization, and quality improvements in drug reimbursements.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=10950>

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Saturday, 4 October 2025 – Hall 3 



Presentation video:

MUDr. Martin Zulák
Czech Republic

Holistic physician focusing on trauma-related illness and remote psychotronic diagnostics, Horské lázně Karlova Studánka

Does Illness Take Away the Meaning of Life – or Reveal It?

In my holistic medical practice, I meet people every day who ask: “Why me? Why did I become ill?” They are successful, caring, responsible – and yet they are sick. Their pain is not only physical but also existential. They lose their families, jobs, plans, and often their very sense of self. And yet, many of them paradoxically discover through illness what they had been missing all along – meaning. Based on conversations with recovered patients and my experience in oncology and hospice care, I have come to see that suffering itself is not the enemy. It is the language of the soul, calling for change. Illness often becomes a gateway – an initiatory crisis that forces a person to reconsider what truly constitutes the value of life.

Often, what patients had considered their “meaning” – success, achievement, caring for others – was merely a compensation for unmet developmental needs. I draw inspiration from the work of Viktor Frankl, who survived a concentration camp and taught that suffering ceases to hurt once it is given meaning. Similarly, researcher Kelly Turner, in her study of spontaneous cancer remissions, identified nine key factors – with discovering deeper meaning and cultivating spirituality among the most essential (K. Turner, 2014). The significance of spirituality is further confirmed by Koenig’s meta-analysis (2012), which demonstrates its positive impact on survival, resilience, and quality of life in patients.

In this presentation, I will offer a perspective on illness – not as an enemy, but as an intelligent process that invites transformation. Together, we will reflect on what “the meaning of life” truly is, and how connecting with nature, spirituality, and one’s inner self can influence the path to healing.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=11854>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

MSc. B.A. Radovan Dluhý
Czech Republic

Independent researcher and journalist engaged in public education and outreach

Geoengineering and Its Effects on Human Health – Possible Ways of Detoxification

Governments and private companies are launching experiments with geoengineering technologies aimed at blocking sunlight. Among these is the method of Solar Radiation Management (SRM), i.e., the dispersal of chemical particles into the lower stratosphere. Proposals include the use of sulfur oxides, aluminum, or even diamond dust. The Group of Chief Scientific Advisors to the European Commission recently recommended a moratorium on the use of geoengineering technologies. In their report, the group stated that the benefits and risks of SRM remain highly uncertain. According to the report, geoengineering technologies could negatively impact the environment. Some experts also warn that geoengineering—and in particular the SRM method—may adversely affect human health. For example, Italian pediatrician Giovanni Chirga, a member of the International Society of Doctors for the Environment (ISDE), has warned that the release of geoengineering chemicals into the atmosphere could increase cases of diseases such as autism or dementia.

In this presentation, I would like to focus on analyzing the SRM method, its current applications, and its threats to human health, and to propose possible methods for detoxifying the human body from the above-mentioned and other hazardous chemicals identified in the air and drinking water.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=12753>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Ing. Andrea Kestlerová, Ph.D.

Czech Republic

Director of the Reproductive Immunology Clinic (AREPIM);
immunologist

Effectiveness of Treatment in Infertile Women with Activated Cellular Immunity

Clinical Sample: The study included only couples ($n = 338$) in which the woman tested positive for specific cellular immunity using the MIF test at the initial examination, and the male partner tested negative for antisperm autoantibodies using the MAR test. Of these women, 303 presented with infertility and 35 with recurrent miscarriage.

Methods: Specific cellular immunity was measured by the leukocyte migration inhibition test under agarose (MIF test) using antigens from the partner's sperm, a mixed donor sperm sample, and trophoblast cells. Results were statistically evaluated using the Shapiro–Wilk test, ANOVA, Kruskal–Wallis test, and the Dwass–Steel–Critchlow–Fligner post hoc test. Statistical significance was set at $p < 0.05$.

Results and Discussion: All 338 women underwent standard immunological treatment, which included management of any gynecological infections, temporary avoidance of contact with ejaculate, and immunomodulatory therapy with low doses of corticosteroids. Based on treatment outcomes, patients were classified into four groups: (A) live birth within two years of the initial immunological examination; (B) live birth within 2–3 years; (C) live birth within 3–4 years; and (D) no live birth within four years. Of these, 208 patients (61.5%) conceived and delivered a healthy infant within two years of the initial examination (group A). Within four years, 264 women (78.1%; groups A + B + C) had delivered a viable infant. In group D (74 women; 21.9%), persistent MIF test positivity at follow-up appeared to be, to some extent, a predictor of reproductive failure.

Overall, the immune response to treatment varied considerably between individuals, although no statistically significant differences in initial test values were found between groups.

Conclusion: The study findings suggest that the chosen diagnostic approach was appropriate and the applied treatment method highly effective, as a relatively high proportion of couples achieved reproductive success following treatment.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=13666>

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Saturday, 4 October 2025 – Hall 3 



Presentation video:

MUDr. Soňa Hájková
Czech Republic

General practitioner specializing in holistic treatment,
preventive medicine, and energy medicine

Energy Medicine and Essential Nutritional Supplements

Through energy medicine, I help clients achieve holistic health by supporting changes in their energy, nutrition, and lifestyle. I work within a sacred protected space according to the healing traditions of the Q'ero people, who share their healing wisdom with everyone through the path of Munay-Ki (the power of love) in thinking, feeling, and action.

I have prepared a case study on the extraction of foreign toxic energy. After the death of his cousin, the client developed a blocked cervical spine, fatigue, and atrial fibrillation with a rapid ventricular response. I performed a decoupling, and the neck blockage immediately subsided. To extract the foreign energy, I used a Vogel crystal. This was followed by an illumination to remove additional heavy energy from the chest and abdomen. The client's difficulties subsided, and he returned to a sinus rhythm.

In two further case studies, I highlight the potential of nutrition for health and the use of pharmaconutrition supported by clinical studies, showing changes in supposedly "incurable" diseases. Every seven years, the cells of the entire body are renewed—this is an opportunity for healing for everyone; we can create a new body. The body needs natural essential nutrients. A disabled man with the genetic condition ichthyosis and bleeding skin used to apply hydrophobic ointments to his skin twice daily. He now takes supplements to support the renewal of cell membranes, his skin has become intact, his pain and infections have subsided, and he has begun to live socially again.

A 5-year-old child with ADHD, mild cerebral palsy, and mild to moderate intellectual disability (IQ 60, mental age 2.5 years) had problems with balance (frequent falls), could not maintain attention, lacked fine motor skills, slept poorly, had frequent temper outbursts, and recurrent infections. According to doctors, his mental development would stop at the age of 9. His omega-6:3 ratio was 39.2:1. He has been taking essential nutrients with nootropic effects and for the regeneration of cell membranes. At the age of 6, he was already speaking, doing puzzles, running without falling, sleeping calmly, and the temper outbursts had stopped. His IQ increased to 68 and his omega-6:3 ratio improved to 4.9:1. At 13 years old, he is attending primary school, achieving some abilities of children his age, learning English, and skiing. His omega-6:3 ratio is now 1.5:1.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=14593>

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Saturday, 4 October 2025 – Hall 3



Mgr. Karolína Kunftová

Czech Republic

Director of the Clinic of Applied Naturopathy; practicing naturopath, lecturer, and clinical supervisor



Presentation video:

A Naturopathic Approach to Mental Well-Being: The Role of Nutrition, the Microbiome, and Calming the Nervous System

The rising prevalence of anxiety disorders, depression, and chronic stress poses a major challenge to public health. Naturopathic medicine offers a comprehensive approach to mental well-being that integrates nutrition, the microbiome, inflammatory processes, hormones, and nervous system regulation. This presentation will highlight current scientific findings on the gut–brain axis, the impact of dietary inflammation on neurotransmitters, and the role of adaptogenic and tonic plants.

Clinical outcomes from practice will be shared, illustrating the use of natural interventions such as omega-3 fatty acids, L-theanine, curcumin, and fermented foods, all of which play an important role in supporting patients with mild to moderate anxiety, chronic fatigue, or nervous exhaustion. Special attention will be given to non-pharmacological tools from the field of mind–body medicine—such as breathing exercises, HRV biofeedback, and mindfulness techniques—and their integration with naturopathic protocols. The presentation will focus on practical approaches

applicable in both primary care and preventive settings, with the aim of offering supportive tools for patients seeking a natural and sustainable path to improved psychological balance.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=15505>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

RNDr. Vladislav Šíma, Dr.
Czech Republic

Guidance for those in need: astrology, numerology, tarot card readings

Health Astrology – Houses and Planets

Medical astrology can predict possible diseases in a person and thus help prevent their onset. From this perspective, it is essential to evaluate not only the interconnections between planets and bodily organs but also to take into account the position of celestial bodies in the houses of the individual's horoscope. Furthermore, it is necessary to assess health risks according to the inherent nature of the planets themselves. In the future, all this will need to be complemented by fractal perspectives on the horoscope of the given individual.

The lecture “Medical Astrology – Houses and Planets” expands upon the congress presentation of 2023. It supplements the astrological positions of several other important organs, explains the meanings of astrological houses related to health, and for the first time presents a comprehensive overview of the health influences not only of traditional but also of newly discovered planets. This is complemented by an example of the statistical evaluation of a total of 1,719 astrologically recorded cancer cases, demonstrating the connection between the occurrence of this disease and the position of Pluto in astrological houses. The lecture shows the possibilities and direction of further development of medical astrology—so that one day it may become a discipline helping to improve people's lives.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=16563>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Ing. Přemysl Jiráček

Czech Republic

Researcher and mycotherapist specializing in novel foods based on mushrooms and mushroom mycelium, Anna Food s.r.o.

The Use of Mushrooms in the Treatment of Civilization Diseases and Modification of the Gut Microbiome

Mushrooms represent a possible solution in the prevention and treatment of most lifestyle diseases, as proven by more than 7,000 scientific studies on the subject. They point to the fundamental influence of our microbiome on our health. This involves strengthening the body's own regenerative capabilities and supplementing a healthy diet with natural supplements rich in microbiome, vitamins, and minerals. They influence gut-brain communication via the nervous and immune systems and hormonal balance. This is a realistic option for the prevention and treatment of many lifestyle-related conditions, such as depression and chronic fatigue syndrome, as well as other disorders, including Lyme disease, intestinal problems, and neurodegenerative conditions such as neuropathy, Alzheimer's disease, and Parkinson's disease. They are also important in the treatment of cancer, either as a standalone treatment or as a supportive treatment that enhances the ongoing treatment itself. This offers a suitable combination with conventional medicine, without increased financial demands on patients or the healthcare system, and a significant reduction in morbidity with appropriate prevention of these diseases, which can be avoided or their impact on health significantly reduced.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=19256>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Ing. Jan Hlaváč

Czech Republic

Active in the pharmaceutical industry; development of detoxification protocols; IML spol. s r. o.

The Need for Detoxification of the Human Body in the Context of Increasing Chemical Burden and Possible Links to Autism Spectrum Disorders

Modern living environments are increasingly burdened with a wide spectrum of chemical substances—from plastics and pesticides to so-called “forever chemicals” (persistent organic pollutants), whose impact on human health is the subject of intensive research. Our focus was to describe the sheer number of chemicals present worldwide, their possible toxic effects, and the pathways through which the body’s natural detoxification processes can be supported.

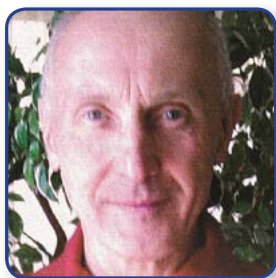
The product Gimmexin® contains components that have shown the ability to bind to certain toxic complexes and facilitate their elimination. An important impulse for deeper analysis came from the case of a mother of a child with autism, who observed improvements in her son’s health after starting this preparation. This led us to systematically examine possible connections, including in collaboration with Professor Anna Strunecká, who has drawn attention to the risks of fluoride and aluminum combinations and their potential neurotoxicity. We identified studies documenting the ability of Gimmexin® components to bind and eliminate these substances from the body. In specific case reports, we documented how the overlap of early childhood immunization and the administration of fluoride tablets could be associated with the onset of autism symptoms. In another case, there was suspicion of a link between pesticide exposure (which can degrade into trifluoroacetic acid) and changes in a child’s neurodevelopment. These are only case reports, not evidence-based medicine (EBM). Trifluoroacetic acid belongs to the category of “forever chemicals,” which hardly degrade in nature, making their presence in the environment a long-term burden.

In conclusion, the presentation will broaden the discussion to the wider context of chemical contamination, particularly plastics, pesticides, herbicides, and other toxic substances—their presence in the human body and their potential consequences for neurodevelopment. In this light, detoxification is becoming increasingly relevant, not only from the perspective of preventive medicine but also as a possible complementary approach to supporting individuals on the autism spectrum. Unfortunately, such chemical coincidences are likely to become more frequent in the future.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/9oP4sNbAQcU?t=20239>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

RNDr. Vladimír Hricík, CSc.

Slovakia

Scientific research and commercial activities in nitric oxide (NO), including development of certified medical products; L-Complex s.r.o.

Co-author: MUDr. Renáta Hriciková

Presentation of Nitric Oxide-Based Dietary Supplements Recognized as Food for Special Medical Purposes

Our company is engaged in developing new technologies applied in products intended for medical use. We offer a unique product based on nitric oxide (NO). The discovery of this molecule in the human body and the description of its role were recognized with the Nobel Prize in Medicine. Thanks to our proprietary technology, developed and applied in this product, it achieves such exceptional results that it has been registered as food for special medical purposes. Our goal is to present this unique NO-based product to you.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=21199>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Mgr. Antonín Kunický

Czech Republic

Therapist and lecturer in informational medicine, sports physiotherapist, nutrition consultant, fitness and health coach; Joalis

Information Medicine

The **information method Joalis** is a holistic method. The balancing functions of the body are activated thanks to the elimination of toxins that occurs during the use of Joalis products. This not only has an effect on emotional stability, but also improves immunity and the overall condition of the body. Joalis products are purely natural food supplements containing herbal extracts or vitamins. The main advantage of Joalis products is that they are processed using unique information technology, which helps to target the effects of a specific product in the body more accurately.

We carry our health within us. The body is a perfect organism capable of healing itself. It just needs a little help. Our health begins to deteriorate when large amounts of specific natural or non-natural substances accumulate in our body. In most cases, it is not the accumulation of a single toxic substance in the human body, but a diverse cocktail of commonly occurring toxins from the environment. If there is a way to intoxicate the human body, there must also be a way to detoxify it – in other words, a path to health.

Toxins, as perceived by Joalis, are substances of organic or inorganic origin which, due to their increased presence in the human body, have a negative effect on the healthy functioning of organs and cells in the body. Toxins in the body not only cause defects in neighboring cells, but also block natural communication pathways in the body and themselves emit various amounts of harmful misinformation. And when you look at a person holistically, you realize that some harmful deposits can also be found in the psyche. They are sometimes more hidden, but their danger is no less than that of toxic metals, for example. Joalis' approach to health strives for the perfect functioning of our organism and thus for lasting health. For 25 years, Joalis food supplements have been combining the power of information with the effects of herbs.

www.joalis.cz

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/9oP4sNbAQcU?t=22177>

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Saturday, 4 October 2025 – Hall 3



Presentation video:

Gabriela Miková, CGP, C2P2-EI advocate

Czech Republic

Autism spectrum disorders (ASD) consultant, certified GAPS practitioner and C2P2-EI advocate; E.L.A.consulting and ELA Consulting s.r.o.

Saving a Generation – An Interdisciplinary Approach to Health

In a world where chronic conditions, developmental disorders, and psychological difficulties transcend the boundaries of countries, languages, and disciplines, it is essential to seek paths that connect us—not only as professionals, but above all as human beings. The E.L.A. Consulting Health Center offers a holistic approach to health, based on the integration of developmental neuroscience, psychosocial work, GAPS therapy, and the principles of functional and orthomolecular medicine. We draw on an evidence-based concept rooted in the initiative “Defeat Autism Now!” (later MAPS) founded by Dr. Bernard Rimland. Its goal was to understand the deeper causes of neurodevelopmental disorders—from immune dysregulation and toxic burden to dietary and metabolic factors.

In this lecture, we will present our interdisciplinary model of care, complemented by laboratory testing, clinical case studies, and research findings. We will focus on dysfunction of the gut–brain axis, neuroinflammation, dysbiosis, disorders of autonomic regulation (e.g., the vagus nerve), as well as the importance of gene polymorphisms, such as COMT Val158Met and rs4818, in the metabolism of catecholamines in the brain. An important part is the analysis of metabolic abnormalities (mitochondrial dysfunction, detoxification disorders, oxidative stress) and environmental influences (toxins, stress, digital overload). We attach particular importance to prenatal care as a key form of prevention—physical, emotional, and environmental conditions during pregnancy fundamentally affect a child’s health and early development. Our goal is not only therapy, but primarily education and the building of professional support networks. Practical experience shows that change is possible—if we perceive the human being as a whole and join forces across disciplines.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/9oP4sNbAQcU?t=23142>

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Saturday, 4 October 2025 – Hall 4



Saturday, 4 October 2025 – Hall 4



Presentation video:

Louis Hutter

Switzerland

Certified TEN naturopath, co-president of the TEM Forum and co-director of the TEN Institute and Dryas Phytotherapy

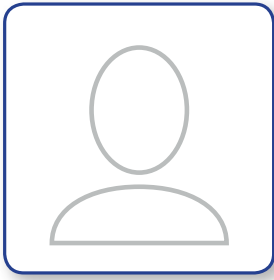
Traditional European Medicine on the Rise

Traditional medical systems such as TCM, Ayurveda, Tibetan Medicine (TTM), and European Medicine (TEM) make significant contributions to holistic healthcare. This lecture introduces Traditional European Medicine and explores its historical roots and diverse expressions. The focus lies on its independent methodology, which defines it as a comprehensive, integrative, and nature-philosophy-based medical system.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/wVMGT2PELSk?t=183>

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Saturday, 4 October 2025 – Hall 4 ■



Presentation video:

William Douglas

United States

Founder of World Tai Chi & Qigong Day and the Global Transformation Project; mind–body teacher and author

The Global Transformation Project – Mind Body Saving Society Trillions

After 25 years of globally organizing World Tai Chi Day and collecting the science on Mind Body, World Tai Chi Day organizers founded The Global Transformation Project, a global Mind Body, Science, Education, and Health Experts and Organizations campaign for a (non-binding) United Nations Resolution advocating “Mind Body Education for Public Education (K-12th grade) Worldwide.”

This would solve social, crime, economic, and global health challenges, saving the world trillions annually in future health and social costs, while bringing education to a new paradigm. Mind Body science reveals Mind Body Education can increase IQ, test scores, verbal fluency, math proficiency, creativity, and problem-solving skills in students, while profoundly boosting global immunity, and reduce bullying and violence in schools and society.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=1405>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Kyle Ciullo

USA

Bioengineer and co-founder of ventures focused on integrative health solutions; Elisa Ciullo – clinical trial manager and patient advocate

Navigating Pediatric Cancer Through the Lens of Wholeness: A Family's Journey Into Root Causes, Integrative Healing, and the Spiritual Unknown

When our son Enzo was diagnosed with high-risk neuroblastoma at age 3, we entered a world of uncertainty—clinically, emotionally, and spiritually. We followed standard protocols: aggressive induction chemotherapy, surgery, and stem cell transplant. But as the protocols advanced, so did our questions: What caused this? Will it come back? What more can we do—not just to treat it, but to understand it?

We integrated Ayurvedic insights, Taoist healing, and energy medicine—including BioGeometry harmonization, BodyTalk therapy, and environmental detoxification. Our home was transformed into a living, harmonized space—from soil and landscape to electromagnetic balancing. Still, questions persisted: Could ancestral trauma, in utero stress, or Elisa's COVID vaccine have played a role? Was it the water, the air, the unseen toxins in our built environment? Is this cancer an epigenetic echo?

The medical system saved Enzo's life in the moment, and we're deeply grateful. Yet it rarely looks upstream. Root causes, patterns, and spiritual energetics were left to us to explore—often in isolation, without a roadmap. This gap has left many integrative families like ours feeling both empowered and overwhelmed.

We offer this story not as experts, but as parents-turned-investigators—navigating cancer's mystery with equal parts science, soul, and surrender. We believe a new model of care is needed: one that embraces complexity, honors ancestral and environmental context, integrates conventional and ancient healing systems, and most importantly, invites families into true partnership.

This is our heartbreak, our hope—and our invitation.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=2449>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Lothar Pirc

Germany

CEO of the Maharishi AyurVeda Health Centre Bad Ems;
president of the Foundation for the Promotion of Vedic
Cultural Heritage in Nepal; IMAVF board member

Maharishi Ayurveda: Reviving the Ancient Science of Life for Modern Healthcare — A Consciousness-Based Approach to Disease Prevention, Rejuvenation, and Collective Health

Ayurveda, the “science of life,” is one of the world’s oldest holistic healthcare systems, aimed at creating balance in mind, body, behavior, and environment. Revived by Maharishi Mahesh Yogi, its primary goals are disease prevention, physiological rejuvenation, and the promotion of enlightenment and collective health.

Central to Ayurveda are the three doshas—Vata, Pitta, and Kapha—representing fundamental metabolic forces. Health thrives when these are balanced; imbalance leads to disease. Ayurveda recognizes six stages of disease, while modern medicine typically detects illness only from the fourth stage onward. Maharishi Ayurveda, through techniques like pulse diagnosis, allows early detection and gentle intervention without harmful side effects.

Unlike conventional medicine, Maharishi Ayurveda focuses on restoring inner balance rather than fighting disease. It offers practical lifestyle recommendations in four areas: mind, body, behavior, and environment. Treatments include herbal remedies, dietary guidance, yoga, Transcendental Meditation, daily and seasonal routines, and detoxification techniques. One such therapy, Panchakarma, gently eliminates deep-seated toxins and restores dosha equilibrium. Maharishi Mahesh Yogi emphasized Ayurveda’s consciousness-based, holistic approach, making it prevention-oriented, cost-effective, and free of side effects.

Scientific studies support its benefits, including improved sleep, reduced anxiety, better memory, enhanced brain function, lower blood pressure, and reduced stress. Research also shows reduced side effects from chemotherapy, lower healthcare costs, and enhanced collective health through group practice of consciousness-based techniques.

With its comprehensive, time-tested principles, Ayurveda offers valuable tools for modern healthcare systems. Policymakers and healthcare providers are encouraged to explore integrating this ancient science into public health strategies to foster a healthier, more harmonious society.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=3091>

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Saturday, 4 October 2025 – Hall 4 



Presentation video:

Sarah Lascano

United States

Recognized mind–body expert and master energy medicine practitioner; founder of RayZen Energy and creator of the RayZen Lightwork Technique

Transforming Patient Outcomes: The Role of Energy Medicine in Integrative Healthcare

Chronic conditions are a growing global health challenge, responsible for 74% of deaths worldwide. The body's natural healing ability is hindered by various stressors, which contribute to persistent symptoms. The body's energy system offers a powerful tool to uncover the root causes of these symptoms, restore the body's innate ability to heal, and improve patient outcomes—particularly for chronic conditions that resist conventional or integrative treatments.

In this session, we will explore how to leverage the body's energy system to promote healing and improve responses to integrative, holistic, and medical therapies. You will gain insight into the common energetic blocks that hinder recovery and learn actionable strategies to help patients overcome them. Additionally, you will discover different methods of delivering energy medicine and how to effectively integrate these practices into treatment plans to accelerate patient recovery.

Key Takeaways:

- Gain a deeper understanding of how the mind–body–energy system influences the effectiveness of medical care.
- Identify common energetic blocks contributing to treatment-resistant illness and learn strategies to address them.
- Learn how to seamlessly integrate energy medicine into existing treatment plans to improve patient outcomes.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/wVMGT2PELSk?t=4373>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Dr. Radhika Injamuri, M.D. (Ayu), MBA
India

Ayurvedic pediatrician and associate professor,
Postgraduate Kaumarabhritya Department, SJG Ayurvedic
Medical College, Karnataka; EAA lecturer, France

Co-authors:

- Dr. Durga Prasad Dash, Deputy Dean; Professor and H.O.D, Department of Kaumarabhritya, Sri Sri College of Ayurvedic Science and Research Hospital, Sri Sri University, Cuttack, Odisha, India.
- Dr. Suryanarayana Mudadla Professor, Postgraduate Department of Kaumarabhritya, Shree Jagadguru Gavisiddheshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India.

Enhancing Cognitive Outcomes in Cerebral Palsy: Integrating Traditional Medicine

Cerebral palsy (CP) is a neurodevelopmental disorder affecting motor, cognitive, and sensory functions. Despite advances in modern medicine, cognitive impairments in CP patients pose significant challenges, impacting their quality of life and social integration. While conventional therapies focus on symptomatic management, traditional medicine offers a promising avenue for holistic and sustainable improvements. This study explores the potential of Ayurvedic therapies in enhancing cognitive outcomes in children with CP, emphasizing their complementary role alongside contemporary interventions.

Ayurveda, an ancient Indian medical system, provides a comprehensive approach to health through personalized treatments targeting mind–body harmony. Key therapeutic interventions such as Panchakarma (detoxification) and Medhya Rasayanas (nootropic herbs) have demonstrated neuroprotective, adaptogenic, and cognitive-enhancing properties, while Ayurvedic massage (Abhyanga), Shirodhara, and Nasya therapies promote relaxation, improve circulation, and facilitate neural regeneration. The study adopts a single-intervention approach to evaluate the efficacy of these traditional Ayurvedic therapies.

Quantitative measures, including Mayes Motor-Free Scale, and qualitative data from caregivers and clinicians highlight changes in cognitive function, attention, and emotional well-being. A systematic review of the literature and case studies further substantiate the findings, providing insights into the mechanisms underlying these benefits. Preliminary results indicate significant improvements in attention span, memory retention, and emotional stability among participants undergoing combined traditional and modern therapeutic protocols.

The integrative approach not only enhances cognitive outcomes but also fosters better adaptability to environmental challenges. This paper underscores the importance of bridging traditional knowledge with scientific rigour, paving the way for evidence-based integrative models in managing complex neurodevelopmental disorders like CP. Future research should focus on large-scale clinical trials, bioactive compound isolation, and cross-disciplinary collaborations to establish standardized protocols for effective implementation.

Keywords: cerebral palsy, Ayurveda, cognitive outcomes, traditional medicine, Nasya

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=5616>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Amy Swan

United Kingdom

Registered nutritional therapist specializing in fertility and hormone health; founder of Amy Swan Nutrition

Co-author: Miranda Harris MSc, SFHEA, BANT, CNHC

A Systematic Literature Review and Meta-Analysis Exploring the Role of Dietary Supplements on Oxidative Stress and the Impact on Sperm Parameters in Infertile Men

Introduction: Male fertility is declining faster than expected, with links between oxidative stress and infertility increasing, and evidence to suggest dietary supplements may improve sperm oxidative stability. This systematic review and meta-analysis investigated dietary supplement effects on oxidative stress and their role in enhancing sperm parameters.

Methods: Registered on PROSPERO (CRD42024585107), the inclusion criteria were humans, male adults of reproductive age, and studies evaluating dietary supplements, oxidative stress, and sperm parameters. Four databases were searched from inception to May 2024. Cochrane's Risk of Bias tool assessed quality, and random-effects meta-analysis with standardised mean differences and 95% confidence intervals were conducted using Review Manager.

Results: Five studies involving 359 participants examined the effects of 12-week supplementation on sperm parameters. Significant improvements were observed in sperm concentration (mean difference = 3.93, $p = 0.004$), forward/progressive motility (mean difference = 4.07, $p = 0.05$), total sperm motility (mean difference = 5.75, $p = 0.003$), total sperm count (mean difference = 11.50, $p = 0.03$), total antioxidant capacity (mean difference = 0.67, $p = 0.02$), and malondialdehyde levels (mean difference = -0.12 , $p = 0.001$). Sperm concentration saw the greatest effects with 200mg of coenzyme Q10 and 25mg of lycopene; forward/progressive motility with 465mg of DHA, 600IU of vitamin E and 25mg of lycopene; total sperm motility, total sperm count and total antioxidant capacity with 600mg of alpha-lipoic acid and 25mg of lycopene; malondialdehyde levels with 465mg of DHA, 600IU of vitamin E and 600mg of alpha-lipoic acid. Results showed mixed heterogeneity and GRADE assessment revealed variability in study quality.

Conclusion: Sperm concentration, forward/progressive motility, total sperm motility, total sperm count, total antioxidant capacity, and malondialdehyde saw enhancements following antioxidant

supplementation, identifying some preliminary antioxidant benefits in reducing oxidative stress and enhancing male fertility parameters, which may be confirmed with further research.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=6217>

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Saturday, 4 October 2025 – Hall 4 

Prof. Dr. Suresh Swarnapuri
Ireland

President, Europe Ayurveda Academy (France); executive director, Association Ayurveda Academy (London, UK); president, Croatian Ayurveda Association



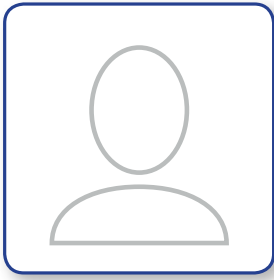
Presentation video:

Ayurveda and Its Effects on the Mind

Ayurveda, the ancient system of medicine from India, emphasizes the interconnectedness of the body, mind, and spirit. It views mental health as integral to overall well-being and offers various practices to promote mental clarity, emotional balance, and spiritual health. In this presentation, I will focus on the 16 psychological constitutions and their role in balancing the mind.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=7261>

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Saturday, 4 October 2025 – Hall 4 ■



Presentation video:

Dr. Alexandros Tilikidis

Greece

Acupuncture and Chinese herbal medicine practitioner and lecturer; founder of the Academy of Ancient Greek & Traditional Chinese Medicine in Athens; author

Timaeus of Plato: The Trinity of Human Nature

Plato's Timaeus and the Trinity of the Human Body

Timaeus by Plato is one of the most important philosophical works of antiquity. It focuses primarily on analyzing human nature, which is why it may also be regarded as a philosophical-medical text. One of the most important ideas regarding human nature presented in this book is the concept of the trinity of the human body and the human soul.

The human body, according to Plato, consists of three parts or basic substances: marrow (medulla), blood, and intestine. Correspondingly, the human soul is also made up of three parts:

- Logic (consciousness), related to the marrow.
- Emotions, related to the blood.
- Desires, related to the intestine.

This crucial idea about the human body and soul, as described in Plato's Timaeus, will be the focus of my presentation.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/wVMGT2PELSk?t=9158>

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Saturday, 4 October 2025 – Hall 4 



Presentation video:

Sweta Vikram, AD

United States

Ayurvedic doctor, author, international speaker, podcast host, professor, trauma-informed yoga teacher, and certified grief coach

Ayurvedic Tips for Anxiety

According to WHO, approximately 4% of the global population has an anxiety disorder. Anxiety can significantly disrupt a person's day-to-day life. It may cause racing thoughts, constant worry, or a sense of dread that interferes with focus and decision-making. Physical symptoms like fatigue, headaches, digestive issues, and sleep disturbances are common, making even simple tasks feel overwhelming. Social interactions may be avoided, and productivity at work or school can decline. People with anxiety often feel on edge, leading to irritability or emotional exhaustion. Over time, chronic anxiety can impact relationships, self-esteem, and overall well-being. Without support or tools to manage it, anxiety can make daily functioning feel like a constant uphill battle.

From an Ayurvedic perspective, anxiety results from an imbalance in Vata Dosha, one of the three main doshas. Typical causes driving imbalance include overstimulation, lack of routine, cold foods, and trauma. Ayurveda reminds us that Vata can be thrown off balance by diet, lifestyle, routine, seasons, and environment. With anxiety (which Ayurveda views as an overload of upward-moving energy), one tends to feel ungrounded and unfocused. Simply put, pacification of Vata will help in lowering anxiety.

Anxiety is a complex problem and therefore there are no simple solutions. That said, Ayurvedic diet, lifestyle, therapy, and herbs can help. That is what this talk aims to do--offer people holistic solutions rooted in Ayurveda to navigate anxiety.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=10230>

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Saturday, 4 October 2025 – Hall 4 ■



Presentation video:

Maria Leoni Georgopoulou, ND

Greece

Naturopath, flower essence counsellor, family constellation facilitator, and energy healer; board member of ANME and ambassador of Ancient Greek Medicine

Flower Essences for Depression

Flower essences are well known from Dr. Edward Bach, who discovered their balancing benefits in mental and psychological health issues such as depression, melancholy, loneliness, stress, etc. Flower essences are made mainly by the sun method: placing the flowers in clear water and leaving them for several hours under sunlight. Their energetic imprint remains in the water and is preserved by the alcohol base added after the procedure. Only a few drops are enough, taken two to four times daily for a period of one month. In this presentation, it will be explained which flower essences are most helpful in cases of depression, even when combined with allopathic antidepressants.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/wVMGT2PELSk?t=11457>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Dr. Nikhil Dongarkar, MD Ayu
Germany

Senior Ayurveda consultant and clinical supervisor
providing evidence-based Ayurvedic care, Santulan AUM
Kurzentrums GmbH, Baden-Württemberg

Co-authors: Sanjay També (MBA), Brigitte Heinrich (HP)

Effectiveness of Ayurveda Panchakarma Therapy in the Management of Migraine

Migraine is a chronic neurovascular disorder marked by recurrent, pulsatile headaches, typically affecting one side of the head and often accompanied by photophobia, phonophobia, nausea, and vomiting. In Ayurveda, migraine closely correlates with the condition Ardhavabhedaka, described in classical texts as severe one-sided head pain involving Vata and Pitta doshas. Modern pharmacological treatments focus on symptomatic relief but may be associated with side effects and do not always prevent recurrence. Ayurveda, through its Panchakarma therapies, offers a holistic and root-cause-based approach. This study aims to evaluate the clinical efficacy of Ayurveda Panchakarma therapy in managing migraine.

Primary Objective:

- To evaluate the efficacy of Panchakarma therapy in reducing the intensity and frequency of migraine attacks.

Secondary Objectives:

- To assess improvement in quality of life post-intervention.
- To evaluate the reduction in the use of allopathic pain medications.
- To assess Ayurvedic parameters such as dosha balance and prakriti alignment.

Expected Outcomes:

- Significant reduction in the frequency, severity, and duration of migraine episodes.
- Decrease in dependency on allopathic medications.
- Improvement in overall well-being and quality of life.
- Achievement of dosha balance through Panchakarma therapies

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=12420>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Dr Pannaga N Teragundi

India

Doctoral researcher in Rasashastra & Bhaishajya Kalpana at IMS, Banaras Hindu University; Ayurvedic physician, educator, and researcher

Co-authors:

- Anchoring author: Dr Namrata Joshi (Professor & Head, Department of Rasashastra, Faculty of Ayurveda, Institute of Medical Sciences, Benaras Hindu University, Varanasi)
- Second author: Dr. Bhaswati Bhattacharya

The Alchemy of Responsibility: The Future of Rasashastra Use under the Minamata Convention

The Minamata Convention on Mercury, led by the United Nations, was established to safeguard human health and the environment after the organic methyl mercury poisoning disaster in Minamata, Japan. This global treaty regulates the use and release of mercury across various sectors. India became a signatory and, since 2020, has implemented a prior informed consent (PIC) system to restrict mercury imports. Notably, the Convention permits the continued use of mercury in traditional systems like Ayurveda, Siddha, and Unani (ASU), under specified guidelines.

To align with international standards while preserving traditional practices, the Ministry of AYUSH has circulated UN guidelines on the safe handling of mercury, supplementing existing environmental laws. Many ASU pharmaceutical manufacturers now operate with Good Manufacturing Practices (GMP) and Good Laboratory Practices (GLP), ensuring safer processing and mercury waste management. However, smaller and local pharmacies often face challenges such as outdated infrastructure and a lack of full traceability of mercury from procurement to final product.

The classical Ayurvedic maxim — “Even the most dangerous poison, when used with wisdom and the right method, becomes a powerful medicine” — captures the essence of Rasashastra, where mercury is made pharmaceutically safe through elaborate purification (Shodhana) and transformation (Samskara) processes.

Looking ahead, novel solutions could strengthen this integration, such as publishing a Research Dossier on the safety and efficacy of mercury in Ayurveda backed by rigorous research, establishing a Government PIC Gateway for regulated mercury procurement, standardizing traditional processing protocols, enforcing mandatory certification for mercury handling, ensuring complete

product traceability, and creating an exclusive, dedicated pharmacovigilance system to monitor mercurial products.

Rather than limiting traditional medicine, the Minamata Convention presents an opportunity. By blending ancient knowledge with modern safety protocols, India can lead in demonstrating the responsible and therapeutic use of mercury through the AYUSH ministry.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELsk?t=13679>

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Saturday, 4 October 2025 – Hall 4 

Neil Bindemann, PhD
UK

Executive director at the Person-Centred Neurosciences Society; developer of emotional health solutions (SmartTracker.org.uk)



Presentation video:

How Correcting an Imbalance of Emotional Health Can Rebalance Our Immune System

This presentation will review the science and the evidence-based research, to illustrate how the nature of a person’s response to emotions can lead to the diagnosis of illnesses such as migraine and fibromyalgia. Included in this presentation will be:

- Data from a large survey that generated responses from over 650 people, including more than 300 who had experienced at least one significant life event.
- Data from scientific research (some of which is published) that focused on the neuropeptide CGRP, both after nerve injury and in connection with migraine attacks.

The observations made from the data will be presented to explain:

- Why and how the neurochemical nature of emotions can lead to untimely triggering of the immune system, causing changes in the body linked to conditions such as migraine and fibromyalgia.
- How rebalancing emotional health can help to rebalance the immune system, enabling a person to return to a balanced health status.

This presentation will review the science and evidence-based research illustrating how the nature of a person’s emotional responses can contribute to illnesses such as migraine and fibromyalgia. Included in this presentation will be: Data from a large survey of more than 650 participants,

including over 300 individuals who had experienced at least one significant life event; Data from scientific research (some already published) focusing on the neuropeptide CGRP, both in the context of nerve injury and its association with migraine attacks.

The observations derived from these data will be presented to explain why and how the neurochemical nature of emotions can lead to untimely triggering of the immune system, causing changes in the body, linked to the likes of migraine and fibromyalgia, and how by rebalancing emotional health, it can help to rebalance the immune system, for the person to return to balanced health status.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELsk?t=14803>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Diana Cantu-Reyna, RN

USA

Registered nurse case manager at UCSF Health, integrative health educator; founder of Cultivating Self, reconnecting healthcare providers with the natural world

Co-authors:

- Dr. Bhaswati Bhattacharya, MD (Cultivating Self, Advisor)
- Indy Rishi Singh (Cultivating Self, Executive Director),
- Dr. Charles Trinh, DAOM (Cultivating Self, Program Director)

Cultivating Self: Integrating Spiritual, Cultural, and Ecological Wisdom to Transform Healthcare Providers and Systems

Cultivating Self was founded in 2018 by an ICU nurse who experienced the hidden toll of modern healthcare on its providers—compassion fatigue, burnout, and moral injury. In a system where clinicians are expected to heal others while disconnecting from their own needs, this program began with simple yet profound interventions: therapeutic yoga, nature walks, sound therapy, self-care workshops, and nutrition planning. It has since evolved into a formal Fellowship that empowers healthcare professionals to integrate spiritual, cultural, and ecological wisdom into both their personal well-being and patient care. Cultivating Self does not approach these practices as “alternative” or secondary to conventional medicine. Instead, it works from within the mainstream, uniting these worlds to form a more complete model of healing.

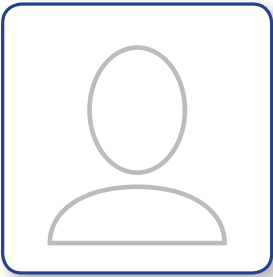
Fellows engage with practices drawn from global healing systems—such as energy medicine, chakra theory, biomagnetic fields, astrological sciences, and the bridging of emotional and spiritual selves. These tools are not watered down for acceptability. When cultural and spiritual practices are diluted, their essence—and their power to heal at scale—is lost. Cultivating Self restores these practices with integrity, ensuring they remain sources of meaning, connection, and transformation.

The program is grounded in the philosophy of Ecological Medicine, which views personal health, community wellness, and planetary stewardship as deeply interconnected. By tending to the healer’s internal ecosystem, Cultivating Self fosters resilience that radiates outward—to patients, families, and entire healthcare systems. This is medicine as it was meant to be: compassionate,

integrative, and whole. By restoring the healer, Cultivating Self contributes to healing the system itself—one clinician, one community, and one sacred act of care at a time.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=15651>

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Saturday, 4 October 2025 – Hall 4



Presentation video:

Amrutha Allalath

Kerala

Ayurvedic doctor; academic and clinical researcher in autism, geriatrics, and cancer care; certified yoga therapist and healthcare advocate

An Open-Label Clinical Trial to Evaluate the Efficacy of Matra Basti with Sukumara Ghrita Followed by the Administration of Vaishwanara Churna in the Management of Vibandha vis-à-vis Constipation in the Geriatric Age Group

Constipation is a frequently reported bowel symptom in the elderly, with considerable impact on quality of life and healthcare expenses. In Ayurveda, constipation (Vibandha) is not described as a single disease entity, but is referenced in various clinical contexts through altered stool patterns. This study aimed to evaluate the efficacy of Matra Basti (medicated enema) using Sukumara Ghrita, followed by oral administration of Vaishwanara Churna (Internal Medicine) with Ghrita, in managing geriatric constipation.

A pre-post clinical study was conducted on 32 elderly subjects. Interventions included Matra Basti for 8 consecutive days (60 ml daily), followed by internal administration of Vaishwanara Churna (12 g/day in two divided doses) with Ghrita for 22 days. Assessment was done before intervention (0th day), mid-intervention, after Matra Basti (9th day), and after the completion of the intervention (31st day). The total duration of the study was 30 days. Evaluation tools included the Bristol Stool Form Scale (BSFS) and the Patient Assessment of Constipation-Quality of Life (PAC-QOL). Statistical analysis was performed using descriptive statistics, paired t-test, and chi-square test via SPSS software. Overall assessment showed significant improvement in all 32 subjects.

In conclusion, Matra Basti with Sukumara Ghrita, followed by internal administration of Vaishwanara Churna, showed significant results in improving symptoms of constipation and

overall well-being in elderly individuals. This integrative Ayurvedic approach offers a promising therapeutic option for managing geriatric constipation.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/wVMGT2PELSk?t=16473>

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Sunday, 5 October 2025 – Hall 1



Sunday, 5 October 2025 – Hall 1



Presentation video:

Jesper Odde Madsen

Denmark

Science journalist and communication consultant focused on TCIM; professional affiliate of The Galileo Commission and the Scientific and Medical Network

TCIM and the Media

“I may need some kind of unconventional treatment. Where can I get reliable information?” The answer is not always at hand. Sometimes we hear about research in TCIM treatments—on television, in newspapers or magazines. But in the mainstream media, this does not take up much space compared to research in conventional pharmaceutical products. In addition, TCIM issues are often given a tendentious negative treatment in the media, for example through interviews with doctors who are known to have a strong aversion to TCIM.

In 2023, I presented a new initiative, The Frontier Journalists’ Network (FJN). Since then, we have made quite considerable progress. One of my main tasks was to prepare a “Topic Brief” for journalists (a systematic overview of a topic) on the issue of “Covering Traditional, Complementary & Integrative Medicine (TCIM)”. We are working to provide resources to improve mainstream coverage on TCIM/CAM, as well as on other topics within our scope, e.g., the relationship between mind, body, and spirit.

However, the challenges differ depending on the specific issue at stake. Thus, when it comes to TCIM, we must take into account the opinions, interests, and scientific questions related to media coverage of TCIM when we cooperate with journalists and scientists.

All this is definitely not a piece of cake. The media is a billion-dollar industry, the FJN is mostly a non-profit project, but even small advances will be useful. The public deserves decent information about their health, without bias and independent of commercial interests. www.frontiernet.org

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=134>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Dr. rer. nat. Uwe Peters

Germany

Medical ecologist and moderator; board member, scientific advisory board member, and former vice president of ANME (Association for Natural Medicine in Europe)

The New Holistic Concept of Microbiome Therapy

In its origins, Microbiological Therapy, understood as a form of symbiosis control, was essentially a regulatory therapy. As knowledge advanced, its impulses on the immune system became increasingly evident. By the early 2000s, Microbiological Therapy had shifted toward substitutional therapy, primarily with lactobacilli. This coincided with a growing scientific fascination with the role of microbiota in health and disease, accompanied by a change in terminology. From that point, probiotics were seen as the supply of lactic acid bacteria within a mechanistic model of action.

In recent years, however, the picture has broadened. Signaling pathways and gene regulation of host gut epithelial cells are playing a more prominent role. The impact of phytotherapeutic remedies on the intestinal bacterial community has received increased attention. The influence of acupuncture and laser acupuncture on the microbiome has been demonstrated in several studies. Growing evidence has also emerged for the role of mindset techniques. Furthermore, a study with Okoubaka provided evidence that homeopathic stimuli can influence the microbiome. Another approach is the use of cyanobacteria, which, through their surface structures, can trigger modulating immune impulses.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/uNR1LA5eKQ0?t=1687>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Dr. Ana Moreira

Portugal

Founder of the Center for Integrative Medicine; president of the Portuguese Society of Integrative Medicine; executive committee member, ESIM

Advanced Medicine: Let's Unify Health!

The future of medicine is unfolding before our eyes, driven by an urgent demand for more effective, personalized, and sustainable healthcare solutions. Under the theme “Advanced Medicine: Let’s unify Health!”, this text explores a forward-looking medical model grounded in the principles of integrative and regenerative medicine.

At its core, this approach views the human body as an interconnected, self-regulating system capable of healing when given the proper internal and external conditions. Functional and integrative medicine provide a foundational philosophy for advanced medical practice, combining the best of conventional medicine with scientifically validated complementary therapies to treat the whole person—body, mind, and spirit. Integrative medicine places emphasis on the patient–practitioner relationship, personalized treatments, and a proactive approach to health maintenance and disease prevention. Root cause analysis, lifestyle interventions, nutritional optimization, stress management, and detoxification strategies are central components. This supports the belief that chronic disease cannot be resolved through symptom management alone, but requires a deep understanding of systemic imbalances.

Regenerative medicine aims to restore structure and function to damaged tissues and organs. This field encompasses cellular therapy, tissue engineering, gene editing, and biologically active compounds that stimulate the body’s intrinsic repair mechanisms. The ultimate goal is not merely disease management, but healing and rejuvenation. Regenerative strategies hold a particularly valuable place in advanced medicine due to their biochemical and systemic effects.

In conclusion, advanced medicine—beyond futuristic technologies—is characterized by a shift in mindset: toward biological optimization, system-based care, and empowering the body’s healing intelligence. Integrative and regenerative medicine offer potent and versatile tools that bridge the gap between conventional interventions and the body’s inherent capacities. By embracing such modalities, clinicians are not only treating disease but also redefining health—and the very future of medicine itself. Let us unify the concept of health worldwide, through clear demonstrations of science in the field of advanced medicine.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=2949>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Tomáš Pfeiffer

Czech Republic

Philosopher, biotronicist; director of the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka; founder and director of the Institute for TCIM/CAM

Biotronics – Hope in Disease for the 21st Century

Tomáš Pfeiffer^{1,2,*}, Josef Zezulka¹

¹*Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka, Soukenická 21, 110 00 Prague 1, Czech Republic*

²*Institute for TCIM/CAM, Soukenická 21, 110 00 Prague 1, Czech Republic*

**tomas.pfeiffer@sanator.cz*

Introduction: Energy therapy is an established branch of complementary medicine, which has shown efficacious supportive treatment in various diagnoses. Studies usually report on improving the quality of patients' life and facilitating the conventional treatment. Here, we would like to present a new non-invasive method of spiritual energy therapy – Josef Zezulka Biotronics [1] – that exhibits a unique potential to further advance the application of energy therapy in integrative healthcare, it showed to be able to heal even patients hardly curable by conventional medicine.

Methods: Biotronics is a new method of energy therapy based on the assumption that the human organism consists of three basic components – somatic, psychic and vital. Biotronics works in the area of vital, biological forces, which are used by a biological instrument – a biotronicist (a therapist). The biotronicist applies a specific force structure, which is targeted according to the diagnosis. Via such targeting, in contrast to other fields of energy therapies, the biotronicist's intervention can be more effective and successful.

Results: Case series in oncology included several patients who experienced unsuccessful treatment by conventional medicine. They were for example a woman, aged 52, with a large inoperable stomach adenocarcinoma in terminal stage; or a woman, aged 70, with a small cell bronchogenic carcinoma with metastasis in mediastinal and throat nodes. After termination of unsuccessful oncological treatment and consequent biotronic treatment, a long-term survival for many years with high quality of life was observed in all these patients.

The statistics of treated diseases further shows that beside cancer diseases (33.8 %), biotronics is most frequently used for cardiovascular diseases (27.5 %), neurological diseases (10.7 %), joint diseases (7.1 %), and others. One of the highlights has been published in a recent report, showing a unique closure of a patent foramen ovale after biotronic treatment [2]. Such therapeutic outcome of this congenital cardiac lesion without surgical intervention has never been observed before.

Conclusion: These results demonstrate a potential significant benefit of Josef Zezulka Biotronics in integrative healthcare. This new discipline and its possible therapeutic potential should therefore be subjected to a more detailed research.

References:

- [1] *Zezulka's Biotronics*, organised by Tomáš Pfeiffer. 2015, Publishing House Dimenze 2+2 Praha, ISBN 978-80-85238-37-2.
- [2] Tomáš Pfeiffer, Marcela Slavíková. Cerebrovascular Accident in Patent Foramen Ovale: A Unique Case Report of a New Therapeutic Method – Biotronics. July 2025, Preprint available at Research Square [<https://doi.org/10.21203/rs.3.rs-6997959/v1>]

Keywords: Biotronics, energy therapy, integrative oncology, stomach carcinoma, cardiovascular diseases

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=4557>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Dr. Harsha Gramminger

Germany

President of EUAA (European Ayurveda Association); founder of an Ayurveda Academy educating physicians and therapists, and of Ayurvedic medical practices in Italy and Germany

Integrating Ayurveda Into Acute Psychiatric Care in Germany

This presentation marks a pioneering initiative in the integration of Ayurveda into an acute psychiatric hospital in Zschadraß, Germany, led by Prof. Dr. Dr. Stefan Brunnhuber. As a leading figure in the field, Prof. Brunnhuber has placed his trust in Ayurveda—an ancient holistic medical science—to offer cost-effective solutions and bring lasting benefits to patients by reducing the need for allopathic medications. One significant aspect of cost reduction comes through the implementation of Shodana procedures, which promote detoxification and reduce the frequency of hospitalizations for patients. A unique feature of this initiative in Zschadraß is that the entire hospital staff has undergone Ayurvedic training, creating a cohesive and supportive environment for holistic patient care.

