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CLINICAL INNOVATIONS

Assessing Kirlian Phenomena via Energy Emission™ Analysis (EEA): An Interview with Originator Peter Mandel

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Abstract: The use of Kirlian photography to evaluate energetic disturbances has been a topic of research since the early part of this century. After two decades of research, German naturopath and acupuncturist Peter Mandel developed Energy Emission™ Analysis (EEA), a method of correlating and assessing physical and psychological symptoms via Kirlian emission phenomena. In this interview, he explains how he started working with the Kirlian camera and describes some of the basic principles of his approach, including his emission "topography." A case study in which Kirlian assessment was used during the course of treatment is included.

GERMAN naturopath, acupuncturist and prominent figure in European natural medicine, Peter Mandel, has spent the last 20 years researching "informational" energies and developing related diagnostic systems and therapies. One aspect of his work, Eso-

getic Colorpuncture™ Therapy (ECT), was introduced by the authors previously in this publication.¹ In the present article, we interview Peter Mandel regarding his work with Kirlian photography. Since 1973, he has been developing and refining his system of Energy Emission™ Analysis (EEA). This is a system for evaluating the energetic disturbances depicted in Kirlian photographs as they may relate to physiological, as well as to psychological/emotional, symptoms. Before beginning our interview, we have included a brief summary of the history of Kirlian photography.

History of Kirlian Photography

The possibility of photographing the energetic, or subtle, bodies surrounding the human body, and using these images to evaluate disturbances correlated to physiological states has been a topic of investigation since the beginning of this century. The first "electrographic" images were displayed

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in 1898 at the Fifth Photographic Exhibit of the Russian Technological Society.

In 1912, English radiologist Dr. Walter Kilner claimed that he could make the human "aura" visible to everyone by means of special lenses made of dicyanin-stained glass. Kilner noted that fatigue, mood swings, magnetism, hypnosis and electricity affected the size and color of the cloud observed through his lenses. Unfortunately, his findings were not readily reproducible and, thus, did not encourage further scientific research. Nevertheless, Kilner vigorously maintained that there was a relationship between this visible "energy shell" and the symptoms of disease.

The big breakthrough in energy emission photography occurred in 1939 when a husband and wife team of Russian electrical experts, Semyon and Valentina Kirlian, announced that they had successfully photographed the "aura." The Kirlians had developed a method of electrophotography which could produce a photographic image of an electrically conductive object using, as a light source, the luminous corona discharge that appears around such objects when in a high-voltage, high-frequency electrical field. The safest way to accomplish this involved indirectly applying high-tension current to the object, resting on sensitive photographic material, from one or two metal plates having diverse [voltage] potentials. In this way, the sensitive photographic material receives an impression directly from the object in response to the high tension current. Because it is insulated from the current by a protective plate, the object does not experience an electrical shock.

After World War II, Russian physicists revealed this discovery and the Kirlians received international recognition. Scientists from the United States visited Russia and returned with plans for building Kirlian cameras.²

Subsequent research using these devices

continued in universities and, to some extent, under military secrecy through the 1970s. Much of this work sought to demonstrate a correlation between the attributes of the luminescence observed in the Kirlian images and the quality of mental, emotional or physical states.

Many hoped that the Kirlian camera would prove to be a useful tool for assessing and monitoring physiological disturbances. Unfortunately, there was considerable discord in this field. For example, inconsistencies in the quality of photographic equipment made it difficult to reproduce findings. More importantly, researchers disagreed regarding exactly what was being photographed with the Kirlian devices. Was it the human aura, or "bioplasma," or was it simply a discharge of surface electricity, a coronal discharge by the moisture content of the skin?

Eventually, many concluded that the Kirlian phenomenon was of little scientific value and discontinued their research.

Today, improvements in the design of Kirlian devices have made consistent, reproducible results possible. Developments in modern physics and biology, have also provided a clearer insight into what the Kirlian effect represents.³⁻⁶ Interest in the use of Kirlian photography is once again increasing. For that reason, we believe it is an auspicious time to present an introduction to some of Peter Mandel's basic concepts in Kirlian evaluation.

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INTERVIEW...