This presentation will illustrate how Ayurveda's personalized, preventive approach, encompassing lifestyle modifications, herbal treatments, mind–body therapies, and detoxification practices, can complement and enhance conventional psychiatric care. Practical aspects of integrating Ayurvedic protocols, collaboration between Ayurvedic practitioners and psychiatric teams, and the challenges encountered during implementation will be discussed. Clinical outcomes, patient feedback, and initial pilot data will provide insights into the transformative potential of this integrative approach. By demonstrating the application of Ayurveda in this setting, the presentation aims to show how similar integration can be successfully achieved in other psychiatric hospitals, ultimately improving patient well-being and healthcare sustainability.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eKO0?t=6779>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Nat. Milena Simeoni

Italy

Founder and director of the European SALUS Initiative; co-founder and teaching director, LUMEN School of Naturopathy; vice president of LUMEN APS

Traditional European Medicine: Ancient Roots for the Health and Resilience of Today's Citizens

Traditional European Medicine (TEM), referred to in Italy as Traditional European and Mediterranean Medicine (MTEM), has its roots in Hippocratic wisdom and represents a cultural and scientific heritage that remains undervalued in contemporary health policies. At the core of its approach is the promotion of health—distinct from health prophylaxis—pursued through healthy lifestyles, the nurturing of social relationships, harmony with the environment, and the enhancement of individuals' intrinsic resources.

In alignment with the new WHO Traditional Medicine Strategy 2025–2034, TEM can offer a meaningful contribution today by reducing the impact of non-communicable diseases and immunosenescence—a factor that also increases vulnerability to infections—while strengthening citizens' resilience and promoting sustainable healthy longevity.

Within this framework, the paradigm shift promoted by SALUS, which places health promotion at the center of European policies, acknowledges the recovery and integration of TEM—in dialogue with modern science—as an innovative pillar for building a healthier, longer-living, and more resilient Europe.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/uNR1LA5eKQ0?t=8370>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Prof. Dr. Ricardo Ghelman, MD, PhD
Brazil

President of the 3rd World Congress on TCIM; founder of the Brazilian Academic Consortium for Integrative Health; pediatrician and TCIM researcher

Integrative Pediatrics in Brazil

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LASeK00?t=10187>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Ralf Dissemond
Germany

Heilpraktiker; chair, Verband klassischer Homöopathen Deutschlands e.V. (VKHD); officer, European Central Council of Homeopaths (ECCH); ANME extended board member

ECCH: The Voice of the Homeopathy Practitioner in Europe

Over the last thirty-five years, ECCH has focused on ensuring the availability of high-quality homeopathic treatment to all members of the European public. In his presentation, Ralf Dissemond, ECCH's Treasurer and Executive Committee member, will outline ECCH's work in recent years. With sixteen member associations across Europe, ECCH is the voice of the homeopathy practitioner through its membership of ANME, EUROCAM, EPHA, as well as its close collaboration with ECH and the European Patients' Association: EFHPA. ECCH is also represented on several working groups in EUROCAM. ECCH is also an active member of the International Homeopathy Stakeholders' Group where global matters are discussed.

As a follow-up to the recently adopted Traditional Medicine Strategy 2025–2034, ECCH, through its membership of EUROCAM, will support advocacy to implement the strategy in Member States. Particular focus over the last few years has been on the revision of the EU Pharmaceutical Directive and ECCH works closely with colleagues in ECHAMP, ECH, EUROCAM, IVAA and EFHPA to monitor the progress of the revision, contacting relevant MEPs, and responding as and when needed.

Working closely with member associations, ECCH has also agreed on a Standards Strategy which is being implemented over ten years. This strategy enhances the comprehensive Standards Guidelines in the ECCH Portfolio. ECCH was represented at relevant European events in 2025, including the ANME AGA, the LMHI conference and the HRI conference, and welcomes the opportunity to present on ECCH at this prestigious conference in Prague. Events like these remind us that the strength of our field lies not only in knowledge but also in collaboration and connection with our community.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=11884>

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Sunday, 5 October 2025 – Hall 1 

Rupert Koopman, BSc
South Africa

Expert on Western Cape floral diversity, with an emphasis on fynbos; science communicator, nature advocate, and tour guide



Presentation video:

Co-author: Dr Jimmy Symmonds BSc BVSc (owner and founder of HAPPY BY NATURE)

Looking after Nature by Using it Wisely, Lessons from Cape Town’s Fynbos Region

Spending time in Nature is beneficial for your physical and mental wellbeing, which should support the protection of biodiversity. South Africa, as one of the 17 mega-diverse countries in the world which contain 70% of earth’s species, has long negotiated the tensions between development and protection of Nature. Our population is a complex mix of indigenous African and Asian, European and Creole diaspora, each with their own tradition of plant use. South Africans also wrestle with the legacy effects of colonialism and apartheid, where the majority of people are black and poor and have insufficient access to land and Nature. More than 70% of South Africans

still use indigenous plants for food, medicinal, spiritual and cultural purposes. Some of the ways to reconnect with Nature are community first-aid gardens, restoring locally indigenous plants to urban open spaces, and the integration of traditional medicine and western medicine. I intend presenting two case studies which I have supported as a fynbos specializing botanist: bringing locally indigenous Nature back into the Northern suburbs of Cape Town and the Indigenous Herbal Medicine courses run by Cape Town enterprise Happy by Nature. These courses seek to heal the divides in medicine by bringing together traditional health practitioners and western trained medical professionals to learn about indigenous medicine plants and practice.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=13714>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Roy Upton, RH, DipAyu
United States

President, American Herbal Pharmacopoeia; co-founder and former president, American Herbalists Guild; trained in Ayurvedic, Chinese, and Western herbal traditions

Botanical Medicine in World Health

Botanical medicines are central to a large number of TCIM disciplines, yet their use carries with it a tremendous amount of controversy regarding safety, efficacy, interactions with conventional medications, use in children and pregnancy, and concerns about quality control. As the World Health Organization calls on member nations to fully integrate TCIM practices into national health care systems, challenges for how botanicals should be integrated emerge. This presentation will discuss the critical role botanicals play in human and planetary health and present different strategies for a unified approach to herbal medicine.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=15511>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Dr. Yogita Loya

Germany

Homoeopathic practitioner and clinical psychologist; board member of the Meißner Hahnemannzentrum; certified nutritionist and dietitian; yoga teacher

Integrating Homeopathy Into Primary Healthcare: Global Policy Models and Ethical Communication in the Age of Misinformation

The integration of homeopathy into primary healthcare remains a contentious yet increasingly relevant topic in global health systems, particularly in regions striving for equitable, pluralistic, and patient-centered care. This presentation explores successful and emerging models of homeopathy integration within national healthcare systems, drawing comparative policy insights from India and Switzerland. These countries illustrate a spectrum of approaches—ranging from government-funded services and educational inclusion to regulation of homeopathic pharmaceuticals and insurance coverage.

However, as homeopathy gains institutional recognition in certain regions, it concurrently faces intensified scrutiny due to concerns about scientific validity and public misinformation. The second part of this study critically examines the ethical obligations of homeopathic practitioners to ensure accurate, transparent, and evidence-informed communication. In an era dominated by digital misinformation and polarized medical debates, the integrity of health communication is paramount.

The presentation proposes a framework for ethical discourse rooted in principles of informed consent, outcome reporting, and patient autonomy, while advocating for research methodologies that respect the individualized nature of homeopathy. This dual-focus approach underscores that responsible integration of homeopathy into primary healthcare must go hand in hand with ethical and evidence-aware communication.

The findings aim to contribute to policy dialogues, foster interdisciplinary collaboration, and support a balanced, well-regulated pluralism in global health systems.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/uNR1LA5eK00?t=17097>

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Sunday, 5 October 2025 – Hall 1 



Presentation video:

Derrick Tanous, MSc

Austria

PhD candidate and researcher in Sports Science, University of Innsbruck, specialising in diet and physical activity

The Extraordinary Yet Real Potential of Plant-Dominant Diets as Medicine — Subtitle: The Fundamental Basis for the HEAL Approach, as Proposed by Prof. Dr. K. C. Wirnitzer

Health is limited primarily by the cultures we are raised in. The behaviors we develop from socialization (by our parents/family, teachers, and society) ultimately decide the fate of our health if we are fortunate enough to avoid other tragedies (genetic predispositions, environmental threats/pollutants, healthcare malpractice, poverty). The behaviors that our cultures impress on us during youth that are most influential in preventable disease development and early death are cigarette and alcohol use, physical activity, and nutrition.

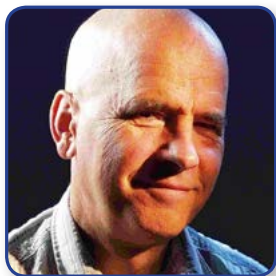
Interestingly, nutrition by itself is the only area of behavior capable of reversing the most dangerous, life-threatening diseases known to humankind (heart attack, stroke, cancer), but not just any form of nutrition is capable of reversing heart disease (the globe's leading killer). Nutrition science has revealed the only option to prevent, stop, and reverse heart disease: a whole-food, (low-fat) plant-dominant diet.

Only two options to reverse heart disease through plant-dominant diets exist: (1) a change to the patient's diet, which includes following a vegan diet, or (2) the minimal consumption of explicitly low-fat dairy products (e.g., milk, yogurt) as part of a plant-predominant diet (loads of fruits, vegetables, legumes, and whole grains daily); in the latter case, extensive lifestyle changes are additionally required (i.e., physically demanding aerobic exercise, stress management practices, smoking cessation, and group psychological counseling). Therefore, consuming minuscule animal foods/products in moderation (low-fat dairy) creates a setback for heart health that can only be compensated with an intensive lifestyle versus the most effective and safe vegan option, without any additional lifestyle changes required. Likewise, not a trace of meat (red, white, or fish) as part of either plant-dominant diet is capable of heart disease reversal.

Conclusively, the medicinal potential of the vegan diet vastly outperforms an (optimized) Mediterranean diet, and minimal or moderate animal product consumption will have major consequences for health—particularly heart health.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/uNR1LA5eK00?t=17970>

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Prof. Gejza M. Timčák, PhD

Slovakia

Co-founder, Association for the Advancement of Yoga;
co-founder and president of the Slovak Yoga Association;
honorary member of the European Union of Yoga

Co-author:

Dr. Gábor Pék, PhD. (M.Sc. diploma in computer science – 2011, Ph.D. – 2015 from the Budapest University of Technology and Economics, Hungary; assistant professor at the CrySyS Lab, Budapest University of Technology and Economics; yoga teacher of the AAY Košice)

Health, Yoga Sadhana, and AI

From the point of view of yoga, health is related to *hælp* – “wholeness,” in the sense of “jivan mukti” – a life of real freedom. For the last 50 years, the Association for the Advancement of Yoga has been working to direct attention to full-scale yoga training for the 60,000 trainees who attended AAY courses. When selecting an effective yoga learning strategy, one must also consider broader questions such as: what is the goal of living a wholesome life? Is a life of satisfaction (*santosha*) possible? Can it be amplified to *ananda*?

The key to life becoming fruitful is *dharma*, or living according to the prompts of the information flow of the *ritambhara* (“universal information flow”). The task of how to achieve this is defined by yoga in a simple, consistent, and fruitful approach. Still, simple does not mean easy, due to the personality traits of each individual (*ahamkara* and its databases – *karmashaya*).

The presentation offers a number of solutions, e.g., apart from the *yamas* and *niyamas*, a potent system called “*Sri Chakra Sadhana*”. As yoga has by now become a globally known system with countless interpretations, it has created a fuzziness regarding its main tools and aims. The application of yoga as an “end-of-the-pipe” solution may be one of the reasons why yoga practitioners often lack true wholeness and integrity.

Artificial intelligence (AI) is increasingly used as a source of information in many soft areas. It is often conceived as a quick and good source of knowledge that is easy to obtain. In yoga, however, this may be problematic, as it can lead to misinformation regarding yoga *sadhana* and

AI-generated advice that lacks transcendence and carries the danger of deception due to the way it is trained.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=123

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Sunday, 5 October 2025 – Hall 2 

Paul Golden
Aotearoa

Independent midwife; specialist in neonatal and paediatric care; educator and lecturer; mediator and expert witness in reproductive and human rights



Presentation video:

Holistic Childbirth and Newborn Care

I’m a holistic, independent global midwife, neonatal specialist, mediator, legal advocate, and naturopath. My presentation will include lessons from over forty years of work with birth, human rights, and natural therapies. I studied and worked for many years in Asian and Oriental countries and brought CAM into hospitals. My work includes both home and hospital births, as well as in intensive care units (adults, children, and babies). I have specialised in breastfeeding and frenulotomy, including extremely premature and sick babies (under 500 g).

During my presentation, I will invite audience participation in simple exercises with breath and touch. My work focuses on the needs of the mother and baby—and the whole family. We are all born, and how we are born matters for our connections with ourselves and with others. I show how physiological upright birth helps mothers and babies (especially breech babies) and how to achieve the best possible birth, including caesarean sections and births with medical interventions.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=1736

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Dr. Sarita Shrestha

Nepal

First female MD in Ayurveda in Nepal; senior Ayurveda consultant specialising in women's health and infertility; founder of the Devi Ma Kunja Foundation

Health Knows No Boundaries: Embracing Conscious Progeny

Ayurveda, the science of life, is an ocean of knowledge and skills that has been bestowed upon humankind by Lord Dhanvantari and the great Rishis, whose ambrosial drops have continued on the earth for more than five thousand years. Procreation has always been part of life, and Ayurveda makes it auspicious through samskaras, while progeny is celebrated as a ceremony in which a woman is honored for her warm womb, a home for a tiny new life until it transforms into a little baby ready to face the world.

The process of conception leading to birth brings enormous changes in both mother and fetus, where anatomical, physiological, and emotional upsurges occur. Hence, loving care is equally important for both mother and new life during pregnancy and after birth. Individual parents, as well as family and community, carry a huge responsibility for raising conscious, healthy progeny.

Garbha Samskar offered by Ayurveda transcends to embrace this Conscious Progeny, which can establish a new pathway for the offspring to lead the world into a new age. The time has come to explore this wonderful gift of Ayurveda.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=3260

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Prof. Dr. Michael Frass

Austria

Specialist in homeopathy and internal and intensive care medicine; president of the Austrian Umbrella Organisation for Medical Holistic Medicine; chair of WissHom

Periodic Fever Syndrome (PFAPA) – Another Example of Inflammatory Processes Responding Well to Classical Homeopathy

Background: Periodic fever, aphthous stomatitis, pharyngitis, cervical adenitis (PFAPA) syndrome is increasingly diagnosed. In these young children, fevers may recur periodically every three to eight weeks. PFAPA is considered an acquired autoinflammatory disorder, recurring in association with at least one of the above-mentioned signs. The aim of this lecture is to present the success of individualized homeopathic treatment in these children.

Methods: The history and symptoms of 10 PFAPA patients were reviewed. The individually chosen homeopathic medicinal products (HMPs) were compiled, and the course of the disease described. Selected cases will be presented in more detail.

Results: Except for one, all children recovered completely within one to five months of treatment. Evaluation by modified Naranjo criteria resulted in a score of eight in seven children, a score of nine in four children, a score of ten in one child, and in a score of minus two in another child.

Conclusion: These cases suggest that individualized homeopathy works successfully in patients with PFAPA. There was a time-dependent improvement with regard to frequency of flares as well as the intensity of symptoms, up to complete disappearance of the disease. Several parents reported improvement in behavior concomitant with physical improvement.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=5323

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Dr. Dilip Ghosh

Australia

Science facilitator; adjunct-industry Fellow, NICM HRI;
visiting professor; international author and speaker;
consultant to the WHO Global Traditional Medicine Centre

Globalisation of Ayurveda Through the Evidence-Based Nutraceutical Route

We are increasingly realising that the ‘One disease—one target—one drug’ concept does not always lead to successful disease control. This concept has led to new developments in drug discovery including systems-based approaches using the principles of multitarget pharmacology. It is generally accepted worldwide that modern pharmaceuticals will remain out of reach of many people and “health for all” may only be realised by the use of adequately assessed nutraceutical/phytomedicinal products including Ayurvedic medicines. Ayurveda can be considered as a complex intervention, which includes maintaining a healthy lifestyle and using Ayurvedic therapies and medicines and, lastly, the spiritual intervention. The globalisation of Ayurvedic medicines and their spread to the postmodern West is a paramount challenge. The integration of contemporary biomedical subjects like biochemistry, pathology, pharmacology, emergency medicine, etc. with Ayurvedic medicine in terms of practice and education (bilateral) may be the most important reforms towards globalising Ayurveda. Embracing modernity by the Ayurvedic community does not mean blind acceptance of Western logic and reductive methodologies. We need a very balanced and evidence-based integrative model of the two systems of medicine and through the nutraceutical route. One of the most successful examples of integration of traditional knowledge with modern medicinal concept is fenugreek. It has been scientifically studied for chemistry, pharmacology, clinical, and health-promoting benefits. Fenugreek, with its bioactive phytoconstituents such as amino acids, alkaloids, glycosides, soluble fibres, and phenolic compounds, could be a good candidate for herbal/botanical drugs with the support of all modern randomised clinical studies. The search on online scientific databases results in a large number of scientific publications on the efficacy and safety of fenugreek and its derived phytoconstituents.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=6205

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Dr John Hughes, PhD, BSc (Hons), Lic. Ac.
UK

Head of research, Royal London Hospital for Integrated Medicine (UCLH NHS Foundation Trust); associate professor of Integrated Medicine, University of West London

Acupuncture in Supportive Oncology: UK perspective and current research

Abstract: The presentation will provide an overview of the practice of acupuncture within oncology in the United Kingdom, and Traditional Chinese Medicine Diagnoses in cancer. The presentation will also provide an overview of recent research conducted by the Royal London Hospital for Integrated Medicine expanding the evidence base for acupuncture in oncology. Presented research will include a randomised controlled trial of acupressure for chemotherapy-related nausea; a feasibility trial of auricular therapy and acupressure for insomnia in cancer patients; a feasibility trial of acupuncture in cancer patients undergoing radiotherapy treatment; and a feasibility trial of self-acupuncture for chemotherapy cancer patients.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=7277

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Joerg von Bergen

Switzerland

Expert in medicinal mushrooms (mycotherapy);
coordinator of the German MykoTroph Institute for
Switzerland; coach

Identifying Solutions for Interference Fields and Blockages through Radionics – for Individuals, Groups, Companies, and State Governance

Radionics works with subtle energy fields to detect blockages, imbalances, and energy deficiencies. Together, we bring unconscious issues to awareness and harmonize them. Using advanced technology, we transmit targeted affirmations into the energy field, activate self-healing abilities, and enhance overall quality of life on an energetic level. These imbalances cannot be identified or treated through blood tests or MRI scans. That is why I advocate for interdisciplinary collaboration to achieve a holistic understanding. Companies and governments alike can benefit from recognizing and addressing disharmonies and misinterpretations. Once understood, the way is open to take the right steps forward.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=8461

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Dr. Antonietta Rozzi

Italy

Professor of pedagogy and yoga, at the universities of Bologna and Bolzano; president, Sarva Yoga International; honorary president, Federazione Italiana Yoga

Greeting Message to the Congress Participants

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=9438

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Miranda Ruchtie

Netherlands

President of marketing at EFHPA (European Federation of Homeopathic Patients' Associations); board member of the executive committee of EUROCAM

Patients = Power

Abstract for Practitioners Across Different TCIM/CAM Modalities: The Importance of Patient Involvement

Across Europe and the world, the future of homeopathy and other TCIM/CAM modalities depends on the active participation of patients. As the voice of over 10,000 patients using homeopathy through the European Federation of Homeopathic Patients' Associations (EFHPA), we emphasise the critical need to engage patients in advocacy, research, and policy-making processes for homeopathy and the whole TCIM/CAM sector.

For over 26 years, EFHPA has worked to create a network of patient organisations in 15 European countries, fostering connections and amplifying the voices of those who benefit from homeopathic treatments. In a world where homeopathy and other TCIM/CAM therapies often face criticism or doubt, it is the patients who keep them alive and growing. They're not just receiving care—they are the most passionate advocates, powerful voices, and key contributors driving TCIM/CAM forward.

Their personal stories help shift public and political perceptions, break through resistance, and influence healthcare policies. When patients are organised, they have a far greater impact—mobilising resources, engaging decision-makers, and amplifying awareness. Whether you practice acupuncture, herbal medicine, naturopathy, chiropractic, osteopathy, homeopathy, or another TCIM/CAM modality, one thing is clear: patients are practitioners' most powerful allies.

Empowering patients—through health literacy, advocacy, and financial support—ensures the growth and sustainability of homeopathy and other CAM modalities as a valuable healthcare choice. The strategic creation of patient associations can turn challenges into opportunities. Together, we can build a future where homeopathy and other TCIM/CAM modalities thrive globally, with patients at the heart of every effort.

Imagine what is possible when patients and practitioners stand together:

- Stronger public and political recognition
- Greater healthcare access and legitimacy
- More funding for research and public awareness
- A broader cultural shift toward holistic health

Patients are not optional partners—they are essential stakeholders.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=9989

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Sunday, 5 October 2025 – Hall 2



Presentation video:

Prof. Dr. Michael Frass

Austria

Specialist in homeopathy and internal medicine; president of the Austrian Umbrella Organisation for Medical Holistic Medicine; chair of WissHom

Additive Homeopathy Improves Quality of Life and Prolongs Survival in Patients With NSCLC: A Prospective, Randomized, Placebo-Controlled, Double-Blind, Three-Arm, Multicenter Study

Background. Patients with advanced non-small cell lung cancer (NSCLC) have limited treatment options. Alongside conventional anticancer treatment, additive homeopathy may help to alleviate side effects of conventional therapy. We wanted to investigate the effect of additive homeopathy on quality of life (QoL) and survival in NSCLC patients.

Methods. In this prospective, randomized, placebo-controlled, double-blind, three-arm, multicenter phase III study, we compared additive homeopathic treatment and placebo in patients with IV NSCLC with respect to QoL in two randomized groups, and survival time in all three groups. A total of 150 patients with stage IV NSCLC were included in the study. Ninety-eight received either individualized homeopathic medicinal products (n=51) or placebo (n=47) in a double-blinded fashion. Fifty-two control patients (third group) without any homeopathic treatment were observed for survival only.

Results. QoL as well as functional and symptom scales showed significant improvement with homeopathy compared to placebo after 9 and 18 weeks of homeopathic treatment ($p < 0.001$). Median survival time was significantly longer in the homeopathy group (435 days) vs. placebo (257 days; $p = 0.010$) as well as vs. control (228 days; $p < 0.001$). Survival rate in the homeopathy group differed significantly from placebo ($p = 0.020$) and from control ($p < 0.001$).

Conclusion. QoL improved significantly in the homeopathy group compared to placebo. In addition, survival was significantly longer in the homeopathy group versus placebo and control. The study suggests that homeopathy positively influences both QoL and survival. Further studies including other tumor entities are warranted. These findings confirm results of a previous open pragmatic study regarding QoL and a retrospective study regarding prolonged survival. The interval of 9 weeks between appointments is compatible with the financial resources of public

health services as well as with the time resources of the patients. Therefore, we believe that additive homeopathy fits perfectly into the health programs of public health services.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=11413

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Mark Taylor, MBA
United Kingdom

CEO and founder of Patient Led Oncology, an integrative oncology research company working alongside leading integrative physicians and alternative healers

The Endgame for Cancer

After spending two years researching and looking at cancer as a math problem, we have designed a concept called the Endgame. It provides a summary of what the frontiers of cancer science suggest about how cancer can be treated. We present a summary of our research and include how concepts in naturopathy and innate healing contribute to the perfect immunotherapy solution, indicating how the emotional state influences many aspects of the tumor microenvironment.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=12258

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Nicky Pawan Kaur

India

Founder and CEO of Chandigarh Spinal Rehab, a non-profit rehabilitation clinic focused on holistic neurorehabilitation

Co-author: Tejinder Saluja – Head of Operations, Chandigarh Spinal Rehab

Chandigarh Spinal Rehab – Empowering Lives Through a Standalone Model of Neurorehabilitation in India

Background: Chandigarh Spinal Rehab, established in 2016, is a pioneering, not-for-profit centre offering multidisciplinary neurorehabilitation to individuals affected by spinal cord injury (SCI) and other neurological conditions. Its mission is to enable independent living and enhance quality of life through world-class, affordable care. The centre offers a comprehensive rehabilitation framework that integrates physiotherapy, occupational therapy, psychological counselling, specialized yoga, assistive technology, bladder and bowel management, wound care, peer mentorship, and vocational training. In addition, it promotes community reintegration through caregiver training, inclusive sports, cultural expression, and purposeful employment pathways.

Impact on Rehabilitation: With an in-patient capacity of 30 beds and dedicated outpatient services, Chandigarh Spinal Rehab has rehabilitated over 800 individuals and impacted more than 17,500 lives through awareness programs, outreach activities, and direct care. Notable, 41% of patients received care free of cost, upholding the centre's inclusive ethos. The team has successfully healed 125 life-threatening pressure injuries in-house, and 30 patients have undergone life-saving surgeries. 52% of rehabilitated quadriplegics and 83% of paraplegics are now leading productive lives. Alumni success includes 5 athletes who have represented India internationally, earning two gold, two silver, and two bronze medals. Additionally, eight alumni have medalled at the national or state level, and several have completed MBAs from top institutes. Notable milestones include the formation of Flowing Karma—India's first wheelchair band.

Chandigarh Spinal Rehab's integration of peer mentorship and inclusive programming fosters self-reliance, dignity, and social acceptance. Its structured, person-first approach transforms beneficiaries into community contributors and leaders. The centre's comprehensive and cost-effective model demonstrates that high-quality rehabilitation is achievable even in low-resource settings. Its interdisciplinary structure, coupled with a strong ethos of social reintegration, positions it as a replicable blueprint for SCI/TBI care globally. This work aligns with the WHO's priority of inclusive health systems and underscores the transformative potential of person-first rehabilitation. Community outreach initiatives—such as wheelchair distribution drives,

awareness campaigns, inclusive sports meets—have further broadened the centre’s impact and created scalable partnerships.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=13422

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Sunday, 5 October 2025 – Hall 2 

Dr. Pratibha Shah

USA

Founder and president of the Wholistic Health Alliance and the Global Council for Ayurveda Research; senior faculty at the Sai Ayurvedic Institute and the Yoga Veda Institute



Presentation video:

Applied Concepts of Immunity in Ayurveda: Bridging Tradition and Contemporary Health Practices

Immunity, or Vyadhikshamatva, is a foundational concept in Ayurveda, encompassing not only resistance to disease but also the ability to maintain physiological balance and resilience against environmental and internal challenges. This presentation explores the applied dimensions of Ayurvedic immunity, examining classical references alongside their relevance in contemporary health care.

The talk will elucidate the dual aspects of Vyadhi-utpada-pratibandhakatva (disease prevention) and Vyadhi-balavirodhitva (disease mitigation), contextualizing them through the lenses of Ojas, Agni, and Dhatu Bala. It will further discuss the role of daily and seasonal regimens (Dinacharya and Ritucharya), Rasayana therapy, dietary protocols, and mind–body practices in enhancing immune competence.

Through clinical examples and correlations with current research, the session aims to bridge traditional wisdom with modern perspectives on immunity modulation, offering integrative approaches for public health, preventive care, and chronic disease management.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=14443

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Sunday, 5 October 2025 – Hall 2 



Presentation video:

Dr. Venkata Narayana Joshi, MD, PhD

United Kingdom

Ayurveda teacher and practitioner; lecturer in educational activities and workshops on food as medicine and gut health; director of the Association Ayurveda Academy UK

Global Integration of AYUSH Systems for One Health & One Nation

AYUSH systems of health care services are the wisdom from East to West since time immemorial. Evidence in museums around Europe has shown significant trade through sea portals, from Bryonopsis species for fertility to spices and ivory combs, suggesting the greater use of tropical sources for health and wellness. The expansion of this wisdom has grown from time to time, adding other traditional systems of health care through the integration of WHO collaboration with Bharat (India). AYUSH systems recognize Sowa Rigpa of Tibet in Asia and its spread to half of the globe, with trade worth billions of dollars in health care, natural resources, cosmetics, and other sectors of entrepreneurship. The clocks are turning at the right time for the past glories of history in the interpretation of integrated medicine for futuristic global health care. Bharat is now the leading hub of Yoga and traditional medicine such as Ayurveda, reaching out to the needy through educational activities and business models. In this presentation, some selective models for that integration are discussed.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=15386

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Sunday, 5 October 2025 – Hall 2



Presentation video:

Prof. Dr. Bishnu Prasad Sarma

India

Ayurvedic physician, professor, and researcher with expertise in Ayurveda, particularly in the treatment of diabetes and non-communicable diseases

Vaisvanara Churna and Vaitarana Basti in the Management of Rheumatoid Arthritis

Rheumatoid arthritis (RA) is an autoimmune disease characterized by the presence of autoantibodies and persistent synovitis, leading to chronic symmetrical polyarthritis and systemic inflammation. Genetic studies suggest that RA is a heterogeneous group of diseases. It has a worldwide distribution and affects 0.5–1% of the population, with a female preponderance of 3:1. Conventional treatments typically include non-steroidal anti-inflammatory drugs, corticosteroids, and immunosuppressive drugs. However, these therapies are often associated with hepatotoxicity, kidney damage, immunodeficiency. Consequently, there is a growing need for alternative therapies that offer high efficacy with minimal toxicity.

In the present clinical study, titled “Vaisvanara churna and Vaitarana basti for Rheumatoid Arthritis”, an Ayurvedic approach was explored. Vaisvanara Churna, an orally administered herbal formulation, was selected alongside Basti Karma, a detoxifying enema procedure. A total of 60 patients were randomly selected from the Outpatient and Inpatient Departments of the Kaya Chikitsa (Ayurveda Medicine) Departments, Govt. Ayurvedic College and Hospital, Guwahati – 14, Assam, India. The trial drug was administered for a period of 30 days, with Basti Karma conducted for eight days. Follow-up assessments were carried out at 30-day intervals, specifically at 30, 60, 90 days post-treatment and beyond. During the follow-up sessions, it was observed that the symptoms were relieved to a substantial extent. Based on these findings, it can be concluded that Ayurvedic treatment of rheumatoid arthritis is an effective and safe alternative to conventional therapy.

The full presentation video is available at the URL and via the QR code by the photo:
https://youtu.be/Mv_Pfa_ChIk?t=16329

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Sunday, 5 October 2025 – Hall 3



Sunday, 5 October 2025 – Hall 3 



Presentation video:

Mgr. Pavla Hájková

Czech Republic

Clinical naturopath, nutritional consultant, and lecturer; founder of the Centre for Integrative Care Přirozeně ke zdraví; vice-chair of the Czech Naturopathic Society

Prevention and Chronic Diseases: The Role of Naturopathic Medicine in Relieving the Burden on the Healthcare System

Chronic diseases represent a major burden on healthcare systems in developed countries, both in terms of human suffering and economic costs. Naturopathic medicine, as a system focused on prevention, nutrition, lifestyle, and patient education, can play a crucial role in the long-term sustainability of healthcare. Based on data from countries where naturopathy is integrated into the healthcare system, such as Canada, the USA, Switzerland, Germany, and Australia, we will present study results showing reduced need for pharmacotherapy, hospitalizations, and specialist interventions among patients under naturopathic care.

We will focus on the most common chronic diseases—metabolic syndrome, type 2 diabetes, autoimmune disorders, chronic fatigue, and anxiety—and demonstrate how functional-naturopathic protocols can improve quality of life and reduce the burden on the healthcare system. The presentation will also offer examples of successful models of collaboration between medical doctors and naturopaths in primary care, along with proposals for possible pilot projects in the Czech context.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/Xp0g6uXpFzw?t=127>

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Sunday, 5 October 2025 – Hall 3 



Presentation video:

Mgr. Bc. Martin Bartošek, MBA

Czech Republic

Therapist, instructor, and personal growth lecturer; Satori Breathing, Osho Divine Healing, OM Chanting; manager at Forever Living

Satori Breathing – Rebirthing: The Path to Deep Regeneration and Personal Transformation

In this theoretical lecture, participants will be introduced to the technique of Satori breathing, also known as Rebirthing, which is a powerful tool for achieving emotional and mental healing. Rebirthing is a method that uses specific breathing techniques to release blockages in both the body and mind, thereby supporting overall regeneration and improving quality of life.

The lecture will provide an overview of the principles of Satori breathing, its impact on health and well-being, and its practical applications in everyday life. We will focus on how this technique can help reduce stress, release deeply held emotional patterns, and restore the natural flow of energy in the body.

By the end of the lecture, participants will have a clearer understanding of how powerful Satori breathing can be in enhancing life satisfaction, mental clarity, and personal balance. This technique is not only a means of improving health, but also a pathway to deeper self-reflection and spiritual growth.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/Xp0q6uXpFzw?t=1897>

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Sunday, 5 October 2025 – Hall 3 



Presentation video:

MUDr. Pavol Tibenský

Slovenská republika

General practitioner, homeopath, and acupuncturist; ECH accreditation for teaching homeopathy within the EU; president of the Slovak Medical Homeopathic Society

Miasms and Their Place in Health and Disease

Introduction: Samuel Hahnemann, with his discovery of miasms, moved the law of similarity from the symptomatic to the systemic level. This level is comparable to the syndromic classification in classical medicine. Homeopathy does not treat isolated symptoms, but “syndromes”, which he called drug images or the totality of symptoms. The perception of miasms differs among authors such as Bentley, Sankaran, and Scholten.

Objective: The author hypothesizes that miasmas must have a real basis in the organism. This basis could be a variant of endosymbiosis known from evolutionarily lower animals and plants. Endosymbiosis is an inherent part of species evolution. At the level of living systems, it represents a more advanced form of the principle from mathematics and cybernetics: a system increases its level of organization by incorporating lower evolutionary elements.

Patient: The author describes the treatment of a patient with a liver abscess and an ulcer on a limb, whose health condition deteriorated after the ulcer was closed using conventional dermatological treatment. The patient was also treated for arrhythmia with Amiodarone, which is excreted from the body partly through the skin.

Results: The case description suggests a positive aspect of the syphilitic miasm, which was managed with pharmacotherapy for other physical illnesses and exclusively with homeopathic treatment for the recurrence of the liver abscess.

Conclusion: This case report of a life-threatening disease highlights the usefulness of the syphilitic miasm concept and the validity of Hering's laws in treatment. The author points to the possibility of clarifying the real nature of miasmas through collaboration with pharmaceutical scientists and by applying knowledge of pharmacokinetics and pharmacodynamics of highly toxic drugs.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/Xp0g6uXpFzw?t=2796>

* * *



Sunday, 5 October 2025 – Hall 3 



Presentation video:

Claudia Maradof

Germany

Chair of ATEM – Der Berufsverband e.V.; international leader and breathwork therapist; founder of The Art of Breathing, supporting people with breathing difficulties

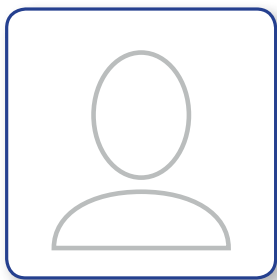
Breathwork – a TEM Discipline: An Overview of the Origins, Application, and Impact of Working with the Natural Breath Movement of Human Beings

This presentation offers an overview of the origins, prevalence, applications, and impact of breath- and body-based therapy, exploring how sensing the true and natural breath movement supports individuals in maintaining body–mind integrity as well as in strengthening their social relationships.

By ATEM – Der Berufsverband e.V., Germany.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Xp0q6uXpFzw?t=4005>

* * *



Sunday, 5 October 2025 – Hall 3 



Presentation video:

Ing. Michal Košelja

Czech Republic

Senior researcher at ELI ERIC; expert in solid-state laser engineering and crystal growth; founder and CEO of the non-profit Výzkumný ústav progresivních technologií

Co-author: Michal Košelja, jr. (VÚPT, z.ú.)

Electro(dia)ionized Water and Its Properties in Biology

This presentation will focus on the scientific understanding of electro(dia)ionized water (EDI), its properties, and its effects on living cells. It will also include an explanation of EDI water with different pH values, ranging from 2 to 12. The latest work builds on the nearly forgotten research of Vilém Lauberg (August 29, 1890, Turnov – December 29, 1986, Prague), published a century ago. The main findings demonstrated changes in cell volume depending on pH, with a major peak around 2, and cell lysis occurring at pH >11. The behavior of cell lysis is not linear but exhibits a “quantum” character. These observations may help explain complex bioreactions of living cells in different aqueous environments, acidic (pH 2) and alkaline (pH 11), as well as their potential for self-repair.

The full presentation video is available at the URL and via the QR code by the photo:

<https://youtu.be/Xp0q6uXpFzw?t=4954>

* * *



Sunday, 5 October 2025 – Hall 3 



Presentation video:

Dr. rer. nat. Karin Lenger, Dipl.-Biochem.
Germany

Biochemist at the Institute for Scientific Homeopathy, homeopathic practitioner, lecturer in classical homeopathy in Europe, and creator of “biochemical homeopathy

Acute and Chronic Diseases According to Hahnemann’s Miasms

Hahnemann assumed a chronic disease in his patients, because after healing they became ill again. He found three sorts of eczema and types of diseases: Psora, Sycosis, and Lues. Eczemas on the skin, itching, were caused by an old infection of Psora, Lepra, or Tuberculosis, indicating a lack of mineral salts. Genital warts or aluminat condyloma were caused by Gonorrhoea or Chlamydia, called Sycosis. Venereal hard chancre was caused by Lues.

Hahnemann supposed that Psora, Sycosis, and Lues are old inner infections by chronic miasms incorporated in the DNA in different parts, the reason why the patients became ill again. At Hahnemann’s time, the largest part were psoric people (90%), 12% sycotic, and 8% luetic. Hahnemann assumed people will degenerate to the luetic type in the future; today 45% are luetic.

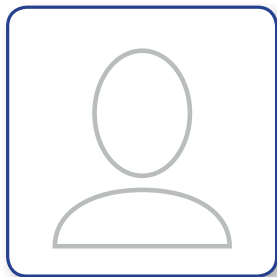
The symptoms of the diseases of Psora, Lepra, and Tuberculinum are caused by Mycobacterium leprae and Mycobacterium tuberculosis: the symptoms of these diseases lead to psoric remedies such as Psorinum, Calcium carbonicum, Phosphorus, and Sulphur. The symptoms of Sycosis are derived from Gonorrhoea. They concern rheumatism, gall, sexual organs, kidney, and bladder. They are talebearers doing their duty. Look for the sycotic remedies: Medorrhinum (Bac. Neisseria gonorrhoeae), Nitricum acidum, and Thuja.

Lues has the worst symptoms: anxiety of death, paralyses (psychological and physical), respiration and heart function are disturbed, and the whole body is involved in illness. The homeopathic remedies are derived from this disease: Syphilinum, Naja tripudians, and other potentized lethal poisons. Healing by homeopathy makes it possible to go back to the sycotic symptoms and then to psoric symptoms.

Hahnemann gave us a guide to which remedies can be applied in the acute and chronic diseases in different states. Healing starts by application of the corresponding similar homeopathic remedies with psoric, sycotic, and luetic symptoms.

The full presentation video is available at the URL and via the QR code by the photo:
<https://youtu.be/Xp0q6uXpFzw?t=5876>

* * *



Poster



Poster presentation:

Dr. med. univ. Lukas Gatterer

Austria

Doctor in training for general practice at the Clinical Department of Orthopaedics and Traumatology, University Hospital of St. Pölten, Austria; researcher

Co-author:

Prof. Dr. Katharina C. Wirnitzer, BEd (1. Department of Secondary Education, University College of Teacher Education Tyrol, Innsbruck, Austria, 2. Department of Sport Science, LFUI, Innsbruck, Austria, 3. Department of Pediatric Oncology and Hematology, Working Group Prevention, Integrative Medicine and Health Promotion, Otto-Heubner Centre for Paediatric and Adolescent Medicine (OHC), Charité – Universitätsmedizin Berlin, Berlin, Germany, 4. Charité Competence Center for Traditional and Integrative Medicine (CCTIM), Charité – Universitätsmedizin Berlin, Berlin, Germany)

The Power of Public Canteens: Political and Educational Paths for Better Public and Planetary Health

Vegan and vegetarian diets are becoming increasingly popular, especially among younger generations. Ethical, ecological, and health reasons play a central role in the decision to adopt more sustainable diets. This aligns with the latest guidelines of leading nutrition organizations such as the AND, DGE, and ÖGE. Furthermore, a whole-food, plant-dominant diet is the most effective and cost-efficient measure for reducing greenhouse gas (GHG) emissions.

Eating is a social act that brings people together—at home and in public institutions such as schools, universities, hospitals, and nursing homes and facilities. The shared dining table plays a key role in promoting public health and well-being. Given the increasing number of vegans and vegetarians, individual preferences must be reflected in public cafeterias as well. Moreover, whole-food vegan and vegetarian diets are adequate for all stages of life, promote health, and lower GHG emissions.

This contribution provides a review of existing data, various legal frameworks, and international guidelines on sustainable diets in the public sector. Key examples include: (i) Portugal, where vegan options have been mandatory in public institutions since 2017; (ii) the American Medical Association and the American College of Cardiology, which recommend plant-based meals in U.S. hospitals; (iii) New York City, with its plant-based default option in schools, hospitals, and other

public institutions since 2020; and (iv) the Environmental Sustainability Strategy of the University of Oxford, which promotes plant-based meals in its dining halls.

Offering vegan and vegetarian options in public institutions is key to improving public health, cutting GHG emissions, and increasing acceptance among the general population. Educational initiatives must raise awareness about the connections between diet, health, and climate protection. This process demands action from policymakers. Portugal and New York City demonstrate that the provision of vegan options in public institutions, in accordance with current guidelines, can be implemented through legal frameworks.

The full poster presentation is available at the URL and via the QR code by the photo.
<https://whc.itcim.org/pdf/Public-Conteens.pdf>

* * *



Poster

Dr. Yogita Loya
Germany

Homoeopathic practitioner and clinical psychologist; board member of the Meißner Hahnemannzentrum; certified nutritionist and dietitian; yoga teacher



Poster presentation:

Integrating Homeopathy Into Primary Healthcare: Global Policy Models and Ethical Communication in the Age of Misinformation

See the related oral presentation with its abstract on page 116.

The full poster presentation is available at the URL and via the QR code by the photo.
<https://whc.itcim.org/pdf/Integrating-Homeopathy.pdf>

* * *



Poster



Poster presentation:

Tomáš Pfeiffer

Czech Republic

Philosopher, biotronicist; director of the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka; founder and director of the Institute for TCIM/CAM

Biotronics – Historical Case Series in Energy Therapy

Josef Zezulka¹, Tomáš Pfeiffer ^{1*}, František Pekárek², Jitka Martínková²

¹*Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka, Soukenická 21, 110 00 Prague 1, Czech Republic*

²*Department of Internal Medicine at the Vimperk Hospital, Vimperk, Czech Republic*

**tomas.pfeiffer@sanator.cz*

Introduction: Biotronics is an emerging method of spiritual energy therapy that exhibits a unique potential to further extend the application of energy therapy in integrative healthcare [1]. It showed to be able to heal even patients incurable by conventional medicine [2]. Here, we would like to present historical unpublished results from 1982, describing an unusually successful research project of the founder of Biotronics – Mr Josef Zezulka.

Methods: Case series of 20 patients. The selection was aimed at diagnoses, in which the highest susceptibility to biotronic treatment was expected, based on previous experience with the method. These were asthma bronchiale, ulcus duodeni or ventriculi, rheumatism and malignant tumours. The selection further included also patients with lower expected susceptibility to biotronic treatment, such as cardiac diseases, hypertension. All the patients underwent biotronic treatment. In addition to observations of the patients' clinical state, evaluation of urine examination, blood test, and erythrocyte sedimentation rate was performed.

Results: Out of the initial group of 20 patients, 14 patients were evaluated. Results of only 2 patients were inconclusive, and the therapy of 4 other patients was discontinued early. Mild to significant improvement in patients' health condition was confirmed by both the clinical state, and the laboratory examinations. Improvement was achieved also in diagnoses with lower expected susceptibility to biotronic treatment.

The most striking result was observed in the case of stomach carcinoma in terminal state, in which overall revitalization was achieved after seven days of biotronic intervention. The artificial duct in the abdominal cavity (after colostomy) healed up spontaneously, without surgical intervention. Such result after a non-invasive intervention is not known in the medical literature up to today.

Conclusion: Biotronic treatment resulted in positive changes in patients' health condition, which were observed both in the patients' clinical state and the laboratory examinations. Such outcomes indicate a significant potential of Josef Zezulka Biotronics in integrative healthcare. As the research project was politically discontinued after completion of only the first half of planned biotronic interventions, the achieved outcomes are even more striking. Therefore, this new discipline and its possible therapeutic potential should be subjected to more detailed research.

References:

- [1] Zezulka's Biotronics, organised by Tomáš Pfeiffer. 2015, Publishing House Dimenze 2+2 Praha, ISBN 978-80-85238-37-2.
- [2] Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka. Alternative Medicine (CAM) in the World, What is Silenced. 2019, Publishing House Dimenze 2+2 Praha. <https://www.sanator.cz/en/alternative-medicine-in-the-world>

Keywords: cancer, stomach carcinoma, rheumatism, Biotronics, Josef Zezulka Biotronics

The full poster presentation is available at the URL and via the QR code by the photo.
<https://whc.itcim.org/pdf/Biotronics-Case-Series.pdf>

* * *



Poster

Tomáš Pfeiffer
Czech Republic

Philosopher, biotronicist; director of the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka; founder and director of the Institute for TCIM/CAM



Poster presentation:

Biotronics – Hope in Disease for the 21st Century

See the related oral presentation with its abstract on page 109.

The full poster presentation is available at the URL and via the QR code by the photo.
<https://whc.itcim.org/pdf/Biotronics-Hope.pdf>

* * *



Poster



Poster presentation:

Lesia Shuranova Ph.D., MBA

Czech Republic

Assistant professor at the University of South Bohemia in České Budějovice; healthcare management specialist at Příbram Regional Hospital; researcher

The Road to Better Care for Stroke Patients

The study analyzed the issue of family support and care for patients requiring long-term rehabilitation, particularly in the context of stroke. The main areas examined were the emotional and physical burden on caregivers, uncoordinated care, and shortcomings in the integration of healthcare and social services. The study identified key barriers to effective rehabilitation and proposed ways to overcome them.

The research emphasized the importance of family support during patient recovery, showing that caregivers were exposed to a high burden. This led to burnout and a decline in the quality of care provided. Insufficient coordination between healthcare facilities and social services was identified as another significant problem. Multidisciplinary approaches were often inadequately implemented, slowing down the rehabilitation process and limiting patients' return to a full life. The study also examined innovations in rehabilitation technologies, such as robot-assisted therapies and telemedicine, which improved patient outcomes and reduced caregiver burden.

The findings suggested that greater emphasis on caregiver education, the implementation of technological innovations, and interdisciplinary coordination could significantly improve system efficiency. In conclusion, the implementation of a comprehensive care model involving multidisciplinary collaboration, caregiver support, and the use of modern technologies was recommended. This model could improve patient health outcomes, reduce the burden on families, and lower healthcare costs.

Funding for this study was provided by the Grant Agency of the University of South Bohemia (project no. GAJU 066/2022/S, duration 1 February 2022 – 31 December 2023). The author declares no conflicts of interest.

The full poster presentation in the original language is available at the URL and via the QR code by the photo.

<https://whc.itcim.org/pdf/CMP.pdf>

* * *



Poster



Poster presentation:

MUDr. Pavol Tibenský

Slovakia

General practitioner, homeopath, and acupuncturist; ECH accreditation for teaching homeopathy within the EU; president of the Slovak Medical Homeopathic Society

Structure and Time Cycles Occurring at an Acupuncture Point

In this work, the author presents a hypothetical model of an acupuncture point. He describes its structure and the time cycles that take place in it. The acupuncture point has the shape of a rotating ball with two rotating disc-shaped satellites, two stationary outer parts and two opposing inner parts – cones. Some structures are stationary, others move in precisely defined time cycles.

Based on these facts, although the point structure is hypothetical, it appears that time cycles occur in this subatomic energy-information structure similar to the macrocosm. We derive time units such as year, month and day from the movement of cosmic or macrocosmic bodies. The cycles taking place in an acupuncture point are shorter than in cosmic bodies. These are intervals of one second, one minute, 24 minutes and 120 minutes. This model does not contradict the organ clock as we know it from traditional Chinese medicine. It could serve as a basis for the research of time cycles in the human organism, possibly in animals and plants.

The author presents this hypothetical model to the professional public in order to assess the possibilities of further research and thus speed up the understanding of the mechanism of action of homeopathy and acupuncture. The cycles occurring at the acupuncture point can explain the cyclical nature of time units. The model relates basic time units to longer time units derived from the movements of cosmic objects (Sun, Earth, Moon). The model could contribute to the understanding of time as such, and at the same time explains why the ancient Chinese counted in the system of sixty and why they used an organ clock composed of two clocks.

The full poster presentation is available at the URL and via the QR code by the photo.
<https://whc.itcim.org/pdf/AP.pdf>

* * *



Poster



Poster presentation:

Ing. Štěpánka Zeithamlová RHom.

Czech Republic

Practicing homeopath engaged in the education of students through supervision with homeopaths and teaching homeopathic case repertorisation

Co-author: Radana Tolarová, RHom.

Homeopathic Proving – Methodology for Conducting Homeopathic Pathogenetic Studies

At the conference, we would like to present our joint professional publication Homeopathic Proving, which describes a concrete procedure for conducting homeopathic provings using scientific methods. In preparing this publication, we drew on the very general guidelines issued by the European Council for Classical Homeopathy, London, in 2008–2009. The book outlines the different phases of the proving process (preparatory phase, research phase, evaluation). It also includes a set of specific forms necessary for conducting homeopathic provings. While it is intended primarily for homeopaths, some forms – such as GDPR documentation, an instruction letter, case-taking forms, and evaluation sheets – can also be useful for other therapeutic professions.

The full poster presentation is available at the URL and via the QR code by the photo.
<https://whc.itcim.org/pdf/Homeopathic-Proving.pdf>

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Please note that some of the texts also include machine-generated translations.

The Congress organizer is not responsible for the content of individual presentations.

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Congress Feedback

Dr. Dilip Ghosh, Nutriconnect & NICM HRI, Western Sydney University – Australia

Dear Tomáš,

I trust you are all keeping well. My sincere apologies for the delay in contacting you after my return from Prague. My open confession: WHC is the best in its category. I generally attend and speak at high-end scientific conferences, but WHC has a unique combination of scientific, philosophical, social, and spiritual components. Overall, the leader and guru is you, Tomáš. You are the best.

I would love to be associated with you and with future WHCs in different roles, if you consider me. I have very strong and well-nurtured global connections, and I would be happy to be part of one of your Presidium at a future congress. I also noticed that you don't have any representative from the Oceania region.

With personal regards,
Dilip

* * *

Prof. Dr. Dušan Vešović, VISAN Sanitary Medical School of Applied Sciences – Serbia

Dear Tomáš,

I attended numerous congresses and symposia but, 4th World Health Congress 2025 in Prague was really amazing!

It was truly an honor to be part of that event which not only brought together experts from around the world, but also radiated genuine passion for the future of Traditional, Complementary and Integrative Medicine.

I am deeply grateful for the opportunity to contribute and to exchange knowledge with colleagues who share the same vision — that integrative medicine can bridge the best of science and holistic wisdom to improve human health worldwide.

The congress was more than a professional event; it was an inspiring reminder that health, compassion, and collaboration knows no borders!

I sincerely thank you and your wonderful team for warm hospitality, excellent organization, and for creating such a meaningful platform for dialogue and innovation.

I look forward to staying in touch and continuing our collaboration — and I am already looking forward to WHC 2027!

With warm regards and deep appreciation to you and all colleagues,
Dušan

* * *

Univ. Prof. Dr. Michael Frass, WissHom Scientific Society for Homeopathy – Austria

Dear Pfeiffer,

I want to thank you for the wonderful congress. I enjoyed the lectures as well as the friendly (so many young nice helpers) people and the positive atmosphere. Thank you also for the fantastic book. It means I have to come to Prague many more times!

With warmest regards,
Michael Frass

* * *

Prof. Gejza M. Timčák, PhD, Society of Friends of Yoga, Association for the Advancement of Yoga– Slovakia

Dear Mr. Pfeiffer,

After returning home, I would like to extend my heartfelt thanks to you and your team for an incredibly valuable conference, the warm atmosphere, and the beautiful venue with its wonderful energy. I was pleased to serve on the presidium and to have the opportunity to give a lecture, thereby contributing to the goals of the conference.

I trust that such a conference can be organized again in the future, and I am confident that its impact on health and life on Earth will continue to grow. The scope of your activities is truly remarkable.

With respect,
Gejza M. Timčák

* * *

Diane Miller JD, National Health Freedom Coalition – USA

Dear Dr. Bhaswati and Tomas Pfeiffer:

I want to extend my deepest appreciation for being able to participate in the 2025 World Health Congress. It was an amazing event and I look forward to listening more to the many presenters and their profound contributions.

National Health Freedom Coalition and National Health Freedom Action Board members and staff are extremely grateful to you for all your work in the world of healing and promotion of complementary and alternative medicine and healing.

We send our love.
Diane Miller

* * *

Dr. Sarita Shrestha, Devi Ma Ayurveda Hospital – Nepal

Dear Tomas, Greetings from Nepal.

Yes, that feeling of connectedness, and how small the world can be. I had never imagined experiencing such an excellent event in my life, even though I have been an international speaker. It all happened because of Bhaswati and you. Your trust in me made it possible. No words are enough to thank you and the Institute for helping us with our visa issues. So, thank you from the bottom of our hearts.

I would like to share my experience from the 4th World Health Congress in Prague. I felt that it was simple, yet unique in its own way. Very well organized, in fact, perfect, with a good number of participants. I learned a lot about simple but very useful techniques for safety and regulation. The people and volunteers were warm and welcoming. Extraordinary. It touched our hearts. There was no showmanship at any point; everything focused on relevant themes.

The cruise tour was excellent — a great experience. I also got to learn about and experience Western classical music and opera. I got to know many wonderful people and saw the respect and admiration they have for you. It made me feel proud to be a part of this event, and you truly deserve that honor. We acknowledge that wholeheartedly.

A few words about the struggle of alternative (integrated) medicine: It reminded me of Nepal in the eighties, when we were fighting for the right to practice Ayurveda with the government. Decades have passed, and Ayurveda and alternative medicine practitioners are still struggling in Nepal, although it is much better now.

It is a pity that heritage, organic, and original systems are struggling in their own homelands, being displaced by new science. I am sure, however, that they will grow, spread, and become stronger. Unity and unification are the key. I am happy to be part of this movement. I will be pleased to stay connected and to contribute in every way I can to this noble cause.

Best regards,
Dr. Sarita Shrestha

* * *

Mark Taylor, MBA, Patient Led Oncology – United Kingdom

Tomas, I would like to thank you for the invitation for the event in Prague. I had no idea what to expect and went with low expectations. As the days went on, it suddenly dawned on me what you are trying to do. Very impressive and touched by

your ability to gather such a crowd of talented people. If there is any way I can help in what you are doing, let me know.

Yours,
Mark

* * *

Dr. Yogita Loya, Hahnemann Zentrum Meissen – Germany

Dear Mr. Pfeiffer,

Thank you very much for your kind message and for awarding me the Young Researchers, Practitioners, and Students Award at the 4th World Health Congress 2025 in Prague.

I feel truly honored and deeply grateful to receive this recognition.

I would also like to express my heartfelt appreciation for all the efforts you and your team made to organize such a wonderful congress. I felt very comfortable and truly enjoyed my time in Prague — everything was so well arranged. It was a great experience to meet so many inspiring people and to have the opportunity to present my work.

It was also a real pleasure meeting you in person. Thank you once again for this award and for giving me such a meaningful opportunity.

With warm regards and sincere thanks,
Dr. Yogita Loya

* * *

Dr. Pannaga N. Teragundi, MD (Ayu), PhD Scholar in Rasashastra & Bhaishajya KalpanaBanaras Hindu University, Varanasi – India

Namaste Tomáš Pfeiffer Sir,

I would like to express my heartfelt gratitude for the opportunity to present at the World Health Congress 2025. It was an enriching experience to share my research and to listen to many acclaimed scholars representing diverse systems of medicine from around the world.

The congress beautifully reflected the spirit of unity in diversity, bringing together practitioners, researchers, and thinkers from multiple healing traditions in a shared pursuit of global well-being. I sincerely congratulate you and your team on organizing such a meaningful and successful event.

Thank you once again for your vision and dedication in creating a platform where knowledge from different systems of medicine could come together for the advancement of holistic health.

With warm regards and deep appreciation,
Dr. Pannaga N. Teragundi

* * *

Dr. Daniela Petrova, MD, PhD, Daflorn Ltd. – Bulgaria

Dear Mr. Pfeiffer,

Thank you very much for the warm welcome and the perfect organization of the Congress!

Congratulations for your great contribution to the world science!

We will participate in the 5th Congress in 2027 with great pleasure.

I wish you health and success!

Dr. Daniela Petrova MD PhD
Daflorn Ltd., Bulgaria

* * *

Nandu Goswami, MD, PhD, MME, Acting Head, Division of Physiology, Medical University of Graz – Austria

Dear Mr. Tomas,

Thank you for this great meeting. You are a great host. We all enjoyed your excellent meeting and your warm hospitality.

THANK YOU!

Nandu

* * *

Prof. Dr. Radko Tichavský, Comenius Centro Universitario (Ecomenius) – Mexico

Thank you for the exemplary organization and for taking such good care of the presenters.

Warm regards, and I look forward to further collaboration.
Radko Tichavský

* * *

Romana Gogelová, midwife – Czech Republic

I followed the HEALTH Congress organized by the TCIM/CAM Institute with great interest for the second time. Each year has been literally filled with excellent information supporting human health. Among the presenters was a long list of top experts from the Czech Republic as well as from around the world.

The Congress truly fulfills the vision of connecting professionals who care for human health and enabling meaningful mutual exchange.

The organization was excellent, and the atmosphere of interdisciplinary collaboration was exceptional. I greatly appreciate the opportunity for anyone interested to watch all the lectures free of charge. This is an extraordinary approach that clearly shows what the organizers genuinely care about.

Thank you for this idea, and I look forward to future editions.
Romana Gogelová

* * *

Dr. Rakesh Kumar Sharma, MD, PhD, Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University – India

Dear Mr. Thomas Pfeiffer,

I acknowledge my deep hearted gratitude for your kind invitation as Presidium Member and providing an opportunity to share my views and learn from the international distinguished intellectuals from 50 countries including you who is also the great organizer and a divine personality Mr. Thomas Pfeiffer Sir. All the arrangements and the hospitality were marvellous. This WHC-2025 has become an ever memorable event for me.

I look forward to continue this journey with your blessings further.

With all the humble regards
Dr. Rakesh Kumar Sharma

* * *

Tomáš Podhajský – Czech Republic

Hello,

Thank you very much for the excellent organization of the entire congress. It was enriching to meet in person with many distinguished individuals from all fields of medicine. I believe that in the future, complementary and integrative medicine will become fully integrated into national healthcare and educational systems.

Once again, thank you sincerely, and I wish you much health, happiness, and strength in your life and in the mission to which you devote yourself with such dedication.

I look forward to our next meeting.

Tomáš Podhajský

* * *

THE CONGRESS WAS ORGANIZED



Institute for Traditional,
Complementary
and Integrative Medicine

FOUNDING CHARTER – INSTITUTE FOR TCIM/CAM – EXCERPT

Within the European Union and worldwide, attitudes toward Traditional, Complementary, and Integrative Medicine / Complementary and Alternative Medicine (TCIM/CAM) are gradually evolving. TCIM/CAM approaches are increasingly recommended for integration into national healthcare systems at the global, European, and national levels.

The aim is to foster collaboration between the fields of evidence-based medicine (EBM) and Traditional, Complementary, and Integrative Medicine / Complementary and Alternative Medicine (TCIM/CAM). This includes contributing to the development of a legal framework for the formal recognition of TCIM/CAM, strengthening cooperation among the various TCIM/CAM disciplines, and creating a shared platform that serves the patient's benefit and supports their free, holistic approach to health.

The Institute's activities include the following:

- a) to organise, support, and participate in activities and projects, e.g. professional congresses, conferences, expert panels, and presentations;
- b) to conduct research, educational, publishing, and awareness raising activities, for example by supporting TCIM/CAM education also at medical faculties and among other professional audiences;
- c) to carry out and support basic and applied research, prepare expert assessments and studies, for instance through the establishment of a Centre for Research in Traditional, Complementary, and Integrative Medicine / Complementary and Alternative Medicine (TCIM/CAM);
- d) to create a platform for discussion, collaboration, exchange of ideas, experiences, and information; to support and participate in the activities of the Platform 2020 Prague;
- e) to assist projects and initiatives aimed at developing the TCIM/CAM legal framework and to engage in programmes related to TCIM/CAM at both national and international levels.



CV TOMÁŠ PFEIFFER

**Tomáš Pfeiffer, Director, Institute
for TCIM/CAM**

**President of the 4th World Health Congress
2025 Prague**

Tomáš Pfeiffer is a long-standing practitioner in the field of Traditional, Complementary, and Integrative Medicine (TCIM). In 1999, he founded the Bytí Foundation and, through it, established the Biotronic Centre for Social Support in Prague, dedicated to health prevention, which he continues to lead. The Centre is also home to the Spiritual University Bytí, founded in 1994. A petition in support of Biotronics, initiated by the foundation, gathered more than 40,000 signatures and was successfully addressed by the Petition Committee of the Parliament of the Czech Republic.

He is the leading representative of Biotronics and the founder and director of the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka, responsible for the training of students in this discipline and for maintaining professional standards. The chamber is a member of major international TCIM and healthcare organizations including EUAA, ANME, the EU Health Policy Platform of the European Commission, ISCMR, RCCM, BSIO, SIO, SPMI, and the Ayush Valley Foundation.

Tomáš Pfeiffer serves as the Director of the Institute for TCIM/CAM. Its mission is to strengthen cooperation between medical disciplines and TCIM/CAM fields and to create conditions that support the standing of TCIM/CAM. The Institute is the organizer of the World Health Congress Prague, which held its fourth edition in 2025. As the chair of the organizing committee, Tomáš Pfeiffer has repeatedly secured grants from the City of Prague for the congress (2020, 2023). The Institute also founded Platform 2020 Prague, an international TCIM information and networking hub. Both projects promote broad dialogue and cooperation in TCIM and other healthcare disciplines.

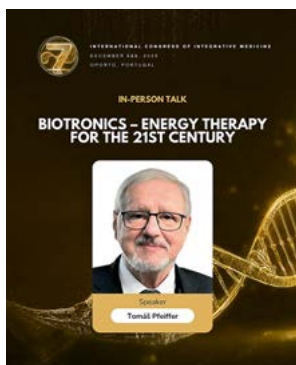
Since the 1990s, he has been engaged in expert advisory work for the Ministry of Health of the Czech Republic, previously as a member of the Committee for Alternative Medicine and currently in a similar professional working group. He is also involved in projects related to the active protection of UNESCO World Cultural Heritage.

ACTIVITIES OF THE INSTITUTE FOR TCIM/CAM AND SANÁTOR – THE UNION OF BIOTRONICISTS OF JOSEF ZEZULKA

2025

6 December 2025

7th Congress of Integrative Medicine, Portugal



22 October 2025

10th Congress of Integrated Medicine (Kongres integrované medicíny), Prague, Czech Republic

15 October 2025

3rd International Congress on TCIM, Rio de Janeiro



3 October 2025

Organizer – 4th World Health Congress 2025 Prague



4 August 2025

ANME – TEM Forum

4 July 2025

Philosophy Summer School, Velké Losiny – 35th Edition

1 July 2025

TCIH Training for the Rio Congress

Organized by: TCIH Coalition, International Federation of Anthroposophical Medical Associations (IVAA), EUROCAM, CABSIN, ESIM and ISCMR

21 June 2025

SIO Europe 2025 Conference, Mathematical Institute, University of Oxford, UK



19 June 2025

IPM Congress (Integrative & Personalized Medicine), London



17 June 2025

Yoga Day at the British Parliament, London



16 June 2025

ANME – Extended Meeting of the Presidium

6 June 2025

TEM Forum 2025 hosted by LUMEN Ecovillage, Italy



22 May 2025

ANME – TEM Forum – Intangible Cultural Heritage

30 April 2025

TCIH Coalition – Quarterly Meeting

25 April 2025

ANME – Annual Membership Meeting, Vienna

24 April 2025

Prague Castle – Epoque, 20th Anniversary Celebration

12 April 2025

Meissen – Commemoration of the 270th birthday of Christian Friedrich Samuel Hahnemann, with an award ceremony in St. Afra Church

26 March 2025

Conference of the Center for Diagnostics and Treatment of Demyelinating Diseases, marking 20 years since the establishment of the MS Center in Teplice, Czech Republic

10 March 2025

ANME – Extended Board Meeting

27 February 2025

ANME – TEM Forum Working Group

9 January 2025

Tour of Immanuel Hospital Charité, Berlin

2024

6 December 2024

6th International Congress of Integrative Medicine, Porto, Portugal

Lecture by Tomáš Pfeiffer: *Integrative Oncology: Other Options*



15 November 2024

16th European Congress for Integrative Medicine, Madrid, Spain



1 November 2024

9th Integrated Medicine Congress (Kongres integrované medicíny), Prague, Czech Republic

13 October 2024

Ayurveda Special – Global Ayurveda Day 2024

20 September 2024

20th International Symposium on Yoga and Ayurveda, Tapovan, France

20 June 2024

Conference It is time to cooperate – Chamber of Deputies of the Parliament of the Czech Republic



15 June 2024

European TEM Forum, Vienna – Together for a unified Traditional European Medicine



18 April 2024

ANME – Annual Membership Assembly 2024

2023

29 November 2023

ANME – Extended Board Meeting

10 November 2023

EAA Ayurveda Day 2023

9 November 2023

8th Annual Ayurveda Day in the UK Parliament

20 September 2023

2nd World Congress Integrative Medicine and Health, Rome



15 September 2023

Organizer – World Health Congress 2023 Prague



10 September 2023

Unlocking the Secrets of Wellness: Ayurveda Special – Benefits of Ayurveda

24 August 2023

ANME – Extended Board Meeting

11 May 2023

ANME – Annual Membership Assembly 2023

28 March 2023

EUROCAM – Webinar on Mental Health

16 March 2023

ANME – Extended Board Meeting

16 January 2023

ANME – Extended Board Meeting

2022

7 November 2022

Hugh MacPherson Memorial Lecture

23 October 2022

Ayurveda in Croatia – Ayurveda Day 2022

12 October 2022

ANME – Extended Board Meeting

4 October 2022

Post Natal Care in Ayurveda – A Pragmatic Approach

30 September 2022

14th European Congress of Integrative Medicine

5 September 2022

RCCM Annual Conference 2022 – Research Council for Complementary Medicine

27 July 2022

ANME – Annual Members' Meeting, Frankfurt am Main

21 June 2022

International Day of Yoga 2022

14 May 2022

Integrative Oncology UK

29 April 2022

The Health Information Portal – 1st Anniversary

4 April 2022

**1st Pan American Congress of Medicinal Plants and Integrative Health
Intersection with Traditional and Complementary Medicines**

18 March 2022

Homeopathy and Hands-on and Distant Healing: Similarities and Differences

4 March 2022

9th International Meeting of Ayurvedic Medicine – AMAYUR Portugal

12 February 2022

Your Life and Cancer 2022 (12–13 Feb)

29 January 2022

Your Life and Cancer 2022 (29–30 Jan)

2021

17 December 2021

ISCMR – Annual General Meeting 2021

15 December 2021

ANME – Extended Board Meeting

9 December 2021

Best Practices for Conducting Reiki Research – Center for Reiki Research

20 November 2021

EUAA – General Meeting (European Ayurveda Association)

4 November 2021

13th European Congress for Integrative Medicine

14 October 2021

Mindful Self-Compassion in Cancer Care – BSIO

12 October 2021

Integrative Medicine and Health in Pain Management



29 September 2021

ANME – Extended Board Meeting

10 September 2021

Organizer – World Health Congress 2021 Prague



13 July 2021

Tribute to Padma Bhushan P. K. Warriar, the centenarian in Ayurveda – Ayush Valley Foundation



8 July 2021

ANME – Annual Membership Assembly 2021

29 June 2021

MEP Interest Group on AMR – Responsible Antimicrobial Use in EU Food Production



21 June 2021

International Day of Yoga 2021 – jointly organized by EAA & AAA & SJGAYMC



21 June 2021

Celebration of UN International Day of Yoga – The All Party Parliamentary Group – Indian Traditional Sciences, supported by High Commission of India UK



5 June 2021

Ayush Valley Webinar – Integrated Health & Care for COVID-19: Homeopathy



2 June 2021

ANME – Extended Board Meeting

15 May 2021

Integrative Oncology UK 2021



15 May 2021

Ayush Valley Webinar – Integrated Health & Care for COVID-19: Ayurveda

7 April 2021

Changing Paradigms in a Pandemic World: How to regain trust? Health, Happiness & Ethics

World Forum for Ethics in Business



28 March 2021

Fundamentals of Ayurveda Pharmaceutics – Canada India Foundation

17 March 2021

Integrative Oncology EUROCAM Network – Online Event

12 March 2021

4th Global Ayurveda Festival (GAF)

9 March 2021

EPHA #A2M Dialogues: After COVID19 – What's next for EU medicines policies?

20 January 2021

Dr. Suresh Swarnapuri M.D. – How to handle stress during the pandemic using ancient Vedic technologies

12 January 2021

The Birth of a New WIKI – Videoconference



2020

6 December 2020

Ayush Valley Webinar – Ayush HardTalk #3: What is scientific evidence?



30 November 2020

ANME – Extended Board Meeting (Online)



13 November 2020

International Videoconference – Invitation by EAA President



13 November 2020

Ayurveda Day 2020 (Videoconference)



World's most Ancient Traditional System for Health & Wellbeing

Ever since human beings arose, we have been engaged in a continuous effort to fulfill our natural needs of hunger, thirst, sleep and ward off disease and discomfort. Ayurveda has its genesis in this context as a reflection of our natural urges towards health and wellness and is closest to our hearts as a profound system of traditional science rooted in the philosophy of India.

10 November 2020

International Videoconference – Improving Child & Adolescent Health for Better Public Health



1 November 2020

Ayush Valley Webinar – Ayush HardTalk #2: Does Homeopathy Work?



4 October 2020

Ayush Valley Webinar – Ayush HardTalk #1: Why this conflict between modern medicine and Ayurveda?

30 September 2020

ISCMR – Annual General Meeting 2020 (Online)



20 June 2020

Organizer – Opening Video Congress ,World Health Congress 2020 Prague



15 April 2020

ANME – Extended Board Meeting (Online)

5 March 2020

ANME – Annual General Assembly, Frankfurt am Main



6 February 2020

Visioning an International Research & Knowledge Exchange for Addressing Today's Global Health Paradox, Innsbruck



28 January 2020

Ayurveda Day at the European Parliament

2019

5 November 2019

Ayurveda Day at the UK Parliament, London



13 September 2019

12th European Congress of Integrative Medicine, Barcelona



12 September 2019

1st International Symposium on Integrative Health and Education, Tarragona University, Spain



20 June 2019

International Yoga Day at UK Parliament



19 June 2019

ANME – Board Meeting, Frankfurt am Main



6 March 2019

ANME – Annual General Assembly, Frankfurt am Main



11 February 2019

Speech by Tomáš Pfeiffer at the UK Parliament, London



2018

22–23 November 2018

Days of Health (Dny zdraví), Pardubice, Czech Republic



21 November 2018

First Ayurveda Day in Brussels



8 November 2018

Meeting at the Senate of the Italian Republic – Association for Natural Medicine in Europe (ANME)



6 November 2018

Hearing at the Senate Committee on Health and Social Policy, Czech Republic



26 October 2018

Symposium on Integrative Medicine in Oncology – Czech Medical Society of Integrative Medicine



25 October 2018

International Symposium on Spiritual Care – Centre for Psychosocial and Spiritual Care, Motol University Hospital



3 October 2018

Hearing – Committee on Education, Science, Culture, Human Rights & Petitions



25 September 2018

Public Hearing – Petition Committee of the Parliament of the Czech Republic



26 July 2018

Breakthrough in the View of Alternative Medicine



6 June 2018

EUROCAM Conference, Brussels

2017

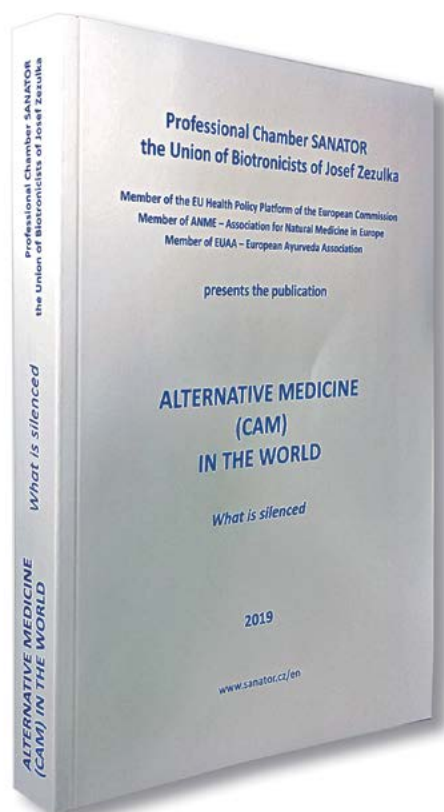
13 June 2017

Participation of Sanator Director at the 6th WHO Ministerial Conference, Ostrava, Czech Republic



ALTERNATIVE MEDICINE (CAM) IN THE WORLD

Excerpt from a 2018 Publication by the Professional
Chamber Sanátor



Alternative Medicine (CAM)

in the World – abstract

The Czechs are kept in the dark

Complementary and Alternative Medicine (CAM) has experienced great development abroad over the past 25 years.

*However, the Czech public has not been informed about this in the least. On the contrary, it is mostly a selection of negative cases that are published. This results in **A COMPLETELY DISTORTED PICTURE** of alternative medicine being presented to the eyes of the people. **This picture does not correspond to the reality of this area of healthcare on a global scale at all.***

The Internet takes over the role of a watchdog when media remains silent

*A working group of the Professional Chamber Sanator – The Union of Biotronicists of Josef Zezulka has studied the information regarding the current situation of CAM from the foreign resources available: **the database of the scientific literature MEDLINE (PubMed)**, the declaration of the **World Health Organization (WHO)**, the **World Health Assembly (WHA)**, the **Council of Europe**, the documents published by the **European Parliament**, **NATO**, the results of international surveys, etc.*

An analysis of the research regarding the efficiency of alternative medicine (CAM) in the most prestigious scientific databases Cochrane

How else can we prove that alternative medicine is not fake?

*The comparison of an analysis of 145 reviews of randomized controlled trials (RCT) in the area of CAM in the database Cochrane and an analysis of 1016 reviews of RCT in the area of medicine proved that complementary and alternative medicine (CAM) is **far safer** than scientific medicine. It has also shown that the positive effects which are only slightly lower than those of scientific medicine.*

	(Possible) positive effect	Likely to have no effect	Likely to be harmful	Insufficient evidence
CAM	37,2%	4,8%	0,69%	56,6%
Medicine in general	44,4%	0,98%	7%	47,8%

Chart 1

Alternative medicine (CAM) has

- **Provable positive effects** – only by 7% lower than those of medicine,
- **Minimal negative effects**

The results are provable – the insufficient provability of CAM is **only 9% more frequent** than the insufficient provability of medicine

A single benchmark, please!

Medicine requires CAM to be based on high-quality evidence, which proves its efficiency and safety BUT...

1) Is conventional medicine always based on evidence?

In the database PubMed, a mere **3% of all nearly 450,000 citations in the research area** are stated as randomized controlled trials (RCT).*

2) It is common practice that conventional medicines are also prescribed for unregistered (untested) indications.

Nearly **75% of paediatric medicines** are prescribed for unregistered (i.e. untested) indications.*
Are children guinea pigs?

3) Conventional medicine is high in cost and not as safe as would be expected.

The cost of healthcare in the USA will have reached 20% of the GNP by 2024.*

Death caused by an incorrect medical intervention is **the third most frequent cause of death** in the USA.*

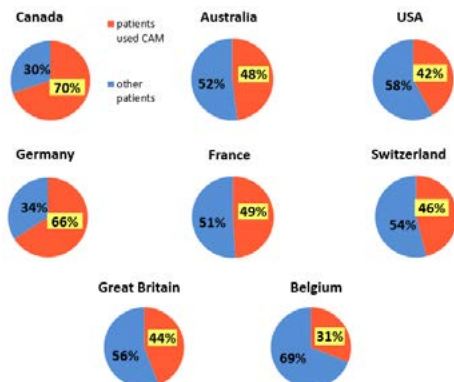
‘Perhaps what is being witnessed is a **double standard** of the expectation that CAM modalities must be evidenced-based, when in reality most conventional treatments are not.’*

* Source: Technical report of the NATO Science and Technology Organization (2017).

The public in developed countries uses CAM increasingly

So, should we really feel embarrassed about seeing a homeopath?

The interest in complementary and alternative medicine (CAM) has **increased exponentially** on a global scale over the last 25 years.



Picture 5

30–70% of the citizens in developed countries use CAM.

Haven't you ever had herbal tea?

Alternative medicine (CAM) at universities

Do you want to obtain a degree in CAM? It is not possible here in the Czech Republic, you have to go to England!

*The most common methods of complementary and alternative medicine (CAM) can be studied **at universities abroad as accredited specializations**. Many **medical faculties** include CAM courses in the curriculum as part of young doctors' education. The specializations are guaranteed by national **professional organizations**, not by medicine.*

Some of the universities where CAM methods are taughts as separate specializations		
USA	AUSTRALIA	EUROPE
Univ. of Bridgeport	Macquarie University	University of Southampton (GB)
Western States Univ.	Murdoch University	Univ. of Zurich; Univ. of Bern
Southern California Univ. of Health Sc.	Royal Melbourne Inst. of Tech.	Charité Universitäts-medizin Berlin
Northwestern Health Sc. Univ.	Central Queensland Univ. (CQU)	University of Nantes (FR)
National Univ. of Health Sc.	CANADA	University of Tromsø (NOR)
Logan Univ.	Can. College. of Naturop.Med.	University of Bologna (IT)
Keiser Univ.		Stockholm Univ.
D'Youville College		Univ. of South. Denmark

Chart 2

Some of the European medical faculties that organize CAM courses	
France	Nantes
Germany	Berlin
	Duisburg/Essen
	Rostock
	Munich
Hungary	Pécs
Italy	Florence
	Bologna
Norway	Tromsø
Sweden	Stockholm
Switzerland	Bern
Great Britain	Exeter
	Sheffield
	Southampton
	Thames
	Valley

Chart 3

How many medical faculties offer the courses in CAM methods within the medical programme?	
USA	50.8% of medical faculties
EU ('old member states')	42% of medical faculties
EU ('new member states')	20% of medical faculties

Chart 4

The developed countries support research of alternative medicine (CAM)

...which sets them apart from us.

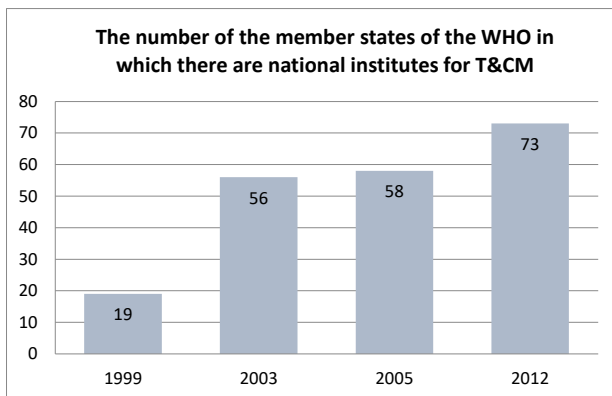
The number of **research centres for CAM** has increased substantially since the nineties. **In the EU alone there are 112 CAM research centers**, with others operating in **the USA, Canada, and Australia**, not to mention Eastern Asia. More and more countries have their own **national CAM research institute** at their disposal. The number of **scientific CAM journals** has reached **358** according to the Ulrich database.

Number of research centres for CAM in developed countries			
Germany	42	Israel	3
Italy	20	The Netherlands	3
USA	19	Denmark	3
Great Britain	14	Hungary	2
Austria	9	Belgium	1
Switzerland	6	France	1
Spain	5	Norway	1

Chart 5

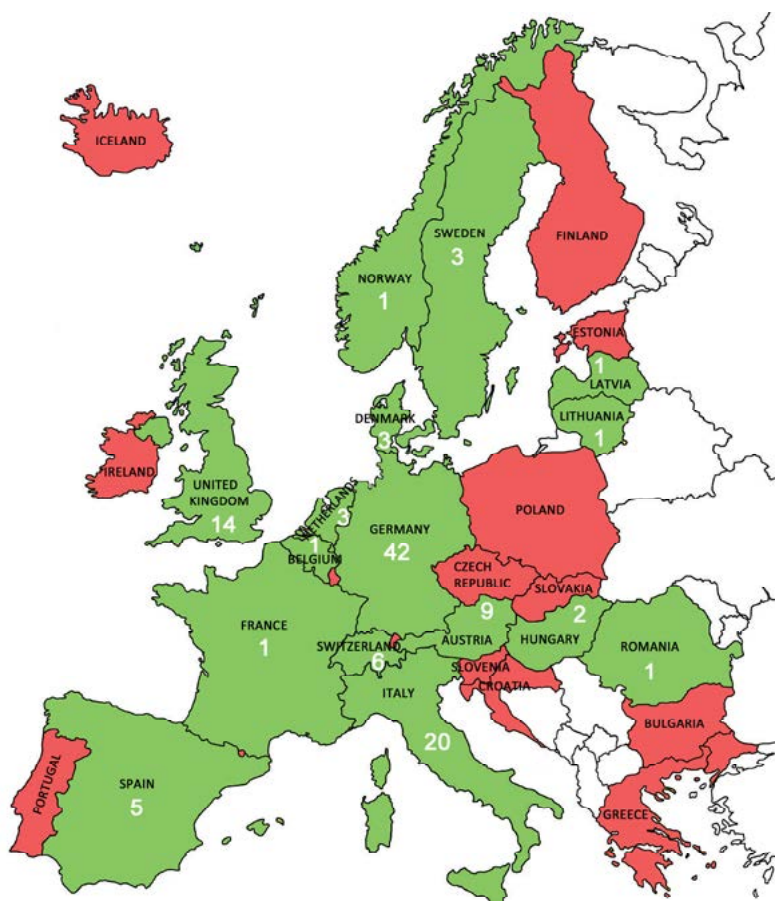
A few of the university CAM research centres	
Great Britain	University of Southampton
	University of York
Germany	University of Duisburg-Essen
	University of Freiburg
	Universitätsmedizin Berlin
Norway	NAFKAM, Tromsø
Switzerland	IKOM – University of Bern
USA	University of Michigan
	University of Maryland
	University of Texas
	University of Minnesota

Chart 6



Picture 6

WHO: The number of *national research centres for CAM* has been substantially growing on a global scale.



Picture 7

In the developed EU states there are tens of research centres for the complementary and alternative medicine (CAM). The map shows the **number and location** the centres in Europe. Unfortunately, the Czech Republic does not have any.

The number of serious research trials in the area of CAM

Is it really true that there is no evidence?

The number of serious research trials RCT, systematic reviews and meta analysis in the area of CAM has grown distinctly. According to the PubMed database, more than 18 400 randomized controlled trials had been conducted in the area of CAM up until 2015. The number of citations connected with CAM has been growing by 25% annually in recent years. The Cochrane database registers 4,000 RCT in the area of CAM.

A sharp increase in the number of serious CAM trials		
Randomized controlled trials (RCT) on CAM	1984	200
	2002	1200
	2015	18 400
Systematic reviews on CAM	1994	90
	2002	550

Chart 7

The number of serious research trials that have been conducted has grown considerably:

*There are currently **18,400** randomized controlled trials related to CAM in the PubMed database, and **4,000** in the Cochrane database.*

CAM in hospitals

When a patient is suffering, it is time to bury the hatchet

*The cooperation between CAM and scientific medicine is also starting to grow. For example, the Royal London Hospital for Integrative Medicine in Great Britain is operates under the auspices of the royal family; in Italian Tuscany, the models of cooperation between medicine and CAM are being tested in real situations by teams of doctors. In Europe there are **47 centres for integrative oncology** (where CAM methods are used as supportive therapies in cancer treatment).*

*At prestigious universities – e.g. Harvard, Yale, Stanford – academic health centres for integrative medicine are being established (the number of member centres of the American Consortium of Health Centres for Intergrative Medicine has increased from **8** in 1999 to **70** in 2018.*

*In developed countries there are tens of health centres for integrative medicine that enable **the cooperation between scientific and alternative medicine (CAM).***

These centres are often established at prestigious universities:

Harvard, Yale, Stanford

Prestigious hospitals and academic health centres for integrative medicine	
USA	Harvard Medical School, Boston Stanford School of Medicine Yale University School of Medicine
Great Britain	Royal London Hospital for Integrative Medicine
Italy	Centre for Integrative Medicine in Pitiglian, Tuscany

Chart 8

European research of centres for integrative oncology:
The location of centres for integrative oncology in the EU



Picture 8

*In the European Union, there are **47 health centres** that implement complementary and alternative medicine (**CAM**) as **supportive cancer treatment***



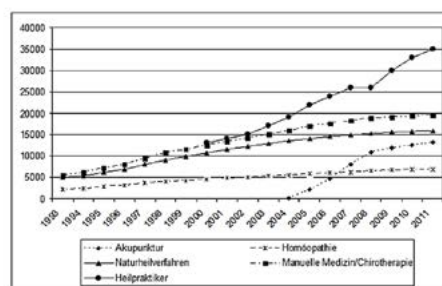
Picture 9

Centres for Integrative Oncology in the European Union (CAM as supportive cancer treatment)

General practitioners

What to do if conventional treatment does not suffice?

According to surveys conducted in Great Britain, Switzerland and Germany, **40–60% of doctors** provide their patients with CAM treatment or recommend such treatments. In Japan, this number reaches **60–70%**.



Picture 10

[Quelle: Gesundheitsberichterstattung des Bundes: www.gbe.bund.de]

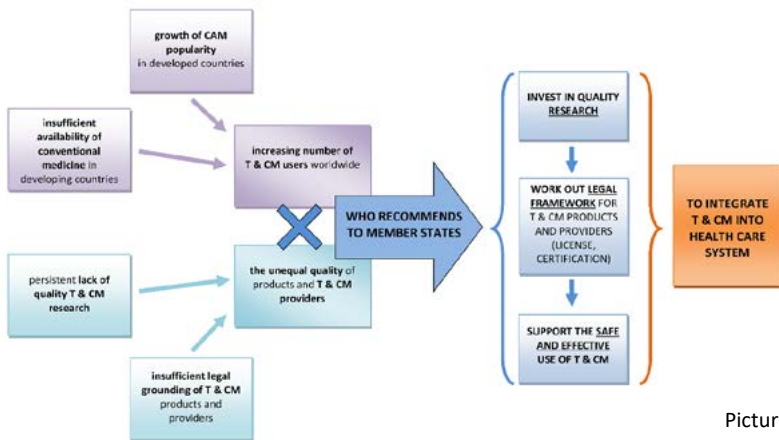
Number of doctors using CAM is on the rise:
40–60% doctors in developed countries either **use or recommend CAM**

International Institutions

Europe and the world take alternative medicine (CAM) into consideration

WHO

*The World Health Organization (WHO) has been involved with CAM since the seventies and actively supports the research, legislative implementation and **integration of traditional/complementary and alternative medicine (T/CAM, T&CM)** into national healthcare systems on a global scale (see picture 11) since 2001. The current WHO document regarding CAM is the WHO for Traditional Medicine Strategy 2014–2023.*



Picture 11

The World Health Organization (WHO)
has repeatedly recommended that the integration of
alternative medicine (CAM) be integrated into healthcare systems.

WHA

In 2014, The World Health Assembly (WHA), with members from 194 states, unanimously voted in favour of the Declaration of the WHA on traditional medicine which urges the national states to implement the Strategy of WHO for Traditional Medicine 2014–2023, i.e. it urges them to the gradually integrate CAM into the healthcare systems.

The World Health Assembly (WHA) *In its unanimously approved declaration by the representatives of 194 states in 2014*
The World Health Assembly (WHA)
URGES THE NATIONAL GOVERNMENTS
to develop national policies for alternative medicine (CAM) and integrate them into their healthcare systems.

European Commission

The European Commission financed the pan-European research project CAMbrella (2010–2012) within the 7th Framework Programme for Research and Technological Development. This project forms the basis of a prospective coordinated approach to CAM in the EU. A total of 16 research institutes from 12 European countries participated in the project. The final report on the project and the following document A Research Roadmap for Complementary and Alternative Medicine – What We Need to Know by 2020 unambiguously recommend further research in the area of CAM and its rational integration into the EU member states' healthcare systems.

2010–2012 – Pan-European Research Project CAMbrella

Scientists from 12 countries studied the status of alternative medicine (CAM) in the EU.

RECOMMENDATIONS to the creators of national healthcare policies:

- Develop **CAM research**
- Evaluate the **health and economic advantages of CAM**
- Expand **the models for integrating CAM** into healthcare

European Parliament

The European Parliament approved the Resolution on the status of non-conventional medicines as early as in 1997. Since 2010 the European Parliament has regularly discussed the use of CAMs potential in light of the recent crises regarding the financial sustainability of healthcare systems and the strengthening menace of antimicrobial resistance. Some of the discussed topics:

April 2011	Healthy ageing, chronic diseases and CAM
March 2012	Cancer and the contribution of CAM
June 2013	CAM: Investment in health
April 2014	CAM: Decrease of the consumption of antibiotics

Chart 9

On 9th October 2012 the international conference 'CAM: Innovation and Added Value for European Healthcare' was held in the European Parliament. The final resolution 'Call for Action' was approved by all the participants of the conference and contains the following:

The current situation of CAM in Europe:

- More than **100 million European citizens** utilize CAM.
- CAM has important potential regarding health and finance.
- The evidence base concerning the safety and efficiency of CAM has grown substantially thanks to the conducted research.
- High-quality university education guaranteed by professional chambers has been developed.

The member states should therefore:

- Ensure the rational use of CAM by citizens and an equal access to CAM for all citizens,
- Integrate CAM into their national healthcare systems in a suitable manner,
- Introduce qualifications, accreditation or license systems for CAM providers.

9 October 2012 – International Conference on CAM

in the European Parliament – the final resolution 'Call for Action':

CAM is a requested, promising and professionally developed area of care.

The member states should:

- **provide** their citizens with a rational **use of CAM**
- **integrate CAM into** the national healthcare **systems**,
- introduce licence systems for CAM providers.

On 16 October 2017 the international workshop Complementary and Alternative Therapy for Patients Today and Tomorrow was organized in the European Parliament by the Committee on the Environment, Public Health and Food Safety (ENVI). The following topics were discussed:

The current situation in Europe:

- The current healthcare situation is not sustainable in the long term.
- The number of chronically ill patients is growing.
- The resistance of antibiotics is deteriorating.
- 197,000 European citizens die from the side effects of medicines annually.

Suggestions:

- It is necessary to consider the use of forms of healthcare which as of yet are unrecognized but that are empirically proven.
- It is necessary to further CAM research with the aim of integrating it into the healthcare systems.
- It is necessary to focus on prevention as 70–80% of the costs may be saved due to prevention.

16 October 2017 – International workshop on CAM

in the European Parliament:

As the crises of European healthcare systems continue it is necessary to:

- **utilize** the potential of CAM
- **further CAM research** with the aim of **integrating it into healthcare systems**
- **focus on prevention** (potentially considerable cost reduction)

NATO

In 2017, the NATO Science and Technology Organization published a comprehensive report Integrative Medicine Interventions for Military Personnel, which addresses the use of CAM within the forces of NATO, based on long-term research:

Situation:

- The supply and demand CAM within the military structures have both grown substantially (more than 50% of the military personnel utilizes CAM).
- Dissatisfaction with the existing healthcare systems is growing and yet the cost of conventional treatment is rising and becoming a threat.
- Government programmes are increasingly involved in CAM and investments in the research and development of CAM are rising: the National Centre for Complementary and Integrative Healthcare in the USA has increased its budget from 1 million (1993) to 123 million dollars (2014).

The target of the research group NATO RTG HFM-195:

- To evaluate the current situation for CAM; to evaluate the possible contribution of CAM in increasing the efficiency of healthcare within NATO forces: to form the basis for further research (for further implementation of the selected methods of CAM into the army healthcare systems).

2017 – Technical Report NATO – Science and Technology Organization

Integrative Medicine Interventions for Military Personnel

- conventional treatment is high in **cost** yet **the trust** in such treatment **is declining**
- use of **CAM** within the army **is growing** considerably (**50%** of military personnel utilizes CAM)
- it is necessary to further the research on CAM and on use it as a base for **implementing the selected modalities of CAM** in order to **increase the efficiency of** healthcare within the NATO forces

The Council of Europe

The Council of Europe is an international organization consisting of **47** countries. In 1999, **The Parliament Assembly of Council of Europe approved the Resolution of the Parliament Assembly of Council of Europe 1206 (1999): A European approach to non-conventional medicines:**

The Council of Europe **supports that non-conventional medicines should be accepted** and patients are given the **freedom of choice** in the area of healthcare; it **emphasizes that the qualifications of practitioners of non-conventional medicines should be enhanced** in connection with the Resolution of the European Parliament from 1997, which highlights the importance of **research programmes** concerning the safety and efficiency of CAM.

1999 – Resolution 1206 (1999) of the Parliament Assembly of the Council of Europe:

A European approach to non-conventional medicines:

- support that **CAM be accepted** and patients' **freedom of choice**
- focus on the **development of research** (safety and efficiency of CAM)
- focus on the development of **university education** in CAM

National Governments

Citizens call for CAM. It is the duty of democratic governments to create an environment conducive to developing it

Countries have responded to the high demand and development of CAM by gradually taking steps that lead towards **integrating CAM into the public healthcare systems** – the most progressive countries, besides East Asian states, are **Australia, Canada, the USA** and “the old EU member states, especially **Switzerland, Great Britain and Germany** (e.g. Switzerland integrated homeopathy, acupuncture, anthroposophic medicine, traditional Chinese and plant medicine into the healthcare system in 2017 and these methods are covered by the health insurance.

Country	National or university CAM research institute	University education – CAM methods as specializations	Cooperation between CAM and conventional medicine in hospitals	CAM covered by health insurance
USA	YES	YES	YES	YES
Switzerland	YES	YES	YES	YES
Great Britain	YES	YES	YES	YES
Germany	YES	YES	YES	YES
Czech Republic	NO	NO	NO	NO

Chart 10

The Situation in the Czech Republic

Those who are ignorant about serious alternative medicine (CAM), become easy victims for swindlers

The public:

According to research from the agency STEM/MARK, **85% of Czech citizens** agree that alternative medicine should be an accepted form of treatment. One example of an issue that gained great support from the public is the **Petition for the Support of Josef Zezulka Biotronics**, which was signed by **40,722 people**. Czechs use CAM as other European citizens, but due to **a complete lack of reliable information**, they are more likely to become easy victims for swindlers.

Research:

Research is conducted only minimally and without any state support. There are no high-quality scientific journals dedicated to CAM. **Neither the public nor professionals in medicine have access to objective information** regarding: the current state of the development and research of CAM; experience from foreign clinical practice; the possibilities and limits of particular CAM methods; reliable CAM providers **at their disposal** in the Czech Republic.

Qualifications:

There are no universities which provide CAM qualifications as a Bachelor's, Master's or PhD degree. Only a limited number of universities provide their students with any information regarding CAM in the form of optional seminars.

The stance of the political representation:

There is no state support for the development of CAM. CAM is either **ignored** or efforts are made to constrict this area, regardless of the global development and **without any deeper knowledge on the topic**.

Conclusion

It is time to make space for the rational development of alternative medicine (CAM) in the Czech Republic

Against the background of the global development in healthcare it is clear that the area of complementary and alternative medicine (CAM) is **an entirely neglected, marginalized and even misunderstood domain in the Czech Republic**, despite a significant amount of interest from the public. It lies in the national interests of the Czech Republic to pay attention to the experience that foreign colleagues have gained over the past 25 years, during which CAM gradually developed in other countries (including the models of applied legislation, qualifications, certification, etc.). We must evaluate the possibilities of utilizing **the potential of CAM for the benefit of the citizens of the Czech Republic** and gradually take the first steps in this direction. This informative publication Alternative Medicine (CAM) in the World was written with this aim in mind and we believe it will become a useful source of current information regarding this diverse area of healthcare and that it **will contribute to the further development of complementary and alternative medicine (CAM) in the Czech Republic**.

Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka (KoS)

The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka (hereinafter the professional chamber Sanator, abbreviation KoS) is a professional organization – chamber, representing the branch Josef Zezulka Biotronics.

Josef Zezulka Biotronics (hereinafter Biotronics) is a branch of spiritual influence, which was formed in Prague in the fifties of the 20th century. Biotronics is related, by its character, to the methods of CAM, which work with bioenergy or life force. Josef Zezulka, the founder of Biotronics, elaborated an exact methodology of this branch and proved its efficiency throughout his lifelong practice and also during a trial at a medical workplace in 1982. This, however, was further discontinued by the communist regime.

At present, Josef Zezulka Biotronics is represented by his disciple and follower, **biotronicist – sanator Tomáš Pfeiffer**. He chairs the professional chamber Sanator whose mission it is to unite, train, educate and send into practice the candidates of the Josef Zezulka Biotronics; to **guarantee the qualifications of biotronicists, designated in Josef Zezulka Biotronics**; and to cooperate with other spiritual teachings, organizations, medicine and other related branches.

In 2017, **the professional chamber Sanator** became a member of **the EU Health Policy Platform of the European Commission**. Since 2017 its representatives have regularly participated in **international conferences and workshops on CAM**, organized by national institutions and organizations.



Pictures 12, 13 – sanator **Tomáš Pfeiffer**
at the International Conference on **CAM** in the European Parliament
on 16th October 2017

Petition for the Support of Josef Zezulka Biotronics

The interest of the Czech public is also evidenced by the Petition for the Support of Josef Zezulka Biotronics.

The petition collected a total of

40,722 signatures.

The petition was handed over to the representatives of the Parliament and the Senate of the Czech Republic on 29th June and 18th July 2018.

We would like to thank everyone who signed the petition for their help and support.

The professional chamber Sanator – the Union of Biotronicists of Josef Zezulka

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Picture 6 – **WHO (2013)** *WHO Traditional Medicine Strategy 2014–2023*. ISBN 978-92-4-150609-0, p. 24. Available at: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/ (Accessed: 1 April 2018).

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Chart 10 – Created by KoS.

CAM – a Varied Area of Healthcare

Definitions of CAM

*Complementary and alternative medicine is very extensive field which is characterized by great variety. Critics sometimes claim that it is a “disparate jumble of methods”¹. However, the past twenty years has seen a significant shift in this respect. Since the beginning of the 21st century, several important organizations (WHO, NCCAM, later NCCIH, European Commission, etc.) have attempted to **gain an overview of CAM**. This gave rise to a need to first establish a **general definition** which would cover the entire spectrum of these treatments and methods and to design a suitable **classification system** that would match the nature of the various therapies.*

WHO created a basis to which definitions formulated by other European and American institutions and organizations have been added. The most significant definitions are summarized in Table 9.

*Differences between the definitions reflect the approach of the organization that coined the definition. WHO has a global focus and thus uses the concept “traditional medicine” as a base and emphasizes **the ancient, pre-scientific origins** of these therapies. Organizations representing modern alternative medicine providers (often in developed Western countries), on the other hand, emphasize **the holistic concept of man**, the body’s **self-healing abilities** etc. and considers these to be the defining features of CAM in relation to scientific medicine.*

*Some definitions also point to the fact that CAM therapies are often based on a specific **philosophical foundation** and not completely in line with the official scientific worldview. Practices within traditional methods are the **result of the practical experience of many generations of physicians and nurses**. Although they cannot yet be explained in terms of our current scientific knowledge, they are being used and are sought after by therapists and patients who consider them to be effective. Modern alternative therapies are often based on new alternative, non-materialist worldview systems (anthroposophy, etc.).*

¹ Heřt, J. (2010) *Alternativní medicína a léčitelství. Kritický pohled* [Alternative and Non-Conventional Medicine. A Critical View], p. 240. Chomutov. Available at: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf (Accessed: 27 June 2018).

WHO (2002)	Traditional medicine (TM)	"WHO (...) defines traditional medicine as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness." ²
WHO (2013)	Traditional medicine (TM)	"Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." ³
	Complementary and Alternative Medicine (CAM)	"The terms 'complementary medicine' or 'alternative medicine' refer to a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries." ⁴
EU project CAMBrella (2010–2012)	Complementary and Alternative Medicine (CAM)	"CAM, as utilized by European citizens, represents a variety of different medical systems and therapies based on the knowledge, skills and practices derived from theories, philosophies and experiences used to maintain and improve health, as well as to prevent, diagnose, relieve or treat physical and mental illnesses. CAM therapies are mainly used outside conventional health care, but in many countries some therapies are being adopted or adapted by conventional health care ..." ⁵
EU CAM Conference European parliament (2012)	Complementary and Alternative Medicine (CAM)	"Complementary and Alternative Medicine, CAM, includes a variety of different medical and other healthcare therapies used to maintain and improve health, as well as to prevent, diagnose, relieve or treat the health needs of the whole person. CAM encompasses diagnostic and therapeutic approaches founded on the common understanding that the human being is a whole living system whose self-maintaining capacities can be stimulated, supported and strengthened to maintain or regain health." ⁶
USA Institute of Medicine (2005)	Complementary and Alternative Medicine (CAM)	"Complementary and alternative medicine (CAM) is a broad domain of resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes such resources perceived by their users as associated with positive health outcomes. Boundaries within CAM and between the CAM domain and the domain of the dominant system are not always sharp or fixed." ⁷

Table 9 – More important definitions of CAM formulated since the beginning of the 21st century.
Author of the spreadsheet – KoS.

² **WHO (2002)** *WHO Traditional Medicine Strategy 2002–2005*, p. 7. Available at: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf (Accessed: 1 April 2018).

³ **WHO (2013)** *WHO Traditional Medicine Strategy 2014–2023*. ISBN 978-92-4-150609-0, p. 15. Available at: http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/ (Accessed: 1 April 2018).

⁴ *Ibid.* p. 15.

⁵ **CAMBrella (2013)** *CAMBrella (GA No. 241951) Final Report, Reporting period: 01/01/2010–31/12/2012, Publishable summary*. Available at: http://cordis.europa.eu/result/rcn/57185_en.html (Accessed: 30 June 2016).