Manohar Croke, Rosemary Dass (MC/RD): Please tell us how you first became interested in the field of Kirlian photography?⁷

Peter Mandel (PM): It began innocently over 20 years ago during a visit to a medical equipment exhibition. I acquired a high frequency apparatus designed to photograph

the aura. I didn't really have any idea what I could do with it.

It's strange, but true; people do come upon discoveries by chance! I had just developed a bad case of enteritis. During an episode of stomach pain and diarrhea, I placed my right hand on a piece of black and white photographic paper situated on the apparatus and "took a picture." The results were absolutely startling! In the photograph, the areas of the fingertips corresponding to the Large and Small Intestine acupuncture meridians showed a total loss of energy emission in contrast to the other fingertips, which were characterized by very long and brilliant luminescence.

I had trained in acupuncture and strongly suspected that a relationship existed between my symptoms and the energy emission that was "missing" from the areas of the Large and Small Intestine meridians. I speculated that if the emission loss was not coincidental, then it should change when my symptoms subsided. I treated myself with a gold needle, inserted into acupoint LI-4 (Hegu), an appropriate area to treat my symptoms. My disorder got better and, sure enough, the next photograph showed no disruption of the "energy corona." After approximately two hours, my symptoms returned and a subsequent photograph showed a strong similarity to the initial one. Through this self-experimentation, my curiosity and a vast treasure chest of possibilities had been opened...

MC/RD: We know that you've conducted years of research in the development of your Energy Emission Analysis (EEA) system. Please tell us something about this process.

PM: We conducted our Kirlian observations on patients in my clinic. Because of advances in the technology, we were able to view their Kirlian images within minutes. In patients with the same symptoms, we observed the same emission phenomena. Empirical observations of more than 200,000 Kirlian photographs over a five-year period

were repeatedly verified clinically. This research laid the foundation for our discoveries on the phenomenology of energy emission.

In time, interpretation of these Kirlian photographs enabled development of a tentative organ map (or topography), which correlated energy emissions. This topography was based on patients' symptoms, and also on verifiable clinical laboratory findings. Failures of direct correlation were also addressed, and eventually they helped to establish other correlations, offering new understanding concerning the energy emission phenomena.

MC/RD: When you began your research, you must have been aware of the controversies regarding what a Kirlian photograph was representing. How did you resolve this controversy for yourself?

PM: Throughout my studies of the Kirlian effect, I have communicated with various scientists whose research addresses relevant topics. In particular, I have worked closely with German physicist Fritz Albert Popp for the past 15 years. Professor Popp has confirmed that the emission phenomena revealed in Kirlian photographs represent different changes in the bioelectricity on the surface of the skin.⁸

MC/RD: How do you explain or perceive the relationship between these energy phenomena and the body itself?

PM: We observed that the coronas depicted on these emission photographs fluctuated with changes in symptomatology, as though they constituted some form of meaningful bioenergy; this led to speculation that cellular processes within the body might resonate with (or relate to) this energy. Continued investigation suggested that cellular and energetic functions appeared to exist within a vibrational matrix reflected in the fingers and toes in a quasi-holographic manner.

Through our observations, it became evident that long before symptoms manifest, bodily changes, as well as past emotional and physical trauma, are energetically present and are perceivable as distinct coronal expressions of the Kirlian phenomena. Thereafter, we hypothesized that this form of bioenergy represents "information," and that cells may be influenced by this information, whether it depicts positive (harmonious) or negative (disharmonious) information. Subsequently, our basic working hypothesis emerged: If bioenergy within the body represents information, then manifestations of harmonious energy (as seen in the energy emission corona) would be a sign of normal cell function, and vice versa.

MC/RD: Many people ask, "Are people's energy fields generally similar, or does everyone have their own personal variation?"

PM: The composite Kirlian photograph used in EEA, consisting of the tips of the ten fingers and ten toes, is as unique as an individual's thumb print. Two people will not produce the same Kirlian photographic depiction. It doesn't matter whether it represents "healthful" or "unhealthful" energy, it still represents a person's distinctive energetic conformation.

MC/RD: That raises an interesting point. Previous researchers of Kirlian photography have tended to photograph only one finger or hand. You developed an approach in which you photograph the tips of the fingers and toes of all four limbs simultaneously. Can you tell us how this change came about?