⁶ **EFCAM (2012)** *CAM Conference Declaration & Call for Action*. EU CAM Conference, 9 October 2012. Available at: http://www.efcam.eu/images/stories/Declaration_and_Call_for_Action.pdf (Accessed: 12 June 2015).

⁷ **Institute of Medicine (US) Committee on the Use of Complementary and Alternative Medicine by the American Public (2005)** *Complementary and Alternative Medicine in the United States*, p. 18. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK83793> (Accessed: 1 April 2018).

Classification of CAM

The classification and terminology for CAM treatment methods has not yet been fully unified. Here are some of the CAM classifications so far.

WHO (2002) divides TM/CAM therapies based on whether they use **medications** (plant, animal and/or mineral medicines) **or not** (acupuncture, manual therapy and other physical, mental, spiritual and other therapies).⁸ According to WHO, the world's most widely used TM/CAM therapeutic procedures are: **herbal medicine, acupuncture / acupressure, various types of manual therapies, spiritual therapy, including hypnosis, healing and meditation, and various types of exercise, such as yoga**. These procedures are then specifically utilized and combined within specific therapeutic systems such as **traditional Chinese medicine, Ayurveda, Unani, naturopathy, osteopathy, homeopathy, chiropractic** and others.⁹

The CAMbrella project surveyed the CAM situation **within the European Union**. The following set of CAM therapies are the most frequently used in Europe:

"Acupuncture (various methods), anthroposophic medicine, herbal medicine, homeopathy, manual therapies (chiropractic, massage, osteopathy, reflexology), natural medicine (including aromatherapy, herbal medicine, nutrition, food supplements, exercise, lifestyle advice and psychological techniques), and Traditional Chinese Medicine (various methods and related techniques)."¹⁰

In addition to these, other therapies specific to certain countries are also used in Europe: "Austria: energetic medicine; Denmark: visualization; France: mesotherapy; Germany: breath therapy,"¹¹ etc.

*In Europe, but even more commonly in the US or Canada, **life-force methods** are also being developed. Life-force methods have been used in the **United Kingdom** since the 1930s; Harry Edwards was among its prominent representatives. These methods are also referred to as **Spiritual Healing** and **work with the human energy system**. They are closely related to **Josef Zetzuka Biotronics**, which has been used for over sixty years in the Czech Republic.*

*In 2000, **the National Center for Complementary and Alternative Medicine** (NCCAM, NCCIH) compiled the following classification of CAM therapies. This classification is often referred to in CAM studies and surveys:*

1. **Alternative medical systems** (therapies based on working with the mind and that have a subsequent effect on the body, such as meditation),
2. **Mind-body interventions** (work-based therapies that have a subsequent effect on the body, such as meditation),
3. **Biologically based treatments** (therapy using herbs, minerals and other natural medicines),
4. **Manipulative and body-based methods** (chiropractic, massage therapy etc.),

⁸ **WHO (2002)** *WHO Traditional Medicine Strategy 2002–2005*, p. 7. Available at: http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf (Accessed: 1 April 2018).

⁹ Ibid. p. 8.

¹⁰ **CAMBrella (2013)** *CAMBrella (GA No. 241951) Final Report, Reporting period: 01/01/2010–31/12/2012, Publishable summary*. Available at: http://cordis.europa.eu/result/rcn/57185_en.html (Accessed: 30 June 2016).

¹¹ Ibid.

5. **Energy therapies** (therapy that uses the body's energy field e.g. qi gong, Reiki, and therapeutic touch).¹²

The following graphic was created based on current classifications (Figure 28).

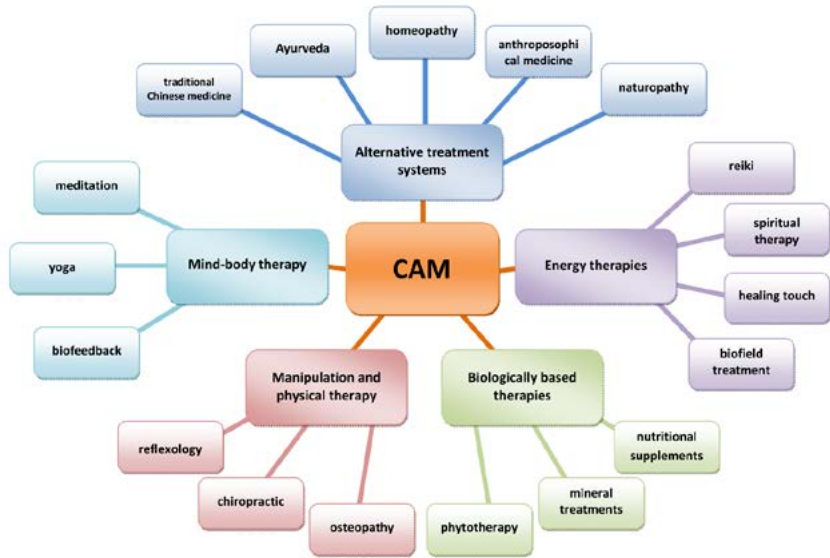


Figure 28 - The most common CAM methods and classifications.
Author of the graphic – KoS.

¹² Institute of Medicine (US) Committee on the Use of Complementary and Alternative Medicine by the American Public (2005) *Complementary and Alternative Medicine in the United States*, p. 18. Available at: https://www.ncbi.nlm.nih.gov/books/NBK83799/pdf/Bookshelf_NBK83799.pdf (Accessed: 1 April 2018).

The Most Common CAM Therapies

As mentioned, there are many different types of CAM therapies. The following pages list the most common CAM methods along with a brief description of their main characteristics. The descriptions are only indicative and provide the basic idea behind the therapeutic procedures.

Alternative Treatment Systems

Traditional Chinese Medicine

- One of the oldest treatment systems in the world. It originated in China 3,000–4,000 years ago.
- Basic principles: Reality is a manifestation of **the vital force "chi"**, and this force also flows through the human body. There are 365 **acupuncture points** on the 12 main and 8 secondary energy trajectories, or—meridians. The entire universe (including man) is under the influence of the opposing forces of yin and yang; a year has 5 seasons, there are 5 elements, 5 tastes and 5 emotions; the day is structured into zones during which the organs are either activated or dampened.
- Uses diagnostic methods (based on language, pulse, motoric ability, sensory perception. etc.)
- Medical procedures: **nutrition, acupuncture, cupping, physical exercise and breathing exercises, massage**. The purpose is to restore the **correct flow of "chi"**, emphasis on preventive methods.¹³

Ayurveda

- Traditional **Indian** medicine, **5,000** years old (the oldest preserved health system in the world), translates as "science of life and longevity".
- It is based on the principle that life is in accordance with its own **constitution** and natural laws. It has a **holistic approach**; does not repress symptoms but seeks and heals the root cause; health as a **balance of energy**. It recognizes differences in individuals and takes an **individual approach** to care.
- Procedures: **personalized diets, nutrition, herbal medicines, procedures, yoga, aromatherapy, breathing exercises, meditation, massage, colour and stone therapy**, emphasis on preventive methods and longevity.¹⁴

Homeopathy

- Founded **1810** by German physician **Samuel Hahnemann** (1755-1843).
- Basic principle: treat like with like, i.e. the same substance that causes the symptoms of a disease are used to treat it. It typically uses **very highly diluted medications** (chemically free of any active substance molecule) based on the principle that intangible information is transferred from the active substance to the resulting drug.¹⁵
- Drugs are most commonly administered as granules, but other forms (ointments, etc.) are possible.
- The treatment is **individual** and bespoke (two people may be prescribed different medications for the same problem).¹⁶

¹³ Křížová, E. (2015) *Alternative Medicine in the Czech Republic*. Prague: Karolinum. ISBN 978-80-246-2498-3, pp. 77–78. Translation - KoS.

¹⁴ **Ayurvedic Medicine (n.d.)** *Frequently Asked Questions*. Available at: <http://www.ayurveda.cz/caste-otazky.htm> (Accessed: 27 June 2018). Translation - KoS.

¹⁵ Křížová, E. (2015) *Alternative Medicine in the Czech Republic*. Prague: Karolinum. ISBN 978-80-246-2498-3, p. 48. Translation - KoS.

¹⁶ **NATO Science and Technology Organization (n.d.)** *Integrative Medicine Interventions for Military Personnel (STO Technical Report)*. ISBN 978-92-837-2035-5. doi:10.14339/STO-TR-HFM-195, p. xxiii. Available at: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx (Accessed: 7 July 2018).

Naturopathy

- First developed in Europe, **especially in Germany, during the 16th–17th century**. Includes hydrotherapy, herbal therapy and other traditional practices. Modern naturopathy originated in **North America in the first half of the 20th century**. It was codified in 1986 in the US.

- Main principles: First and foremost – do not cause harm but **heal using the healing power of nature**. Heal the cause and **the whole person**. The doctor is also a teacher. Emphasizes disease prevention and health promotion.

- Naturopathic theories include the following principles: **vitality**, vitality theory, unity of disease, Hering's Law of Cure, therapeutic procedures, elimination organs, naturopathic methods (detoxification, revitalization, stabilization and regeneration), toxicology theory, the naturopathic triad of health, humoral theory and complex systems theory.¹⁷

Anthroposophic Medicine

- Originated in the 1920s and is based on the spiritual-scientific direction known as Anthroposophy, founded by the German philosopher **Rudolf Steiner** (1861-1925).

- Anthroposophy (**wisdom about man**) understands **disease within the context of man's personal development**. The disease is not caused by external factors (e.g. infections), but a person's inability to cope with them. The therapist seeks the causes behind the imbalance not only in the body but also in the **patient's relationship to life and fate**; a holistic approach that respects the uniqueness of the patient

- Medicines: from mineral, plant and animal sources, sometimes homeopathic or conventional medicine.

- Procedures: passive procedures – massage, wiping or wrapping the body, baths, etc. - active procedures – art therapy (painting, sculpting, music therapy), eurythmy, psychotherapy, speech therapy.¹⁸

Mind-Body Therapy

Mind-body therapy collectively refers to all procedures that, simply put, work with the mind in order to help the body. They are based on the assumption that the mind and body are inextricably linked and intertwined. Just as psychological imbalances can manifest themselves as physical difficulties, physical symptoms (often chronic, without any obvious physical cause) can help one achieve a desired mental state. This group includes therapeutic procedures such as **relaxation, meditation, controlled imagination**, various types of creative therapies (**art therapy, music therapy, etc.**), biofeedback, cognitive-behavioural therapy, and support groups. It may also include prayer and certain types of physical exercises such yoga or qigong, which can also be classified as energy therapies due to their origin and primary purpose.¹⁹

¹⁷ Česká naturopatická společnost (n.d.) O naturopatii [About naturopathy]. Available at: <http://naturopati.cz/o-naturopatii/> (Accessed: 22 June 2018), translation - KoS; College of Naturopathic Medicine (n.d.) What is Naturopathy? Available at: <https://www.naturopathy-uk.com/> (Accessed: 22 June 2018).

¹⁸ SÁLF – Společnost antroposofických lékařů a farmaceutů (n.d.) Antroposofická medicína [Anthroposophic medicine]. Available at: <http://salf.cz/antroposoficka-medicina/> (Accessed: 22 June 2018). Translation - KoS.

¹⁹ The Center for Spirituality and Healing, University of Minnesota (n.d.) Mind-Body Therapies. Taking Charge of Your Health & Wellbeing. Available at: <https://www.takingcharge.csh.umn.edu/explore-healing-practices/what-are-mind-body-therapies> (Accessed: 22 June 2018).

Meditation

- An ancient technique of Eastern origin that has been used since time immemorial to achieve **deep mental peace and physical relaxation**. It is also used to improve psychological balance, or to facilitate disease management and to improve one's **overall health and well-being**.²⁰

- There are several different types of meditation. Their common elements include: **a quiet place** with minimal distraction, **a comfortable body position**, **a focus of attention** (e.g. a specific word, an object or one's breath) **and an open, unbiased attitude** that allows disturbing elements to come and go without being evaluated or judged.

- According to surveys, it can have a positive influence when used as a complementary therapy, especially in the case of high blood pressure, chronic pain, or psychological problems such as anxiety, stress, depression, sleep disturbances, etc.

Yoga

- A technique that focuses on the mind and body, originated in **ancient Indian philosophy**.

- A combination of **physical positions, breathing techniques and meditation or relaxation**.

- There are many different kinds of yoga.

- Has positive effects when used as a complementary therapy for certain types of chronic pain, high blood pressure, asthma, anxiety, depression or insomnia.²¹

Biofeedback

- Originated in the 1960s and 1970s.

- A training technique that allows the patient to gain a certain amount **of control over autonomic bodily functions**: "Biofeedback is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately "feed back" information to the user. The presentation of this information — often in conjunction with changes in thinking, emotions, and behavior — supports desired physiological changes. Over time, these changes can endure without continued use of an instrument."²²

- Effectively affects conditions such as migraines, headaches, incontinence, high blood pressure and anxiety.

- A **neurofeedback** technique (also known as EEG-biofeedback) that can be used for attention disorders, hyperactivity, autism spectrum disorders, brain injuries, post-traumatic stress, seizures, and depression. It is also used by executives, artists and athletes to enhance performance.²³

²⁰ Note: Josef Zezulka Biotronics views meditation differently – it is not primarily used within healthcare, but one's state of health may improve as a side-effect.

²¹ NCCIH – National Center for Complementary and Integrative Health (n.d.) Yoga. Available at: <https://nccih.nih.gov/health/yoga> (Accessed: 22 June 2018).

²² AAPB – The Association for Applied Psychophysiology and Biofeedback (2011) About Biofeedback. Available at: <https://www.aapb.org/i4a/pages/index.cfm?pageid=3463> (Accessed: 22 June 2018).

²³ Ibid.

Manipulative and Body-Based Therapies

Chiropractic

- A physiotherapeutic method during which the therapist manually corrects the articulated connections and restores their mobility.
- It was created by Daniel David Palmer (USA) in 1885. It is based on the assumption that deflection of a part of the skeleton can pressure nerves, which then has other negative consequences.
- The connection between the spine and/or other joints and the nervous system is of utmost importance: accidents, falls, stress or overload may cause changes to the spine or other joints. This may subsequently adversely affect the tissues, the nervous system and other areas. If this is not corrected, the patient may be more susceptible to other chronic problems.
- Blockages in the cervical spine cause pain and headaches, nausea etc. Blockages in the thoracic spine cause pain in the area of ribs and difficulty in breathing, etc. These are some of the most common blockages.
- Chiropractic treatments reduce pain, improve mobility and increase performance. Patients can often avoid surgery and drug use as a result of chiropractic treatments.
- Chiropractic treatment must be preceded by an examination to make sure there are no internal or surgical problems.²⁴

Reflexology

- A therapy based on the idea that every organ in the body organs **corresponds** to certain points on the foot.²⁵ A practitioner massages specific **points on the feet** and thus positively affects other **organs that are connected to those points**. Reflexologists use special maps.
- “The method was created independently of acupuncture but is similar to traditional acupressure as well as microsystem methods. However, it works exclusively with feet. It was created in 1913 by Dr. William Fitzgerald (1872-1942), and was then known as zonal therapy.”²⁶
- “In the 1930s, the method was improved by E. Ingham, who called it reflexology. It has spread throughout the world from the United States.”²⁷
- “For example, reflexology holds that a specific spot in the arch of the foot corresponds to the bladder. When a reflexologist uses thumbs or fingers to apply appropriate pressure to this area, it may affect bladder functioning.”²⁸
- It is used as a complement to other treatments for anxiety, asthma, cancer, diabetes, headaches, etc.²⁹

²⁴ Palmer College of Chiropractic (2018) What is chiropractic. Available at: <http://www.palmer.edu/about-us/what-is-chiropractic> (Accessed: 22 June 2018); Fyziotom (n.d.) Chiropraxe a mobilizace páteře, žeber a kloubů, měkké techniky [Chiropractic and Mobilizing the Spine, Ribs and Joints. Soft Techniques]. Available at: <https://www.fyziotom.cz> (Accessed: 22 June 2018).

²⁵ Heřt, J. (2010) Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View], p. 103. Chomutov. Available at: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf (Accessed: 27 June 2018). Translation - KoS.

²⁶ Ibid.

²⁷ Ibid.

²⁸ The Center for Spirituality and Healing, University of Minnesota (n.d.) Reflexology. Available at: <https://www.takingcharge.csh.umn.edu/reflexology> (Accessed: 22 June 2018).

²⁹ Ibid.

Osteopathy

- A manual therapy similar to chiropractic. It was created in **1879 by the American physician Andrew Taylor Still** (1828-1917). Osteopaths mainly use soft manipulation techniques, massage, **soft tissue conditioning and muscle activation**.³⁰

- "A natural medicine, which aims to restore the body's functions by treating the causes of pain and imbalance. To achieve this goal, osteopathy relies on the quality and softness of its palpation and works with the position, mobility and quality of tissues."³¹

- Emphasizes the **body's natural self-healing abilities**. Osteopathy aims to improve the body's natural ability to regulate and correct itself.

- **Palpation** is a diagnostic skill used by osteopaths to feel the condition of the examined tissues or systems. This includes many sensory aspects of touch (perceiving moisture, texture, differences in temperature and the movement of soft tissue). It is a trained skill that takes several years to develop. Experienced osteopaths can palpate not only superficially but also deep inside the body. The ability to detect very fine modifications in the quality of the tissue (overload, dehydration, scarring, stiffness, density and loss of elasticity as well as mobility) is tantamount to being able to select an appropriate treatment for the patient.³²

Acupuncture

- A Chinese healing technique with a thousand-year tradition. It was originally a part of traditional Chinese medicine but has spread throughout the world during the 20th century.

- Thin solid metal **needles** are used to stimulate specific points along the **meridians** through which the energy "chi" (or vital energy) flows – there are 365 acupuncture points on 12 meridians.

- **By selecting and stimulating the right points, the flow of "chi" is harmonized** and the organism is rebalanced.

- Other associated methods: **acupressure and Tui na massage** (stimulating pressure points), **moxibustion** (heat treatment – heating certain points with dried mugwort), **cupping** (stimulating points with vacuum).³³

³⁰ Heřt, J. (2010) *Alternativní medicína a léčitelství. Kritický pohled* [Alternative and Non-Conventional Medicine. A Critical View], pp. 142–143. Chomutov. Available at: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf (Accessed: 27 June 2018). Translation - KoS.

³¹ Canadian College of Osteopathy, Toronto Campus (n.d.) *Osteopathy Defined*. Available at: <http://www.osteopathy-canada.com/osteopath-definition/> (Accessed: 22 June 2018).

³² Ibid.

³³ TCM Clinic (2018) *Akupunktura* [Acupuncture]. Available at: <https://www.tcmclinic.cz/cinska-medicina/lecebne-metody/akupunktura> (Accessed: 23 June 2018). Translation - KoS.

Biologically Based Therapies

Herbalism

- *Treatments that use herbal medications such as **tea, extracts, tinctures, ointments, etc.*** ³⁴

“Herbalism is one of the oldest treatment methods. Plants are an almost inexhaustible source of various substances, many of which have a significant effect on live beings, both harmful and beneficial. The Austrian herbalist Marie Treben famously stated that there is no plant in the world that does not serve a purpose.”³⁵

- *It is based on traditional knowledge and **many years of experience of the effects of various plants and their parts.***

- *It is part of many traditional healing systems (including traditional Chinese medicine and Ayurveda).*

Phytotherapy

- *Sometimes referred to as **herbalism** or **herbal therapy**, or **herbal medicine**. However, it should be distinguished from traditional herbal medicine. In Western countries it is often used by doctors and naturopaths.*

- *Phytotherapy is a **herbal medicine based on science** and was created by **the French physician Henri Leclerc** (1870–1955), who also coined this term (in 1913).*³⁶

- “Phytotherapy is the use of medicinal products from plants to treat and prevent diseases. Phytotherapy is a science-based medical practice and differs from other, more traditional approaches, such as herbalism. Herbalism relies on the empirical evaluation of medicinal herbs and is often associated with traditional knowledge. It has generally not been assessed in controlled clinical trials or strictly biomedical studies. Phytotherapy differs from herbalism as a number of tests and pharmacological studies on specific phytotherapeutic agents have been carried out. The interpretation and acceptance of the phytotherapeutic evidence differs between countries. In some countries, phytotherapeutic medications are considered valid, while in other countries phytotherapy is still considered to be a form of traditional medicine.”³⁷

- *Certain phytotherapeutic remedies are readily known and used: **Ginkgo biloba** (for treating minor cognitive disorders etc.), **St John's wort**, **Hypericum perforatum** (for treating milder forms of depression etc.), and **Echinacea augustifolia** (for preventing and treating colds and other respiratory problems).*³⁸

³⁴ Heřt, J. (2010) *Alternativní medicína a léčitelství. Kritický pohled* [Alternative and Non-Conventional Medicine. A Critical View], p. 45. Chomutov. Available at: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf (Accessed: 27 June 2018). Translation - KoS.

³⁵ Ibid.

³⁶ *Encyclopaedia Britannica* (2018) *Phytotherapy*. Available at: <https://www.britannica.com/science/phytotherapy> (Accessed: 23 June 2018).

³⁷ Ibid.

³⁸ Ibid.

Energy Therapies

The report from the NATO Science and Technology Organization on Integrative Medicine in the Army defines energy therapies as follows:

“Energy medicine (therapy, healing) is a sub-practice of “alternative medicine” that manipulates the energies (often subtle energies) of the human body to create a positive influence. Examples include Reiki, Therapeutic Touch, Alpha-stimulation and spiritual healing. Acupuncture can be considered a form of energy medicine since acupuncture is based on the movement of energy (Qi).”³⁹

The National Center for Complementary and Integrative Health (NCCIH), which is part of the US National Institute of Health, uses a different definition:

“Energy healing therapy

A technique that involves channeling healing energy through the hands of a practitioner into the client’s body to restore a normal energy balance and, therefore, health. Energy healing therapy has been used to treat a wide variety of ailments and health problems, and it is often used with other alternative and conventional medical treatments.”⁴⁰

*The basis for all therapies in this subgroup is the concept of **life force or bioenergy**. It is a concept that is not yet accepted by scientific medicine, yet is inherent in many alternative treatment systems and practices, both traditional and modern. In traditional Chinese medicine, bioenergy is referred to as “qi”, in Ayurveda as “prana”⁴¹.*

*The following pages provide a brief description of the approaches and methods that cooperate in one way or another. As there is currently no reliable source of information on these therapies in Czech, and foreign sources differ in their description, we have often used foreign **organizations and companies offering these therapies as sources**. The various methods not only use different intervention techniques, but also treat different disorders. They also differ a lot in how exactly they explain the mechanism of the methods they use.*

Spiritual Healing

- This type of energy therapy has a long and rich tradition in, among others, the UK

*- one of the oldest schools for spiritual healing in Europe, is the school of the famous British healer **Harry Edwards** (1893-1976). The school was founded in **1946** and is still active today (Healing Sanctuary, Shere, England). In its concept, the school defines Spiritual Healing as follows:*

“Spiritual Healing is a simple, safe and supportive energy therapy that aims to bring balance to mind/body and soul, as well as to stimulate the body’s own natural healing ability. The healer links to the healing energy in a method called ‘attunement’ and is a channel through which the healing energy flows to the person/animal who may or may not be present. It is complementary to all forms

³⁹ **NATO Science and Technology Organization (n.d.)** *Integrative Medicine Interventions for Military Personnel (STO Technical Report)*. ISBN 978-92-837-2035-5. doi:10.14339/STO-TR-HFM-195, p. xxi. Available at: https://www.sto.nato.int/publications/Pages/Technical_Reports_list.aspx (Accessed: 7 July 2018).

⁴⁰ **NCCIH – National Center for Complementary and Integrative Health (2017)** *Terms Related to Complementary and Integrative Health*. Available at: <https://nccih.nih.gov/health/providers/camterms.htm> (Accessed: 27 June 2018).

⁴¹ **Křížová, E. (2015)** *Alternativní medicína v České republice* [Alternative Medicine in the Czech Republic]. Prague: Karolinum. ISBN 978-80-246-2498-3, p. 30. Translation - KoS.

of treatment as it is non invasive and patients are always encouraged to seek medical advice for their conditions.”⁴²

- Harry Edwards was a founding member of the **National Federation of Spiritual Healers (NFSH)**, founded in 1954 (under the name of The Healing Trust). Their website provides further information about the nature and effects of spiritual healing in this context:

- When a healer heals, he helps the patient to help himself, **allows him to use his own innate self-healing skills**, and thus recover his balance and health in the best possible way.

- The curative energy is **never harmful**. It has no side effects.

- Treatment is possible even remotely and is then called "Distant Healing".

- The healing energy is **always attracted to wherever it is most needed**. The healer does, therefore, not need to know the diagnosis.⁴³

- Improvement may occur **in any area: physical, psychological, spiritual or emotional**. The patient's attitudes, clarity of thinking and quality of life may also improve. The treatment is effective as an auxiliary therapy and is also effective for children and animals.⁴⁴

The Josef Zezulka Biotronics

- A field of spiritual healing, which originated in Prague in the middle of the 20th century.

- The field was created and developed by the **Czech philosopher and healer Josef Zezulka**, who devised and created the name "**Biotronics**". This name was used for the first time after **1945**.

- The current representative of the branch is the biotronicist-sanator, **Tomas Pfeiffer**.

- The theoretical basis is the **philosophy created by Josef Zezulka**: Biotronics is primarily a philosophy, and biotronic healing is its practical application – **spiritual biotronic treatment is always based on spiritual philosophy and is, therefore, always connected to religious philosophy**.

- The basis of Josef Zezulka Biotronics as a method of spiritual activity is the following: man consists of three basic parts, **a physical body, a psyche and vitality** – medicine is the most effective **treatment** for a physical disease, psychotherapy is the most effective treatment for the psyche, and **spiritual biotronic healing** is the most effective treatment for disorders in the vital system.

- In many cases, a disease is caused by more than one factor, and the respective disciplines should then cooperate in order to provide the best care.

- The biotronicist **holds his hands a few centimetres away from the patient** and treats him by transmitting vital energy of **a certain quality**, according to the nature of the disease.

- Only a **gifted individual** who develops his innate ability through extensive studies under the guidance of a teacher can become a biotronicist. The most powerful biotronicist is called a "**sanator**".

- The Josef Zezulka Biotronics is dealt with in detail in the following chapters:



Figure 29 –
Biotronicist-sanator
Josef Zezulka

Source: www.dub.cz

⁴² Harry Edwards Healing Sanctuary (n.d.) What Is Spiritual Healing? Available at: <https://www.harryedwardshealingsanctuary.org.uk> (Accessed: 24 June 2018).

⁴³ The Healing Trust (2018) What is healing? Available at: <http://www.thehealingtrust.org.uk> (Accessed: 24 June 2018).

⁴⁴ The Healing Trust (2018) Discover Healing. Available at: <http://www.thehealingtrust.org.uk/home/discover-healing/> (Accessed: 24 June 2018).

Healing Touch

- The method was established by **Janet Mentgen in the 1980s**.
- It is a kind of energy therapy where a therapist **consciously uses his or her hands to promote physical, emotional, mental and spiritual health and healing**. The practitioner uses very light touches, or places his hands in close proximity to the body to affect the energy field that permeates the body and surrounds the patient.
- It aims to restore balance and harmony in the energy system and to enable the patient to activate the self-healing process.⁴⁵
- It is based on a friendly, caring relationship in which the energy of the practitioner and the client meet and thus support the healing process.
- The founder of the Janet Mentgen method, was convinced that this energy method could be learned by **anyone with a compassionate heart and a desire to help the needy**.⁴⁶

Therapeutic Touch

- An energy therapy that consists of **intentional and compassionate use of universal energy to promote balance and health in the patient**. It is a consciously controlled process of energy exchange, during which the practitioner facilitates the whole process with his **hands**.
- The method was developed by Professor **Dolores Krieger** and the natural healer **Dora Kunz** in the early 1970s.
- The method was developed based on **initial tests** performed by the authors: one group of patients was subjected to energy therapy while a control group was not. Haemoglobin levels in both groups were measured before and after a series of healing interventions. The treated patients had significantly higher haemoglobin levels than the control group. These initial tests were followed by other tests and studies which confirmed the treatment's efficacy.
- The method's efficacy has been demonstrated on **oncology patients** as well as **premature babies and coma patients** (making it difficult to claim that the effects were due to the placebo effect).
- The authors began teaching the method in the 1970s and it has gradually spread to up to 90 countries. The largest representation is found in **the US and Canada**.
- The method is simple and creates a personal connection between the practitioner and the patient. The method can be learnt by anyone.⁴⁷

Biofield Therapy

- This term refers to a **group of energy therapies within CAM that directly work with the energy and information field that surrounds all living systems, i.e. Reiki, Healing Touch, Therapeutic Touch etc.**: "Biofield therapies are noninvasive therapies in which the practitioner explicitly works with a client's biofield (interacting fields of energy and information that surround living systems) to stimulate healing responses in patients. While the practice of biofield therapies has existed in Eastern and Western cultures for thousands of years, empirical research on the effectiveness of biofield therapies is still relatively nascent."⁴⁸

⁴⁵ **Healing Touch Program (2018)** *Worldwide Leaders in Energy Medicine: What is Healing Touch?* 2018. Available at: <https://www.healingtouchprogram.com/about/what-is-healing-touch> (Accessed: 19 June 2018).

⁴⁶ *Ibid.*

⁴⁷ **Therapeutic Touch International Association (2018)** *What is TT*. Available at: <http://therapeutictouch.org/what-is-tt/> (Accessed: 24 June 2018).

⁴⁸ **Jain, S., Hammerschlag, R., Mills, P. et al. (2015)** 'Clinical Studies of Biofield Therapies: Summary, Methodological Challenges, and Recommendations', *Global Advances in Health and Medicine*, 4(Suppl), pp. 58–66. doi:10.7453/gahmj.2015.034.suppl. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4654788/> (Accessed: 24 June 2018).

Reiki

- A method that **involves placing ones hands** over the patient's body.
- It **originated at the end of the 19th century**; it was created and expanded by **the Japanese Christian monk Mikao Usui** (1865-1926). The monk studied ancient healing techniques (including ancient Christian texts that spoke of Jesus' healing of the sick) for many years before receiving his healing power through fasting and meditation.⁴⁹
- It involves learning to work with spacial energy; "Rei" means space, life-giving, and "Ki" means energy.
- Life energy – Reiki – removes pollutants from the body. It encourages and releases blockages, harmonizes energy streams in the body, and flows **wherever it is most needed**. It is not limited by **distance**.⁵⁰
- The energy system of the human body consists of seven basic **chakras**. When something is wrong, it means that blocks that disturb the energy flow have emerged. Reiki **can remove these blocks** and the positive energies can then flow back to the chakras.⁵¹

Qi gong

- A traditional Chinese **exercise** technique.
- It originated in **China more than 3,000 years ago**. Alongside acupuncture, massage, herbal healing and dietetics, it is one of the five pillars of traditional Chinese medicine. The Chinese name "Qi gong" can be translated as **"working with life energy"**.
- It is not a martial art (unlike Tai Chi); **it only focuses on health and care**.
- The purpose is to eliminate the "chi" blocks, thereby improving both physical and mental health.
- It involves slow movements, stretching, controlled breathing and attention. Patients thus reach a **meditative state**, and experience relaxation and inner peace. **The energetic pathways, acupuncture points and self-healing forces of the body are activated** when the body is in such a state, and increased quantity of life energy "Qi" can freely flow through the body.
- It strengthens the immune system, promotes mobility, concentration and general health. It also exercises the joints, tendons and muscles. Through regular exercise, the patient learns to control his breath, improve his Qi intake, and engage in dialogue with himself.⁵²

⁴⁹ Reiki.cz (n.d.) *Historie reiki* [The History of Reiki]. Available at: <http://www.reiki.cz/historie-reiki.php> (Accessed: 27 June 2018). Translation - KoS.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Cvičení Qigong DYYSG (n.d.) *Co je Qigong* [What is Qigong]. Available at: <https://www.cviceniqigong.cz/co-je-qigon> (Accessed: 24 June 2018). Translation - KoS.

Biotronics and the System of Curative CAM methods

As mentioned above, **energy therapies** are a part of the CAM therapy complex. They are based on the concept of the **vital force**, or **bioenergy**. According to the sanator Josef Zezulka's interpretation, this energy forms a unity (body spirit energy) together with the material body and the psychic component⁵³. We will address this issue in more detail in the following section of this publication. Here is a short quote from an article by Zezulka, published in 1976:

"When we hear the word energy, the majority of us associate it with electricity, radiation, a magnetic field, etc. We do not even consider that we have only been studying one kind of energy, an energy which can be called inorganic. This energy comes in useful in industry; we can shine and heat with it, but we also use it in healthcare.

When we use inorganic energy in healthcare, it almost always involves a destructive effect. It is used to remove, disturb, destroy everything that needs to be destroyed in order to benefit someone's health or to save a human life. Therefore, its usage is prevailingly destructive and it hardly ever has a constructive and curative effect.

In contrast to this, ORGANIC ENERGY instead of inorganic energy is emerging in the scientific field. It is also a kind of energy, and yet it is different. Only very little is known about it so far, however, it is without any doubt that organic energy is much more complex, and the theorems and rules which are valid for inorganic energy cannot be fully valid for organic energy.

The difference between organic and inorganic energies is similar to the difference between organic and inorganic substances, and both energies have as much in common as the organic and inorganic matters do.

Organic energy is constructive for a living body. We call it BIOENERGY or the VITAL FORCE.

Organic energy belongs to a living organism and it is an inseparable part of everything that is alive. It would be a good idea to get accustomed to this new breakdown and to distinguish between these two kinds of energy."⁵⁴

*The bioenergetic component of the organism is not shapeless, but forms a finely structured system. Its core axis is the **chakra** system, the main energy centres of the organism, and a complex system of higher and lower energy centres. This complicated system may be disrupted due to internal or external factors, and this disruption manifests itself as a disease.*

The energy described by the various CAM therapies – such as Spiritual Healing, Distant Healing, Biofield Therapy, Reiki, Healing Touch, Therapeutic Touch, but also traditional Chinese medicine (acupuncture, qi-kung) or Ayurveda – work with bioenergy, i.e. the vital force in different ways. Josef Zezulka Biotronics is a discipline that is related to these methods and yet is fundamentally different at the same time.

The Josef Zezulka Biotronics is a discipline of spiritual healing that focuses on diseases caused by bioenergetic insufficiency. It works with the same phenomenon as the energy therapies – **the vital force**, i.e. **bioenergy**. During an intervention, a qualified practitioner – biotronicist places their palms over the surface of patients' bodies and moves the palms accurately along their bodies in a precise manner.

⁵³ Zezulka, J. (2014) *Přednášky II* [Lectures II]. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-44-0, pp. 151–171. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>;

Pfeiffer, T. (ed.) (2015) *Zezulka's Biotronics*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-37-2, p. 10. Available at: <https://www.dub.cz/en/zezulkas-biotronics-online-book>.

⁵⁴ Pfeiffer, T. (ed.) (2015) *Zezulka's Biotronics*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-37-2, pp. 51–52. Available at: <https://www.dub.cz/en/zezulkas-biotronics-online-book>.

Their hands emanate bioenergy, which is invisible to most people, but it is sensed as warmth or a tingling sensation.

On the surface, the intervention of a biotronicist (i.e. practitioners using the method created by the biotronicist Josef Zezulka) may appear to resemble certain energy therapies. However, there are some significant differences:

*Josef Zezulka Biotronics is a **developed discipline** that has its own systematic **theory**, including specific terminology, and an elaborate **practical application**.*

***Zezulka's philosophy**⁵⁵ is the general theoretical basis. It consists of a logical and internally coherent system that is **understandable** even to lay people. This philosophical system, among other things, outlines the direction of future research. In the future, it will be possible to logically explain empirically documented phenomena, which today are incompatible with contemporary scientific knowledge and therefore seem irrational. The **principle of bioenergy** is interpreted as another type of energy which can already be observed (the traditional wisdom in many different cultures proves its existence), but which has not **yet been given enough scientific attention and has not been studied sufficiently**⁵⁶. There is nothing mystical about it, as some sceptics claim. On the contrary, it shows the potential development of human knowledge.*

*Zezulka's philosophy also defines **how Biotronics relates to scientific medicine**⁵⁷ and other fields of health care in a broad sense (see Figure 30). In addition to that, it specifies the scope of Biotronics, i.e. in which cases Biotronics affects the root cause of the disease and thereby achieves the greatest affect, and in which cases Biotronics can be used as an auxiliary treatment.⁵⁸*

*The theory of Biotronics **as a spiritual treatment method is built on this general theoretical basis**; it is a compulsory part of the professional biotronicist education, namely biotronic **pathology** and the **science of vital forces**.⁵⁹ It is followed by a practical **methodology of using vital forces** in biotronic intervention. A biotronicist must not only be theoretically familiar with the methodology but also be fully able to apply it.⁶⁰ **Biotronics is, therefore, a spiritual philosophy that is applied within treatment.***

*As mentioned above, the human energetic system is not homogeneous. On the contrary, it is complicated and has a comparable level of complexity to the material body (the subject of the demanding studies at medical school). This complexity must also be reflected in the nature of the intervention. Biotronicists do not work with a formless, generic, and mysterious force. They perform **precise, targeted interventions using a force of a specific quality** that precisely reflects the nature and degree of the given disease⁶¹.*

⁵⁵ **Zezulka, J. (2000)** *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>.

⁵⁶ **Zezulka, J. (2014)** *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-44-0, pp. 151–171. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>.

⁵⁷ **Zezulka, J. (2014)** *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-44-0, pp. 151–171. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>.

⁵⁸ **Zezulka, J. (2014)** *Přednášky II [Lectures II]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-44-0, pp. 151–171. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-ii-online-kniha>.

⁵⁹ **Pfeiffer, T. (2012)** *A Life of Přinašeč (the Bringer)*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-76-1, p. 29. Available at: <https://www.dub.cz/en/tomas-pfeiffer-a-life-of-prinasec-the-bringer-online-book>.

⁶⁰ **Pfeiffer, T. (ed.) (2015)** *Zezulka's Biotronics*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-37-2, pp. 18–32. Available at: <https://www.dub.cz/en/zezulkas-biotronics-online-book>.

⁶¹ *Ibid.*

Therefore, to become a biotronicist, one must have an **innate ability**. However, a future biotronicist must **still study** extensively to understand the entire field and its **development**. This is done under the guidance of a teacher. Due to the fact that the quality of the healing power is influenced by other circumstances (lifestyle), a number of other criteria are also placed on biotronicists⁶². It is only when the expectant biotronicists meet these strict criteria that their teacher and the **professional chamber Sanator** can deem them ready to to become a practising biotronicist⁶³. Unlike some other energy practices, Biotronics is not a simple method that can be learnt by anyone wanting to help those in need.

By its very nature, the work of a biotronicist **does not include diagnostics**.⁶⁴ Therefore, it is good to have a diagnosis from a doctor, i.e. to cooperate with traditional medicine.

The above-mentioned reasons show that common sceptical objections (being incomprehensible, irrational, vague, confusing, a panacea, etc.) do not apply to Biotronics.⁶⁵

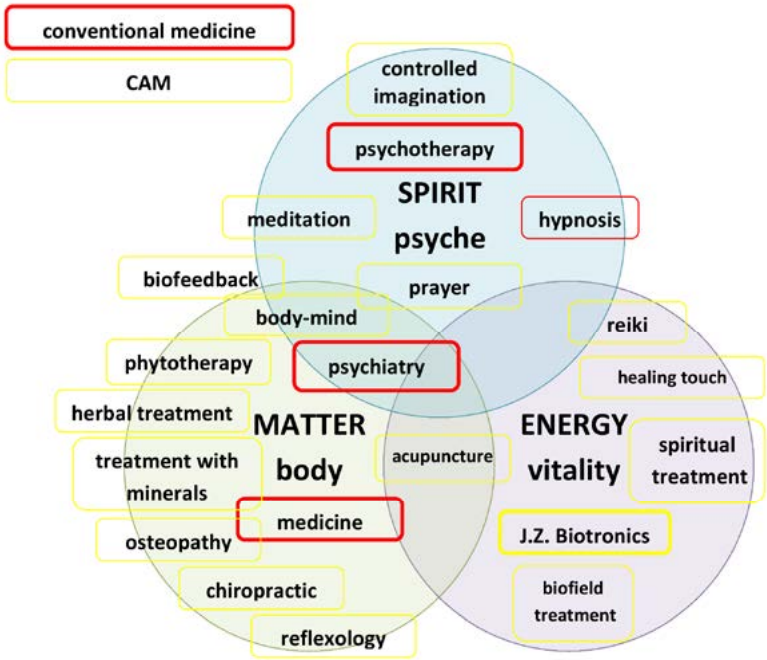


Figure 30 – The diagram suggests the approximate interrelation between the three aspects of a human being – the physical, mental (psychic) and energy components. The various areas of healthcare (in a broad sense) are depicted in the diagram according to their dominant area of activity, i.e., in which area they are most effective. Author of the scheme – KoS.

⁶² Ibid., p. 67, 68.

⁶³ Ibid., p. 65.

⁶⁴ Ibid., p. 63, 64.

⁶⁵ Heřt, J. (2010) *Alternativní medicína a léčitelství. Kritický pohled* [Alternative and Non-Conventional Medicine. A Critical View], pp. 240–241. Chomutov. Available at: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf (Accessed: 27 June 2018). Translation – KoS.

Josef Zezulka – Ahead of His Time

Views expressed by Josef Zezulka, that were later confirmed by science

Smoked meats are among the most powerful carcinogens, but any meat supports the growth of cancer.

Týden.cz (2015) *Nezdravá vejce? Dnes už jen mýtus* [Smoked meat and red meat causes cancer according to WHO]. 26 October 2015. Available at: http://www.tyden.cz/rubriky/zdravi/uzeniny-a-cervene-maso-zpusobuji-rakovinu-uviedla-who_360270.html

Original sources:

Bouvard, V., Loomis, D., Guyton, K.Z., et al. (2015) 'Carcinogenicity of consumption of red and processed meat', *The Lancet Oncology*, 16(16), pp. 1599–1600. doi:10.1016/S1470-2045(15)00444-1. Available at: [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00444-1/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00444-1/fulltext)

IARC (2015) *Q&A on the carcinogenicity of the consumption of red meat and processed meat*. October 2015. Available at: https://www.iarc.fr/en/media-centre/iarcnews/pdf/Monographs-Q&A_Vol114.pdf

Josef Zezulka:

“Let us also notice how the occurrence of cancer has sharply increased in recent years. This is caused by the lack of vital substances in food and by a superfluous intake of carcinogens that do not belong to normal food and to such a large influx of which the body cannot tolerate for a long time.

*Man uses **smoke to preserve food** for a longer time not to be spoiled by microbes. He has no idea that **it is one of the worst and most harmful ways of preservation ever.***

*Firstly, he smokes meat, which as we have said is not a natural food for man. Secondly, smoking is the **PERMANENT** preservation by tar, which means that we cannot dispose of the preservation elements before we start eating unlike for example dried or frozen food. Here, we eat the preserved food directly, this means food prepared to be inedible even for germs.”*

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, pp. 178–179. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

Humans are able to digest eggs.

uLékaře.cz (2009) *Nezdravá vejce? Dnes už jen mýtus* [Unhealthy eggs? No longer a fact]. 16 December 2009. Available at: <http://www.ulekare.cz/clanek/nezdrava-vejce-dnes-uz-jen-mytus-10793>

Original sources:

ScienceDaily (2001) *Eggs Have a Lipid That Lowers Cholesterol Absorption*, Kansas State University Nutrition Research Finds. 29 October 2001. Available at: <https://www.sciencedaily.com/releases/2001/10/011029073601.htm>

ScienceDaily (2009) *Egg-Irony: High Cholesterol Food May Reduce Blood Pressure*. 1 March 2009. Available at: <https://www.sciencedaily.com/releases/2009/02/090218224655.htm>

Diabetics should not eat meat.

Novinky.cz (2013) *Proč při cukrovce vadí konzumace masa* [Why is meat consumption problematic for diabetics?]. 8 August 2013. Available at: <http://www.novinky.cz/zena/zdravi/309794-proc-pri-cukrovce-vadi-konzumace-masa.html>

Original source:

Tonstad, S., Butler, T., Yan, R. and Fraser, G.E. (2009) 'Type of Vegetarian Diet, Body Weight, and Prevalence of Type 2 Diabetes', *Diabetes Care*, 32(5), pp. 791–796. doi:10.2337/dc08-1886. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2671114/>

Josef Zezulka

"I found out, for example, why people have diabetes, which doctors do not know. When I was a small boy, it used to be said that diabetes was the illness of good food, of a good livelihood. In those days, only the rich would eat meat a few times a week. The pancreas participates in the transformation of vegetal proteins into the animal ones, nevertheless. It is the organ which makes us vegetarians. When it is not used sufficiently as we directly eat animal proteins – carcasses, its function diminishes; the organ atrophies. Therefore, a meat diet can cover the defect, unfortunately, at the cost of even faster devastation."

(Pfeiffer, T. (ed.) (2015) *Zezulka's Biotronics*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-37-2, pp. 71–72. Available at: <https://www.dub.cz/en/zezulkas-biotronics-online-book>)

Solariums cause cancer.

Aktuálně.cz (2009) *Pochyby zmizely, solária způsobují rakovinu* ["Artificial sunbathing is just as dangerous as smoking cigarettes, stated the World Health Organization." / No doubt about it, solariums cause cancer]. 29 July 2009. Available at: <http://zpravy.aktualne.cz/zahranici/pochyby-zmizely-solaria-zpusobuji-rakovinu/r?i:article:643689/>

Mammographies may cause cancer.

iDnes.cz (2009) *Vyšetření mamografem může vyvolat rakovinu, varují lékaři* [Doctors warn that mammographies may cause cancer]. 13 August 2009. Available at: http://ona.idnes.cz/vysetreni-mamografem-muze-vyvolat-rakovinu-varuji-lekari-pa3-zdravi.aspx?c=A090812_212654_domaci_vel

Vegetarianism is healthy and safe.

- a) “It is the position of the American Dietetic Association and Dietitians of Canada that appropriately planned vegetarian diets are healthful, nutritionally adequate, and provide health benefits in the prevention and treatment of certain diseases.”
American Dietetic Association and Dietitians of Canada (2003) ‘Vegetarian diets: Position of the American Dietetic Association and Dietitians of Canada’, *Journal of the American Dietetic Association*, 64, pp. 62–81. doi:10.1053/jada.2003.50142. Available at: https://www.researchgate.net/publication/286022167_Vegetarian_diets_Position_of_the_American_Dietetic_Association_and_dietitians_of_Canada
- b) “Doctors want to introduce vegetarian food in hospitals. The American Medical Association, an association of 200,000 doctors, says it is time to drop carcinogenic food from hospital menus.”
Soucitně.cz (2018) *Lékaři požadují zavést v nemocnicích rostlinná jídla* [Doctors want to introduce plant foods in hospitals]. 10 January 2018. Available at: <http://soucitne.cz/lekari-pozaduji-zavest-v-nemocnicich-rostlinna-jidla>
- c) “Our desire to eat meat is destroying our planet (The Guardian). According to the World Wildlife Fund report, 60% of the biodiversity loss is due to eating meat – an animal-based diet is putting too much pressure on our planet's resources.”
Soucitně.cz (2017) *Naše touha po mase ničí Zemi* [Our desire to eat meat is destroying our planet] (The Guardian). 14 November 2017. Available at: <http://soucitne.cz/nase-touha-po-mase-nici-zemi-guardian>

Josef Zezulka:

“Harmfulness of meat – No man can eat that which his body is not made for. Try to give a swallow a delicious piece of cake made from the best ingredients. If you gave it just a few crumbs, you would harm it. If you gave it more, you would kill it. Man had to get used to meat very slowly too, so today, when he eats much of it, it does not kill him, it just harms him. There are many illnesses which are more or less caused by eating meat. They multiply and combine in various ways so it is difficult to determine which harmful substance plays the main role in a disease. Then there are many other causes of illnesses apart from food. Man lives in a better and healthier way when he doesn't eat meat. After all, there are many vegetarians among us, even people whose parents and grand parents did not eat meat. And these people are much healthier than the eaters of dead corpses. And I am talking only about health issues, not the higher ones – the spiritual ones.”

(Zezulka, J. (2014) Přednášky I [Lectures I]. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-45-7, p. 72. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)

Climate changes will increase, the Czech Republic will develop a subtropical climate.

Novinky.cz (2015) *Česko se posouvá do subtropů, do roku 2060 stoupne teplota o 2,5 stupně* [The Czech Republic moves into the subtropics, by 2060 the temperature will have risen by 2.5 °C]. 24 June 2015. Available at: <http://www.novinky.cz/domaci/373233-cesko-se-posouva-do-subtropu-do-roku-2060-stoupne-teplota-o-2-5-stupne.html>

There will be a significant increase in the occurrence of cancer.

iDnes.cz (2003) *Hrozí alarmující nárůst rakoviny* [The occurrence of cancer may increase at alarming rates]. 16 April 2003. Available at: http://zpravy.idnes.cz/hrozi-alarmujici-narust-rakoviny-dlh-zahranicni.aspx?c=A030415_224728_vedatech_pol

Fried food causes cancer.

iDnes.cz (2002) *Vědci: Smažené jídlo způsobuje rakovinu* [Researchers: Fried food causes cancer]. 27 June 2002. Available at: http://zpravy.idnes.cz/vedci-smazene-jidlo-zpusobuje-rakovinu-fct-zahranicni.aspx?c=A020626_214810_vedatech_was

Josef Zezulka:

"It applies to roasting and frying, when fire engages its full-undiluted power. The crust on pastry turns brown slowly. Tar is created. The more baked the pastry will be, the more tar exhalations the crust will contain. When frying, we immerse the food into fat to prevent air reaching it, and tar is again created in it. When roasted, grain will turn brown until it becomes completely tarry (coffee).

These tarry substances are among the worst and most dangerous eaten by man. It is well known that tar is one of the worst carcinogens – substances that play the biggest role in the cancer process."

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, p. 177. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

The world will become overpopulated.

The solution: one child per marriage for a limited amount of time.

iDnes.cz (2017) *Boj se změnou klimatu? Mějte méně dětí a vynechte létání, radí studie* [How to fight climate change? Have fewer children and skip flying, study says]. 17 July 2017. Available at: http://zpravy.idnes.cz/klimaticka-zmena-vedci-radi-mit-o-dite-min-f1i-zahranicni.aspx?c=A170712_160448_zahranicni_kha

ČT24 (2017) *Nemít děti je nejlepší cesta, jak zpomalit změny klimatu, ukazuje studie* [Not having children is the best way to curb climate change, studies show]. 14 July 2017. Available at: <http://www.ceskatelevize.cz/ct24/veda/2181424-nemit-deti-je-nejlepsi-cesta-jak-zpomalit-zmeny-klimatu-ukazuje-studie>

Original source:

Wynes, S. and Nicholas, K.A. (2017) 'The climate mitigation gap: education and government recommendations miss the most effective individual actions', *Environmental Research Letters*, 12,

Josef Zezulka:

“Questioner: I would like to ask about the term “war”. Is it karma affecting us as a whole?

*J. ZEZ.: Whatever a person does, it comes back to him. If he tries to be a predator, i.e. destroy, he will be destroyed in return. You could argue that if there were no wars mankind would suffer from overpopulation. But no! **If mankind was to realize that it can control itself, it would regulate the birthrate around the whole world and there would be no overpopulation. But mankind is not there just yet.***

Look at how people treat other creatures. With hostility. We murder them. It has even been turned into a sport. Humans go and murder other creatures and call it a sport. Yet animals are also beings like us. We only differ in intelligence. The price of life is the same. What, then, can mankind expect? To be murdered in return!”

(Zezulka, J. (2014) Odpovědi 1976–1982 [Answers 1976–1982]. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-46-4, pp. 145–146. Available at: <https://www.dub.cz/cs/josef-zezulka-odpovedi-1976-1982-online-kniha>. Written **28 March 1979; published 30 March 2014.)**

“Questioner: A lot of people are being born at this time. Why do you think this is so?

*J. ZEZ.: It's in fate. Fate can be changed more or less. Not the events themselves, but the quality of the events. So it is up to mankind if the population continues to grow or not. Anyway, right now, the population is increasing. As was prophesied. **The human population is exploding** and it is a choice humans have made. I think you know we are heading towards a sort of balance, reconciliation. There will be fewer people on the planet and it will start to be a little different.”*

(Zezulka, J. (2014) Odpovědi 1976–1982 [Answers 1976–1982]. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-46-4, p. 175. Available at: <https://www.dub.cz/cs/josef-zezulka-odpovedi-1976-1982-online-kniha>. Written **April 1980; issued 30 March 2014.)**

Views expressed by Josef Zezulka that are currently being confirmed

Coffee causes cancer.

Novinky.cz (2018) V Kalifornii musí káva nést varování před rakovinou, rozhodl soud [Californian court declares coffee must carry a label warning against cancer]. 30 March 2018. Available at: <https://www.novinky.cz/zahranicni/467791-v-kalifornii-musi-kava-nest-varovani-pred-rakovinou-rozhodl-soud.html>

Josef Zezulka:

*“When roasted, grain will turn brown until it becomes completely tarry (**coffee**). These tarry substances are among the worst and most dangerous eaten by man. It is well known that tar is one of the worst carcinogens – substances that play the biggest role in the cancer process.” (...)*

*“**Tar** – Smoking meat is even less sensible. Man puts meat into a chimney to become soaked with tar and then he eats it. Tar is one of the strongest carcinogens. But not the only one. People consume more of them. They drink **coffee**. In order to get as many carcinogens as possible, they roast the grains*

and thus make it full of tar. Then they grind it and macerate it with boiling water. Just to get as much tar into the drink as possible. Then they drink so that the tar gets absorbed in the digestive system. They even light a cigarette or pipe and absorb even more tar with their lungs.”

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, p. 177. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book> ; Zezulka, J. (2014) *Přednášky I* [Lectures I]. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-45-7, p. 112. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)

DNA from genetically modified organisms settle in humans when consumed.

Svobodné noviny (2014) *DNA z geneticky modifikovaných organismů se přemísťuje do lidí, kteří je konzumují* [DNA from genetically modified organisms settle in humans when consumed]. 24 June 2014. Available at: <http://svobodnenoviny.eu/potvrzeno-dna-z-geneticky-modifikovanych-organismu-se-premistuji-do-lidi-kteri-je-konzumuji/>

Original source:

Spisák, S., Solymosi, N., Ittész, P., Bodor, A., Kondor, D., Vattay, G., et al. (2013) ‘Complete Genes May Pass from Food to Human Blood’, *PLoS ONE*, 8(7), e69805. 30 July 2013. doi:10.1371/journal.pone.0069805. Available at: <https://doi.org/10.1371/journal.pone.0069805>

Josef Zezulka:

“There are more and more people who are overweight. They suffer from excessive and often badly-proportioned deposits of fat. The causes can be various. Sometimes it is excessive food intake, sometimes the lack of exercise, but there are also illnesses, endocrine malfunctions (malfunctions of the glands of inner secretion), when the hormone balance is disrupted. Many such cases are serious and the afflicted people do not realise it. Often it is inherited in families genetically. I know the cause of these malfunctions:

I hope not to express myself wrongly if I say that here the ill-conceived greed of human society revenges itself. People long for greater profits from fattening animals. They work hard so that a pig or goose is as heavy and fat as possible. Without realising the consequences, they artificially cause them serious endocrine diseases by selective breeding and interbreeding and they are successful. They breed species with serious hormone malfunction, which is then encoded in every particle of their body. When they have destroyed the animal so laboriously, they eat it and use its fat. The body can resist this malfunction for a long time. A man can according to his adaptive ability resist for years, sometimes even his whole life. When it however happens that the illness surfaces, it is too late. The disease of the animal adapts to the human body – its composition and conditions. Since the afflicted man does not recognise his disease and does not connect it with the disease of the consumed animal, he carries on eating bad meat and thus nourishes and fixes his disease. It then infiltrates his being and is carried to descendants, strengthened and passed on.”

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, pp. 181–182. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

Ultrasonds are not safe, especially not for the fetus.

AC24.cz (2013) *Studie: Ultrazvuk způsobuje u plodů poškození mozku* [Study: Ultrasonds damage foetuses' brains]. 30 October 2013. Available at: <http://www.ac24.cz/zpravy-ze-sveta/2969-studie-ultrazvuk-zpusobuje-u-plodu-poskozeni-mozku>

Original source:

Ang, E.S.B.C., Gluncic, V., Duque, A., Schafer, M.E. and Rakic, P. (2006) 'Prenatal exposure to ultrasound waves impacts neuronal migration in mice', *Proceedings of the National Academy of Sciences (PNAS)*, 103(34), pp. 12903–12910. doi:10.1073/pnas.0605294103. Available at: <http://www.pnas.org/content/103/34/12903>

(*Editor's note: We do not agree with testing on animals.)

Electromagnetic radiation is harmful to health.

a) **Šifra magazine (2018)** *Rakouská lékařská komora požaduje od státu ochranu před mobilním zářením. Může podle ní způsobit rakovinu či neplodnost. Ohroženy jsou především děti, veřejnost není informována* [The Austrian Medical Chamber requests state protection against radiation from mobile phones. They claim it can cause cancer or infertility. Especially children are at risk, and the public is not being informed]. 4 January 2018. Available at: <https://www.casopis-sifra.cz/rakouska-lekarska-komora-pozaduje-od-statu-ochranu-pred-mobilnim-zarenim-muze-podle-ni-zpusobit-rakovinu-ci-neplodnost-ohrozeny-jsou-predevším-deti-verejnost-neni-informovana/>

Original source:

OTS.at (2017) *EMF-Leitlinie propagiert Vorsorgeprinzip bei elektromagnetischen Feldern*. 23 March 2017. Available at: https://www.ots.at/presseaussendung/OTS_20170323_OTSO127/emf-leitlinie-propagiert-vorsorgeprinzip-bei-elektromagnetischen-feldern

Press statement:

Diagnose: Funk (2017) *Ärzttekammern fordern Schutz vor Mobilfunkstrahlung – Erklärung und Positionspapier von Nikosia*. 4 December 2017. Available at: <https://www.diagnose-funk.org/publikationen/artikel/detail?&newsid=1242>

Other related sources about the possible harmful effects of electromagnetic radiation:

<https://www.diagnose-funk.org/publikationen/dokumente-downloads/dokumentationen>

b) **LetemSvětémApplem.cz (2017)** *Ministerstvo zdravotnictví v Kalifornii varuje před používáním smartphonů* [The California Department of Health warns against using smartphones]. 22 December 2017. Available at: https://www.letemsvetemapple.eu/2017/12/22/ministerstvo-zdravotnictvi-v-kalifornii-varuje-pred-pouzivanim-smartphonu/?utm_source=www.seznam.cz&utm_medium=sekce-z-internetu

Original source:

California Department of Public Health (2017) *CDPH Issues Guidelines on How to Reduce Exposure to Radio Frequency Energy from Cell Phones*. 13 December 2017. Available at: <https://www.cdph.ca.gov/Programs/OPA/Pages/NR17-086.aspx>

c) **Novinky.cz (2012)** *Mobil způsobil nezhoubný nádor na mozk, rozhodl italský soud* [Cell phone caused malignant brain tumor, according to ruling of Italian court]. 20 October 2012. Available at: <https://www.novinky.cz/internet-a-pc/mobil/282165-mobil-zpusobil-nezhoubny-nador-na-mozku-rozhodl-italsky-soud.html>

d) **Eliatv.cz (2015)** *Francie schválila přelomový zákon o vystavení elektromagnetickému záření: zákaz wi-fi ve školách a jeslích* [France approves groundbreaking law on exposure to electromagnetic radiation: Wi-Fi to be banned in nurseries and pre-schools]. 30 June 2015. Available at: <http://eliatv.cz/francie-schvalila-prelomovy-zakon-o-vystaveni-elektromagnetickemu-zareni-zakaz-wi-fi-ve-skolkach-a-jeslich/2862>

Original source:

StopSmartMeters.org.uk (2015) *WiFi BANNED in pre-school childcare facilities by French Government*. 1 February 2015. Available at: <http://stopsmartmeters.org.uk/wifi-banned-in-pre-school-childcare-facilities-by-french-government-2/>

e) **Elektrosmog.cz (2015)** *Výzva 200 vědců k OSN proti záření* [Two-hundred UN scientists speak out against electromagnetic radiation]. 17 May 2015. Available at: <http://1elektrosmog.pise.cz/181-vyzva-200-vedcu-k-osn-proti-zareni.html>

Original source:

EMFScientist.org (2015) *International EMF Scientist Appeal*. 11 May 2015. Available at: <https://emfscientist.org/index.php/emf-scientist-appeal>

f) **Britské listy (2011)** *Rada Evropy doporučuje zakázat používání mobilních telefonů a wifi sítí ve školách* [British news: The Council of Europe recommends banning the use of cell phones and Wi-Fi networks inside schools]. 15 May 2011. Available at: <https://blisty.cz/art/58601-rada-evropy-doporucuje-zakazat-pouzivani-mobilnich-telefonu-a-wifi-siti-ve-skolach.html>

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Josef Zezulka:

*“Until man had fur, he used it not only for thermo-regulation, he accepted certain forces form the universe by his hairs as antennas – it was a gentle very important radiation. Today, he no longer has the opportunity; **there is much unnatural radiation around which harms him too**. It is not just radioactivity; there are also **radio and TV waves** around us. We can prove their existence by turning on the radio. We don’t perceive them with our senses, they have a hidden and slow effect upon our nerve cells. We can say that the nervous and psychic condition of man is almost catastrophic today.”*
(ZEZULKA, Josef. *Přednášky I [Lectures I]*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha, 2014. ISBN 978-80-85238-45-7. p. 111. Available from: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)

Time doesn't exist. There is no past, no future, all exists now.

National Geographic (2018) *Čas neexistuje. Všechno probíhá najednou, tvrdí respektovaný fyzik* [Time does not exist. Everything is happening at the same time, according to respected physicist]. 10 April 2018. Available at: <https://www.national-geographic.cz/clanky/cas-neexistuje-vsechno-probiha-najednou-tvrdi-respektovany-fyzik.html>

Josef Zezulka:

"Everything is just an idea and there is nothing that would not be one. I don't mean the product of thinking that we call an idea. I mean the mental substance of the entire being. It is the central consciousness of the entire being – and it is naturally of mental substance. It is a large and complete action in which the past, present and future is complete, constant and now. Nothing is the past and nothing is the future. Everything is finished and stable. There is no time, only constant duration."

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, p. 23. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

"There is no past. There is no future. Everything is now! The Creative Work endures in its motionlessness. The past and the future are simultaneous. Only we, our "I am", rove in the completed events and create the notion of time in our minds."

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, p. 87. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

The universe has a beginning and an end, it is a cycle that constantly repeats itself (cyclic model of the cosmos).

Český rozhlas Plus (2010) *Cyklický model kosmu a řešení problému kosmologické konstanty* [Cyclic model of the cosmos and solving the problem of the cosmological constant]. 24 September 2010. Available at: http://www.rozhlas.cz/leonardo/vesmir/_zprava/248792

Josef Zezulka:

"Two eras pulse in the infinite universe: Origin and termination. The matter of the universe glows and diffuses. Planets are born and perish. Only invisible magnetic centres stay as forces, as the manifestation of the great fundamental idea of eternal organisation. The universe lives one of its eras, we can call it for example "the era of universal exhalation". Then, "the era of universal inhalation" follows and it's as long as the previous one. Glowing gases concentrate around the magnetic centres, they cool down, liquidise and solidify. Depending on the power of the centres they concentrate into big or small planets and cool down faster or slower. Life forms as we know them emerge on the planets. The life form grows only to perish with the whole universe one day again and later to emerge again in the regular rhythm. It is the eternal rhythm of the universe, origin and termination, and it is analogical in all areas of the Creative Work."

(Zezulka, J. (2014) *Přednášky I* [Lectures I]. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-45-7, p. 122. Available at: <https://www.dub.cz/cs/josef-zezulka-prednasky-i-online-kniha>)

"The Creative Work is a part of the Podstata in its full quality. It differs from the Podstata only by the fact that it is limited in terms of dimensions and time for us and that it is gradually comprehended in the notion of time. It began and therefore it has its end as well. Since it is identical with the Podstata, it contains everything that is in the Podstata. There is unity as well as duality, time as well as timelessness, dimensions as well as no dimensions. Everything is there with its latent duality which manifests itself in rhythm to become unified again. This rhythm is life. It is the same in the Podstata, motionless, but manifested in a regular rhythm within the Creative Work. We may compare it to the rules of breathing. The eternal Podstata rhythmically develops into a duality to become unified again in the next stage. This inhalation and exhalation of the Podstata is the beginning and the end of the Creative Work."

(Zezulka, J. (2008) *Bytí – Existence – A Philosophy for Life*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-30-6, pp. 151–152. Available at: <https://www.dub.cz/en/josef-zezulka-byti-existence-a-philosophy-for-life-online-book>)

Scientific Opinions in Time: Making Errors Is Only Human

Today sceptics in science call for ‘common sense’. Throughout the history of science, rationally thinking scientists have invoked ‘common sense’, yet knowledge took a different turning regardless of their ‘common sense’. Have we really learned from the mistakes of the past or are we constantly repeating them?

“It has been proven that it is impossible for one to rise or at least remain in the air.”

(Academic Lalande in Journal de Paris, less than a year before the first Montgolfier balloon took off with a human crew, 1782) (1)

“Introducing the railroad would come at the expense of public health. Speeds above 41 kilometres per hour would inevitably cause the passengers concussions and madness and bystanders dizziness and nausea. If the railroad was introduced, it would have to be hidden between two fences as tall as the locomotive and wagons.”

(Bavarian Royal Medical Council, 1837) (1)

“A wise and humane surgeon would never operate on the abdomen, chest or brain.”

(Sir John Eric Ericksen, British surgeon, appointed Expert Surgeon by the Queen, 1873) (1)

“Electricity can never be a practical form of power because the losses in the line are too great. It would be more effective to use rope drives that would run from pulley to pulley so they would stretch for miles across whole regions.” (Osborne Reynolds, eminent engineering technician, 1888) (1)

“We would have to reject a long line of discoveries and bright theories if fire, air, water, and earth were no longer recognized as simple elements.”

(Academic Baumé, inventor of the hydrometer, after Lavoisier's discovery that air was composed of oxygen and nitrogen, 1789) (1)

“The proposal must be rejected primarily because no lamp can of course burn without a wick.”

(The French Academy of Sciences on Philéas Lebon's gas light, 1797) (1)

“Louis Pasteur's theory of germs is ridiculous fiction.”

(Pierre Pachet, professor of physiology in v Toulouse, 1872) (1)

“In assessing the value and practical applicability of the invention, the commission must note that it is not likely to be used. It takes a considerable amount of training and constant practice to use it at any kind of speed, and even with such practice one will never be able to achieve the same speed and accuracy as when writing by hand.”

(Two professors invited to the polytechnic institute, where Peter Mitterhofer presented his prototype typewriter to be evaluated by the Ministry of Trade in Vienna, 1866) (1)

“There is no reason anyone would want a computer in their home.”

(Ken Olson, president, founder and director of Digital Equipment Corp., 1977) (1)

“While we can conceive of the possibility of determining their shapes, their sizes, and their motions, we shall never be able by any means to study their chemical composition or their mineralogical structure.”

(Auguste Comte, 1857, on studying stars five years before spectroscopy was invented and applied within astronomy) (1)

"Rocks cannot fall from the skies, therefore they don't."

(in 1790, a meteor landed in a field in French Aquitania, later called Barbotan; a local peasant took a piece of it to the French Academy of Sciences to be studied. The academics refused to look at it stating that rocks cannot fall from the sky) (2)

"Space travel is utter bilge."

(Richard Wooley, British royal astronomer, in 1956, 5 years before the first flight of Jurij Gagarin) (3)

"Anyone who expects a source of power from transformation of these atoms is talking moonshine."

(Ernest Rutherford, 1871–1937, one of the foremost atomic physicist) (3)

"Light travels faster through water than through empty space."

(Isaac Newton, 1642–1727, greatest scientist and mathematician of the 17th century) (3)

"I hope you avoid the great mistake called alternating current."

(Lord Kelvin, 1824–1907, in a letter to the Niagara Falls Hydraulic Power & Manufacturing Company) (3)

"It is apparent to me, that the possibilities of an aeroplane have been exhausted."

(Thomas Alva Edison, 1847–1931, one of history's most significant inventors and a holder of more than 1,000 patents) (3)

"Aerial flight is one of that class of problems with which men will never have to cope."

(Simon Newcomb, 1835–1909, the most significant astronomer of his time) (3)

"I had an idea for a new type of pen that would use a ball instead of a tip. But I figured it would not work, so I dropped it."

(Chester Carlson, 1906–1968, American inventor of the Xerox photocopier that made him a millionaire) (3)

"I do not think that wireless waves I discovered will have any practical application."

(Henrich Rudolf Herz, 1857–1894, discovered radio wave transmission) (3)

"Ultra-violet rays have a beneficial effect on our health."

(Sir J. Arthur Thomson, 1890–1977, professor of natural history at the University of Aberdeen) (3)

"Lister's antiseptics is theoretically nonsensical and practically impossible."

(George Bernard Shaw, 1856–1950, English playwright, prose writer and essayist of Irish descent, Nobel Prize winner in Literature in 1925) (3, 4)

"The abolishment of pain in surgery is a chimera. It is absurd to go on seeking it.... Knife and pain are two words in surgery that must forever be associated in the consciousness of the patient."

(Professor Alfred Velpeau from Paris Faculty of Medicine, 1839) (3)

"Even the largest vehicles with a piston engine will not have a capacity greater than 1,000 cm³ in the future."

(Professor A. M. Low) (3)

"After I invented an ophthalmoscope, one of my respected surgical colleagues told me he would never use it because it would be too dangerous to shine a light into a sick eye."

(Hermann von Helmholtz, 1821–1894) (3)

"So-called cosmic radiation does definitely not come from cosmos."

(William Francis Swann, director of the Franklin institute of physics) (3)

"If the facts which reasoning is based on are wrongly identified or erroneous, the whole reasoning collapses or leads to the wrong conclusion. Therefore it can be said, that the errors of scientific theories arise mostly from incorrect background information." (TRISTAN BERNARD) (1)

I would add that even when the basic information is correct, a wrong assessment and conclusion will sometimes nevertheless occur.

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- 2 **WikiSkripta (n.d.)** *Alternativní medicína* [Alternative medicine]. Available at: http://www.wikiskripta.eu/index.php/Alternativn%C3%AD_medic%C3%ADna (Accessed: 21 July 2016).
- 3 **Youngson, R.M. (2004)** *Scientific Blunders, Mistakes and Fallacies* [Vědecké omyly, bludy a podvrhy]. Issue 1. Prague: H&H Vyšehradská s.r.o. ISBN 80-86022-84-6.
- 4 **Wikipedia (n.d.)** *George Bernard Shaw*. Available at: https://cs.wikipedia.org/wiki/George_Bernard_Shaw (Accessed: 15 August 2016).

Knowledge in Evolution

Scientific Versus Alternative Medicine – Establishing a Dialogue

*In previous chapters we have many times touched upon the fact that the present healthcare situation can by no means be considered satisfactory. Many people even say the **healthcare systems are suffering a crisis**. This rings true for the Czech Republic as well. Let's not forget that the Czech Republic has one of the highest cancer rates in the world⁶⁶. **It is therefore of utmost importance that the entire therapeutic potential available in our country** is utilized to help our patients as they find themselves in this difficult situation. Good health and effective health care are the fundamentals of a country's economical welfare.*

*Healthcare in the Czech Republic currently lies almost exclusively in the hands of scientific medicine. We are of course aware of and respect the success of scientific medicine. It has greatly developed diagnostic and therapeutic methods, medications, medical technologies, etc. We also highly respect the professional work of specialists and the selfless work that general practitioners and other medical personnel perform every day. Yet it is no longer possible to overlook the fact that in other countries, the development is headed in a different direction. This was pointed out in the first part of this publication. Continuous progress is being made in developing **integrative medicine** – a concept that systematically encourages various therapeutic procedures and methods to cooperate, and judiciously supplements **scientific medicine with complementary and alternative methods**. This approach is favoured by a large majority of patients.*

However, alternative and scientific medicine cannot cooperate unless they are able to establish a dialogue. Unfortunately, this has not happened in the Czech Republic.

The main goal of this publication is to facilitate a factual dialogue based on rational arguments free of ideological attitudes, stereotypes and phrases that are automatically on repeat. Due to the current health situation, the Czech Republic cannot afford to keep refusing help. We are deeply convinced that the time has come to “break the ice” and start communicating. May the following paragraphs be perceived as an invitation to establish a dialogue.

We chose to start this chapter with a graphic overview of the differences between scientific and alternative medicine.⁶⁷ This table was published in Jiří Heřt's book Alternative and Non-Conventional Medicine – A Critical View. In this table the author presents in which ways these two approaches to healthcare differ – as the author is known for his views, it will be no surprise that the conclusion of the table favours scientific medicine and rejects alternative medicine entirely. The table can, therefore, be considered a synoptic overview of the main arguments against alternative medicine (or CAM) from the part scientific community that has a so-called “sceptical” attitude towards CAM, i.e. a strongly dismissive attitude. This, however, is not a unified opinion of the scientific community as

⁶⁶ Česká onkologická společnost České lékařské společnosti J. E. Purkyně (2018) Národní onkologický program: Česká republika a rakovina v číslech [National Oncological Programme: The Czech Republic and Cancer in Numbers]. Available at: <https://www.linkos.cz/narodni-onkologicky-program/co-musite-vedet/ceska-republika-a-rakovina-v-cislech/> (Accessed: 5 July 2018).

⁶⁷ Heřt, J. (2010) Alternativní medicína a léčitelství. Kritický pohled [Alternative and Non-Conventional Medicine. A Critical View], p. 241. Chomutov. Available at: https://www.sisyfos.cz/old/files/Alternativni_medicina_Hert.pdf (Accessed: 6 July 2018).

a whole, as is proven by the favourable statements made by specialists and physicians that encountered biotronic healing in person and saw the results with their own eyes.

In this chapter, we will go through the individual claims presented in Jiří Heřt's table step by step. For each claim, we will also present the opinion held by the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka (KoS), and the arguments this position is based on.

The claims in J. Heřt's table can be sorted into three thematic areas. These are the **three basic points on which scientific medicine** (according to Jiří Heřt) **objects to complementary and alternative medicine (CAM):**

- A. The theoretical assumptions of alternative medicine contradict current scientific knowledge.
- B. Neither the theory behind nor the research on CAM meet current scientific requirements.
- C. Practice in the area of CAM does not meet the standards of medical practice.

This criticism from representatives of science will be addressed in detail in the following three chapters.

A. Is current knowledge a phase or the end of the road?

Question of the relationship between CAM and current state of knowledge

An often-repeated argument, especially by some representatives of science, is the alleged contradiction between the assumptions of alternative medicine and current scientific knowledge. The following claims have been extracted from Jiří Heřt's table:

Claim: Scientific medicine observes the laws of nature, whereas alternative medicine assumes alternative or irrational forces.⁶⁸

We find this claim logically incorrect: **the laws of nature themselves are not in line with our knowledge of these laws of nature.** This claim follows from the false premise that all natural laws are already known to science. However, as we learn from history, the evolution of science illustrates the exact opposite, namely that scientific consensus is permanently evolving. This is natural and there is nothing wrong about it. However, we constantly need to be aware of the relativity of our knowledge and remember that what mankind considers to be an unquestionable truth at present may be radically revised in the future.

Josef Zezulka Biotronics (represented by the professional chamber Sanator) **of course acknowledges the laws of nature but claims that, in addition to the natural laws that are already known and have been scrutinised, there are others that are yet to be systematically investigated by man.** Bioenergy, also known as the vital force, is among these laws. Ancient therapeutic systems (e.g. traditional Chinese medicine, acupuncture, Ayurveda) as well as modern alternative therapies all work with this phenomenon in various ways. The effects of this force have been systematically investigated more and more in recent years, and the results lean towards proving its existence and the possibility of using it therapeutically. It is not an “irrational force” but **an energy that can be observed, and the effects of it can be investigated and outlined scientifically.**

⁶⁸ Editor's note: The claims in Jiří Heřt's table are only brief points. The claims that we present here are based on his table, but they are not exact quotations from the author.

Claim: Scientific medicine is based on evidence, and alternative medicine contradicts scientific findings.

Claim: The efficacy of scientific medicine is based on evidence, while the efficacy of alternative methods has not been verified.

*There has been a marked increase in **serious research on CAM** over the past 25 years (PubMed: more than 18,500 RCT, Cochrane: 4,000 RCT). **This research provides more and more objective information on the effects of various CAM methods.** The results of the research so far are promising and it is recommended that the research continue. However, as the nature of alternative therapies differs considerably from scientific medicine, it is still necessary **to develop research methods that would correspond to the nature of individual therapies** as precisely as possible. This would mean respecting the specific mechanism of the method while not disturbing it.*

Claim: Scientific medicine works on a physical level, whereas alternative medicine works on a spiritual level.

This claim is true for certain CAM therapies. As we show in Figure 33, CAM comprises the purely physical methods, such as phytotherapy, methods that belong to the psychic/mental area, e.g. meditation, as well as energetic methods, such as spiritual healing. The latter methods do indeed work on a spiritual level.

B. Does only scientific knowledge count as knowledge?

The next area of criticism was outlined as follows: Neither the theory behind nor the research on CAM meet current scientific requirements.

*This criticism follows from the fact that **the methods of CAM, by their nature, differ significantly to scientific medicine.** As scientific medicine (and science in general) evolved, it elaborated a system of “rules” or standards that guarantee and maintain its professional level. There are **standards for theory, research, practical applications, as well as internal communication and sharing new findings.** In all these areas, science and scientific medicine strive for maximum **accuracy, systematization, experimental verifiability**, etc.*

*The emphasis on these aspects is due to the very nature of the scientific medicine that is dominant today. However, these aspects **are by no means automatically valid for all knowledge.** In addition to making new discoveries, the ability to handle these discoveries responsibly and humbly in the interest of all is an essential part of knowledge. We need not only intelligence, but also **WISDOM** as an equilibrium of reason and intuition. Knowledge is as old as mankind, the history of knowledge goes much further back than the birth of modern science, and it is by no means limited to rational knowledge.*

***The nature of scientific medicine is primarily rational and material. Today, the standards developed specifically for scientific medicine are being applied to historical therapeutic methods of an entirely different nature.** Yet CAM therapies are increasingly refining their methodology and theoretical basis to such an extent that they are entering universities and becoming separate branches. This evolution towards certain accuracy, which is more acceptable to science, is also important as it enables communication with classical medicine. **A language that is mutually intelligible to both sides is imperative.** As this would enable cooperation. Yet it must not be that case that the requirements of scientific medicine would reshape CAM therapies in its own image. **The benefit of CAM therapies to current healthcare lies precisely in the way they differ to scientific medicine** – that is why these*

methods are being labelled alternative and complementary. Ideally, the two fields would be able to cooperate in mutual respect.

Question of rationality, coherence, and accuracy of the theoretical basis of CAM

Claim: Scientific medicine has a logical system, whereas the interpretation of alternative medicine contradicts logic.

As opposed to scientific medicine, which is based on rational knowledge, CAM methods also work with intuitive knowledge, which – despite not being respected in society today – is as important as rational knowledge. Josef Zezulka Biotronics (represented by the professional chamber Sanator) claims that comprehensive knowledge must include a balance of the two – the rational, intellectual side, and the intuitive, emotional side. If one side becomes too strong, it leads to an imbalance that has negative consequences. This is one of the ways in which CAM methods could potentially complement or balance out the occasional unilateralism of scientific medicine.

Claim: Scientific medicine is characterised by exact expressions, whereas alternative medicine uses inaccurate and vague terms.

Claim: Scientific medicine uses professional terminology, whereas alternative medicine uses pseudoscientific jargon.

Regarding individual CAM therapies, it is a question of gradual evolution, as explained above.

*As for Josef Zezulka Biotronics, the situation is different: **Biotronics is a comprehensive branch that has its own precise theory** (biotronic pathology and theory of the vital forces) **and application, a developed methodology for biotronic intervention** (a theory on how the vital force is used during an intervention). Each part has its own terminology that was created by the sanator Josef Zezulka especially for this method, and that corresponds perfectly to its nature and essence – which of course differs significantly from scientific medicine. Scientific medicine is not able to adequately assess the quality of the theoretical basis and the accuracy of terminology for a distinct branch which is so different in its nature, especially not without at least preliminary knowledge of the theory and the effects of the therapy. **The aim of the professional chamber Sanator is to facilitate a development of this mutual familiarisation. Biotronicists should be familiar with medical knowledge** (this has been a part of professional biotronic training since the birth of the branch) **and vice versa, the physician is to be acquainted with the principles and findings of Biotronics. Only then, when both sides learn the language of their partner can they engage in a genuine dialogue and subsequently cooperate.***

Question of validity and verifiability of the effects of CAM methods

Claim: The efficacy of scientific medicine is based on evidence, while the efficacy of alternative medicine has not been verified.

Claim: Scientific medicine is objective, based on experiments, while alternative medicine is subjective, based on speculation.

Scientific medicine works with dangerous chemicals and uses highly invasive interventions. Therefore, it is absolutely logical and necessary to always verify that the interventions are more beneficial than harmful, and medicine certainly approaches this responsibly. Yet the significantly negative side effects of chemical drugs cannot be denied, and neither can the fact that drugs are

applied beyond the scope of the registered indications surprisingly frequently. In this regard, therapeutic procedures within alternative and complementary medicine are markedly different. The majority of these methods are not as invasive and the level of risk is incomparably low compared to scientific medicine. This gives rise to the question of whether or not CAM methods should have to be as precise in their experimental verification as scientific methods. In any case, these long-standing methods have already been verified by practice and are increasingly being studied scientifically. The amount of serious research in this area has been growing since the beginning of 21st century.

Unfortunately, science has not yet shown any interest in studying Josef Zezulka Biotronics. The only research that has been permitted to date was immediately stopped by State Security. Yet the research that had already been performed at that point convincingly proves the efficacy of this branch.

Claim: The results of scientific medicine can be reproduced, whereas the results of alternative medicine are unique.

The results of Josef Zezulka Biotronics can be reproduced as is corroborated by, among others, medical records and attestations issued by physicians who observed the efficacy of biotronic healing on their patients.

Claim: Scientific medicine has precise diagnostics, but diagnostics is not possible within alternative medicine.

*This objection, again, is due to the distinct differing nature of the two approaches. In contrast to the majority of CAM methods, scientific medicine, by nature, needs precise diagnostics due to, for example, the invasiveness of its procedures. However, the highly sophisticated diagnostic procedures themselves often have **negative side effects**, and the diagnostic technology puts a significant **burden on the budgets** of healthcare systems.*

*As for diagnostic methods within CAM, many alternative systems have their own diagnostics depending on the nature of the method. **Josef Zezulka Biotronics does not perform diagnostics**, which means that medical findings are beneficial for biotronic intervention – cooperation with scientific medicine would, therefore, be ideal.*

Question of specialisation of CAM methods

Claim: Therapies within scientific medicine are causal, symptomatic, whereas therapies within alternative medicine are global, holistic.

Claim: Scientific medicine is characterised by specific treatments, alternative medicine uses a panacea.

*The fact that **scientific medicine** is so **specialized** is increasing being perceived not only as an advantage (i.e. accuracy, targeted therapies) but also as a **limitation** – the fact that it does not regard the patient as a whole is seen as a problem. On the contrary, **the holistic nature of many CAM methods is one of the reasons why they are so sought-after**. CAM methods would, therefore, be especially beneficial as a complement to scientific medicine, again – the best solution would be cooperation.*

*However, CAM also has its own structure and many therapies are dominant in particular areas, where they achieve the best results. **Josef Zezulka Biotronics** does not pretend to be equally suitable for all medical conditions, **on the contrary its main field of activity is precisely defined**. Beyond this field of activity, biotronic healing can be a complement to other treatments.*

Question of organisation of practice of CAM methods

Claim: Scientific medicine keeps proper documentation and records, whereas alternative medicine does not.

*In the Czech Republic, this objection follows from the disparity between the working different conditions for scientific medicine and CAM. Josef Zezulka's Biotronics has been working in very difficult conditions so far. Therefore, its **efforts must focus, first and foremost, on the patients**. It would surely be possible to dedicate more attention to the records and documentation under better working conditions.*

Question of relationship between CAM, scientific discourse, and evolution of knowledge

Claim: The methods for scientific medicine have been developed collectively, whereas the methods within alternative medicine have been invented by individuals.

Claim: Scientific medicine is characterized by continuous evolution, while alternative medicine is characterized by dogmas or originality.

*These claims are not true – many therapeutic systems within CAM go back **thousands of years, and the procedures were developed and passed on from generation to generation**. On the other hand, the development of scientific medicine was also influenced by **influential characters** who entirely changed the way of thinking in a given area. CAM is no different.*

Claim: There is a collective cooperation within scientific medicine, whereas alternative medicine is characterised by an individual approach.

*In regards to collective collaboration and sharing information, the situation today is changing markedly. CAM methods are becoming more **organised nationally and internationally** are cooperating with each other (e.g. Western integrative medicine is establishing cooperation with traditional systems from eastern Asia), and organising, for example, major **international conferences and congresses**. In addition to this, systematic cooperation with scientific medicine is happening increasingly worldwide, and **professional communication** between the two fields is taking place: articles on CAM are being **published**, not only in specialised professional CAM periodicals, but also in **peer-reviewed medical journals**. CAM courses are also being included in study programmes at medical faculties. Practical cooperation is progressing as well, for example at centres for integrative medicine or in hospitals.*

Claim: Scientific medicine is open to new methods, whereas certain CAM methods are closed.

Certain branches within CAM remain closed in order to protect their patients against possible abuse or misuse of the method. Josef Zezulka Biotronics is fully open to cooperating with scientific medicine as well as other alternative and complementary branches of care.

*On the other hand, we find that scientific medicine is not always as open – our experience in the Czech Republic, for example, shows that **health authorities reject new therapeutic methods and attempt to restrict them**, despite the fact that general practitioners are showing interest in alternative and complementary medicine.*

C. CAM is not yet in the system – to ban or accept?

The following objections, summarized by the words “Practice in the CAM field does not correspond to the standards of medical practice”, stem from the different positions scientific medicine and CAM have in the Czech healthcare system. The situation for alternative and complementary medicine is entirely different abroad.

Question of relationship between CAM and educational system

Claim: Scientific medicine is practised by erudite physicians, whereas alternative medicine is often practised by laymen.

This claim is entirely false for many CAM branches. Many countries already offer accredited education, even at university level. We believe that the situation in the Czech Republic will change in this respect as well.

Within Josef Zezulka Biotronics, education provided by its own professional organisation, the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka, which guarantees the quality and professional level of its members. As part of the programme, biotronicists must study scientific medicine to a certain extent, in order to be able to communicate and cooperate properly with physicians when treating patients.

On the contrary, Czech physicians sometimes unfortunately comment on branches of CAM from a position of authority without actually having sufficient knowledge of these branches. In our opinion, this problem should be corrected by systematically including at least theoretical CAM courses in study programmes at medical faculties. This is already a common occurrence abroad.

It is also important to keep in mind that, despite the level of education among doctors, scientific medicine is still responsible for a large number of mistakes – according to surveys, medical error is the third most frequent cause of death in the USA.

Question of professionalism and respectability of CAM providers

Claim: Scientific medicine is honest and serious, whereas alternative medicine takes advantage of demagoguery, advertising and fraud.

Serious scientists are not expected to comment on something they have not studied, and they are not expected to close their eyes to an indisputable reality in order to preserve current official consensus. Quite the opposite, science is expected to be open to new discoveries based on new information and new observations, even if it may mean re-evaluating its current stance.

Unfortunately, science is also not free of fraud, as we learn from history, not to mention advertisements for pharmaceutical drugs.

The professional quality and respectability of biotronicists appointed by Josef Zezulka Biotronics is guaranteed by the professional chamber Sanator. Josef Zezulka Biotronics is characterized by the high ethical standards that are part of its essence – a biotronicists quality of work is directly related to his lifestyle and the quality of his character. Josef Zezulka Biotronics also does not ask for any financial remuneration.

Question of general intelligibility of CAM

Claim: Scientific medicine is intelligible (for those conversant with the field), whereas alternative medicine is mysterious, full of mysticism and magic.

*Josef Zezulka's philosophy forms the basis of Biotronics, and according to this philosophy, EVERYTHING can be explained based on the laws of nature. If something cannot be explained, it means that there is a law that is not yet known. **Therefore, one should always remain humble even towards our current knowledge.** This philosophy is intelligible even for laymen, and the philosophy emphasises that faith is not enough, knowledge is equally necessary to ensure that intuitive and rational knowledge are in balance.*

*There is great opportunity to investigate the mechanisms behind the effects of various CAM methods. So far, **we know through practice that many procedures are effective, but the laws on which they are work have not yet been defined. This is a major potential for advances in human knowledge.** What appears to be mysterious today may be a commonly understood and acknowledged part of our lives in future.*

Repeated Claims about Biotronic healing and CAM

The following pages summarize the opinions and claims that we have collected from Czech media and healthcare authorities regarding alternative medicine. Focus lies on the sceptical, i.e. dismissive, attitudes towards alternative medicine. Some of them express a distrust, which can be understood to a certain extent, others arise from a single bad experience. However, neither the former nor the latter change the fact that, worldwide, alternative medicine is in a completely different place today than it was 25 years ago. Today, the previously common expressions to “believe” or “not believe” are no longer used when speaking about alternative medicine, at least that is the case outside of the Czech Republic. We now have access to hard data based on serious research, including years of practical experience of scientific and complementary medicine cooperating in hospitals and economical analyses of this cooperation.

“WHO’s recommendations to integrate CAM into healthcare systems are mere recommendations.”

- According to a survey by the agency STEM/MARK in the Czech Republic, 85% of the population would like non-conventional medicine to be recognized.
- The increase in morbidity rates and the low efficacy of medicine when treating certain diseases should also logically lead to an increased interest in research on anything that has not yet been sufficiently investigated, especially if positive assessments of the effects are already available.

“WHO’s recommendations to integrate CAM into healthcare systems only concern developing countries, such as countries in Africa.”

- WHO’s recommendations concern all 194 member states, which is essentially the whole world, including the Czech Republic, see the WHO Traditional Medicine Strategy 2014–2023. By no means does it concern only third world countries.

“Research is needless, therefore, no research will be allowed.”

- *CAM methods are being studied increasingly around the world. In Europe alone, there are 112 research centres (according to CAMbrella's data from 2012) for complementary and alternative medicine. WHO, the Council of Europe, and sessions in the European Parliament all recommend that more CAM research be conducted.*
- *The search for medical cures for cancer, AIDS, and other diseases has not yet been successful. One could say that it is pointless to continue, and yet research continues in hope. Then why not to continue researching CAM as well?*
- *On the one hand, science says that CAM has been researched enough without yielding results and that it is therefore needless to continue. On the other hand, science objects that the research on CAM is insufficient. If the research is insufficient, surely more research, properly performed, should be encouraged in order to provide more precise and clearer results.*

“The results are due to the placebo effect or spontaneous healing.”

- *No research on Biotronics has proved these claims, which are hence only unsupported assumptions. Research on Biotronics has not yet been permitted. Josef Zezulka Biotronics differs from previously studied methods and cannot be compared to them.*
- *Patients are able to determine when the biotronic healing starts and finishes, despite not having any physical contact with the biotronicist. This cannot be a placebo effect. The placebo effect can also not explain that people are able to see this energy and correctly describe a sequence of various colours that correspond to the four basic forces.*
- *When biotronic spiritual healing successfully manages to treat cancer, is it scientifically appropriate to immediately dismiss it as a placebo effect and spontaneous healing? Should it not first be studied scientifically before drawing conclusions? Biotronics has drawn attention to such cases many a time and also provided medical records. And yet science shows no interest in these records.*
- *A number of foreign randomised controlled trials of spiritual healing show that we cannot be certain that it is the placebo effect that is at work. Research in this area is not yet complete.*
- *Some people have been able to repeatedly demonstrate their ability to hold spoons and other (non-magnetic) objects on their chest. This has been confirmed by science, but not satisfactorily explained. Is it also the placebo effect, since there were no instruments measuring the bioenergy? Or perhaps it is bioenergy that enables this phenomenon?*

“No spiritual energies have been detected.”

- *Bioenergy cannot be directly measured by material instruments because it is not material, it is non-organic. It can be measured indirectly by observing changes in the patient's condition.*
- *To a certain extent, bioenergy can be captured by Kirlian photography (e.g. the difference between a biotronicist at rest and a biotronicist at work can be seen on their fingertips). The overflow of bioenergy is photographed on the border between the material and the bioenergetic realm, but the bioenergy cannot be physically measured or photographed directly. However, it can be perceived by people with certain abilities.*
- *That something has not yet been proved to exist does not mean that it has been proved not to exist. Science should thus be more careful with its claims.*

“No research has sufficiently proved the efficacy of bioenergetic treatment.”

- *The lack of evidence regarding the efficacy of energetic therapies may be due to several factors, such as a lack of powerful, high-quality healers, or the fact that some of these branches have only just begun to develop. As new branches develop, it is natural that these branches are only*

beginning to discover the most efficacious treatments. Medicine has also not always been as efficacious as it is today.

- *Some studies have shown a non-negligible efficacy, which is at least reason for further and better research.*
- *Sceptics themselves state that research in this area is not yet sufficient, so their dismissive attitude cannot be firmly based on research. Rather, it is due to premature conclusions, which should be avoided by reputable science. It would be better to encourage further and better research.*
- *No medical research has yet been able to find a treatment that focuses on the cause of cancer. And yet the research continues in the same direction. Likewise, the research on CAM should continue.*

“Some studies showed only an improvement in the patients’ mood, but no physical influence on the disease.”

- *Any relief is beneficial for the patient.*
- *Patients’ experience as well as medical records also demonstrate that Biotronics also influences diseases physically. Hopefully, science will take an interest in verifying it at some point.*
- *Biotronic healing does not claim to be efficacious for all medical conditions; it can only complement medical procedures regarding certain diseases, similar to how spa treatments work.*

“What has CAM research found so far? We are wasting money on useless research.”

- *For example, research has found that cancer treatment on patients who utilized CAM at the same time exhibits greater efficacy than treatments on patients who did not utilize CAM. Many studies show that the positive influence of CAM treatment is generally only about 7% lower than scientific medicine.*
- *Observations of Biotronics show a high probability of success.*
- *Increasingly improved studies of spiritual healing abroad also show that there is a probability of success.*
- *A small pilot study on a limited number of patients prior to more extensive research, would limit the financial resources needed. If necessary, we could financially support this research ourselves.*

“If the biotronic energy is not material, then it can neither be investigated nor regulated by the state.”

- *It is possible to observe changes in the patient.*
- *Biotronic energy is not material, therefore, it cannot be measured by material instruments. It can, however, be measured by observing changes in the patient. Or it can be measured by sensitive people who are able to perceive this energy. Their statements can then be compared, thus proving the existence of bioenergy.*
- *Science claims that what cannot be measured does not exist – what randomised controlled trial has proven this claim? How can we be certain that there is nothing but matter when science does not want to investigate areas that indicate an existence of something beyond matter (i.e. near-death experiences, memories of past lives, etc.)? This can only be considered as an unsupported assumption.*
- *It is also possible to study the theory of Biotronics, for example to appraise the biotronic theory of various diseases. We can also refer to the fact that several biotronic theories have already been subsequently confirmed by science. It is also possible to review the philosophy that Biotronics is based on, as biotronic healing comprises a practical application of the philosophy.*
- *Before any kind of legislation is made, the various branches must be studied, explored and categorised. Regulations can then be created in cooperation with the chamber of biotronicists,*

which is responsible for the appointed biotronicists, analogous to a the medical chamber. Instead of stating in advance that it is not possible, let us discuss the matter and try to find possible solutions to help patients as much as possible.

“Omitting medical care can be fatal.”

- *Biotronics never leads the patient away from the physician and never discourages medical care. If there were any cooperation between medicine and Biotronics, the patient would be primarily under the physician's care.*
- *Omitting complementary care does not make it easier for patients to cope with disease. This has been shown by a number of studies.*
- *Millions may already be threatened by the fact that new therapeutic methods have not been studied. Potential new major discoveries that could help many people, are sometimes delayed for up to several decades.*
- *Research could begin with less serious diseases and then move on to more serious ones.*

“Biotronics is incompatible with evidence-based medicine.”

- *Biotronics can be studied and based on research and evidence, but first research must be permitted.*
- *Biotronics has always been interested in scientific verification and basing its results on evidence, but such verification has not been permitted. Research was rejected on such grounds as the lack of evidence of efficacy. The efficacy of Biotronics is, however, something that could be provided by research, so it is a vicious circle. There are plenty of medical records that demonstrate its efficacy and plenty of positive observations have also been made. Medical records from successful, but unfinished, research on Biotronics at Vimperk hospital in 1982 prove this, yet science has not shown any interest in studying these records.*
- *Biotronics does not have to merge with medicine but can become an official branch within general healthcare alongside medicine, i.e. a complementary branch to medicine, such as spa treatments are. The two branches would thus continue to be independent branches, but would be able to cooperate.*
- *There are many diseases for which science has not yet been able to find a treatment. Yet when a potential treatment, including practical results, are offered, science is not interested in verifying the results but dismisses it and, at times, even tries to suppress it. Why is it so? It is, after all, a remarkable opportunity for new knowledge and could potentially help patients.*
- *David Sackett, MD, a Canadian physician widely known as one of the pioneers of evidence-based medicine, expressed serious concerns about researchers and physicians considering randomised controlled trials to be the only way to determine whether or not a treatment is efficacious. Such claims would have to lead to admitting that virtually all surgical procedures are “unscientific” or “unproven” as only a few of them were subjected to randomised controlled trials. In order for a treatment to be indicated as efficacious or scientifically proven, a much more complex evaluation of what works and what does not must be carried out.*

“The records are only comprised of thank-you letters.”

- *This is not true. There are not only letters of thanks but also medical records attesting that the patients have been cured. This evidence can be provided again.*
- *The medical records cannot be considered verified proof of the treatments efficacy, but they provide reasonable grounds for initiating further research or at least a greater interest in this branch of care that could provide help for those in need.*

“The provided records do not suffice unless they have been reviewed by a medical commission.”

- *We agree. Why has the Minister of Health not appointed a commission based on the provided records? What can we do in order for the provided records to be reviewed by a medical commission?*

“There are very few biotronicists.”

- *As soon as there is a greater interest in Biotronics and better working conditions are created, more people will become biotronicists.*
- *Biotronicists can heal many people simultaneously thanks to collective healing, e.g. via television. This is possible as they do not pass on their own powers, but connect to a universal source which can provide enough energy for everyone.*

“There are no publications on how the treatment works.”

- *The method of biotronic healing cannot be published due to possible abuse or misuse.*
- *And yet, in comparison to many other methods, Biotronics provides much greater detail about how it works and what the causes and treatments for various diseases are. It also provides practical results as evidence and can explain many phenomena that science has yet to explain.*
- *Publications about the biotronic method are not important, what is essential is whether or not it helps patients.*

“Some healers – charlatans – use others’ misfortune to make money.”

- *Yes, some do, but Biotronics does not. Treatments and lectures are free.*

“I do not believe it.”

- *According to the scientific and medical approach, mere belief does not suffice. It must be verified by regular research.*
- *It is not enough to only believe or not believe. One must know, verify, and justify why it is or it is not so.*

“Biotronics is a pseudoscience.”

- *In 1973 the chairman of the Czechoslovak Academy of Sciences, Jaroslav Kožešník, acknowledged Biotronics as a new branch of science, which deserved suitable working conditions. To this day, suitable working conditions have not been created.*

“We are working on a new law to make charlatans more liable for leading patients away from physicians and threatening their health or life.”

- *First, we must consider what should be regulated by law.*
- *When proposing a law, it is not enough to collect only negative experiences with healers but also necessary positive experiences to ensure objectivity.*
- *Healers should also be invited to join the discussion and express their opinion on the new law.*

"We cannot give Biotronics so much media attention or we would be promoting an ideology."