PM: Yes. Throughout my training, especially with the help of my friend, Anton Markgraf, medical physician and pioneer in the use of iridology, as well as the influence of David Bohm and Rupert Sheldrake, I became aware of the concepts of integration and wholism, or totality. Thereafter, it made

no sense to photograph *isolated* parts of the body such as a finger or a hand.

At the beginning of our empirical observations, the main focus was determining the top/bottom and right/left relationships. Our experiments also revealed that the discharge in response to the high frequency field was especially well-defined at the beginning and terminal regions (fingers and toes) of the classic acupuncture meridians, as well as the additional channels described by Reinhold Voll.^{9,10} Accordingly, two important criteria were established for our diagnostic method as it now exists:

1. The body surface has a discharge which is more intense on the tips of the fingers and toes than on the rest of the body. This is what is made visible through the Kirlian method.

2. The photographic technique must enable *simultaneous* presentation of the tips of the fingers and toes of both hands and feet on one sheet of photographic paper. This will allow an immediate overview regarding the relationships of top/bottom, right/left, right hand/left foot and left hand/right foot.

MC/RD: What other early observations were made?

PM: At the beginning of our studies it became evident that the location (topographic sector) in which emission flares ("ray configurations") appear are initially more significant than the interpretation of the attributes of those emissions. Therefore, during EEA evaluation, we apply the following principles:

1. The first consideration is identification of the topographic sector(s) containing disturbed emissions.

2. The ray phenomena should be interpreted only in relationship to the topographic sector within which it is observed.

3. The phenomenology observed in an organ sector should be interpreted within

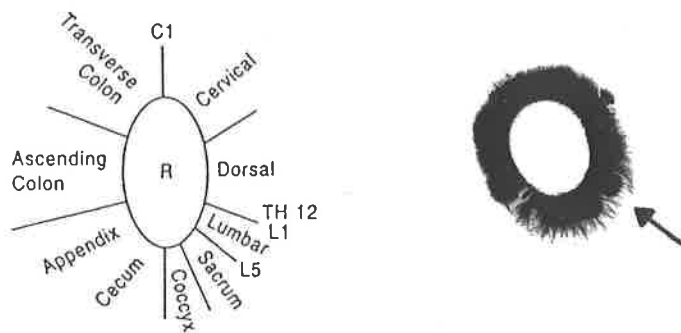


Figure 1.

The coronal phenomenology of the right index finger at the 5:00 o'clock position indicates disturbed, or in-harmonious, energetic information (or "strain") in the lumbar/pelvic region of the spine. This is consistent with the patient's report of severe pain in that region.

the context of the relationship existing between the *inner* corresponding organ/system and the *outer* visible "strained" sector. [*Strain* is the term we use to describe visible emission phenomena that correlates with disturbed, or inharmonious, energetic information within the body.]

MC/RD: Do you mean that by influencing or treating the sector, the "inner organ/system can be affected"?

PM: Yes. This relationship became apparent during observation of patients with painful conditions. We noted that the emissions in corresponding sectors of the EEA photographs were visibly influenced by the pain. It was found that therapeutic manipulation (by acupuncture, massage or Esoteric Colorpuncture™ Therapy¹) of those sectors could reduce or eliminate the pain.

MC/RD: Can you give us an example?

PM: Yes, here's one example. Within the EEA topography, the spinal column is reflected on the ulnar aspect of the index finger of both the right and left hands. Pathological conditions of the actual vertebrae are more often observed on the right index finger, while strain of the left side predominantly indicates nervous degeneration.

In patients who are experiencing spinal pain, specific related sectors always indicate signs of strain. For example, in the photograph shown in Figure 1, the phenomenology of the right index finger reveals strain in the lower pelvic region, consistent with the patient's report of severe pain in the lumbar and pelvic regions. The pain was then relieved by manipulation of the corresponding sectors on the fingertips.

From our perspective, this was empirical proof that:

1. The strained sectors on the photograph represent information about organ disturbances reflected onto the skin surface, where they can be observed via the Kirlian effect; and,

2. The information pathway which links the "inside" to the "outside" is bidirectional. Thus, an "outside to inside" information transfer occurs, for example, when manipulation of a specific topographic skin sector causes reactions in the corresponding organ/system.