- *The Christian television programme Křesťanský magazín could also be considered to be promoting an ideology, and yet it is still broadcast.*
- *There is no need to believe any spiritual ideas in order to be cured by biotronic healing. Patients do not even need to show an interest in it, although, it is true that a positive attitude facilitates healing.*
- *However, we are not wanting to turn Biotronics into a television programme, but to create suitable working conditions for biotronicists, to improve the level of the debate on this topic, to investigate it more, and to potentially integrate Biotronics into the healthcare system, making it a non-medical branch of human aid.*

Glossary of the Key Terminology

acupressure	A therapeutic method of traditional Chinese medicine that aims to establish body balance and consequently remove or alleviate health problems by using fingers or blunt instruments to compress acupressure points on the body. It is similar to acupuncture, but instead of application of needles the acupressure points are compressed.
acupuncture	A therapeutic method based on insertion of thin needles into acupuncture points on the body. It is a part of traditional Chinese medicine. Science has already recognized the efficiency of acupuncture for some health problems, but it has not yet accepted acupuncture as a whole.
anthroposophic medicine	A therapeutic and diagnostic method that recognizes current scientific medicine, but it tries to extend it by a mental and spiritual level. Aside from drug remedies it also uses various therapeutic procedures, e.g. art therapies, therapeutic eurythmy, rhythmic massages. It also promotes education in the domain of prevention.
aromatherapy	A therapeutic method using a "scent therapy". It uses essential oils of some plants in order to enhance the balance and harmony of the body both physically and mentally. The oils are either inhaled or used in the form of a massage oil, bath mix, etc.
aura	An emanation of life energy around the body. It can be perceived, in some cases also seen, by certain people. Causes of health problems, for example, can then be diagnosed according to the aura.
Ayurveda	A system of traditional Indian medicine that uses unique system of nutrition, herbal therapy, relaxation, yoga, meditation, various procedures including massage, body detoxification and regeneration, aromatherapy and colour therapy.
bioenergotherapy	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health.
bioenergy	The life (vital) force, that is according to the philosophy of Josef Zezulka one of the three components of existence, alongside the material and the spiritual component, and it is also one of the components of a living organism. This vital force originates in the essence of existence and it gives life to the material and the spiritual component. Similarly as we divide matter into inorganic matter and organic matter we can also divide the vital force into the inorganic vital force and the organic vital force. Some people have the ability to pass on this organic vital force to others in order to improve their health. A disease can originate either in the material, the spiritual (psychic) or the vital component. In the material component it is medicine that helps the best, in the spiritual (psychic) component it is psychotherapy and in the third component of the vital force it is Biotronics. The vital energy is not directly measurable by material instruments, but it can be perceived or seen by sensitive people or it can be measured indirectly by observing changes in the patient.
biofield	A term for the life energy that has begun being used in science for unified definition of the life energy used by various energy therapies in order to simplify further research and mutual communication.
biotronicist	A person who passes on the life (vital) force to others in order to enhance and balance the life energy in their body in order to improve their health, according to the method of the founder of Biotronics, Josef Zezulka.
Biotronics	A non-medical branch that serves patients in treatment of diseases caused by bioenergetic insufficiency. It is a branch of spiritual healing that was founded and established after the year 1945 by the Czech philosopher and biotronicist Josef Zezulka, whose disciple and entrusted successor is Mr. Tomáš Pfeiffer. Because the branch name of Biotronics, given by Mr. Zezulka, has also started being used by other healers, for distinction it is now used the name Josef Zezulka Biotronics.

energy healing	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health. There are various systems of this treatment (Biotronics, reiki, therapeutic touch, etc.). In the Czech Republic it is Josef Zezulka Biotronics that is akin to these branches.
healer	A generally established term for a person that heals others, or eventually also makes a diagnosis, with the aid of non-conventional medicine.
herbal medicine	A therapeutic method using effects of various plants. See phytotherapy.
herbalism	A therapeutic method using effects of various plants. See phytotherapy.
holistic medicine	It is a way of treatment that considers the whole person – body, mind, soul, emotions.
homeopathy	A therapeutic method that uses the principle “like cures like”, where a substance that caused the symptoms of a certain disease is used to cure these symptoms, doing so in very small doses diluted in a water solution.
chiropractic	A manual therapeutic method that tries by spinal and limb manipulation to remedy imbalance in the musculoskeletal system (bones, joints, muscles) and thereby to influence health of the internal organs.
massage therapy	Various kinds of massages that can provide health benefits and thereby they can be classified as CAM methods.
mind-body medicine	A therapeutic method that emphasizes a balance of the body and mind, because the mind strongly affects our health. It tries to enhance natural healing abilities of the body and mind. It uses various methods – relaxation, hypnosis, visualisation, meditation, yoga, biofeedback and others.
naturopathy	A method of natural treatment according to which, simply said, diseases are caused by accumulation of harmful and toxic substances in the body. Removing the harmful substances then leads to recovery. To cure it uses dieting, physical exercises, massages, psychotherapy, etc..
phytotherapy	A therapeutic method using various parts of plants either separately or in the form of mixtures (e.g. tea, extracts, tinctures, wine, dragée and salves). It is also referred to as herbalism. It is also a part of traditional Chinese medicine.
psychotronics	A branch investigating phenomena such as telepathy, psychokinesis, clairvoyance and other paranormal human abilities.
qigong	It is an exercise working with the life energy in order to improve health. It is a part of traditional Chinese medicine.
reflexology	A therapeutic method using massages or application of pressure to specific points on the feet or hands. Individual zones, e.g. on the feet, correspond to individual body parts and organs. It is an American variant of acupressure.
reiki	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health.
sanator	A biotronicist who is able to consciously use all fundamental forces for the whole spectrum of diseases that can be influenced by biotronics. The word is of foreign origin and means curer or healer. Sanator is also a name for the professional chamber Sanator – the Union of Biotronicists of Josef Zezulka; its mission is to educate and appoint further biotronicists.
shiatsu	A system of massage techniques originally from Japan. It uses pressure or energetic and physical touch on energetic channels and points on the body in order to balance circulation of bodily energy.
spiritual healing	See energy healing.
therapeutic touch	A treatment with the aid of vital energy transfer from the healer to the patient in order to enhance the energetic system of the patient and balance it towards health.
traditional Chinese medicine	A set of therapeutic and diagnostic methods originally from China. It includes for example herbal treatments, acupuncture, massages, qigong, etc.
yoga	Physical exercises that can be an aid for work on a being that goes on the spiritual journey towards unification of personal “I” with the universal Existence. Its use for health improvement is also being sought in the domain of CAM.

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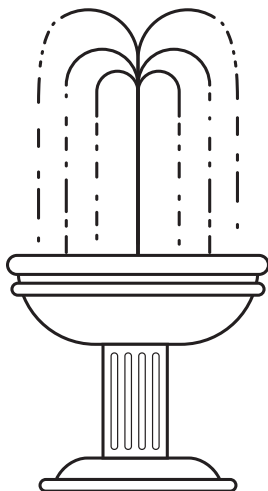
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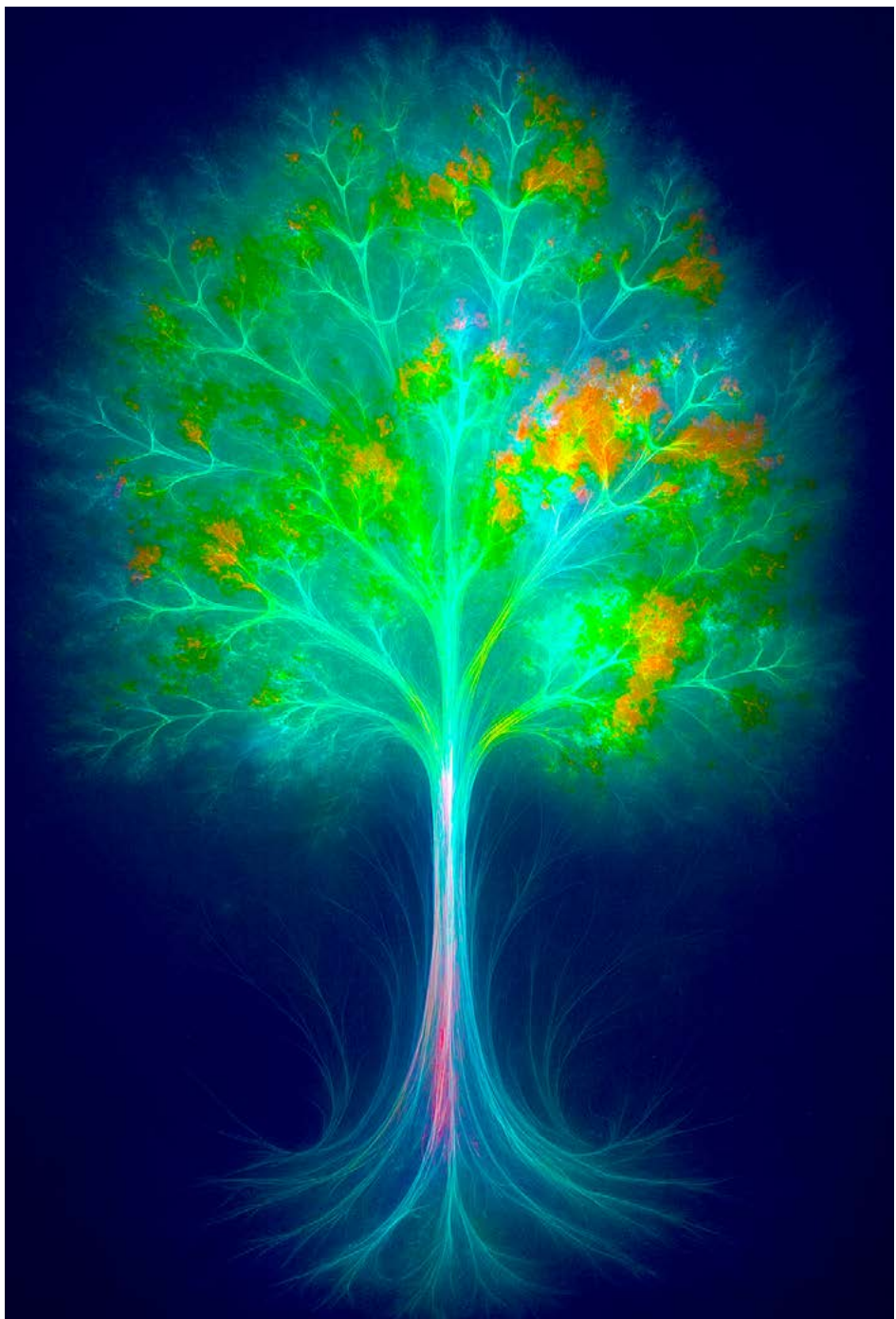
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**ONLY A FOOL BURIES HEALING SPRINGS
SIMPLY BECAUSE HE DOES NOT BELIEVE
THEY EXIST—EVEN THOUGH ONE
DAY HE HIMSELF MAY NEED THEM.**

Josef Zezulka 1912–1992





ACCOMPANYING MONOGRAPH

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TOMÁŠ PFEIFFER'S TREATISE ON BIOTRONICS

Biotronics rightfully belongs to the domain of intangible cultural heritage.

What is Biotronics?

Biotronics is a non-medical discipline that serves to help patients suffering from diseases caused by bioenergetic insufficiency. It is the area of life-forces that are bound to organic matter and which are of a rather different character, in contrary to the inorganic forces. The word – Biotronics – was first introduced after 1945 by Mr. Josef Zezulka who established this term for a treatment discipline; he structured the discipline into biotronic pathology, vital forces science, science of vital forces application during intervention, and particularly into the philosophy, which stands as its basis. Biotronics is a philosophy and the actual treatment is its practical application, based on the knowledge that humans are made of three basic components. Matter, spirit and vitality. In case of the cause of disease lying within the physical part, the most effective management is through the administration of medications, it is the field of medicine. Problems concerning the psychic part should be treated mainly with psychic force, i.e. psychotherapy or, in a case of severe conditions, with deep hypnosis which is not practised in this form today. Harmed cellular, organ and whole-body vital systems are treated with Biotronics. In many cases the disease is caused by multiple factors and as such it is necessary for the respective disciplines to cooperate.

ZEZULKA'S BIOTRONICS

**A contribution to the collection of the international symposium
in Prague 1973**

Josef Zezulka – Czechoslovakia, Prague

SPIRITUAL HEALING

If we ask ourselves what an illness is, we can say that it is a contravention of the state of balance, homeostasis. This leads to a loss or weakness of an organism's natural immunity against external and internal influences. This is a weakness of internal (vital forces) of the body, the consequence of which is that the internal organs are weakened and function chaotically or incorrectly.

I am providing my opinion which is based on the findings which my healing activities have resulted in:

The human organism consists of three basic components:

- 1) The somatic component
- 2) The mental component
- 3) Vital forces

According to this breakdown we can understand human illnesses and also how to help. We can fall ill in such a way that an insufficiency will manifest itself in any of the above-mentioned components.

1) In the physical area, there are infectious illnesses; malnutrition diseases which are caused by an insufficiency of vitally important substances, e.g. vitamins or proteins; and finally mutations affecting organs or the partial decline of organs, innate malformations, injuries, conditions due to injuries, etc.

2) In the mental area, there are deviations from the normal state, e.g. schizophrenia.

3) In the area of vital forces, we find the diseases which will be most interesting to us. These illnesses are fundamentally caused by the disproportion, weakness or chaos of vital forces, the perturbation of the centres of the vital force and the deformation of the lines of this force through which organs mutually influence one another.

Everything that is alive has its own system of vital forces corresponding to the characteristics of its particular zoological or botanical species. Each species is different: the lower its evolutionary stage and the simpler the species is, the simpler the system of vital forces. The most complex system of vital forces is currently found in humankind.

Living creatures of a lower evolutionary stage, whose behaviour is more instinctive, are likely able to regulate their state of vital forces themselves. It is well known that if a

mouse in a vivarium falls ill, it finds a place where there are other healthy mice, and tries to rub against their bodies and nuzzle them. It is likely that the ill mouse is taking over forces from healthy bodies and thus strengthening itself.

Taking over forces in such a way is known among people as well. It is said that if children share their bed with elderly people, the children are weakened and the elderly are strengthened. It is logical because, as proven by experience, life forces often spontaneously pour into an organism which lacks them.

Everybody has their own basic regime and allocation of vital forces, which are necessary for life. They fluctuate slightly all the time, though within certain physiological limits. During an illness they fluctuate significantly, and in many cases their negative divergence is the cause of an illness.

The regime of vital forces is understood as the entire complex system of forces which are combined in the body. They interact mutually, strengthen or weaken one another, balance each another or create chaos. They develop processes which lead to illnesses in negative cases and to the recovery in the positive ones. Their manifestation is not merely present in the body as a whole, though. Each bodily organ, as well as every cell, has its own regime of forces. All these regimes interact with one another and create a very colourful picture of the continuous bodily processes. A clarification of this hypothesis will provide a new perspective on the human body in its physiological and pathological state, and justify a different procedure for helping people who are ill.

A branch which is nowadays called biotronics or bioenergy therapy is being formed. It is satisfying to know that it is being studied in scientific workplaces and that its great future is being revealed. It is actually self-evident. At present, when we know that these forces **really do exist** and that it is possible to use them to help treat illnesses **very efficiently**, it would seemingly be an offence against humankind if they were not used.

The only problem is that there are few people who are able to pass on their life forces for healing, and of these few people only very few individuals are able and willing to work on this innate ability, to increase the quantity of it and improve the quality.

The cause lies in the diversity of humans. Some people are talented in the physical area, others in the mental area, one person stands out in sport performance, someone else is ingenious in a scientific or artistic branch. Some people have exceptional traits or a talent which sets them aside from other people and their qualities. This may be e.g. the telepathic ability or the ability to search for water with a wooden stick. Or clairvoyance – when a picture is created in the visual area of the brain, though this picture is not transmitted by the visual receptor – the eye – but is transmitted like a television image over distance, or even without the time dimension. The ability to transmit vital forces from one person to another is classified among such special abilities.

The basic state of the vital forces in normal circumstances is quite stable with only small physiological fluctuations. The basic state denotes a certain potency which discharges functionally but re-charges to regain balance. The inflow of new vital forces comes through: 1) breathing, 2) solid food, 3) liquid food, 4) sleep.

Through each of these intakes, man prevalingly receives one component from the aggregate of vital forces. This is how it usually works. However, there are also people, so

called sanators, who are able to replenish either some parts of the vital force or its whole aggregate through special conscious practice.

People who have the ability to pass on the vital forces and heal through them can do so because they receive the forces, which are variously and individually tuned, from their environment and when they pass them on, they do not lose them. This is usually a mixture of basic forces which differ in their structure, tune and potency with each person who transmits them. People who have this ability have, up until now, been called magnetisers and the aggregate force has been known as biomagnetism. However, I do not consider these to be suitable expressions.

Magnetisers have an elementary ability. They passively pass on a force which they often do not even know. They simply realise that something flows from their hands; something which refreshes people and gives their bodies tonic to help them from an illness. This is the basic state which we will use in our further exploration of bioenergy therapy.

There really are very few people who have this ability. However, there are also people who believe themselves to have this ability because they are able to soothe a headache for example. This is the belief of people who have practised the force of calm through some psychosomatic training. Nevertheless, this is not a healing force; quite the opposite, it is harmful for an ill person. Warning symptoms of an illness are eliminated or soothed this way while the disease continues to develop covertly. Such force is really secretly harmful when being applied on illnesses which have been caused by a lapse (e.g. the lack of blood formation, diabetes, etc.)

Sanators (healers) may develop from the small number of existing magnetisers. Not all magnetisers are able or willing to become a sanator. This can only be achieved through a hard and responsible journey on which the magnetiser has to master three areas:

The first area is scientific. Prospective sanators acquire knowledge of anatomy, physiology and pathology. The knowledge is partial, but is sufficient for them to be able to carry out their work. They become familiar with the medical field in order to understand the doctors' work, so that they are potentially able to cooperate with when needed. However, this knowledge alone does not suffice. They further gain knowledge related to the scientific field of a sanator, because in many cases a sanator's opinion on a particular matter may differ to that of a doctor. It is usually not very different in its basis but it arises from a different approach. The difference is only caused by the different characteristics of each field.

The second area is the main, essential area. It is the understanding of the right view of life. This is very important because the forces sanators pass on are influenced by the sanators' own traits. It is hence necessary for them to change themselves, their inner quality, and their attitude to life and all animals. They must become a positive component in everything that is happening in the world. In their deep cognition they fully justify the rules of life and apply them to themselves. Under the influence of deep comprehension of the truths of life, they become another person, standing on a perfect ethical base. They abandon numerous things which people have wrongfully become used to during the development of the human society. For example, returning to a natural life is taken for granted and they give up eating meat under the influence of their understanding.

They do not live on the carcasses of other creatures; they become more cultivated. They refuse alcohol, give up smoking, etc. All this is requested of magnetisers too, of course. **In their case it is also needed, however, for sanators it is a necessity.** This attitude to life and its manifestation, along with the manifestation of curative forces, show the sanators' qualities, by which they can be recognised and evaluated.

The third area is discovering one's own forces, and learning to develop and apply them. Sanators are not only limited to an aggregate magnetic force, which is what distinguishes them from magnetisers. Although sanators use the aggregate magnetic force as well, they also develop its elements, learn to recognise the elements, control them, pass them on and combine them. They also learn how, when and which forces should be used and what combination of these is desired in a particular healing intervention. At the same time, they learn to change the forces during an intervention. Therefore, they acquire a sanator's opinion on various illnesses, which is not always identical to that of a doctor. This is not an easy and simple journey. It is necessary to become completely absorbed and it requires full involvement. For this reason, not every magnetiser is able or willing to embark on the journey and follow this path. Although magnetisers remain on their level, they should endeavour to consciously improve themselves – cultivate themselves. In the future, magnetisers will be expected to assist to sanators.

A sanator will establish a healing process and will instruct a magnetiser, who will further replenish the forces. The sanator will see the patient from time to time to add the missing necessary forces and balance out their proportion. The relationship will be similar to that between a senior consultant and a doctor on duty. At the same time, magnetisers may be led to higher levels, to perfect themselves or to develop further to the level of a sanator. Bioenergy therapy is an independent field which provides healthcare with new opportunities for fighting certain illnesses. Similar to medicines and spa treatments, a doctor may also indicate biotronic interventions and combine them suitably with their procedures.

However, this concerns the future. At present, there are few magnetisers and very few sanators. The situation is likely the same throughout the world. Yet it is possible to start training magnetisers and sanators immediately. I have already prepared the required syllabus.

PROCEDURE

Magnetisers have the ability to pass on some components of their innate vital forces passively without a conscious decision. It is usually a combined component which varies slightly in its structure and potency with each magnetiser. It is usually discovered by chance or by the magnetiser being told by somebody who is familiar with these forces. In most cases the magnetisers are aware of the fact that some kind of force flows from their hands, and that it has a curative effect. At that point they only pass the force on in ways they have heard about. They usually pass it on with their hands; they run their hands over the surface of the body or place them on the area of the assumed cause of the illness. When running their hands over the surface or statically placing them on an area,

the hands are sometimes placed directly on the patient's body, other times they are held a small distance away from the patient's body. The method and the variety in indication develop with experience.

A magnetiser exercises an influence on the biomagnetic regime of the body. Let's imagine that the magnetiser is strengthening the centres of the biomagnetic regime by replenishing them. Consequently, the lines of forces, which are created due to the centres' mutual influence on each other, regain

balance. An order in the bodily processes is thus re-established and illnesses are alleviated. As all magnetisers possess different components of the vital forces, and their potency and applicability in healing differ, each magnetiser's influence will be slightly different. Each magnetiser finds certain people easier to heal than others, and vice versa. Everybody's ability is coloured slightly differently. The differences in the structure are not large, however, they do exist. There are greater differences between the potency of the forces. There are stronger and weaker magnetisers, but there are also people who only believe themselves to have some kind of force and who try to heal. Such mistakes sometimes arise from the good will to help, but mostly they result from ignorance.

As has been said, every organism needs to have vital forces to be able to live. The level of vital forces in the body is replenished continuously and is sufficient for normal life. When a person subconsciously passes on the vital forces (without knowing about it), which sometimes happens, that person will suffer from a kind of "malnutrition" of vital forces. At first, the person will become tired and need to sleep more. Later on, the exhaustion may result in a disease of a lapse form (an illness caused by the lack of a bodily activity).

Apart from the above-described exception, forces never leave the body in an unnecessary quantity or for a long period, and therefore the body slowly balances the state of the vital forces. However, if a person, out of ignorance, intentionally passes on their forces with the aim to heal without actually possessing the healing ability, a huge and unnatural outflow of forces takes place. In this case, the body can no longer recover from it. It tries to resist and mobilises its last reserves, but then it breaks down and usually falls seriously ill. The body can sometimes resist for a long time, usually if the person is also being treated or is connected to a healer remotely via telepathy, or at least meets a healer socially.

Such a mistake often occurs when patients undergoing treatment receive more forces than necessary or when they have been cured by a healer for longer than needed. The redundant forces somehow overflow and the patient feels radiation coming out of their hands. This can mistakenly lead the patient to believe that they have a healing ability themselves.

Nevertheless, the only people who can become healers are those through whom forces pass ceaselessly and copiously, without weakening their personal amount of forces necessary for their own life. This is a kind of secondary flow of forces which has very little to do with the personal system of forces. It is of importance only for those being cured, not for the healer.

It is true that a sanator can become more exhausted by healing than a magnetiser, often to a critical level. However, sanators' forces regenerate quite quickly and the exhaustion will not cause any harm to their health (unless the exhaustion is severe and frequent).

Tiredness affects sanators almost exclusively, whereas magnetisers very rarely become tired. This is because a sanator works actively, while a magnetiser only works passively. The tiredness is mainly caused by the large outflow of bodily forces rather than by the outflow of the curative forces. The sanator's bodily forces form a kind of a vehicle for the curative forces, and the reason for tiredness lies prevailingly in the healing activity. If only magnetising is used when healing, it is possible to treat a much larger number of ill people than is possible during active healing. Therefore, sanators, even more so than magnetisers, need to follow the rule that they must know their limits and when it is time to relax.

Magnetisers work passively by passing on the force without much activity of their own, without making a decision about the necessary structure or potency of the force. Sanators exert either a fully or a partially active influence. They determine the changes of the force elements during a healing intervention, and the forces focus on an organ or a cell; sanators have a greater range of ways to intervene but most importantly they have command of a greater, or even full, spectrum of the vital force. Sanators intensify some elements in the aggregate vital forces or modify their combination.

In my experience and opinion, sanators exercise their influence in five ways:

- 1) Exerting an influence on the biomagnetic regime of the body.
- 2) Controlling and wielding an influence via the elementary forces.
- 3) Exercising an influence via the aggregate vital force.
- 4) Modification of the morphological centre.
- 5) Producing an effect via the influence of the sanator overall.



1) Exerting an influence on the biomagnetic regime of the body

Everything that is alive radiates. Nowadays this is a well-known and scientifically proven fact. Besides radiation, which is caused by life activity, each body exists in a kind of permanent plasmatic coating. This coating is a demonstration of the bodily quality and vitality. When a body falls ill, a defect in the coating in the form of decayed plasma shows up. When employing the special photography by which this radiation is observed, grey plasma is reported to appear above the place of the illness, while the rest of the plasma remains colourful. Sanators were aware of this fact long before this scientific discovery was made. Therefore, sanators always begin their work with a so called "cleansing" which entails removing the decayed plasma from the body. This is done with the healer's hands (sometimes only by concentration and a specific method which some sanators are able to use) which the sanator must clean afterwards. This cleaning process can theoretically be carried out by using four different methods, although just three of them are used in practice.

This cleaning can be performed with:

- 1) running water
- 2) natural fire
- 3) a special method of sending the decayed plasma into the ground

- 4) the forth method is possible but unsuitable and thus not used. It entails cleaning the hands with a stream of air. It is not used because the first three ways enable liquidating the decayed plasma, whereas the air method only enables removing it from one's hands. However, the decayed plasma then lingers in the air around, moves on to other people in the surroundings, sticks to them and damages their health.

It would be equally harmful if the healer did not clean the decayed plasma from his or her hands and touched somebody else. The decayed plasma would then damage the healthy plasma and create a disposition for an illness or for an illness to develop. As the other methods – cleaning via the ground or fire – are not as well known at present and not every sanator is able to use them, running water is usually used as a cleaning method although this method is not ideal. In addition to this, sanators can exert an influence on the biomagnetic system of the body in the same way as a magnetiser, just more thoroughly and efficiently.

2) Controlling the four elementary forces

Sanators are aware of and are familiar with the four elementary forces which a body lives with and which together create the complex vital force. Sanators intensify a particular element, or elements, in the aggregate vital force, or modify their mutual proportions. They have learnt to control the elements and work with them.

The elementary forces are:

- 1) the centripetal force,
- 2) the centrifugal force,
- 3) the force of heat,
- 4) the force of calm.

Pathological or recovery actions are in motion in the body under the influence of the aggregate vital force, which consists of the four elements. Sanators exercise their influence via the four elements in such a way that they, depending on the type of an illness, strengthen the necessary element in the vital force or use the counter-force to eliminate another element which is pathologically strong. The particular elements (forces) are led depending on the type of illness. The elements can only exist in a living organism. It is not possible to use them "in vitro". In my opinion, biological forces have the exact same variety as elements and compounds in chemistry.

It is not possible for sanators to overdose any modified vital force. However much they pass on, the vital force can only be replenished to its normal level. The surplus does not stay, but overflows. The influence of a sanator re-establishes the norm, however it can never do any harm. The influence either helps or does not have any effect. This is an advantage in comparison to pharmacotherapy where it is possible to cause an overdose or an addiction. If a sanator was to apply an element other than the one needed, the body would not accept it because it would already be full of it. For the sanator, this is a sign that a mistake has been made and that the force should be changed. It works similarly when looking for the place where an influence is to be exerted. It is a well-known fact that an

illness does not always originate in the place where one feels pain or where the disease manifests itself in some way. This leads a sanator to focus on healing the cause of an illness rather than just eliminating its symptoms.

Selection of the needed modification of the vital force.

Examples of the working procedures:

Osteoporosis:

- 1) Activation of the parathyroid glands.
- 2) Local influence using the force.
- 3) If necessary, balance the whole endocrine system.

Diabetes mellitus, non-congenital, not yet treated with medication, without parallel medication of insulin:

- 1) Activation in the area of the thalamus and hypothalamus.
- 2) Replenishing and balancing of the central nerve system.
- 3) Local influence on the pancreas.

If the effect is low, the whole endocrine system should be balanced and replenished. Should even this be unsuccessful, an irreversible and complete destruction of the activity of islets of Langerhans in the pancreas is to be suspected. In that case there is no other choice than to medicate with insulin.

Malignant neoplasia:

- 1) Strict and thoroughly consistent anti-carcinogenic diet. Consumption of as much raw and fresh food as possible.
- 2) Flexibility of the liver activity.
- 3) Balance in the morphological centre.
- 4) Local influence on the tumour.

Having halted the malignant process and, in some cases, decreased the size of the tumour (e.g. breast tumour), pass the patient on to a surgeon for an excision (or a breast ablation, according to the surgeon's decision). The risk of metastasis, which could potentially occur if the malignant process has not been completely eliminated by the sanator, is then very small. Apply the force of calm during the post-operation condition .

All of this is only possible on condition that a sanator has the necessary time available, which happens, for example, when there is currently no place in hospital. A sanator must not take over the responsibility for the ill person, because only a doctor has the right to take on that responsibility in our country. Therefore, the results of cancer treatment have generally only been proportionate to insufficient conditions. However, they are very promising. It is rare for a sanator to acquire a fresh case that has not been affected by a doctor. A fresh case is easier to heal. However, a sanator must never advise or even persuade a patient not to see a doctor. What has turned out to be difficult to heal is bronchogenic cases since the treatment is disrupted by unclean air nowadays.

3) Exercising an influence via the aggregate vital force

This is another possibility open to a sanator's influence. While the four basic elements comprise the aggregate vital force, as a whole and in its state of balance gives organisms life dynamics. It is the force which, in my opinion, exists throughout the universe and replenishes its allocation in every living body. Sanators have the possibility to consciously collect the force and transform it. They strengthen vitality through it, as has been mentioned in an example.

4) Modification of the morphological centre

I have come to the conclusion that there is a centre which I am aware of from experience but cannot localise. This centre controls every cell; it is a blueprint of the body's shape and organs. Growth into a given form is regulated via this centre. An insufficiency or mistakes in this centre cause a deviation in the development, or a change in the shape. It also influences the growth of benign tumours as well as the activity that occurs when wounds heal, etc. In the case of some illnesses, sanators can influence the whole brain and also the morphological centre in the manner required by the illness. It mainly influences the correct processes of healing, balancing morphological proportions, e.g. during neoplasia. The morphological centre controls the whole shape of the body, organs, etc. and the changes in their growth. However, it is well known that inside every cell there is a code concerning its features and detailed information regarding its growth. Therefore, sanators must exercise an influence also locally when healing neoplasia, wounds, etc.

5) Producing an effect via the overall influence of a sanator

As this is the direct influence of a sanator which they exert from themselves or from the forces passing through them, their moral qualities are extremely important. Their moral qualities "colour" all the forces, and therefore it is necessary for the sanators to be righteous people without evil thoughts, with good traits and a pure, unselfish attitude to life. For this reason, this discipline of healthcare used to be reserved for religious teachings which people searched for with the aim to change themselves for the better.

The sanators' qualities (as well as the magnetisers' qualities) are passed on to the patient being healed and, according to the sensitivity of the patient, they are influenced more or less. A sanator can also consciously produce an effect on an ill, sensitive person, and calm them down by using their influence and make them more open to the reception of forces.



Not every sanator can control all the elements of forces which have been described. I repeat, I am only expressing my own personal opinion which I formed during my practical experience. Although biotronics is an ancient field, it is still at the very beginning of its

development. It has not been worked on scientifically yet. I conclude that, without a doubt, there is great future ahead and those who follow us will have the opportunity to perfect it. They will change and complement a lot, but this is natural development. Perhaps one day they will not have to overcome the obstacles which we have to face. Sanators should experience well-being throughout their life. Their well-being is reflected in their performance and “colours” their forces. If human society does not provide this well-being, it is actually working against itself.



A concluding thought

There are three basic systems in which the functions of a living organism are demonstrated. 1) the matter of tissues, 2) the system of forces, 3) the psyche. They are mutually analogical and create a whole together. Each of these three principles can be explored in the same way chemistry explores matter. Chemistry has divided matter into elements and compounds, marked them and learnt to work with them. Similarly, it is possible to divide, describe and explore also the system of forces and the system of the psyche. We can find “elements and compounds” here as well, and this way it will become easier to get to their core and understand them. Hopefully, this reflection should provide a prompt and assistance to do so.

Everything in the world has its period, its time of origin and also its time of development. And every birth is accompanied by pain.

Now the time of biotronics has come. It has already found a solid track and I am sure that it will develop successfully. I hope it falls into the hands only of righteous, selfless and capable workers so it can successfully help those suffering from illnesses and can lead humankind to a normal, and therefore fruitful, way of life via its possibilities and knowledge.

Josef Zezulka

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JOSEF ZEŽULKA BIOTRONICS – PROVEN RESULTS

Clinical Research in Vimperk



Mr J.Z. during his healing of a patient in Vimperk hospital

“Later, the psychoenergetic laboratory of the former Minister of Education, professor Kahuda, was founded. The range of interest of this institute was wide. Many of the research tasks were properly discussed in front of the opposing scientific committee. But let us speak about that later.

In 1982, this institute carried out research in cooperation with the hospital in Vimperk, where the results of Mr J.Z.’s healing were observed in two terms.

Especially, one of the patients healed by Mr J.Z. became the center of attention of the doctors from all the surroundings, even obstetricians came to see him. And they had a good reason to. As you will see from the documentation provided and signed by a doctor from the hospital in Vimperk – Dr Pekárek – and Dr Martínková, who worked for the psychoenergetic laboratory and led the research there, having been authorized to do so by professor Kahuda in person.

According to the documentation, the patient was dying of a stomach tumor. The excretory duct from the large intestine was made for him so that stools could pass from his body. At that time, the patient was already completely exhausted.

Having begun the treatment, the patient started recovering very quickly; he began walking again, the excretory duct closed itself without any operation and stools started passing naturally via the rectum. There is only one expression for this – a miracle. After the first period of treatment, the patient left the ward fully recovered. Only a specialist can judge what a success it was.

The treatment of other Mr J.Z.’ patients also brought remarkable results as you can see from the documentation. Here, you can see some reports from the hospital in Vimperk. We must take into consideration that the results stated there were achieved during a very short period often with diagnosis lasting even for years. From this perspective, these are often remarkable results.”¹

¹ Pfeiffer, T. (2012) *A Life of Přinašeč (the Bringer)*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-76-1, pp. 169–171.

Coksarthrosa 1.sin., ulcus cruris 1.dx.

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Chxxxxxxxxxxxxx
Date of birth:	1911
Number of the medical report:	656
Diagnosis:	Coxarthrosis l. sin., ulcus cruris l.dx.
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinková
Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued
Healer's signature:	Doctor's signature:

PSYCHOENERGETICKÁ
LABORATOR
Praha 7 - Bubanská
Křižnická 20
Tel. 27 64 191
PSC 170 00

Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Zezulka
Jméno pacienta: Ch [REDACTED]
Datum narození: 1911
Číslo chorobopisu: 656
Diagnosa: Coksarthrosa l.sin., ulcus cruris l.dx.
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1.	1.3.1982	8.	výzkum přerušen
	2.	2.3.	9.	"-
	3.	3.3.	10.	"-
	4.	4.3.	11.	"-
	5.	5.3.	12.	"-
	6.	6.3.	13.	"-
	7.	7.3.	14.	"-

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

Jitka Martínková
ONZ Prácheň
NáP Vimperk
interní oddělení
MUDr. Jitka Martínková

(The copy of the scanned original - the original follows the text)

Patient: Chxxxxxxxxxxx

Diagnosis: Coxarthrosis l. sin., ulcus cruris l.dx.

The patient has been suffering from excruciating pains in her joints and in the torpid ulcer on her right shank. She can only walk with the support of two crutches.

On 2nd March 1982, during the first healing, she strongly perceived the warmth from the healer's hands, at night, she slept exceptionally well without an interruption. She had a feeling of an instant relieve from pain, after the first intervention, she was able to walk away with one crutch only. The shank ulcer hurt intensely in the evening, objectively – the bottom of the ulcer had a shape of a crater, without any signs of granulation.

On 3rd March 1982, she fell asleep immediately after healing for about an hour. All over the day, she had considerable pains in her joints both in her upper and lower limbs. The ulcer is also intensively painful. On the bottom of the ulcer, there are new fresh granulations.

On 4th March 1982, she slept very well at night, intensive pains in her joints persist all over the day. The pain in the ulcer is lesser.

On 5th March 1982, her sleep was good, the pains in her joints have relieved significantly. In the ulcer, she felt burning pain, on the bottom of the ulcer, there are new, small granulations, filling the bottom gradually.

On 6th March 1982, she slept deeply both in the afternoon and at night, the ulcer persists painful, she feels pain in her joints only when she is walking. She can walk with only one crutch permanently.

On 7th March 1982, the pains in her joints, which she had even in a relaxed state at the beginning of the healing therapy, have persisted only when she is walking, yet they are significantly lesser. She uses only one crutch to support her walking.

Conclusion: The improvement of the patient's condition is provable and apparent both subjectively and objectively.

Doctors' signatures:

Pacientka: Ch [REDACTED]
Diagnosa: Coksarthrosa l.sin.,ulcus cruris l.dx.

Pacientka dlouhodobě trpí úpornými bolestmi v kloubech a v torpidním vředu na pravém bérce. Chodí s pomocí dvou holí.

2.3.1982:

Při první léčbě vnímala dobře teplo z léčitelových rukou, v noci výjimečně dobře spala bez probouzení. Měla pocit okmažitě úlevy v bolesti, po prvním zásahu byla schopna odejít pouze s jednou holí. Bércový vřed ošlně k večeru bolel, objekt.-spodina vředu kráterovitá, bez známek granulace.

3.3.1982:

Bezprostředně po výkonu usnula asi na hodinu. Celý den má zvýšené bolesti v kloubech ručních i nožních. Bolesti výrazné jsou také ulcus cruris. Na spodině vředu jsou dnes patrné čerstvé nové granulace.

4.3.1982:

Na dnešek dobře spala, zvýšené bolesti v kloubech přetrvávají po celý den. Ve vředu menší bolestivost.

5.3.1982:

Spánek dobrý, bolesti v kloubech přes den výrazně slabší. Ve vředu pálivá bolest, na spodině vředu drobné nové granulace, vyplňující postupně spodinu.

6.3.1982:

Spánek odpoledne i v noci vydatný, ve vředu přetrvává bolestivost, bolesti v kloubech pouze při chůzi. Chodí již trvale jen s jednou holí.

7.3.1982: Bolesti v kloubech, které na počátku léčby byly i klidové, nyní přetrvávají pouze při chůzi a i tak výrazně slabší. K podpoře chůze používá jedné hole.

Závěr: Zlepšení bioenergetickou léčbou je prokazatelné a patrné subj. i objektivně.

Podpis lékařů: [REDACTED]

Hypertension II. Ischemic changes of the heart Chronic pancreatitis

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	xxxxxxxxxxxxxx
Date of birth:	17 June 1940
Number of the medical report:	602
Diagnosis:	Hypertension II. Ischemic changes of the heart Chronic pancreatitis
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinková
Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued
Healer's signature:	Doctor's signature:



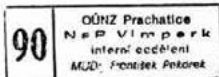
Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3.1982 do 14.3.1982

Jméno léčitele: Josef Zezulka
Jméno pacienta: [REDACTED]
Datum narození: 17. 6. 1940
Číslo chorobopisu: 602
Diagnosa: Hypertense II. Ischemické změny
srdeční. Chronická pancreatitis.
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1. 1.3.1982	8. výzkum přerušen
	2. 2.3.	9. -" -
	3. 3.3.	10. -" -
	4. 4.3.	11. -" -
	5. 5.3.	12. -" -
	6. 6.3.	13. -" -
	7. 7.3.	14. -" -

Podpis léčitele:

Podpis lékaře:



(The copy of the scanned original - the original follows the text)

Patient: Fxxxxxxxxxxxxxx

Diagnosis: Hypertension II. Ischemic changes of the heart Chronic pancreatitis

The patient has been complaining about diarrhea and headaches recently.

On 2nd March 1982, during healing, she felt such warmth from the healer that she was sweating, she had pins and needles in her legs. During the healing therapy, she felt very fresh for about three hours, usual pains in her calves disappeared, she was able to walk to the gate.

On 3rd March 1982, she had a headache in the afternoon, she felt tired on the whole, during the healing therapy, she felt warmth again, especially on her chest and on her back.

On 4th March 1982, a headache ceased during the healing therapy, after about three hours, headache returned again. Immediately after today's healing therapy, headache was relieved.

On 5th March 1982, in the afternoon, a headache which had been persisting until that time, was soothed, diarrhea ceased.

On 6th March 1982, the stool became normal, just a slight headache in the morning, she feels fresh and without any problems.

On 7th March 1982, the stool was normal again, no headache, she feels significantly calmer, after yesterday's healing therapy, she had paresthesia in her limbs for about an hour again.

Conclusion: The health problems have been subsiding gradually by the influence of bioenergetic healing.

Doctors' signatures:

Pacientka :

F [REDACTED]

Diagnosa:

Hypertense II. Ischemické změny srdeční.
Chronická pankreatitis.

Pacientka si stěžuje na průjmy, bolesti hlavy v poslední době.

2.3.1982:

Při léčbě pociťovala tak výrazné teplo léčitele, až se zpotila, měla pocit mravenčení v nohou. Po léčbě se cítila asi 3 hodiny velmi svěží, obvyklé bolesti v lýtkách vymizely, došla k vrát-níci.

3.3.1982:

Odpoledne měla bolesti hlavy, cítila se celkově unavená, při léčbě opět vnímala teplo, zvláště na prsou a v zádech.

4.3.1982:

Během léčby bolesti hlavy přestanou, asi po 3 hodinách bo-
lest začíná znovu. Bezprostředně po léčbě dnes bolesti hlavy
přestaly, zůstává pouze zaujatost.

5.3.1982:

Odpoledne se ztišila bolest hlavy, která do té doby přetrvávala,
průjem ustal.

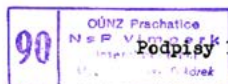
6.3.1982:

Stolice se upravila, bolest hlavy pouze slabá ráno, cítí
se svěží bez potíží.

7.3.1982:

Stolice opět normální, bolesti hlavy nepociťuje, cítí se
výrazně klidnější, včera po léčbě asi hodinu vnímala opět
parestezie v končetinách.

Závěr: Vlivem bioenergetické léčby dochází k pozvolnému ústupu
potíží.



Bronchial Asthma, Spastic Bronchitis

(The copy of the scanned original - the original follows the text)

Report on bioenergetic treatment at the internal department of Vimperk hospital, planned from 1 March to 14 March, 1982.

Healer's name:	Josef Zezulka
Patient's name:	xxxxxxxxxxxxx
Date of birth:	14 December 1956
Number of the medical report:	Treated as an outpatient
Diagnosis:	Bronchial Asthma, Spastic Bronchitis
Place of healing:	The internal medicine ward at Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:	Doctor's signature:

PSYCHOENERGETICKÁ
LABORATOR
Praha 7 - Bubeneč
Komenského 20
Tel. 37 64 94
PSC 170 00

Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Zezulka
Jméno pacienta: [REDACTED]
Datum narození: 14.12.1956
Číslo chorobopisu: *21264/81 ambulantní*
Diagnosa: Asthma bronchiale, spastická bronchitis
Místo výkonu: Interní odd. nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

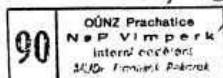
Datum výkonu:	1.	1.3.1982	8.	výzkum přerušen
	2.	2.3.	9.	"-
	3.	3.3.	10.	"-
	4.	4.3.	11.	"-
	5.	5.3.	12.	"-
	6.	6.3.	13.	"-
	7.	7.3.	14.	"-

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

M. Martínková



(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxx
Diagnosis: Bronchial Asthma, Spastic Bronchitis

She has suffered bronchial asthma since she was 2.5 years old. She had no other allergies. Her grandmother and her mother sometimes suffer from hives. The patient has been hospitalized many times for frequent complications and pneumonia. The spa treatment in Kynzsvart did not have any effect. Vaccine treatments did not have any effect either. The patient takes Xantadrillets, CA effervescens, Rhinoprone, and often antibiotics. Since the age of 2.5, she has suffered from seizures 3–5 times a month. At the end of December, in the middle of a collapse, she was treated by Mr. Zerkul's bioenergy for the first time. After the first intervention, she became very pale and was wheezing for about half an hour before calming down. She then slept for about three hours (unusual for her). Then she woke up she concentrated intensively on drawing; she was calm and did not have any problems or need any medication until the morning.

Mr. Zerkul treated the patient a total of four times in December 1981. The second treatment also without any trouble, she went for a walk, and there were no complications. In addition to the immediate effects, an overall psychosomatic relaxation was noted. The patient did not suffer any further problems until 7 March, 1982, when four of her family members caught the flu. The patient was also infected, and suffered her first seizure following a 2.5-month break.

Conclusion: The beneficial effects of bioenergetic treatment have been demonstrated both subjectively and objectively.

Doctor's signature:

Pacientka: [REDACTED]

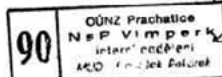
Diagnosa: Asthma bronchiale, spastická bronchitis

Asthma bronchiale má od 2 a půl let. Jiné projevy alergie neměla. V rodině babička a matka mívaly občas kopřivky. Pacientka byla mnohokrát hospitalizována, časté komplikace s pneumonií. Prodělala lázeňskou léčbu v Kynžvartě bez efektu. Léčby vakcínou byly rovněž bez efektu. Užívá Xantadrilley, CA effervescens, Rhinopront, často antibiotika. Od dvou a půl let mívala obvykle 1x měsíčně záchvaty trvající 3-5 dnů. Koncem prosince ~~uprostřed~~ uprostřed záchvatu byla prvně léčena bioenergeticky p.Žezulkou. Po prvním zásahu bezprostředně po výkonu silně zbledla, sípala, asi po půl hodině se zklidnila, usnula asi na 3 hodiny (pro ni netypické), poté se velmi dobře soustředila na kreslení, byla klidná, do rána bez potíží a bez medikamentů.

Celkem byla v prosinci 1981 p.Žezulkou 4 x, podruhé rovněž bez potíží šla i na procházku, komplikace žádné nenastaly. Kromě okamžitého efektu bylo pozorovat uklidnění celkové-somatické i psychické. Pacientka byla bez potíží až do 7.3.82, kdy byla v rodině u 4 členů chřipka, kterou nakonec sama také dostala a objevily se po dvou a půl měsíci přestávce první záchvat.

Závěr: Příznivé působení bioenergetické léčby prokázáno subjektivně i objektivně

Podpis lékaře: [Signature]



Ulcerative Colitis

(The copy of the scanned original - the original follows the text)

Report on bioenergetic treatment at the internal department at Vimperk hospital, planned from 1 March to 14 March, 1982.

Healer's name:	Josef Zezulka
Patient's name:	xxxxxxxxxxxxx
Date of birth:	15 June 1951
Number of the medical report:	Treated as an outpatient
Diagnosis:	Ulcerative Colitis
Place of healing:	The internal medicine ward at Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:	Doctor's signature:

PSYCHOENERGETICKÁ
LABORATOŘ
Praha 7 - Bubeněž
Komenského 20
Tel. 376191
PSC 170 00

Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Zezulka
Jména pacienta: [REDACTED]
Datum narození: 15.6.1951
Číslo chorobopisu: *ambulantní péče*
Diagnosa: Collitis ulcerosa
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

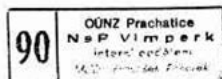
Datum výkonu:	1. 1.3.1982	8. výzkum přerušen
	2. 2.3.	9. --
	3. 3.3.	10. --
	4. 4.3.	11. --
	5. 5.3.	12. --
	6. 6.3.	13. --
	7. 7.3.	14. --

Podpis léčitele:

Josef Zezulka

Podpis lékaře:

MUDr. Jitka Martínková



(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxxxx
Diagnosis: Ulcerative Colitis

The patient has suffered from severe ulcerative colitis for four years as confirmed by a biopsy.

2 March, 1982: She is currently suffering from constant diarrhoea currently, her legs are swelling, she is very neurotic. She underwent her first bioenergetic treatment today; she was clearly aware of the warmth from the healer's hands during the procedure.

3 March, 1982: After the first treatment, she had spasms in her lower abdomen. The same day the long-lasting diarrhoea ceased. She now feels calmer and more refreshed.

4 March, 1982: The patient is still calm today, no diarrhoea, only severe flatulence.

5 March, 1982: The diarrhoea practically disappeared, she has only a loose stool 3 times a day, as opposed to 6–8 times a day previously. The flatulence has disappeared. She feels refreshed, calm.

6 March, 1982: Status idem. (Condition unchanged)

7 March, 1982: No occurrence of flatulence or diarrhoea throughout the treatment so far. The patient felt much stronger and neurally more stable.

Conclusion: The beneficial effects of bioenergetic treatment have been demonstrated both subjectively and objectively.

Doctor's signature:

Pacientka: [REDACTED]

Diagnosa: Collitis ulcerosa

Pacientka trpí 4 roky těžkou ulcerosní collitidou, potvrzenou i biopsicky.

2.3.1982: V současné době má trvalé průjmy, otékají jí nohy, je silně neurotická. Dnes poprvé bioenergeticky léčena, vnímala zřetelně teplo z rukou léčitele při výkonu.

3.3.1982: Po prvním léčení měla křeče v podbřišku, týž den ustal průjem, který do té doby prolongovaně trval. Nyní se cítí klidnější a více svěží.

4.3.1982: Stav se dále klidní, dnes bez průjmů, pouze silná plynatost.

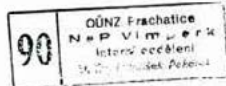
5.3.1982: Průjem prakticky zmizel, má jen řídký stolice 3x denně, dříve 6-8x. Plynatost zmizela. Cítí se svěží, klidná.

6.3.1982: Status idem.

7.3.1982: Plynatost a průjem se po celou dosavadní léčbu neobjevil, cítí se mnohem silnější a nervově více stabilizovaná.

Závěr: Příznivý efekt bioenergetické léčby, subjektivně i objektivně prokazatelný.

Podpis lékaře:



Progressive polyarthritis

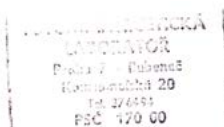
(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Pxxxxxxxxxxxxx
Date of birth:	4th July 1916
Number of the medical report:	349
Diagnosis:	Progressive polyarthritis
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:	Doctor's signature:



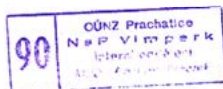
Protokoly o bioenergetické léčbě na interním odd.nemocnice
ve Vimperku v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Z e z u l k a
Jméno pacienta: P [REDACTED]
Datum narození: 4.7.1916
Číslo chorobopisu: 349
Diagnosa: Polyarthrititis progressiva
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr.Jitka Martínková

Datum výkonu:	1.	1.3.1982	7.	7.3.1982
	2.	2.3.1982	8.	výzkum přerušen
	3.	3.3.1982	9.	- " -
	4.	4.3.1982	10.	- " -
	5.	5.3.1982	11.	- " -
	6.	6.3.1982	12.	- " -
			13.	- " -
			14.	- " -

Podpis léčitele:

Podpis lékaře:



Patient: xxxxxxxxxxxxxxxxxxxx

Diagnosis: Progressive polyarthritis

The patient was treated for her disease by pharmacotherapy for a long time, she got injections with gold, was treated by ultrasound without any apparent effect, she moves on a wheelchair or with difficulties on her own, being supported by two crutches.

During the week from 1st February to 7th February 1982, she was healed by Mr Cimbál. During each intervention, she perceived the warmth from the faith healer's hands and felt a temporary relief from pains in her joints of lower limbs, lasting approximately 1-2 hours.

During the week from 1st March to 7th March 1982, she was healed by Mr Zezulka. She came for the first healing with difficulties being supported by crutches. During healing, she perceived the warmth from the healer's hands and an immediate relief from pains in her legs, which was demonstrated by the fact that she was able to walk back to her ward without crutches. At night, she had intense pains in her legs and today she came to her healing session being supported by crutches again.

On 3rd March 1982, she felt warmth again and an immediate relief during healing. In the afternoon, she had slight pain in her lower limbs then at night, she did not have any pains. Today after therapy, she walked without crutches in the doctor's office.

On 4th March 1982, after healing, she walked without crutches freely again, she had the same feelings as the previous day.

On 5th March 1982, after healing, she felt tired in a very enjoyable way, in the afternoon, she slept for about three hours then at night, she slept uninterruptedly again. She felt pains neither during the day, nor at night.

On 6th March 1982 – status idem (the same state)

On 7th March 1982, she had temperature and headache in the evening, in the morning, she had no more problems. The patient walked without crutches in the doctor's office, then went to her ward without crutches as well. She did not have any pains all over the day.

Conclusion: The influence of biotronic healing was significantly positive, provable both subjectively and objectively.

Doctor's signature:

Pacientka [REDACTED]

Diagnosa: Polyarthrititis progressiva

Pacientka byla pro své onemocnění dlouhodobě léčena medikamentosně, injekcemi zlata a ultrazvukem bez výrazného efektu, pohybuje se na pojízdném vozíku nebo s obtížemi s dvěma berlemi.

V týdnu od 1.2. - 7.2.1982 byla bioenergeticky léčena panem Cimbálem. Při každém zásahu vnímala teplo z léčitelových rukou a cítila přechodnou úlevu v bolestech kloubů DK, trvající průměrně 1-2 hodiny.

V týdnu od 1.3.-7.3.1982 léčena bioenergeticky p.Zezulkou. Na první léčbu přichází těžce za pomoci berlí. Při výkonu vnímala teplo z rukou a okamžitou úlevu v bolestech v nohou, což se projevilo tím, že zpátky na pokoj došla bez berlí. V noci měla silné bolesti v nohou, na dnešní léčbu přišla opět s berlemi. (2.3.)

3.3.1982 - opět cítila teplo při léčbě a okamžitou úlevu. Odpoledne slabší bolesti v DK, v noci byla bez bolestí. Dnes po terapii chodí v ordinaci bez berlí.

4.3.1982 - po léčbě chodí opět bez berlí volně, pocity stejné jako minulý den.

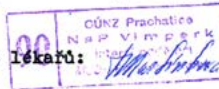
5.3.1982 - po léčbě se cítila velmi příjemně unavená, spala odpoledne asi 3 hodiny, v noci též spala bez přerušení. Bolesti nepociťovala ani přes den, ani v noci.

6.3.1982 - status idem.

7.3.1982 - večer zvýšená teplota, bolest hlavy, ráno už bez obtíží. Pacienta chodí v ordinaci bez berlí, odchází bez nich také na pokoj. Celý den nepociťuje žádné bolesti.

Závěr: Vliv biotronické léčby výrazně pozitivní a prokazatelný subjektivně i objektivně.

Podpis lékaře:



CA ventriculi

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Rxxxxxxxxx
Date of birth:	31st May 1943
Number of the medical report:	3476
Diagnosis:	CA ventriculi
Place of healing:	the ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinkova

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:	Doctor's signature:



Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Zezulka
Jméno pacienta: R [REDACTED]
Datum narození: 31.5.1943
Číslo chorobopisu: 3476
Diagnosa: CA ventriculi
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1. 1.3.1982	8. výzkum přerušen
	2. 2.3.	9. -"
	3. 3.3.	10. -"
	4. 4.3.	11. -"
	5. 5.3.	12. -"
	6. 6.3.	13. -"
	7. 7.3.	14. -"

Podpis léčitele:

J. Zezulka



Podpis lékaře:

Jitka Martínková

(The copy of the scanned original - the original follows the text)

Patient: Rxxxxxxxxxxxxxx

Diagnosis: CA ventriculi

A stomach carcinoma, the state after colostomy. The patient is exhausted, complains about diarrhoea, stomachache, has not got any appetite, sleeps badly.

The first healing - 28th December 1981. The patient slept calmly after the first healing, on the second day, diarrhoea ceased. He is still very tired. His pains are continuing.

29th December 1981 – diarrhoea is relieved, the patient slept well, in the evening, he felt pressure in the area around the orifice

30th December 1981 – feels hungry for the first time, tiredness is disappearing, his pains are being relieved as well

31st December 1981 – the patient feels overall fresh, tiredness has disappeared, his appetite has improved significantly, his pains are being relieved

1st January 1982 – diarrhoea has ceased completely, the overall state is improving quickly. There are signs of the fast epithelization of the after-operation wound.

3rd January 1982 – the epithelization of the colostomy is continuing quickly, the orifice is practically closed, the stool is leaving the body through rectum again.

3rd January 1982 – subjectively, the patient is without any problems, his tiredness has disappeared, he feels fresh, walks, the colostomy has closed

This series of healing has finished

2nd March 1982 – during two months, the patient's condition deteriorated significantly, the patient is cachectic, he has had strong pains, vomited, was not able to eat, therefore, it was necessary to proceed to a surgery – anastomosis. He perceived radiation during healing, he feels very tired and still has diarrhoea. His appetite is bad.

3rd March 1982 – diarrhea has ceased, he slept well.

4th March 1982 – his appetite is better, the patient had diarrhea after milk.

5th March 1982 – after healing, he felt quite fresh, slept in the afternoon. Diarrhoea has ceased again. The scar in the middle area is partly open. He perceived radiation markedly even through his pyjamas.

6th March 1982 – his appetite is still improving, he feels gradually fresher and fresher

Further healing therapy has been discontinued.

Conclusion: temporary improvement during healing, the definitive evaluation will be given after the end of the therapy.

We should realize what we are reading here – the orifice of colostomy has closed itself without a surgeon's intervention and the intestine which had been cut into two parts has united again!!!

Pacient: R [REDACTED]
Diagnosa: CA ventriculi

Carcinom žaludku, stav po kolostomii. Pacient je velmi malátný, stěžuje si na průjem, bolesti v oblasti žaludku, nemá chuť k jídlu, špatně spí.

První léčba 28.12.1981. Po první léčbě spal klidně, druhý den přestal průjmem. Je stále velmi unavený. Bolesti trvají.

29.12.1981 - průjem ustupuje, pacient spal dobře, večer pociťoval tlak v oblasti vývodu.

30.12.1981 - dnes poprvé hlásí chuť k jídlu, malátnost mizí, rovněž potíže bolesti ustupují.

31.12.1981 - pacient celkově se cítí svěží, únavnost zmizela, chuť k jídlu se výrazně zlepšila, bolesti ustupují.

1.1.1982 - průjem ustoupil, celkový stav se rychle zlepšuje. Jsou známky rychlé epithelisace pooperační rány.

2.1.1982 - epithelisace colostomie rychle pokračuje, vývod prakticky uzavřen, stolice odchází opět dolem.

3.1.1982 - pacient je subjektivně bez potíží, malátnost zmizela, cítí se svěží, chodí, colostomie uzavřena.

Léčba v tomto turnusu skončena.

2.3.1982 - během dvou měsíců došlo k podstatnému zhoršení stavu, pacient je kachektický, měl silné bolesti, zvracel, nepřijímal potravu, bylo proto nutno sahnout k dalšímu operačnímu zákroku - k anastomose. Vnímá záření při léčbě, cítí se velmi malátný, má stále průjem. Chuť k jídlu špatná.

3.3.1982- průjem ustal, spal dobře.

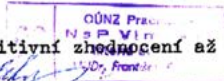
4.3.1982- chuť k jídlu zlepšena, průjem se dnes p. mléce obnovil.

5.3.1982 - po léčbě se cítil poměrně svěží, odpoledne spal. Průjem opět ustal. Jizva ve střední části otevřena. Záření vnímá zřetelně i přes pyžamo.

6.3.1982- chuť k jídlu se dále lepší, postupně pociťuje větší svěžest.

Další léčba byla přerušena.

Závěr: přechodné zlepšení během léčby definitivní zhodnocení až po skončení léčby



Perinatal encephalopathy, DMO

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Vxxxxxxxxxxxx
Date of birth:	22nd January 1971
Number of the medical report:	an outpatient
Diagnosis:	Perinatal encephalopathy, DMO
Place of healing:	The ward of internal medicine in Vimperk hospital
Doctor's name:	Dr Jitka Martinková

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:	Doctor's signature:



Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3.do 14.3.1982

Jméno léčitele: Josef Zezulka
Jméno pacienta: V [REDACTED]
Datum narození: 22 . 1.1971
Číslo chorobopisu: *ambulantní pacientka*
Diagnosa: Perinatální encefalopatie, DMO.
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr.Jitka Martínková

Datum výkonu:	1. 1.3.1982	8. výzkum přerušen
	2. 2.3.	9. --
	3. 3.3.	10. --
	4. 4.3.	11. --
	5. 5.3.	12. --
	6. 6.3.	13. --
	7. 7.3.	14. --

Podpis léčitele:

Podpis lékaře:



(The copy of the scanned original - the original follows the text)

Patient: Vxxxxxxxxxxxx

Diagnosis: Perinatal encephalopathy, DMO

The patient attends bioenergetic healing in an ambulatory way with her parents. She complains about pains in her knees and hands, rigidity in her limbs, her motor activity is very weak, she is not able to walk without support. She has been healed by the healer altogether five times.

Immediately after the first healing, she feels lesser rigidity in her legs, approx. two hours after healing, she feels very sleepy and falls asleep for a few hours. Generally, she feels more relaxed both mentally and motor-wise.

After the second intervention, she is moving her legs spontaneously, she feels relaxed again and very good on the whole. She perceives the influence of bioenergy during the healing intervention sensitively.

After the fourth healer's intervention in the afternoon, she got dressed herself, walked to the other room without anybody's help, washed the dishes, opened the window and sang. This activity is very unusual for her. Her parents are giving information about this with a great surprise and joy and are evaluating the progress in her recovery, visible both on the child's motor activity and her mental state.

Conclusion: Significant positive influence of bioenergetic healing

Doctors' signatures:

Pacientka:

V [REDACTED]

Diagnosa:

Perinatální encefalopatie, DMO

Pacientka dochází na bioenergetickou léčbu ambulantně s rodiči. Stěžuje si na bolesti v kolenou a rukou, ztuhlost v končetinách, motoricky je velmi špatná, chůze bez opory prakticky není možná. Je léčitelem léčena celkem 5 x.

Po první léčbě bezprostředně má pocit menší ztuhlosti v nohou, asi za dvě hodiny po léčbě dostavuje se silná ospalost a na několik hodin usíná. Celkově se cítí uvolněnější psychicky i motoricky.

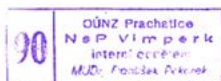
Po druhém zásahu hýbe spontánně nožičkami, cítí se opět uvolněná a celkově velmi dobře. Vnímá citlivě vliv bioenergie při léčebném zásahu.

Po čtvrtém zásahu léčitele odpoledne se sama oblékla, došla bez pomoci do druhé místnosti, umyla nádobí, otevřela okno a zpívala si. Toto je aktivita u ní zcela neobvyklá. Rodiče s velkým překvapením a radostí toto sdělují a hodnotí pokroky léčby, patrně na motorice i psychice dítěte.

Závěr: Velmi výrazně pozitivní ovlivnění vlivem bioenergetické léčby.

Podpisy lékařů:

Muskaš S. H.



Chronic bronchitis

(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Kxxxxxxxxxxxxx
Date of birth:	18th November 1926
Number of the medical report:	565
Diagnosis:	Chronic bronchitis
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martinkova

Date of healing:	
1) 1st March 1982	8) the research discontinued
2) 2nd March	9) the research discontinued
3) 3rd March	10) the research discontinued
4) 4th March	11) the research discontinued
5) 5th March	12) the research discontinued
6) 6th March	13) the research discontinued
7) 7th March	14) the research discontinued

Healer's signature:	Doctor's signature:



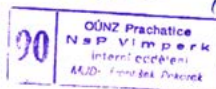
Protokol o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku, plánované v době od 1.3. do 14.3.1982

Jméno léčitele: Josef Zezulka
Jméno pacienta: K [REDACTED]
Datum narození: 18.11.1926
Číslo chorobopisu: 565
Diagnosa: Chronická bronchitida
Místo výkonu: Interní oddělení nemocnice ve Vimperku
Jméno lékaře: MUDr. Jitka Martínková

Datum výkonu:	1. 1.3.1982	7. 7.3.1982
	2. 2.3.	8. výzkum přerušen
	3. 3.3.	9. - " -
	4. 4.3.	10. - " -
	5. 5.3.	11. - " -
	6. 6.3.	12. - " -
		13. - " -
		14. - " -

Podpis léčitele:

Podpis lékaře:



(The copy of the scanned original - the original follows the text)

Patient: Kxxxxxxxxxxxxxxxxx

Diagnosis: Chronic bronchitis

2nd March 1982:

She came for the healing therapy for the first time, she complained about pressure in her heart area and breathing problems. The patient asked for bioenergetic healing herself, she was accepted beyond the plan.

3rd March 1982:

She felt warmth from the healer's hands and she had pins and needles in her lower limbs. In the afternoon, she had a headache for a while, no other problems.

4th March 1982:

She felt generally fresher and calmer after the therapy. She does not have any problems at the moment.

5th March 1982:

Status idem (the same state)

6th March 1982:

The patient slept immediately after the therapy, in the afternoon and all the night for the first time. She feels fresh, her breathing problems and the pressure in her heart area have disappeared.

7th March 1982:

She slept for 3-4 hours after the healing therapy, in the evening her temperature rose to 37.4 C, during two hours the reaction subsided. However, the patient did not have any problems, any cold, her temperature is ascribed to a reaction to biotronic healing.

Further biotronic healing was made impossible as the research was discontinued.

Preliminary conclusion: A favourable effect of biotronic healing has been proved.

Doctors' signatures:

Pacientka: K [REDACTED]
Diagnosa: Chronická bronchitida

2.3.1982:

Dnes poprvé jde na léčbu, stěžuje si na tlaky v srdeční krajině a dýchací potíže. Pacientka si vyžaduje bioenergetickou léčbu sama, přijata mimo plán.

3.3.1982:

Při léčbě pociťovala teplo z léčitelových rukou a měla brnění dolních končetin. Odpoledne chvíli bolest hlavy, jinak bez potíží.

4.3.1982:

Po léčbě se cítí též celkově více svěží a klidná. Potíže nemá nyní žádné.

5.3.1982:

Status idem.

6.3.1982:

Pacientka poprvé spala bezprostředně po léčbě, odpoledne i celou noc vydatně. Cítí se svěží, dýchací potíže i tlak v srdeční krajině vymizely.

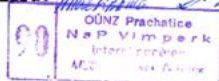
7.3.1982:

Po léčbě spala 3-4 hodiny, večer vystoupila teplota na $37,4^{\circ}\text{C}$, během 2 hodin reakce odezněla. Pacientka žádné potíže ani ve smyslu nachlazení při tom neměla, zvýšení teploty přičítá reakci po bioenergetické léčbě.

Další pokračování v léčbě pro přerušení výzkumu nebylo možné.

Předběžný závěr: Příznivý efekt biotronickou léčbou prokázán.

Podpis lékaře: [Signature]



susp. Thyroid carcinoma

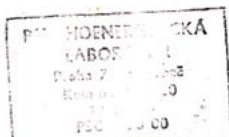
(The copy of the scanned original - the original follows the text)

The report on the bioenergetic healing in the ward of internal medicine in Vimperk hospital, planned in the period from 1st March to 14th March 1982

Healer's name:	Josef Zezulka
Patient's name:	Rxxxxxxxxx
Date of birth:	26th June 1910
Number of the medical report:	680
Diagnosis:	susp. Thyroid carcinoma
Place of healing:	The ward of internal medicine in the Vimperk hospital
Doctor's name:	Dr Jitka Martínková
Date of healing:	
1) 5th March 1982	
2) 6th March	
3) 7th March	
4) the research discontinued	

Healer's signature:

Doctor's signature:



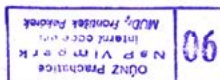
Protokol o bioenergetické léčbě na interním oddělení nemocnice Vimperk,
plánovaná v době od 1.3. do 14.3.1982

Jméno léčitele : Josef Zezulka
Jméno pacienta : R [REDACTED]
Datum narození : 26.6.1910
Číslo chorobopisu : 680
Diagnosa : Susp. ca štítné žlázy
Místo výkonu : interní odd. nemocnice ve Vimperku.
Jméno lékaře : MUDr. Jitka Martínková

Datum výkonu : 1. 5.3.1982
2. 6.3.
3. 7.3.
4. výzkum přerušen

Podpis léčitele :

Podpis lékaře :



(The copy of the scanned original - the original follows the text)

Patient: xxxxxxxxxxxxxxxxx

Diagnosis: susp. Thyroid carcinoma

On 5th March, she perceived healing like a warm radiation. After the healing, it seemed to her as if she had salty saliva.

On 6th March, immediately after the healing therapy, she had a feeling of changed colour vision. She saw the chandelier as if it was red and then she saw red stripes in space in daylight.

On 7th March, yesterday after the healing therapy, she had intense pain in her cervical nodes. She experienced a change of colour vision again after about an hour after the healing therapy. It seemed to her as if she saw red stripes and circles on the ceiling. She is somehow perturbed by this as she had never experienced anything like that.

Conclusion: It is not possible to evaluate the results of the healing therapy for its transience.

The doctors' signatures:

Pacientka: [REDACTED]

Diagnosa : susp.ca štítné žlázy

5.3. Vnímala léčbu ja ko tepelné záření Po léčbě měla pocit, že má
slané sliny.

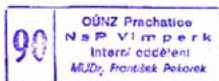
6.3. Bezprostředně po léčbě měla pocit změněného barevného vnímání.

Lustr vnímala ja ko červený a červené pruhy v prostoru -za denního světla.

7.3. Včera po léčbě silná bolestivost v krčních uzlinách. Opět změna
ba revného vnímání a si I hodinu po léčbě. Na stropě, opět za denního světla,
vnímala červené pruhy a kruhy. Je tím poněkud zneklidněna, protože e nikdy
se jí nic podobného nepříhodilo.

Závěr : Pro krátkost léčby nelze hodnotit.

Podpis lékaře :



The report on the bioenergetic healing in the ward of internal medicine in the Vimperk hospital, planned in the period from 1st March to 14th March 1982.

During this period, altogether 20 patients were healed by Mr Josef Zzulka from Prague. The evaluation of the effect of bioenergetic healing after the end of the therapy was conducted by the senior consultant of the ward of internal medicine, Dr Fr. Pekárek and Dr Martínková from the psychoenergetic laboratory who had been observing the therapy all the time. The conclusion of the evaluation is stated at the end of each particular report. The conclusiveness of bioenergetic healing was evaluated on 14 patients. It was not possible to evaluate 2 patients out of the whole number as the results of the therapy were inconclusive. It was not possible to evaluate other 4 patients as the therapy was discontinued prematurely (they had only experienced 2-3 healing interventions).

We had made effort to select patients mainly with psychosomatic illnesses as we had expected that the effect of the therapy should be the most remarkable on them. According to the contemporary knowledge, we had aimed to select a group of patients for observation especially with these diagnoses: asthma bronchiale, ulcus duodeni or ventriculi, rheumatism and malignant tumours. Unfortunately, the composition of the patients in the ward had not contained a sufficient number of these diagnoses and therefore, we had had to include also patients with other diseases in this group. We had not expected an unambiguous effect with those other illnesses, e. g. cardiac diseases, hypertension.

Despite not being allowed to process a sufficient, planned group of patients, observed for a sufficiently long period, despite the fact that the patients had been healed for merely a half of the planned period, despite all these extremely unfavourable conditions, the results of most of the cases were provable and it was possible to evaluate them, comparatively to the particular opportunities and time which had been allotted to us, naturally.

In the course of the observation of healing interactions, we observed a strong, usually, one-off reaction after the first interventions in a form of heavy sleep immediately or a few hours after the end of the therapy. Otherwise, a very significant temporary aggravation of the current problems arose, or, on the contrary, a sudden relief came. Sporadically, temperatures were observed and these dropped spontaneously within two or three hours. If such reactions developed, they always signaled patient's high responsiveness to bioenergetic healing and in most of the cases, the results of the therapy were relatively greater.

Besides the observation of the patient's clinical state, simultaneously, the urine examination was being conducted by the method of Dr Dolejší's palmetto test, in which we observed the changes of biochemical indicators in urine, according to the diagnosis and also in dependence on the healer's bioenergetic intervention. The analysis of the results can be seen in the enclosure.

Furthermore, blood tests in the solution of CuCl₂ were carried out: the blood of the patients who had not been healed by the bioenergetic method yet usually formed a radial, closed structure which changed its character after a bioenergetic intervention in such a way that the structures became rougher, they had a felly structure and the continuity of the diagram was either completely disintegrated or opened on one or more places of the circumference. The circular structure sometimes completely disappeared until only separated felly figures, forming strange diagrams, stayed. The changes in the structures of blood were so striking and interesting that we can recommend further observation and development of this method. Unfortunately, only a part of the photographic documentation can be evaluated because of technical imperfections. Similarly, the observation of FW in the patients' blood samples showed very interesting results when one group

of samples had been left aside for juxtaposition and the second group (in vitro) had been influenced by the healer. A few cases demonstrated the difference of 20 or even more than 40 points in the value between the influenced blood and the normal blood. However, the performance of this method struggled with big technical problems. Firstly, only one sedimentation device was at our disposal in the ward. Secondly, this led to difficulties with storing the blood samples from the two groups completely separately, which was not possible. For these reasons and also for a lack of time, it was not possible to carry out a greater number of the experiments. However, these one-off experiments led to surprising and promising findings which are worth consideration and further verification in favourable conditions.

I am presenting this brief report not at the end of the research, as I had hoped I would do so, but at its very beginning. Under such circumstances, one cannot claim the right to give a general opinion or a conclusion, naturally. After all, in similar situations, there is nothing to present. If I present it despite this fact, I do so, in strong conviction and knowledge that bioenergy does exist and heal. I wish these proves, notes and suggestions were used as inspiration by people who will, in more positive and more enlightened conditions, undoubtedly, in the near future, take charge of the task to study this energy, which is a gift of life and rightfulness in man, independently, without prejudice, with goodwill and a pure heart and uplift it to a place which it deserves, how the Czech poet and philosopher, Otakar Březina says:

"And slowly comes the time when man is approaching his greatest discovery in this world – his own body, his hidden abilities and possibilities."

In Prague, on the 23rd March 1982

Dr Jitka Martínková

Zpráva o bioenergetické léčbě na interním oddělení nemocnice
ve Vimperku v plánovaných termínech od 27.12.1981 do 3.1.1982
a 1.3. až 15.3.1982

V této době bylo na interním odd. léčeno bioenergeticky
léčitелеm panem Josefem Zezulkou z Prahy celkem 20 pacientů.
Hodnocení efektu bioenergetického léčení bylo po skončení
léčby provedeno primářem interního odd. MUDr.Fr.Pekárkem
a MUDr.Martínkovou z PRL, kteří tuto léčbu po celou dobu sle-
dovali. Závěr hodnocení je zapsán na konci každého jednotli-
vého protokolu o léčbě. Průkaznost bioenergetického působení
byla hodnocena u 14 pacientů; 2 pacienti z celkového počtu
nebyli hodnotitelní pro neprůkazné výsledky léčby samé,
další 4 nebylo možno hodnotit z důvodu předčasného přerušení
léčby (měli pouze 2-3 zásahy).

Naši snahou bylo vybrat pacienty především s psychoso-
matickými chorobami, u kterých jsme předpokládali, že efekty
léčby by měly být nejvýraznější. Dle dosavadních poznatků
jeme chtěli vybrat ke sledování soubor pacientů, u kterých
by byly především tyto diagnózy: asthma bronchiale, ulcus
duodeni či ventriculi, revmatismus a maligní nádory. Bohužel
skladba pacientů na oddělení v této době neobsahovala dosta-
tečný počet těchto nemocných a proto jsme byli nuceni zařadit
do sledovaného souboru i pacienty s chorobami, u kterých jsme
jednoznačný efekt nepředpokládali - např.: kardiaky, hyper-

toniky. Přesto, že nám nebylo umožněno zpracovat
dostatečný plánovaný soubor pacientů sledovaných dostatečně
dlouhou dobu a přestože pacienti v tomto období byli léčeni
sotva polovinu plánované doby, zůstává skutečností, že i za
těchto krajně nepříznivých podmínek výsledky ve většině pří-
padů prokazatelné a hodnotitelné byly, samozřejmě poměrně
ke konkrétním možnostem a času, které nám byly určeny.

V průběhu sledování léčitelských zásahů jsme u některých pacientů pozorovali silnou zpravidla jednorázovou reakci po prvních zákrocích ve formě hlubokého spánku bezprostředně nebo po několika hodinách po skončení léčby. Jindy nastalo velmi výrazné přechodné zhoršení stávajících potíží nebo naopak okamžitá silná úleva. Ojediněle byly pozorovány i zvýšené teploty, spontánně odeznívající během dvou až třech hodin. Vždy pokud se takovéto reakce dostavily, signalizovaly zvýšenou vnímavost pacienta na bioenergetickou léčbu a zpravidla výsledky léčby pak byly úměrně větší.

Vedle sledování klinického stavu pacienta bylo u nemocných souběžně prováděno vyšetření moče metodou palmitového testu doc. Dolejšiho, kdy jsme sledovali změny biochemických ukazatelů v moči dle diagnózy a také v závislosti na bioenergetickým působení léčitele. Rozbor výsledků - viz příloha.

Dále byly dělány zkoušky krve v roztoku CuCl_2 , které u pacientů dosud neléčených bioenergeticky tvořily zpravidla rovnoměrně paprčitou uzavřenou strukturu, která po bioenergetickém zásahu nabývala jiného charakteru v tom smyslu, že struktury se stávaly hrubšími, loukočovitého tvaru a kontinuita obrazce byla rozrušena buď celá nebo otevřena buď na jednom nebo více místech obvodu. Někdy kruhová struktura úplně vymizela a zůstávaly pouze ojedinělé loukočovité útvary tvořící až bizarní obrazce. Změny struktury krve byly natolik nápadné a zajímavé, že lze doporučit další sledování a rozvíjení této metodiky. Fotografická dokumentace k tomu účelu dělaná je vlivem technických nedokonalostí bohužel hodnotitelná jen z velmi malé části. Rovněž sledování FW nabíraných u pacientů dvojmo - jedna sada ponechána pro kontrolu a druhá in vitro ovlivněna léčitelem ukázala v některých případech velmi zajímavé výsledky.

U několika případů dosahoval rozdíl hodnoty mezi ovlivněnou a neovlivněnou krví 20 - někdy až 40 i více dílků. Provádění této metody naráželo však na velké technické potíže. Především byl k dispozici jen jediný sedimentační přístroj na oddělení a tím dán též i problém odstínění neovlivněné krve v těsném sousedství působení léčitele na krev ovlivňovanou. Z těchto důvodů i z důvodu časové tísně nebylo v naší moci provést žádoucí větší množství těchto pokusů. Ale i tyto dosud ojedinělé pokusy vedly k překvapivým a nadějným zjištěním vhodným k zamyšlení a dalšímu ověřování v příznivých podmínkách pokusů.

Tuto otručnou správu předkládám nikoliv na konci tohoto výzkumu, jak jsem věřila, že nám bude umožněno, ale jsem nucena ji podat na samém jeho prahu. Za těchto okolností si přirozeně nemůže dělat nárok na jakýkoliv zobecňující názor či závěr. Vždyť se podobné situace obvykle není co předkládat. Ještěliže přesto toto předkládám, činím tak v hlubokém přesvědčení a poznání toho, že bioenergie existuje a léčí. Nechť tyto důkazy, poznámky a náměty slouží jako inspirace těm, kteří v pozitivnějších a osvěcenějších podmínkách nepochybně v nedaleké budoucnosti se ujmou úkolu, aby tuto energii, která je všem života a zákonitosti v člověku, svobodně a nepředpojatě, a dobrou vůlí a čistým srdcem zkoumali a pozvedli na místo, které jí náleží v tom smyslu, o kterém mluví český básník a filosof Otakar Březina, když praví:

" A pomalu přichází doba, kdy člověk se blíží k největšímu svému objevu na této zemi - svému tělu. Jeho skrytým schopnostem a možnostem."

V Praze dne 23.března 1982

MUDr. Jitka Martinková

Source: Pfeiffer, T. (2012) *The Life of Přinašeč – a Bringer*. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. ISBN 978-80-85238-76-1. Available at: <https://www.dub.cz/en/tomas-pfeiffer-a-life-of-prinasec-the-bringer-online-book>

Sanator – The Union of Biotronicists of Josef Zezulka (n.d.) *Reports from the Biotronics Research Carried Out in Vimperk Hospital*. Available at: <http://www.dub.cz/en/biotronics-josef-zezulka.php> (Accessed: 30 March 2016).

Statements from Medical and Scientific Authorities

The statement of the then Chairman of the Academy Of Science – Jaroslav Kožešník

(The copy of the scanned original - the original follows the text)

The chairman of the Czechoslovak Academy of Science

The comrade Josef Zezulka, domiciled Prague 5 – Smíchov, 25, J. Plachty Street is involved in a new scientific branch – bioenergetical therapy, which is rather rare in our republic.

In the person of Josef Zezulka, we see a very competent and successful researcher. Further development of his experimental activity, which serves to the interest of the public, requires the creation of suitable conditions for his work.

Academician Jaroslav Kožešník

In Prague, 4th January 1973

STATEMENT BY JAROSLAV KOŽEŠNÍK, PRESIDENT OF THE ACADEMY OF SCIENCES

PŘEDSEDA
ČESKOSLOVENSKÉ AKADEMIE VĚD

Soudruh Josef Zezulka, bytem Praha 5-Smíchov,
J. Plachty čp. 25, se zabývá novým vědním oborem - bioenergotherapií,
svého druhu v naší republice dosti ojedinělým.

V osobě s. Josefa Zezulky spatřujeme velmi schopného
v tomto směru úspěšného výzkumného pracovníka. Další rozvoj
jeho experimentální činnosti, která slouží zájmům veřejnosti vyžaduje,
aby mu byly vytvořeny také odpovídající pracovní podmínky.



Akademik Jaroslav Kožešník

V Praze dne 4. ledna 1973

SOME OF THE RESPONSES TO BIOTRONIC INTERVENTIONS – LETTERS AND EMAILS

(The blue colour highlights important parts as regards medicine, the red colour refers to health problems and the green one to health improvements.)

The selected 11 responses have been chosen from approximately 125 letters.

All the responses are available at (not all of them have been translated into English yet):

<https://www.dub.cz/en/peoples-experience-with-biotronics>

2 June, 2006

Dear Mr Pfeiffer,

I am writing to thank you for your treatment which has restored my health. I would like to thank you for the selflessness and love with which you treated me.

Here is a short description of my illness:

In February 2005 my doctors diagnosed me with **multiple metastasis on my lungs** based on a CT scan. (I had undergone a partial surgery of my right breast in 1993 and another operation on my right breast in 1996). A drastic chemotherapy treatment followed, based on the CT scan, and finished in July 2005. In August 2005 I underwent another CT scan, again with the same medical finding as before the chemotherapy treatment, there was no improvement.

In September 2005 I started your biotronic therapy. My lungs were CT scanned again in May 2006 and this time **the result of the scan was negative!**

I am not able to express in words how deeply grateful I am and how much I respect you, your work and your treatment. Only a person who has experienced something similar and who knows how terrifying it is to have such a diagnosis, can understand my gratitude to you and your treatment. Thank you from all my heart.

Please also accept my warmest and kindest thanks for my son's recovery.

May God bless you, help you and protect you.

With respect and humility A. Z.

2 January, 2007

Dear Mr Pfeiffer,

I would like to thank you for the help you gave me in overcoming my illness.

A year ago (on 2 January, 2006) I was diagnosed with **rheumatoid arthritis**. I had two options – either accept the treatment recommended by my rheumatologist, i.e. a radical therapy which could stop the development of the disease but that had side effects, or Biotronics.

I chose Biotronics and turned to you for help. Following my repeated stays in Prague (a total of six stays in 2006), **the illness did not develop and the problems eased off**. The next X-ray check-up was set for the middle of April.

Please find the medical records with all my blood and urine analyses enclosed.

I would like to thank you once more, and I wish you good health and strength in your commendable work in the New Year.

Z.V.

13 June, 2014

Good evening – I would like to recall the year 1998, when Mr T. Pfeiffer conducted a biotronic intervention on my son ***** after a car accident – the doctors had let **the comminuted fracture on my sons leg heal incorrectly**. They then had to break his leg again and use screws to connect the bones. Unfortunately, his leg was left very bowed (there are witnesses to this). After Mr T. Pfeiffer's biotronic intervention, **my son's leg straightened again, but the screws were curved due to the intervention. This shocked the doctor to such an extent that he recorded it in the documents**. All the documents are available at Mr T. Pfeiffer's office – both the medical record and the X-ray images as proof of truth.

V. L. – mother

23 June, 2014

Hello, I had **a myoma on my uterus for about 15 years**. During this time, it gradually grew until it was approximately 12 cm large. The only treatment I received was Mr Tomáš Pfeiffer's biotronic therapy, and I am enclosing a medical record of the fact that **the myoma disappeared completely**. I thank Mr T. Pfeiffer and Biotronics from all my heart for the great help.

J. R.

VÝMĚNNÝ LIST - POUKAZ
k odbornému vyšetření, ošetření, ústavnímu léčení

do _____ Kód ZP 111
Jméno pacienta: _____ RČ: _____
Bydlíště: _____
Zaměstnavatel: _____
Subj. potíže: _____
Postmenopauza.
Gyn. bez obtíží.
Objekt, nález: Vulva a vag. b.p.n.,
čípek O, děloha je v RP, norm.
velikosti, volná, edněs nezduřená,
Dg: volná, Douglas O, malá pánež b.p.r
Dosevadi léčba: Kontrola za rok.
Požadováno: _____
Datum: 30-05-2011 Razítko a podpis lékaře
Tiskárna Průmyslové Společnosti, Národní 16, 780 01 Zábřeh, tel. 383 411 126 a 400

23 June, 2014

Hello dear all,

In April 1991 I underwent surgery due to a **malignant tumour in my left breast**. The surgery was followed by chemotherapy. About six months after the chemotherapy, my condition started to deteriorate. My doctor did not give me any medicine even though I had apparent problems. I began searching for help elsewhere and found Mr T. Pfeiffer's biotronic treatment. By that time, **my legs, hands and eyelids had been swollen and I had had pains all over my body**. I will not go into further detail. Mr Pfeiffer put me on Zezulka's anticancer diet. I commuted to Prague by train three times a week. The therapy always consisted of ten biotronic interventions altogether and then there was about a week's break. **My condition slowly started to improve, the lumps and pains were alleviated and I regained my life again**. I have now lived with cancer for 23 years and I thank Biotronics and Mr Pfeiffer for all the help.

Thank you, from all my heart, for life.

J. R.

25 June, 2014

Dear Mr Pfeiffer,

Thanks to your biotronic interventions, I have been healthy for the past ten years. In 1997, I was diagnosed with the **autoimmunity disease hyperthyroidism – Graves' disease**. My symptoms included collapses, an irregular heartbeat, endocrine orbitopathy, insomnia, tiredness, nervousness, significant weight loss and hair loss. My laboratory results were very high, see the enclosed medical record. I was treated by an endocrinologist, I took large doses of Carbimazole, alongside other medications. Whenever the dosage was decreased, it was followed by decompensation and relapse. As a result, I started taking corticoids and my doctors suggested I undergo surgery – a total thyroidectomy followed by radioiodine treatment. I refused this treatment. I was very lucky, as you opened the Biotronic Centre for Social Support in Prague just a year later. I spent five days there in that unbelievably beautiful, peaceful place and received exemplary care from you and your helpers. And all this was provided free of charge. Shortly after I got home, **all my laboratory results had returned to normal. Thanks to you, I have been in perfect health for many years.**

In 2012, I suffered **an injury – a compressive fracture L1, solved by an operation – vertebrae plastic surgery and the synthesis of Th12-L1**. I was hospitalized in Slovakia for three days, before being transported to Brno. Again, you helped me. Your distance biotronic invention came immediately after the injury and in the following days. I can hardly find the words to describe it. If you haven't experienced this, you won't believe it. In hospital, I often thought about how wonderful it would be if the doctor could cooperate with a biotronicist. In my case, my neurosurgeon conducted my operation successfully. A biotronicist, **thanks to your biotronic interventions at distance, my recovery was smooth and quick. I was not in pain, I slept well at night and was soon able to start physiotherapy. This was followed by a week of your care at the Biotronic Centre for Social Support in Prague, and I was then able to return to work again. Nobody believed I would be able to manage this. After another month, I even returned to my three-shift operation job despite the fact that most people with this diagnosis end up on disability retirement.**

I have worked as a nurse for thirty years and I know very well how our healthcare system works. Over the past twenty years, I have also had the opportunity to see how Biotronics works. I have experienced how both treatments work simultaneously. I am convinced that the above-mentioned cooperation between doctors and biotronicists would be a great contribution for all those in need. This has actually been proven by Mr Zezulka during the research trial in Vimperk hospital in 1980. Therefore, it is vital that this branch becomes officially recognized and has the opportunity to develop and be preserved for the future generations.

Thank you, you have my great respect for what you do for people and for everything.

Best regards,

M.V.

LÉKAŘSKÁ ZPRÁVA - NÁLEZ

pro GL

rodné č. č. pojistovny
 Příjmení, jméno rok nar. č. prot.
 Klin. dg. Provedeno vyšetření dne
 endokrinal. 1.9.97

ADRM: RA: negat. GA: menses reg, 2 porody, AK O: OA: nastonal, léky O:
 NO: několik měsíců váhový úbytek -7kg, pocení, palpitace, únava, adynamie,
 TSH 0.01 TT4 290 TT3: 8,06
 obj.-hyperfunkční, oči I sk. jímek O, struma dif. 8x8x2, uzly nehm.,
 uzliny O P 110/reg, otoky O, adynamie O.

BS: hypertyreóza, floridní, čerstvě zjištěná

dg: dnes FT4, FT3, TRAK protilátky, z medik. Carbimazol 3x2, Trisapronol
 2x1/2, sedativa, vitaminy, kontroly KO za 14 dnů. Křidový režim, PN.
 rp. R.30.9.10, 30hod. při zhoršení dp.

Tiskáno Otpint, Šepetice

Označení útavu, odd., pracoviště

LÉKAŘSKÁ ZPRÁVA - NÁLEZ

pro 2L

rodné č. č. pojistovny
 Příjmení, jméno rok nar. č. prot.
 30.10.1997

Klin. dg. Morbus Graves Basedow Léčená Carbimazolem 3x2 tbt
 od 1.9.1997 var zna endokrinní orbitopatie bez
 diplopie, jen otoky víček, a pocit cizího tělíska v ODS.
 30.9. labor. TSH 0,02 FT4 jen 7,3 FT3: 3,17, protil.tgl:vysoké-
 mikros. vysoké, TRAK. velmi vysoká 238.
 sono: št.žl. PL: max. 57 mm., istmus do 9 mm. LL: max. 52 mm., bez uzlů.
 lehce nehomogeni s hypoech okrsky - vs- Basedow.x obji
 subj. pocit pálení řezání v očích, diplopie není, lagos O., G.S.N. negat.
 chvoštěk negat., struma hmatný dx. lalok. difusní, plapl.nebol. pohybl.,
 kůže suší, "odpoledne" spavost u stolu - medikanetosi hypothyreosa
 dopor: dnes TSH:..... FT4:..... k verifikaci.
 snížit Carbimazol postupně nyní na 1-2-2 tbt., za 14 dní 1-1-2 tbt,
 přidat L-Thyroxin 50 ug ráno obden., Lacrisyn oční gtt., kontroly KO a diff.
 kontrola 28.11.1997 v 9 hod., dále PN.
 Tmaš skla, Dr. Hr.

LEKARSKÁ ZPRÁVA - NÁLEZ

pro

rodné č. 2 července 1998

Příjmení, jméno

rok nár.

č. prot.

Klin. dg.

dg: Morbus Graves Basedovi, remise, a opak. recidivy při
snížení Carbimazolu 3x1 tbt denně.
Oční postřžení t.č. bez klinicky pozitivního nálezu.
Celý proces je autoimunní s pozitivními protilátkami proti
št. žláze / tgl. a PEO /., a vysoký titr protilátek proti resept.
TSH.
Nyní labor. dg: PPRidity při L tbt Carbimazolu.,
struma nederivuje při L Thyroxinu 50 ug. lačno., Prednison
byl již vysazen. / Le 6,2 Tr:199, TSH: méně než 0,01.,
T4 167 nmol/L, T3 norma.
res: po opak. pokusech nelze u pac. dlouhodobě Carbimazol
snížit pod 3 tbt denně, / pak. za čas vždy dekomp. /.,
dopor: Carbimazol 3x1 tbt, L Thyroxin 50 ug.,
kontr. Le lx za 1 m., Carbimazol 3 tbt červenec, srpen, září
v polovině září TS H dle hodnoty ev. snížit, či ponechat.
pak. kontrola s výsl.

Při endokrinologickém
TL Ty 1990, TRAC

EOE 14022

IČO: [redacted] tel: [redacted]		Příjmení [redacted] Jméno [redacted] Titul [redacted]		Str. 1
II.interní klinika		ČP: [redacted]		
Bydlíště: [redacted]		Poj		
Zaměstnavatel: [redacted]		Povolání: [redacted]		211
Telefon: [redacted]				

25.11.2003 12:02:06 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:43
 subj. dobře, klin. euf., struma palp. minim., oči klidné.
 KO norm., TSH 0,93 FT4: 13,3 FT3: 2,09 Carb. snížit na 1/2 ob den, r.16.3. 11.45

IČO: [redacted] tel: [redacted]		Příjmení [redacted] Jméno [redacted] Titul [redacted]		Str. 1
II.interní klinika		ČP: [redacted]		
Bydlíště: [redacted]		Poj		
Zaměstnavatel: [redacted]		Povolání: [redacted]		211
Telefon: [redacted]				

16.4.2002 12:11:27 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104
 subj. dobře, klin. euf., struma minim., oči klidné.
 TRAK 5,2 TSH 0,01 FT4: 15,6 TT3 1,98 FT3: 3,11
 RES: imunogenní hyperthyreóza t.č.eufunkční při terapii
 dop. Carbimazol 2x1 a 1x1 střídát 16.7. v 11,00hod. při zhorš. do STE pečce

IČO: [redacted] tel: [redacted]		Příjmení [redacted] Jméno [redacted] Titul [redacted]		Str. 1
II.interní klinika		ČP: [redacted]		
Bydlíště: [redacted]		Poj		
Zaměstnavatel: [redacted]		Povolání: [redacted]		211
Telefon: [redacted]				

21.9.2001 13:32:15 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104
 subj. dobře, klin. euf., struma minim., oči klidné.
 sono: dx.l. 28x28x60, isthmus 6mm l.l. 22x21x55mm, nehomog., bez ložiska.
 TSH 0,04 FT4: 10,8 TT3: 1,12 TRAK odebrán, pac. dodá.
 RES: imunogenní hyperthyreóza, recid., t.č.eufunkční
 dop.: Carbimazol 3x1 a 2x1 střídát ob den, kontrola za 2 měsíce

IČO: [redacted] tel: [redacted]		Příjmení [redacted] Jméno [redacted] Titul [redacted]		Str. 1
II.interní klinika		ČP: [redacted]		
Bydliště: [redacted]		Povolání: [redacted]		Poj 211
Zaměstnavatel: [redacted]		Telefon: [redacted]		
24.3.2004 11:55:04 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:48				
subj.dobře, klin.euf., oči klidné, struma není hmatná, P 70/reg, TSH 1,76 FT4: 12,24 T3 1,72 dop.Carbimazol 1/2 2x týdně sníženo, příště ev.ex? r.14.9. v 11.30				

IČO: [redacted] tel: [redacted]		Příjmení [redacted] Jméno [redacted] Titul [redacted]		Str. 1
II.interní klinika		ČP: [redacted]		
Bydliště: [redacted]		Povolání: [redacted]		Poj 211
Zaměstnavatel: [redacted]		Telefon: [redacted]		
14.12.2004 11:47:08 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:33				
subj.dobře, klin.euf., struma není, oči klidné. TSH 1,09 FT4: 12,5 TT3: 1,89 res-tyreotoxikóza v remisi dop.bez terapie, kontrola za 1/2roku, při zhoršení dp.				

IČO: [redacted] tel: [redacted]		Příjmení [redacted] Jméno [redacted] Titul [redacted]		Str. 1
II.interní klinika		ČP: [redacted]		
Bydliště: [redacted]		Povolání: [redacted]		Poj 211
Zaměstnavatel: [redacted]		Telefon: [redacted]		
5.10.2005 11:56:49 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:44				
subj.dobře, klin.eufunkční, struma minim prakt.nehm., uzly o,uzliny o, oči klidné, kůže norm. P 70/reg, TSH 1,99 FT4: 12,8 TT3: 1,84 res-imunogenní hypertyreóza v remisi, bez terapie dop.kontroly u OL u nás za rok, při zhorš.dp.				

II.interní klinika	Příjmení	Jméno	Titul	Str. 1
	ČP: [redacted]			
	Bydliště:	Poj		
	Zaměstnavatel:	Povolání:	211	
Telefon: [redacted]				

10.10.2006 12:07:09 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:51

subj.dobře, klin.eufunkční, struma minim., uzly nehm., oči klidné
TSH 2,03 FT4: 13,5 TT3: 2,08
res-imunogenní hypertyreóza v remisi, bez terapie
dop.kontroly u OL u nás za rok, při zhorš.dp.

II.interní klinika	Příjmení	Jméno	Titul	Str. 1
	ČP: [redacted]			
	Bydliště:	Poj		
	Zaměstnavatel:	Povolání:	211	
Telefon: [redacted]				

3.10.2007 12:12:43 E050 0254 - 2.IK - ambulance endokrinologická IČP: 72001778 ODB: 104 Příchod 11:38

subj.dobře, klin.eufunkční, struma minim., uzly nehm., oči klidné
TSH 1,91 FT4: 11,9 TT3: 1,93
res-imunogenní hypertyreóza v remisi, bez terapie
dop.kontroly u OL u nás za rok, při zhorš.dp.

Jméno: [redacted] Číslo pojistnice: [redacted] Pláče: 211 Diagnóza: E042 Datum a čas odběru: 23.6.2014 8:10 Datum a čas příjmu: 23.6.2014 9:47 Studie:	Protokol o výsledku vyšetření 1 / 1 Kopie - Tisknuto [redacted] Datum uzavření: 23.6.2014 11:12 Datum tisku: 23.6.2014 13:40
	Pro lékaře: [redacted] IČP: [redacted] IARE01 2250 tel: + [redacted]

Požadavek číslo: 23.BC-0589, 23.BR-0589

Metody	Hodnoty	Jednotky	Ref. hodnoty	Grafika
Analyzovaný materiál	Sérum			
Vzhled vzorku	fyzilogický			
Sérum-Plazma				
Hormony				
# TSH_S,P	2,42	mIUl	0,27 - 4,20	*
# T4 volný (FT4)_S,P	14,23	pmoll	9,00 - 25,00	*
# T3 celkový_S,P	2,10	nmol/l	1,30 - 3,10	*

1 August, 2014

Tomáš,

I would not be celebrating this birthday if it weren't for you.

My ship was already sinking in the weir when you pulled it to safety. And so I am still sailing. Those a few halting words are not able to express my gratitude and love

– the most important things are unspeakable...

Thank you for the recognition that life has meaning even though it hurts at times.

Thanks for the wild river where I try to remember this everyday.

Thank you!!!

M.K. 31 March 2013

[From a woman who was diagnosed with **breast cancer** aged 39.](#)

[Biotronic intervention was provided prior to the operation.](#)

Acknowledgement on the occasion of her 50th birthday, 11 years after being diagnosed with the tumour.

Gynekologicko porodnická klinika

Propouštěcí zpráva

p. [redacted], byla hospitalizována na gynekologicko - porodnické klinice [redacted] 25. 8. - 3. 9. 2002

Diagnosa: Carcinoma mammae l. sin. C 50.9

Operace: Segmentectomia mammae l. s. + sentinell mapping,
Exstirpatio sentinell lymph nodes, exenteratio axillae l. sin.
Resectio v. s. mammae accessoriae l. sin. - 26. 8. 2002
- kopie operačního protokolu přiložena

Průběh: Po operaci bez obtíží, eliminace drenů 7. den, aspirace seromu z axily, sutury se hojí per primam intentionem. 8. pooperační den propuštěna do ambulantní péče.

Histologie: Segmentectomie - adenoca mammae, typ medulární, s lymfoidním stromatem, mikrometastáza karcinomu v marginálním splavu v jedné intramamární uzlince v těsném sousedství nádoru, 2 sentinelové uzliny bez nádoru, 15 exstirpovaných axilárních LU bez nádoru, pT2 pN1 pMx, grade 2, aksesorní mamma v. s.

Imunohisto: estrogenové a progesteronové receptory negativní, ERB negat., p-53 minimálně pozitivní

Staging: CA 15-3=35,1...25,8. CEA=1,62...0,55
RTG S+P- norm. nález, SONO Jater - bez patologie,
Scinti skeletu - zvýš. metabol. aktivita při horním okraji jamky pr. ramenního kloubu,
proto doplněn RTG snímek pravého ramene - normální nález

Terapie: Fragmin, infusí, analgetika, Degan

Doporučení: Onkologické konsilium 11. 9. 2002 - [redacted]

Onkologické konsilium - vzhledem k věku a nálezu/nezákladu HR
dop. chemoterapii adjuv. a radioterapii prsní
převzata do péče prim. [redacted]

Operační vložka chirurgická do záznamu o zdraví a nemoci

Označení útava

Číslo záznamu

Číslo vložky

Příjmení a jméno nemocného:

Operace dne:

Anestezie:

Operátor:

Asistent:

Sestra:

Diagnóza:

Carcinoma mammae l. sin

Bruch operace:

Segmentektomie mammae l. sin
patent blau mapping
extirpatio sentinel lymph nodes
exenteratio axillae l. sin
Resectio v.s. mammae accessoriae axil. l. sin

Nad hmatným a verifikovaným karcinomen levého prsu provádíme semicirkul. incizi. Tumor resekujeme i s lemem zdravé tkáně + sampling tkáně z centrální a bazální stěny biopsie.

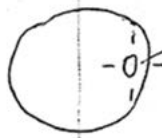
Karcinom na řezu má velikost 2,5x1,5 cm.

Infiltrace stěny segmentu patent blau. Incize v přední axil. linii mezi tukově-vazivovým útvarem nalehající na zadavý sval a hranici sčlupení. Než pronikneme do axilly resekce tohoto útvaru, který makroskopicky připomíná přístavou ml. žlázu. Poté identifikujeme z m. ocre sentinelové LU- ad PS (bez tumorů) Od axilární vazy v II a I etáži disekce tukové a lymfatické tkáně. Nad vénou detekujeme více LU- jednu z nich odstranujeme na histo.

I etáž makro z LU II etáž z LU. P. hemostáze elektrokagulací zavazíme řezou a provádíme suturu.

Hemostáze dutiny po segmentektomii, z hluboké s. ehj na s. odinu označení lážka tumoru klipami, traumacel, esp. slw a sutura.

Výkon bez komplikací, ztráta do 100 ml. Střana



2x1,5 cm T4

7 kl. v. x

77-14 002 8

1.07

50-71-0046

Jméno:

Číslo biopsie:

Rodné číslo

Klinika: gyn por

Datum biopsie: 27.8.2002

Pojišťovna:

Bloky: 38

RN:

Adresa:



Klin. dg.: Ca mammae I.slin

Odebral:

Biopsický nález:

Makro A: sentinel. uzlina I

Lymfatická uzlina 22x10x6 mm velká, na rezu nasledla.

Makro B: sentinel. uzlina II.

Lymfatická uzlina 16x8x6 mm velká, na rezu seda, makroskopicky bez nádoru.

Mikro:

PEROPERACNÍ REZY:

A/ Lymfatická uzlina je s chronickým katarom splavu, bez nádoru.

B/ Lymfatická uzlina je s chronickým katarom splavu, bez nádoru.

Výsledek telef. sdelen dne 26.8.2002 v 9.50 hod.

DEFINITIVNÍ VYŠETŘENÍ:

A/ Nález tyz, uzlina je bez nádoru, jen schronickým katarom splavu.

B/ Nález tyz. Lymfatická uzlina i periglandulární tuk jsou bez metastaz.

2/0

Makro C: segmentektomie

Segment mammy celkové velikosti 60x40x30 mm je označen stehy jak uvedeno na průvodce. Na povrchu je téměř po celém obvodu ctená tuková tkáň, pouze při krátkém modrém stehu, tedy při centrálním okraji je tuková tkáň s ložiskové belavým průzkováním. Resekat prokraj jen lamelami horizontálně vedených rezu tloušťky kolem 3 mm.

Na těchto řezech byl zastizen žlutobelavý uzel o vel. 21x14x16 mm, který je méně přesně ohraničen od okolního tuku a na pohmat je tuhý. Tento uzel je v nejúžším místě vzdálen necelý 1 mm od spodiny resekátu, od které je oddělen makroskopicky fascií. Ve vztahu k mediálnímu a laterálnímu okraji je situace zcela dobrá, nádor je oddělen až několika mm silnou vrstvou tuku.

Mikro C:

V resekovaném segmentu mammy byl zastizen adenokarcinom mammy, solidní, s lymfoidním stromatem, který tvoří elementy s výrazným jádrem v relativně velkých jádrech. Jen výjimečně v cytoplasmě nádorových buněk jsou hlenové vakuoly mucikarmin pozitivní. Tubulární formaci je minimum, počet mitóz je vysoký, jáderna polymorfismus je rovněž vysoký, což odpovídá ještě středně diferencovanému karcinomu (1+3+3= 7 bodů).

Imunohistochemicky jsou estrogenní receptory negativní, progesteron negativní a ERB rovněž negativní. Protein p-53 je minimálně pozitivní (pod 1%).

V těsném sousedství nádoru byla zastizena drobná lymfatická uzlina, která je s mikrometastázou tohoto adenokarcinomu v marginálním splavu. Ochraničení karcinomového uzlu oproti okolí je dobré, karcinom nikde v porizovaných řezech nezasahuje k hranici operačního rezu, i když v nejúžším místě je oddělen od něj pouze vazivovým pouzdrem cca 1 mm silným. Většinou je však jen okolní žlázové-tukové tkáň silnější, až 5 mm.

G2

Makro D: spodina segmentektomie

Častka tukové tkáně ložiskové zahnedla velikosti 30x22x5 mm. Vše zpracováno.

Mikro D:

Tkáň ve spodině segmentektomie je charakteru tukového vaziva s několika ducty v perilobulárních septech a je bez nádoru.

7/1

Makro E: centrální okraj segmentektomie

Častka tukové tkáně ložiskové belavé velikosti 25x15x10 mm. Vše zpracováno.

Mikro E:

Centrální okraj segmentektomie tvoří žlázové-tuková tkáň mammy, bez nádoru.

Makro F: lymfatická uzlina nad venou
Drobná lymfatická uzlina 9 mm velká. Vše zpracováno.
Mikro F:
Lymfatická uzlina nad venou je bez karcinomových metastáz.

1/1

Makro G: tukový útvar z axily
Bochníkovitá excize 80x50x20 mm, podélně rozříznuta je makroskopicky tvořena převážně jen tukem. V tukové tkáni hmatná tuhá belavá tkáň, která by případně mohla odpovídat infiltrované uzlině, dále zastížena i část kosterního svalu.

Mikro G:
Jen tuková tkáň axily s vazivem obsahujícím drobné acíny a dukty. Je možné, že jde o akcesorní mammu.

Makro H: 8 uzlin I. etáže
8 částek velikostí od 15 mm do 25 mm tvořených převážně lipomatozními změnami uzlinami. — 8

Mikro H:
Jde převážně jen o částky tukové tkáně bez lymfatických uzlin. V jedné ze dvou zastížených lymfatických uzlin je patrná výrazná sklerotrofie, ve druhé pak chronický katar svalu. Metastázy neprokazujeme.

Makro CH: tuková tkáň I. etáže
Tuková tkáň celkového objemu 6x5x1 cm rozpadající se na menší kusky.

Mikro CH:
Jde o částky tukové tkáně bez lymfatických uzlin a bez nádoru.

2/0

Makro I: II. etáže - tuk+2 uzliny
Tuková částka velikostí 3x2x1 cm a druhá menší o průměru 15 mm, ve které byla zastížena 1 lymfatická uzlina o průměru 7 mm, druhou uzlinu nepozorujeme. Vše zpracováno.

Mikro I:
Opět částky tukové tkáně, které jsou stejně jako zastížena lymfatická uzlina bez nádoru.

1/0

1/0

Z A V E R :

Adenokarcinom mammy, typ medulární, s lymfoidním stromatem.
Mikrometastáza karcinomu v marginálním svalu v jediné intramamární uzlině.
pT2, pN1, pMx

1544 2074

Kódy:	MKN-O	MKN-10	Pojišťovna:
<i>morfologický</i>	<i>lokalizační</i>		
M 8512/32	C 50,9	C 50,9	87231x8,87223,87613,87217,87213x2,87131,87215x
M	C 0	0	36,87523x3,87511x9
M	C 0	0	

Datum výstupu: 4.9.2002



6. 9. 02 *entul. Samir*
propravit pry *re 11. 9. 02*

30 August, 2014

Hello,

in the introduction, I would like to say that I come from a family of doctors, I appreciate medicine very much, it helped me many times and it is still helping me. Likewise, I appreciate the biotronics and the biotronics of the sanator Tomas Pfeiffer (further called T.P.). I have very good personal experience with him, so do my family and friends. Here are some examples of the T.P. biotronic's effects with a positive result:

In 1998, I was **infected with golden staphylococcus during the stomach hernia surgery. I suffered from a so-called open stomach, a thumping wound that was not healing for 3 months.** I was going to a surgical ambulance where they cleaned my wound 2 or 3 times a week. It was very painful, the post-operative wound hurt even when I rested. After three months of this condition I was treated by the biotronic T.P. **After first session with T.P., the wound calmed down and stopped hurting so much. Two days later I had a second session with T.P. after that the wound started to burn a lot and one hour later it opened selflessly, and large amount of pus and thumping stitches came out. The following day, during the regular medical check, the attending physician reported that the wound is healing. I didn't need another medical treatment. After another session with T.P. the wound healed very quickly. It was very deep postoperative inflammation, the result of it is visible even today.**

Between the years of 1991 and 1999, my wife suffered from **enlarged thyroid gland** and she took Letrox regularly. Which didn't change her situation significantly. In 1999, **after a few sessions with T.P. her thyroid stabilized and she hasn't had any further problems without Letrox till today.** She regularly visits her endocrinologist.

In 2001 **my daughter was attacked by German Shepherd his fangs left deep wounds around her right eye,** which needed to be stitched up. After a treatment in the hospital she had several sessions with T.P. within 14 days and the wounds started to heal very quickly. **The scarfs are almost unnoticeable today.**

In 2006, I experienced a **repeated reversal of the right shoulder within 2 months, ligaments were repeatedly damaged.** This was a very painful injury with hand fixation for many months. **After several interventions of T.P. there was a reduction in pain and rapid healing after which a rehabilitation could follow. Today, the shoulder has almost the original momentum.**

In 2006, **a left breast carcinoma** at a close relative was operated. After cessation of oncological treatment (chemotherapy, irradiation), she was treated for a week by T.P. **Since then, no troubles.**

In 2008, there was a **minor laceration injury to my right palm of about 2 cm,** which did not need to be sewn. Present T.P. treated the wound. **Very rapid healing and sealing occurred afterwards.** The whole family watched with surprise the healing process. **On the 4th day, only a scarcely scarred scar was seen.** Normally, this range of wounds in my hand heal to full healing several times longer unless there are any complications.

In 2012, the daughter was injured: **a comminuted fracture of the right arm and a 5-fold fracture of the pelvis.** The daughter was treated by T.P. at a distance due to hospitalization and subsequent bedding. **In the 3rd week she is already able to sit herself on a wheelchair and move to the toilet. In the 4th week she starts walking slowly and attending public healings of T.P. where we drive her by a car. After 6 weeks of injury, the daughter came herself for a control to the attending physician. The doctor looked down at her medical records and asked where the wheelchair was. She had been already walking for two weeks. After X-ray, the physician reported complete healing and**

recommended rehabilitation. Given the overall good momentum the rehabilitation was no longer necessary.

Finally, I would like to say that biotronic sanator Mr. Tomas Pfeiffer treated me my family and friends always for free and has never even asked me about any crown. He did everything with the utmost help.

Thank you very much and I wish you lots of strength and many satisfied patients.

Ing. J.M.

PS: I am sending this message with a cover letter to the Minister of Health, to sarlatani@mzcr.cz and to TV ČT1 in the program You have the word where this issue has been addressed.

CH [REDACTED]

RČ: [REDACTED]
ZP: [REDACTED]
CHAMB [REDACTED]

Lékařská zpráva:

4.3. 98 - subj: pac. má asi 3 roky vyklenutí v pravém tříse, které se poslední týden při kašli zvětšeno před 15 dny měl pac. úraz, při kterém porušena břišní stěna (ruptura) v oblasti pravého podbřišku

obj: v pravém tříse hmatné vyklenutí, reponibilní, ale laterálněji spíše v oblasti vnitřního anulu, pravděpod. zde byla ruptura břišní stěny

dop: pac. objednan k přijetí na 8.4.
prosím o předoper. vyš. u OL
objednáno ještě sono na 19.3. v 10.00 hod
poté kontrola s výsledkem

51012 K 40.9

Předoperační na 26.3., Mo: [REDACTED]

VÝPIS Z AMBULANTNÍ KARTY

Jméno:
Ulice:
Město:
PSČ:

R.č. [redacted]
Datum narození: [redacted]
Pojišťovna: [redacted]
Telefon: [redacted]

07.04.2006

Stp. opakované distorzi a kontuzí P. ramene, po opakovaném pádu na PO. rameno.
Obj: T.č. výr. alg. oblouk, susp. léze RM a šlachy bicepsu.

RTG: negat.

Dop: MRI P. ramene- 28.04.2006 ve 13.00 hod. kontrola s výsledky. 5.05.2006

LÉKAŘSKÁ ZPRÁVA - NÁLEZ

Pacient/ka: [redacted]

Rč.: [redacted]

Poj.: [redacted]

Bydliště: [redacted]

Dg: [redacted]

05.05.2006

Pro:

Provedeno vyšetření: neurologické dne: 05.05.2006-11:02

Anamn.: nemocný po opak. kontuzi P ramene poslední pád před 5 týdny provedeno MRI pr. ramene s nálezem ložiska ve velkém hrbole v s. postkontuzní. prováděna aASK Neurol. vyš. žádáno pro potvrzení či vyloučení léze perif nn.

Aa. neg

Obj.neurol.: Lucidní, orientován bez fat. čui gnost. poruchy na MN norm. nález šíje amening HK vážne elevace PHK nafd hprizontálu oslab abdukce i addukce v pr. rameni flexe v lokti síla stisku sym rr C5-8 sym v Mi dx pokles taktikl. hypestezie na zev. ploše paže, vnitř. ploše paže a pronač. ploše předloktí pomezeny rotace v pr. rameni

ré.: parésa plexus brachiális horní typ vpravo s domin. lézí n. axilláris

Závěr: Stp. opak. kontuzích pr. ramene s v.s. parésou plexus brachiális horní typ s domin. postižením n. axilláris,

Dop.: EMG vyš z medikace Yellon 3x2 týden poté 3x1, milgammaN 3x1, Coxtral 1-0-1, Hanidil R 1-0-1 výhledově vhodná rthb v medikaci pokračovat i po ASK naše kontrola dlp pokud na EMG bude nález vhodně zopakovat cca po 3 měsících a až poté naše kontrola.

Medikace: 05.05.2006

31000- YELLON/cps 30x20mg-bli/C 3bal. 3x2 týden poté 3x1

32487 COXTRAL/por tbl nob30x100mg/C 2bal. 1-0-1

13814 MILGAMMA N/por cps mol 20/P 1bal. 3x1

75028 XANIDIL RETARD/tbl ret 20x500mg/C 1bal. 1-0-1

číslo receptů: 4301624205, 4301624305

tisk: 05.05.06-11:16/4384

19 September, 2014

Hallo,

In the attachment, I am sending you my personal experience with biotronic healing.

At the beginning of year 2013, I was diagnosed with **a malign tumor on my face. The melanoma was in an incipient stage (lentigo maligna melanom) of the size 7 x 4 mm.** Doctors suggested a surgery to remove the tumor with an ensuring edge of 1cm with a forthcoming covering of the defect with a skin grafting, which is a tissue taken from another part of the body. During the time a sample was being analyzed at the histological ward and then when I was waiting for the date of the operation (6 weeks altogether), the tumor was enlarging, especially in those places where its integrity had been damaged by taking samples of the tissue for tests. In these places the contours of the tumour became less sharp which is one of the symptoms of invasive growth. Approximately 14 days before the operation, the size of the tumour was already 10 x 8 mm.

Therefore I searched for biotronicist Mr. Tomas Pfeiffer's help who healed me several times – both in person and at distance-before the operation. **He managed to diminish the tumour to the size 7 x 7 by the day of the operation, and the contours became sharp again. The surface of the tumour became less tense after each healing session and the tumour somehow shrank optically – this effect was visible within a few minutes after his biotronic healing, even when he was healing me at distance. As a doctor with 20 years of experience, I already know what is and is not possible in medicine, therefore I cannot agree that a tumour could behave this way spontaneously.**

After the agreement with the surgeon, the operation was carried out in a less radical way compared to what had been originally planned-covering the defect, resulting from the removal of the tumor, was finally solved by overlaying the skin directly from the face, which has the advantages of better healing of the tissue, a shorter convalescence and a better esthetic effect compared to skin grafting. I was then healed by Mr. Pfeiffer after the operation which definitely helped that the after-operation process was without problems and I was able to come back to work after a two-week sickness leave ,which was even sooner than the histological result from the operation arrived. The histological test proved both the diagnosis (**Lentigo maligna melanoma Clark I**) and the sufficiency of the extent of the surgery carried out in consideration of the future.

Nowadays, nobody would guess, that two years and a half ago, there was more than a 10-centimetre scar with 17 stiches on my face. Whenever I look at myself in the mirror, I must bow in admiration in front of both the operating surgeon's skillfulness and the curative abilities of biotronics. In my case, both curative branches- classic medicine and biotronics created an ideal combination. In my opinion, it was like it should normally be and I hope it really will be in the future.

Dr. P. V.

5 November, 2014

Good evening Mr. Pfeiffer,

I have been considering for a long time how to support your effort to help the ill and not to allow the announcement of the prohibition by the Ministry of Health. Therefore, I would like to write something about my case. My first experience with your help dates back approximately in year 2000. It was a long time ago. My name was ***. I had great **problems with my pancreas** and I had two weekly cures of your biotronic healing with a month of a break between them. In those days, I had financial problems and therefore my second stay in the BCSP was completely free of charge for me. **After my comeback home I had so much energy and desire to live because my digestion had cured entirely even without taking digestive enzymes an without pains** that I painted all the windows in my house. You became a very respectable person for me and I have been attending your lectures for years. In the autumn 2009, I was treated for pneumonia, however the treatment was not successful

and after a few months and a two-month isolation at the Pulmonary Clinic *** because of suspicion of tuberculosis, I was diagnosed with **pulmonary mycobacteriosis**. The senior consultant thoroughly informed me that this disease was not dangerous for the people around me but its cure would be much more complicated than the cure of tuberculosis, I would have to take five kinds of antibiotics for eighteen months plus antitubercotics and it might not be successful anyway. After my comeback home, I was utterly frustrated. I live alone, without a husband, both of my sons live too far away from my place. I had an idea to call you and ask you for help. After our telephone conversation, I sent you my documentation and my photo through e-mail. You offered me healing at distance. I had been taking all medicines for a year and a half, it was utterly exhausting for my body which weighs 50kg and therefore I had a two-week-stay in your Centre of Biotronics for Social Support. At that time, I was already called***, which is my current name. **You really helped me very much and I have stayed alive thanks to you.** I am very grateful to you. Last year before Christmas, I was travelling by train from a concert of the Moravian Philharmonic Orchestra Olomouc whose great listener I had been for long years, when **suddenly my friend who was a senior consultant ***in hospital***said: “BUT IT IS STRANGE ANYWAY THAT YOU SURVIVED THE ILLNESS.” He is a real expert, however, **only on the field of medicine, he is very rational.** So I said just for myself: I know who I should say thank you to.**

Kind regards,
H. L.

na plicích (hospitace)
délka užívání T chybí gntické
+ "Sural"

Pacient: [REDACTED]

Rodné číslo: [REDACTED]

ZP 201

Adresa: [REDACTED]

Datum vyšetření: 03.03.10

Anamnesticky: kontrola dle plánu pro plicní aviární mykobakteriosu.

Došel další výsledek citlivosti sputa na AT- nyní z Ostravy, tentokrát odběr z 25.11.2009: M.Avium: resistance: oflox, Rifabutin, RMP, INH, EMB, citlivost: genta, amikacin, clofazimin.

Subjektivně: léky snáší dobře, bere pravidelně, nemusela vynechávat, užívá vše doporučené+ nové Euthyrox. Po bronchoskopickém odsátí hlenů se cítí celkově mnohem lépe, spokojená. Bez teplot, bez pocení.

Oční vyš.: Šternberk: bez očních změn, perimetr v normě.

Vyšetření štítné žlázy Šternberk:- klinická hypothyreosa dle odběrů krve, dle sono v pravém laloku uzlík 12x8mm. Doporučen Euthyrox zpět k užívání a za měsíc kontrolní sono štítné žlázy a případně biopsie uzlíku.

Objektivně: dýchání skřípkové, čisté, akce srd.reg. 72/min, ozvy ohran., bez alterace celkového stavu, kašel vířivý, 56,5 kg.(+1,5kg), netrpí depresí nebo sebevražednými myšlenkami. Zrak nezhoršen.

Mikrobiologie: Kultivace na BK z BAL z 26.1.10: mn, Kultivace Bactec MGIT: Pozitivní - 22. den. Identifikace založena. Výsledek sdělíme dodatečně.

Biochemie-sérum: S_Na: 145, S_K: 4,09, S_Cl: 107, S_Ur: 6,6, S_KREA: 67,0, S_Bi: 5,0, S_ALT: 0,24, S_AST: 0,43, S_ALP: 1,79, S_GGT: 0,68, S_LIP: 0,87

KREVNI OBRAZ: B_WBC: 4,8, B_RBC: 4,06, B_Hgb: 133, B_HCT: 0,370, B_MCV: 91,8, B_MCH: 32,6, MCHC: 35,5, B_RDW: 14,0, B_PLT: 214, B_MPV: 7,8

Diferenciál z analyz: B_Ly#: 28,20, B_Mo#: 9,10, B_Ne#: 57,80, B_Eo#: 4,40, B_Ba#: 0,50, B_Ly#: 1,4, B_Mo#: 0,40, B_Ne#: 2,80, B_Eo#: 0,20, B_Ba#: 0,00

RTG S+P: vpravo pruhovitý stín při hilu a jemné pásovitě zastínění v průběhu 5.předního mezižebří v dol.poli. Vlevo nepravidelná infiltrace parakardiálně na ploše asi 5x3 cm. St.p.resekcí dorzálních úseků 3.+4.žebra oboustranně (po sympatektomii). Bránice volně, srdeční stín nerozšířen, norm.konfigurace.

Spirometrie:-

Dg. závěr: Plicní aviární mykobakteriosa oboustranně- kultivačně opakovaně pozitivní ze sputa, poslední pozitivita z BAL z 26.1.10

oboustr.bronchiectazie s tvorbou hlenových zátek

Raynaudův sy.st.p.hrudní sympatektomii

Art.hypertenze, chron.pankreatitida

Boreliosa, st.p.úrazu hlavy s přechodnou poruchou hybnosti v anamneze

Doporučení: pokračovat v dřívější medikaci Klacid 500 1-0-1, Sural 3-0-0 (má), Arficin 300 mg cps. 2-0-0, Cycloserin 250 mg cps. 1-0-1(schváleno revizním lékařem, zajištěno lékárnou FNOL, vydáno 1 balení a100 cps.na 50 dnů, doma má ještě na 18 dnů CS). Mukolyticky Erdomed 300 1-0-1 při větším ztuhnutí, vhodný i dále Omeprazol 20 mg (=APO-OME)1-0-1 k prevenci dyspepsie.

Recep KLACID 500 1-0-1 5 bal. POR POR TBL FLM 14X

ARFICIN 300 2-0-0 1 bal. POR POR CPS DUR 100

ERDOMED 1-0-1 3 bal. POR POR CPS DUR 20X

ACC LONG 1x1 3 bal. POR POR TBL EFF 20X

Příští vyšetření: kontrola 1.4.10 v 10,30 hod. (při kontrole ráno do 8,00 hod. KO+diff, JT, Na,K,Cl, urea, kreatinin, lipasa, sputum na BK, RTG ZP). Dnes také sputum odebráno na BK. Příště vyplšeme další žádost na CS ke schválení reviznímu lékaři (nyní má zajištěnu th.na 68 dnů).

Diagnózy:

A310 Plicní mykobakteriální infekce

Výkony:

09543 1x REGULAČNÍ POPLATEK ZA NÁVŠTĚVU – POPLATEK UHAZEN

25022 1x CÍLENÉ VYŠETŘENÍ ODBORNÝM LÉKAŘEM TRN

Zapsal: [REDACTED] MUDr. 03.03.10 11:05

Pacient: [REDACTED]

Rodné číslo: [REDACTED]

Adresa: [REDACTED]

Datum vyšetření: 30.04.10

Anamnesticky: kontrola dle plánu pro aviární mykobakteriozu v léčbě.

Subjektivně: léky užívá, jen Erdomed vysadila- nyní nemá výraznější potíže s kašlem a zahněním, sputum je světlejší, cítí se povšechně lépe. Inhalace Mucosolvanem provádí pravidelně- má ale jen zakoupený zvlhčovač, ne inhalátor. Bez teplot, váha stabilní 55,5- 56, 5 kg. Bez svědění kůže nebo alergických projevů. Před týdnem měla 2 dny bolesti v epigastriu, dyspepsie-ale zvládla to bez vysazování medikace.

Perimetr ze spádu z 28.4.10: OD: citl.do 30 st.v normě, 2 ral defekty difusně, OS: citlivost v normě, ale dnes v oblasti Bjarumu relat.defekty. Dop: kontrola za měsíc.

Objektivně: v celkové dobrém stavu, zlepšená, dýchání skřípkové, čisté, akce srdeční pravidelná, 72/min.

RTG S+P: proti předchozímu snímku nezměněno. Stp. resekcí žebér v dorzálního průběhu žebér v hrotové oblasti vpravo. Vpravo proužk. změny perihilozní a na rozhraní středního a dolního plicního pole přibližně stac. Vlevo nepravidelné zastřešení parakardiálně pod hilem je přibližně stac. Bránice hladké. Srdeční stín hraniční velikosti.

Biochemie-sérum: S_Na: 145, S_K: 4,08, S_Cl: 106, S_Ur: 5,8, S_KREA: 66,0, S_LIP: 0,92
KREVNÍ OBRAZ: B_WBC: 4,97, B_RBC: 4,04, B_Hgb: 128, B_HCT: 0,370, B_MCV: 92,1, B_MCH: 31,7, MCHC: 34,4, B_RDW: 13,4, B_PLT: 196, B_MPV: 9,7

Diferenciál z analýz: B_Ly#: 40,20, B_Mo#: 7,80, B_Ne#: 30,70, B_Eo#: 20,90, B_Ba#: 0,40, B_Ly#: 2,0, B_Mo#: 0,39, B_Ne#: 1,52, B_Eo#: 1,04, B_Ba#: 0,02

Sputum na BK: z 3.3.10 mn kn, z 1.4.2010: mn kultivace založeny.

Dg. závěr: Plicní aviární mykobakterioma oboustranně- kultivačně opakovaně pozitivní ze sputa, poslední pozitivita z BAL z 26.1.10

Oboustr. bronchiectazie s tvorbou hlenových zátek

Eozinofilie nově -v.s.v souvislosti s užíváním antituberkulotik (nelze vyloučit vliv Erdomedu)

Raynaudův sy.st.p.hrudní sympatektomie

Art.hypertenze, chron.pankreatitida

Boreliosa, st.p.úrazu hlavy s přechodnou poruchou hybnosti v anamneze

Doporučení: vzhledem k příznivému vývoji Arficialin už ukončíme (jen dobere balení -má na 14 dnů), a pak bude pokračovat ve 3-kombinaci antituberkulotik: Klacid 500 1-0-1, Cycloserin 250 mg cps. 1-0-1, EMB-FATOL 500mg tbl.2-0-0 (má doma na 80 dnů). Dále Mucosolvan do inhalace, ACC long 600mg 1x1 (nebo NAC AL 600 tbl.eff.1x1). Omeprazol 20 mg (=APO-OME) 1-0-1 k prevenci dyspepsie.

Cycloserine 100 cps. á 250mg schválen revizním lékařem-2 balení, dodány lékárnou- jedno z balení dnes vydáváme pacientce (bude mít na 50 dnů léčby+18 dnů ještě má doma, celkem zajištěna th.CS do počátku srpna 2010). --Vzhledem k bronchiectaziím je dlouhodobá inhalace th.plně indikována- předepisujeme ke schválení reviznímu lékaři inhalátor Clasic.

Recep KLACID 500 1-0-1 4 bal. POR POR TBL FLM 14X
MUCOSOLVAN 3xdenně do inhala3 bal. POR POR GTT SOL+INH
NAC AL 600 ŠUMIVÉ TABLETY 1x1 2 bal. POR POR TBL EFF 20X

Příští vyšetření: kontrola dle plánu 4.6.10 v 10,30 hod. (při kontrole ráno do 8,00 hod. KO+diff, JT, Na,K,Cl, urea, kreatinin, lipasa, sputum na BK, RTG ZP). Přinese výsledek kontrolního perimetru při užívání etambutolu.

Diagnózy:

A310 Plicní mykobakteriální infekce

Zapsal: [REDACTED] 30.04.10 11:41

19 December, 2014

Hallo,

My sister has been healed by the biotronic healer Mr. Pfeiffer for 11 years. **The treatment is successful**, its results have proved that. My sister works, she **lost the right to get her partial pension** of a disabled person a few years ago because of the fact that **she did not have problems any more**. The diagnosis, which had been announced to her in 2003, was **multiple sclerosis**. I would like to thank biotronics and Mr. Pfeiffer, who helps people to live normally, work and enjoy their lives, for my sister and my family!

I hope that this small contribution about my life has opened eyes to some people who are still hesitating.

Thank you

Dobrý den,

Sestra je již 11 let léčena biotronickou léčbou p. Pfeifferem.

Sestra je úspěšná, hovoří za to výsledky. Sestra chodí do zaměstnání, dokonce invalidní důchod jí byl před několika lety odebrán. Důvodem byla ta skutečnost, že pacient nemá žádné potíže.

Diagnóza, která jí byla před 11 lety oznámena, zejména roztroušená skleróza.

Tímto moc děkuji do rukou, za svou rodinu biotronici a pana Pfeiffera, který díky ní pomáhá lidem normálně žít, pracovat a radovat se!

Věřím, že tento malý příspěvek se životě chvil oči pár lidem, kteří ještě pochybují.

Děkuji [redacted] J.V.

Biotronics on the Cause and Treatment of Certain Diseases²

Cancer diseases

The second most frequent reason of death in our republic is cancer. Its occurrence is increasing; this ominously includes newborns and children. After all, a few decades ago it was not necessary to build specialised children departments for this disease. Together with the increase in number of ill adults it means that this disease has not been conquered in terms of medicine and prevention. Mr Josef Zezulka, the founder of Biotronics, has worked out the healing system of this illness and has described its pathogenesis. I am going to inform you of his findings.

Cancer, or as the ancient ones used to say - The Morbus Prométheí - the illness of Prometheus - is an illness caused by the overuse of fire. Fire produces among other things one of the strongest carcinogens - tar. Of course, many man-made substances are carcinogens, too.

This illness has two main causes. Firstly, if the ability of detoxification of your body is overburdened in long term by too many carcinogens, it becomes weakened or broken down after a certain time. Then a carcinogen, which is actually a cell poison, reaches a cell and the cell becomes out of the control of the organism and the process of pathological growth starts. Secondly, morphological centres in our brain are weakened as well. These centres are responsible for the shape of our body. They take part in the healing of wounds and are responsible for the emergence of benign neoplasms - that's why the increased number of various moles and protuberances is a sign of the increased risk of the tumour process.

Anti-carcinogen diet of J.Z.

Forbidden!

Do not smoke. Don't eat anything which is smoked (for example smoked meat, salami, ham, smoked cheese) - Anything that is roasted, decoctions of roasted things (for example coffee, roasted rye, cocoa, chocolate). - Anything that is fried. - Anything that is roasted or baked. If it is unavoidable to eat baked food (for example bread), cut off the crust. Use other pastry (for example not well-baked rolls) as little as possible. - Avoid tins containing benzoic acid. - Avoid everything that contains tar (for example ointments).

Recommended:

Fresh food (for example fruit, vegetables, milk, butter). If the food is cooked in the kitchen, it should be only boiled or stewed. It is important that food to be processed by fire contains water.

This diet is to be followed strictly since patients are hypersensitive to substances included in the forbidden food. Even a slight breach can jeopardise or make the healing process impossible.

The diet is suitable for oncology patients and for the prevention of the carcinoma process.

Today, when the occurrence of carcinogens has increased many times and when they attack us everywhere, it is important to decrease their consumption as much as possible. Therefore it is nonsense to spread the resignation sometimes expressed with following words: "We live in so polluted an environment that it makes no difference what we eat, whether we smoke etc." On the contrary, even the slightest decrease is important. For sure we must breathe, eat and drink and so we accept a certain amount of such substances, but it is possible to decrease the risk of cancer significantly. Tar in all its forms is one of the worst carcinogens. Therefore we should avoid any food that contains it. The worst food of all is smoked goods. Meat, problematic food on its own, is saturated with tar from the smoke used for preservation. It is so poisonous that even bacteria can't eat it. This is the essence of tar preservation. Man does not realise it and in recent decades he has

² Bytí journals (1995–1996) *Prevence* [Prevention]. Issues 6/1995–14/1996. Prague: Tomáš Pfeiffer – Dimenze 2+2 Praha. Available at: <https://www.dub.cz/en/anti-carcinogen-diet-of-josef-zezulka>

been eating smoked goods even several times a day. But this is not all, unfortunately. Food made by roasting contains tar, too. This includes for example coffee, cocoa, roasted rye: natural seeds are roasted until they begin to become brown and black. Tar is created in them. Then man grinds them and macerates them in liquid, coffee or cocoa, or he uses the powder - for example in chocolate. Children receive in their parents' or grandparents' opinion "the best" - ham or chocolate. The saddest chapter is child cancer. It is absolutely unnecessary. Mothers often create this illness through their unwise behaviour. Why do they smoke, drink coffee and eat smoked goods during pregnancy? Don't they realise that the baby in their womb cannot disconnect from the circulation of his mother and must therefore suffer all her whimsies? Unborn babies are poisoned by alcohol as well as other substances including carcinogens without any protection of the developing organism. It is unjustified and it is criminal and selfish. Adults can choose their lifestyle and must face the consequences. But why should an innocent baby face the consequences of his mother's ignorance? Perhaps the time will come one day when people will treat life in all its forms with a sacred respect and strive for more balance in their attitudes and deeds. Another pollutant causing human cancer is everything that undergoes kitchen preparation by fire without the presence of water: everything that is baked and fried. Thus, this way of cooking should not prevail, or you should at least cut off the blackened surface - i.e. the crust of the bread.

Another group of carcinogens are the substances used for chemical preservation of food. For example benzoic acid is a strong carcinogen. If added to food, it makes it inedible for microbes. Food does not spoil. But it is another example of inconvertible preservation. We eat the preservative together with the food which is of course undesirable. On the contrary, preservation by drying, freezing, sterilisation or by use of natural substances is harmless. Our food should consist of as many fresh fruit and vegetables as possible. These shouldn't be cooked so they preserve the nutrients - even those still unknown to present science. Cancer is a process which is a consequence of the pathologically changed functions of the organism. Therefore cancer as an illness starts a year or more before first degenerated cell of the tumour appears. **If we remove the tumour, we have not healed the cancer; we have just removed its symptom.** Besides removing the tumour itself it is necessary to affect the damaged functions of the organism that allowed cancer cell to emerge and multiply in the body, which is very unnatural. **That's why the mere removal or healing of a tumour cannot be considered a cancer cure. It's only treatment of the symptoms of the illness.** Mr. Zezulka was the first to talk about cancer as a process caused by a bio-energetic insufficiency that leads to the unbalance of certain organ centres. The consequence is for example loss of the defences against carcinogens. They reach a cell instead of being expelled from the body. Here, then, excitation asserts, like for example a chronic pathological process, gastric ulcers or any other place (possibly just mechanically irritated by coarse materials or cells irritated by ionizing radiation and so on.). The irritation itself causes an increased concentration of carcinogen in this place and the tumour emerges here. The mechanism of its further spreading is given by the localisation and aggressiveness of the process. Cancer, just like everything else, has dimensions. There are very aggressive and fast growing as well as slow, smouldering tumours that can last for many years. People have proposed many theories explaining the illness. Once it was thought that the cause was viruses, another time the immune system or the afflicted cell itself and its genetic code was blamed. The logic of Zezulka's description of the role of the carcinogen as well as morphological brain centres, and other pieces of knowledge impossible to state here for their high expertise, is amazing. For many people it is incredible that this man was able to conclusively and repeatedly heal cancer and thus corroborate his views in reality. Perhaps hundreds of people with the diagnosis were treated during his forty-year practice. They were mostly "common people" but also famous ones. Even doctors and professors of medicine were among them.

PRESENTATION ON BIOTRONICS AT THE 6TH INTERNATIONAL CONGRESS OF INTEGRATIVE MEDICINE IN PORTO



Recording of the Biotronics Presentation



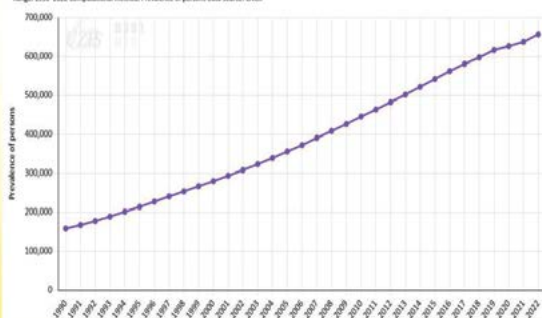
Integrative oncology: other options

Tomáš Pfeiffer

Good afternoon to all of you. My name is Tomas Pfeiffer, I am the Director of the Institute for TCIM/CAM and I feel honoured to have the opportunity to speak at your congress. I would also like to introduce Ms. Markéta Laciková, who will be interpreting this presentation. At the same time, I would like to thank Dr. Ana Moreira for inviting me here.

The last hundred years of intensive cancer research, despite all the achievements in extending the life expectancy of patients, have not brought full understanding of the nature of cancer pathogenesis.

Prevalence, Applied filters: Cancer type: MALIGNANT NEOPLASMS (C00-C97) Region: the entire Czech Republic
Range: 1990-2022 Computational method: Prevalence of persons Data source: CNIS



Development of the prevalence of malignant neoplasms (C00-C97) in the Czech Republic 1990-2022

1990 – 158 183 people
2022 – 657 757 people



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Tomáš PFEIFFER
www.sanator.cz/en, info@sanator.cz, Prague, Czech Republic

Reference: Institute of Health Information and Statistics of the Czech Republic
<https://www.uizis.cz/index.php?pg=record&id=8447>
<https://www.svod.cz/prevalence>

2

Meaningful comprehensive cancer prevention programmes almost do not exist - as evidenced by the fact that cancer incidence is currently on the rise.

Conventional medicine focuses almost exclusively on the destruction of the cancer cell, which it sees as the cause of the disease.

However, removal of the tumour is only a salvage treatment, not a causal treatment, and therefore, unfortunately, successful treatment is often followed by recurrence. It is difficult to find understanding of the nature of the cancer process in the body of knowledge from different perspectives. This may also be due to the fact that we are looking in a place where the basic solution is not found.

Josef Zezulka Biotronics

- The nature of the tumour process
- Removal of the tumour is only a salvage treatment not a causal treatment
- A tumour cell is the result of a complex disease
- Malignant process affects any cell of the body
- Criteria of a tumour cell



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3

Now I will present a new view of the tumour process based on the findings of Biotronics, a new field of energy therapy founded in Prague by Josef Zezulka.

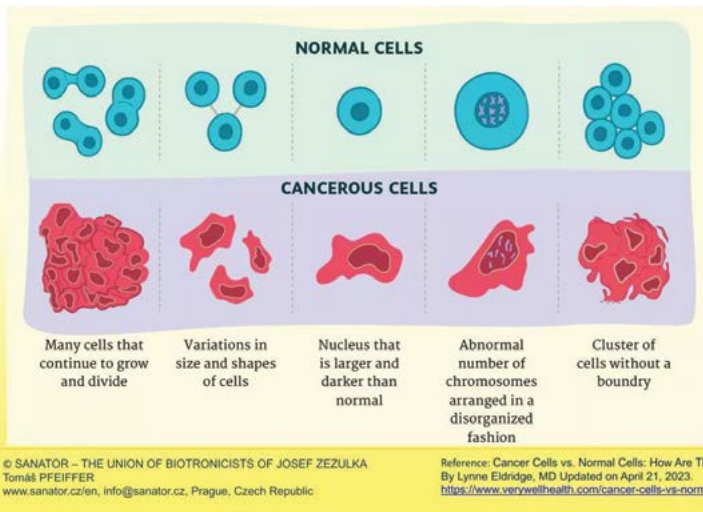
- 1) A tumour cell is not a cause in itself, it is the result of a complex disease often arising long before the first tumour cell. Let's think about the malignant reversal of a healthy cell.



- 2) The common characteristics of the cells of different types of tumours justify why we can assume that there are not dozens of types of malignancies but only one process affecting any one cell of the body.

A tumour cell has the following criteria:

- A fundamental change in the morphology of the cell



- The mechanisms controlling the growth and metabolism of the cell are disturbed, the cell does not engage meaningfully in bodily processes.
- The formation of an uncontrolled, chaotic vascular supply eventually leads to tumour disintegration due to ischemia with often inflammatory and toxic consequences for the organism.



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www.sanator.cz/en, info@sanator.cz, Prague, Czech Republic

Reference: Spongelab Community, Cancer: Unregulated Cell Division
<https://youtu.be/teUANxPYXKc>
Spongelab Interactive - <https://www.spongelab.com/>

6

- Tumour cells often grow several times faster than healthy cells, this drains the body's resources, hence fatigue and weight loss in some patients.
- In contrast to healthy tissue, the bond between cells is weakened, so tumour cells are more easily detached and travel by blood or lymphatic channels, forming a metastatic process without growth control.
- The tumour cell is a typical parasite-deserter that uses the body's resources but contributes nothing to the body. It originates from the body's genome, therefore it is not registered by the body as a foreign tissue and is often not visible to the immune system.
- The behaviour of a tumour cell is determined by its type and location, not by the body's regulatory mechanisms to which it does not respond.

Now we need to ask an important question:

What leads to a malignant reversal?

Josef Zezulka Biotronics

What promotes malignant reversal

1) presence of carcinogens

- Primary carcinogens
- Secondary carcinogens

2) damage to morphological centres in the brain



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- **The first and main factor** is the presence of a **carcinogen** - a cellular poison of a chemical nature, acting on the nucleus of the cell, which it reprograms. At the point when the body's main detoxification organ of chemical balance, the liver, fails or is overloaded, the nano level of carcinogen in the body rises.



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In addition, various substances and influences further synergize in its transfer across the membrane into the nucleus of the cell, for example, alcohol, microwave radiation, radiation, overall weakening of the body, genetic factors, any irritation and other stresses. What has recently attracted a lot of attention is the WHO research demonstrating that processed and red meat is carcinogenic.

International Agency for Research on Cancer



PRESS RELEASE
N° 240

26 October 2015

IARC Monographs evaluate consumption of red meat and processed meat

Lyon, France, 26 October 2015 – The International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization, has evaluated the carcinogenicity of the consumption of red meat and processed meat.

Red meat

After thoroughly reviewing the accumulated scientific literature, a Working Group of 22 experts from 10 countries convened by the IARC Monographs Programme classified the consumption of red meat as probably carcinogenic to humans (Group 2A), based on limited evidence that the consumption of red meat causes cancer in humans and strong mechanistic evidence supporting a carcinogenic effect.

This association was observed mainly for colorectal cancer, but associations were also seen for pancreatic cancer and prostate cancer.

Processed meat

Processed meat was classified as carcinogenic to humans (Group 1), based on sufficient evidence in humans that the consumption of processed meat causes colorectal cancer.

Reference:

IARC. IARC Monographs evaluate consumption of red meat and processed meat - PRESS RELEASE N° 240, 26 October 2015. https://www.iarc.who.int/wp-content/uploads/2018/07/pr240_E.pdf
Bouvard V, Loomis D, Guyton KZ, Grosse Y, Li Ghissaini F, Benbrahim-Talaa L, et al. Carcinogenicity of consumption of red and processed meat, The Lancet Oncology.
Published online 26 October 2015; [https://doi.org/10.1016/S1470-2045\(15\)00844-1](https://doi.org/10.1016/S1470-2045(15)00844-1)



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The International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization, has evaluated the carcinogenicity of the consumption of red meat and processed meat. These assessments were published as Volume 114 of the IARC Monographs (26 October 2015). A summary of the evaluations has been published in The Lancet Oncology.

The experts concluded that each 50 gram portion of processed meat eaten daily increases the risk of colorectal cancer by 18%.

The IARC Working Group considered more than 800 studies.

Carcinogens can be divided into primary and secondary carcinogens:

1) Primary carcinogens, which are cellular poisons, typically tar, benzoic nuclei, and others. After tumour formation, even minute amounts of these substances are toxic.

Now let me show you an anti-carcinogenic diet developed by Josef Zezulka in Prague.

Zeulka's anticarcinogenic diet

Forbidden!

Do not smoke. Don't eat anything which is smoked (for example smoked meat, salami, ham, smoked cheese) - Anything that is roasted, decoctions of roasted things (for example coffee, roasted rye, cocoa, chocolate). - Anything that is fried. - Anything that is roasted or baked. If it is unavoidable to eat baked food (for example bread), cut off the crust. Use other pastry (for example not well-baked rolls) as little as possible. - Avoid tins containing benzoic acid. - Avoid everything that contains tar (for example ointments).

Recommended:

Fresh food (for example fruit, vegetables, milk, butter). If the food is cooked in the kitchen, it should be only boiled or stewed. It is important that food to be processed by fire contains water.

This diet is to be followed strictly since patients are hypersensitive to substances included in the forbidden food. Even a slight breach can jeopardise or make the healing process impossible.



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Reference: <https://www.sanator.cz/en/oncological-prevention>

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Therefore, an anticarcinogenic diet is necessary for treatment.

It is not a curative diet but a sparing diet, it does not cure itself but conditions the treatment.

2) Secondary carcinogens, which are not chemically active but accelerate the metabolic activity of the cell by irritating it, increasing the concentration of the carcinogen.

A typical example is asbestos,



where chemically neutral needles of the mineral irritate the cell, which then accelerates the uptake of the primary chemical carcinogen. In other cases, parasitic, viral, fungal or bacterial infection is the locus of tumour formation, in which case it is also predominantly a secondary carcinogen. Any inflammation, any irritation of a healthy cell, typically by solar radiation, non-carcinogenic chemicals, etc., under the condition of impaired morphogenetic centres and detoxification function of the liver, may also lead to tumour formation.

- **The second important factor** in tumour formation is **damage to the morphological centres** of the body situated in the brain, which, in addition to the genome, are responsible for the shape and location of cells in tissues. Damage to these centres signals the presence of benign neoplasms,



Benign neoplasms



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keloids resulting from trauma, faulty cell differentiation, etc. This condition can be termed precancer which are normal cells in the wrong amount in the wrong place.

Biotronic intervention in tumour processes

Josef Zezulka Biotronics



- Biotronics works in the area of vital, biological forces. It divides these forces into four basic groups:
 - centripetal, centrifugal, excitative and tranquilizing forces.
- The biotronicist applies a **specific force structure, which is targeted according to the diagnosis**. Via such targeting, in contrast to other fields of energy therapies, the biotronicist's intervention can be more effective and successful.



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After 1945, Josef Zezulka formulated the field called Biotronics in Prague. It is based on the intervention of biological forces transmitted by the therapist. He described the tumour process and the method of acting on its causes. In the most difficult conditions, he repeatedly achieved remarkable results in the field of oncology and many other diagnoses. Every experience is significant to our knowledge if it goes beyond ordinary clinical experience.

A few case reports support this message:

Selection of the Most Interesting Case Reports

- A woman, aged 52, with a large inoperable stomach adenocarcinoma in the terminal stage.
- Nearly half of the stomach was infiltrated with a solid tumour, duodenum was also infiltrated.



After biotronic treatment, an encapsulated tumour was found and the patient lived for more than 23 years after the initial diagnosis.



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Selection of the Most Interesting Case Reports

- A woman, aged 70, with a small cell bronchogenic carcinoma with metastasis in her mediastinal and throat nodes.
- Chemotherapy was discontinued due to a bone marrow reduction.



After biotronic treatment, the patient lived for the following 14 years after the initial diagnosis.

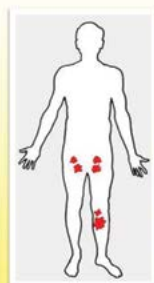


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Selection of the Most Interesting Case Reports

- A man, aged 53, with a malignant left lower limb melanoma progressing locally, metastasis in the pelvis minor.



After termination of unsuccessful oncological treatment, and consequent biotronic treatment, the patient is still living 22 years after the initial diagnosis.



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Selection of the Most Interesting Case Reports

- A woman, aged 35, with an ovarian papillary adenocarcinoma.
- Despite 3 different types of chemotherapy and other supportive treatment, there had been a significant progression of this tumour in the lesser pelvis and abdominal cavity up to the umbilicus.



After 2.5 years of biotronic treatment, CT scans, sonography and scintigraphy showed an improvement until the complete regression of the tumour. The patient is alive, already 36 years after the diagnosis.



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Selection of the Most Interesting Case Reports

- A man, aged 44, diagnosed with a lentigo maligna melanoma of the right nasal wing with the initial size 7 x 4 mm.
- Surgical extirpation of the tumour was recommended. After taking a tissue sample for a histopathological examination, the tumour began growing intensively to its maximal size 10 x 8 mm with blurred edges.



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Selection of the Most Interesting Cases

- Biotronic treatment applied while waiting for the surgery reduced the tumour size to 7 x 7 mm and sharpened its border.
- Afterwards a less radical plastic surgery than originally planned was performed.
- Biotronic treatment continued also after the surgery.



The patient is alive and 11 years after the diagnosis, his face shows no trace of surgery.



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We are close to Portuguese Fatima, a place of miracles. The following documented case report belongs here.

Selection of the Most Interesting Cases – Fatima

- The most striking result was observed in the case of a stomach carcinoma in the terminal stage.
- Overall revitalization was achieved after 7 days of biotronic intervention.
- **The artificial duct in the abdominal cavity (after colostomy) healed up spontaneously, without a surgical intervention.** Such a result of a non-invasive intervention is not yet known in the medical literature.



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Reference: Sanator. Alternative medicine (CAM) in the World, 2018, pp. 342-345
<https://www.sanator.cz/en/alternative-medicine-in-the-world>

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Conclusion

- **Josef Zezulka Biotronics - a significant therapeutic potential in integrative healthcare**
- Long-term survival of oncological patients **in the terminal stage of the disease**
- Application of Biotronics in a number of other diagnoses (cardiovascular diseases, neurological diseases, joint diseases)



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The practical results of biotronics suggest the correctness of understanding the tumour process as a degradation of the function of the liver and the morphological centres of the brain in terms of biological forces. In practical treatment, it represents a new procedure not yet explored in medicine that awaits serious interest from oncologists.



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Our ancestors called cancer morbus Prometheus. The moment people start using fire, they put a strain on their livers. As mentioned before, it is the impairment of the detoxification function of the liver that is one of the causes of cancer. Excessive pyretic changes in the diet are to blame. The symbol of the eagle destroying the liver of Prometheus is ingenious.

Let me conclude by saying thank you to Dr. Ana Moreira for organising this extraordinary congress, and at the same time, I would like to thank you for your attention. Have a nice evening.



Thank you for your attention

Tomáš Pfeiffer*, Josef Zezulka

Professional Chamber Sanator – the Union of Biotronicists of Josef Zezulka

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Josef Zezulka – founder of the discipline of biotronics
(30. 3. 1912 – 13. 12. 1992)

A significant philosopher and healer. He lived and worked in Prague. He is the author of the life philosophy Bytí (Existence) and founder of the new healing discipline – biotronics. Researchers from the then Czechoslovakia, but also from the US and the former Soviet Union manifested their interest in his treatment method. Initiated official research was prematurely terminated due to the disfavour of the then political regime. He selflessly practiced healing for more than 40 years.

More - <https://www.sanator.cz/en/josef-zezulka>



JOSEF ZEZULKA

Josef Zezulka was a notable personality of Czech spiritual and philosophical culture. On 30 March 1945 at the age of 33, he experienced a state of open consciousness – consciousness of a bringer. Subsequently, he formulated the philosophy of Existence and established a new healing discipline called Biotronics. At a later stage he was involved in Czech and international research aimed at incorporating Biotronics into the public healthcare system.

Mr. Zezulka's only interest was to promote this so needed field in the healthcare system. He claimed that sole medicine does not represent the entire healthcare system.

That is why he had endeavoured to establish a direct cooperation with medical doctors for many times. Even the president of the Academy of Sciences, Jaroslav Kožešník, released a written testimonial, designating Josef Zezulka as a professional involved in a new field of science and his work requires suitable conditions respectively. This almost came true much later, as the then Minister of Health MUDr. Vlček visited Josef Zezulka. As a result, preliminary research of cancer patients was carried out. The research project had been so successful, that a treatment project for these patients was developed. It was happening back in 1968. However, Mr. Prokopec, a new minister of the Normalization era, appointed short prior to the project launch, did not follow up on supporting the whole activity.

It was only in 1982 when Mr. Zezulka could show his art at the hospital in Vimperk, Czech Republic, where, together with several other healers, he participated in research supervised by a medical doctor. The treatment plan involved two 14-day cycles. Unfortunately, the plan was not brought to completion, since, despite having been approved by the respective authorities, the communist police intervened during the second cycle and the research was discontinued. Still, original protocols exist for this treatment.

Zezulka's lectures as well as practical results attracted considerable appreciation in the 1980s, his work was published in a number of foreign publications and consequently invitations came. In addition, USA as well as the former Soviet Union expressed interest in his work (Prof. Parker, Stanley Krippner and Prof. Injusin from Almaty). The communist regime, however, disfavoured such efforts. The publishing of his works was carried out secretly within samizdat while some of them were published in the western countries (Psychoenergetics Systems – published in New York, Paris, London; also the Realms of Healing and others). At the same time he was giving secret lectures.

At the end of his life he entrusted the discipline to his long-standing disciple Tomáš Pfeiffer so as to take care of its management and continuance.

<https://www.dub.cz/en/a-life-of-prinasec-online-book>



Our thanks go to all who helped bring this great spiritual mystery of Prague to light, a mystery forever engraved in our hearts.

Hippocrates' quote:

"The only true art of medicine is heal the patient – and it does not matter by what means this is achieved."



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