It is important to note that since the emission configurations of living matter are continuously changing, the ray phenomena depicted in a single Kirlian photograph shows only a momentary glimpse of the organ sectors. If one looks at a series of photographs

TOPOGRAPHY: ENERGY EMISSION ANALYSIS

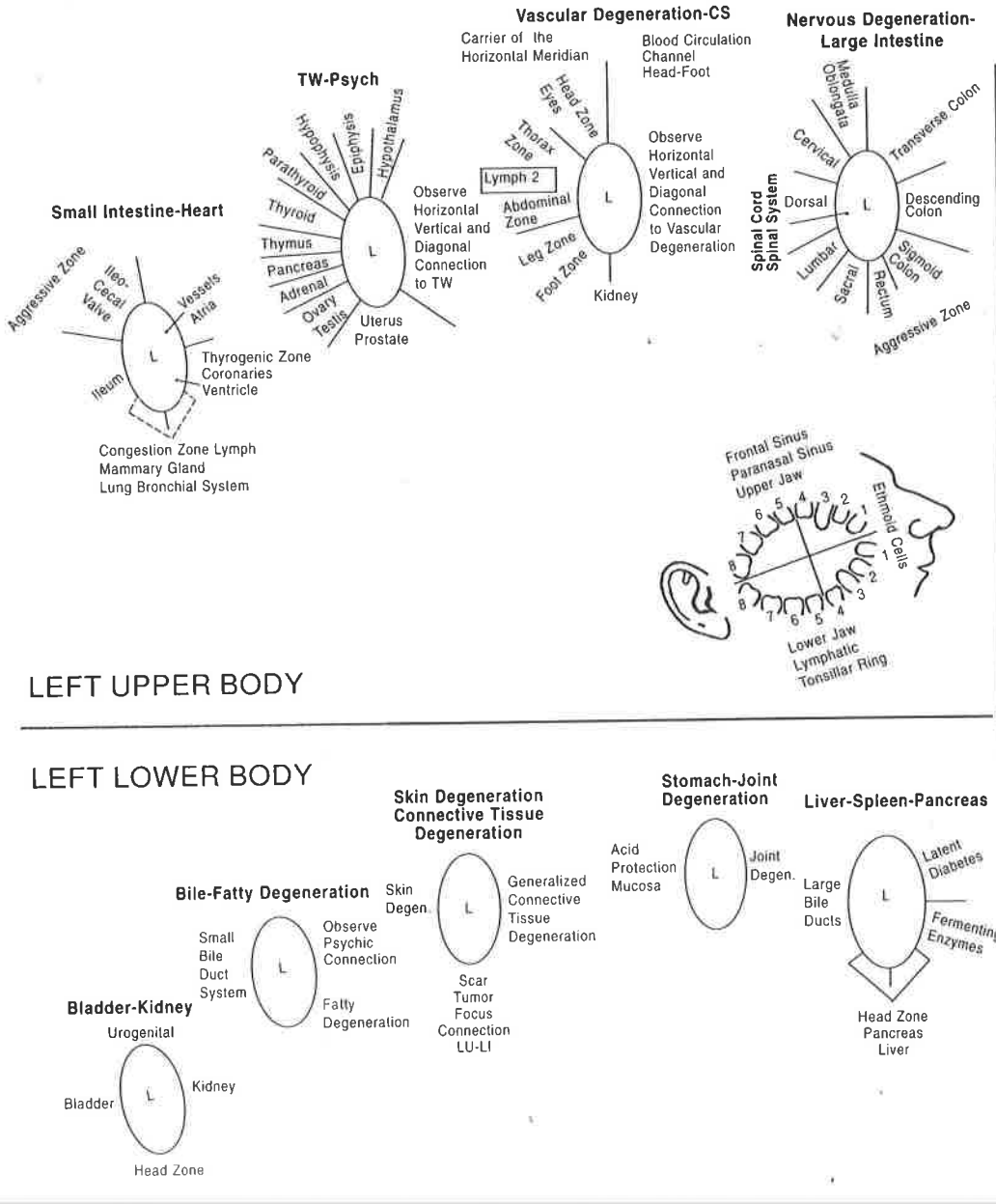


Figure 2-A.

Topographic map of the fingers and toes and their correlations to regions of the body according to Mandel's system of Energy Emission™ Analysis: The left fingertips and left toes are shown in the left upper and lower quadrants, respectively.

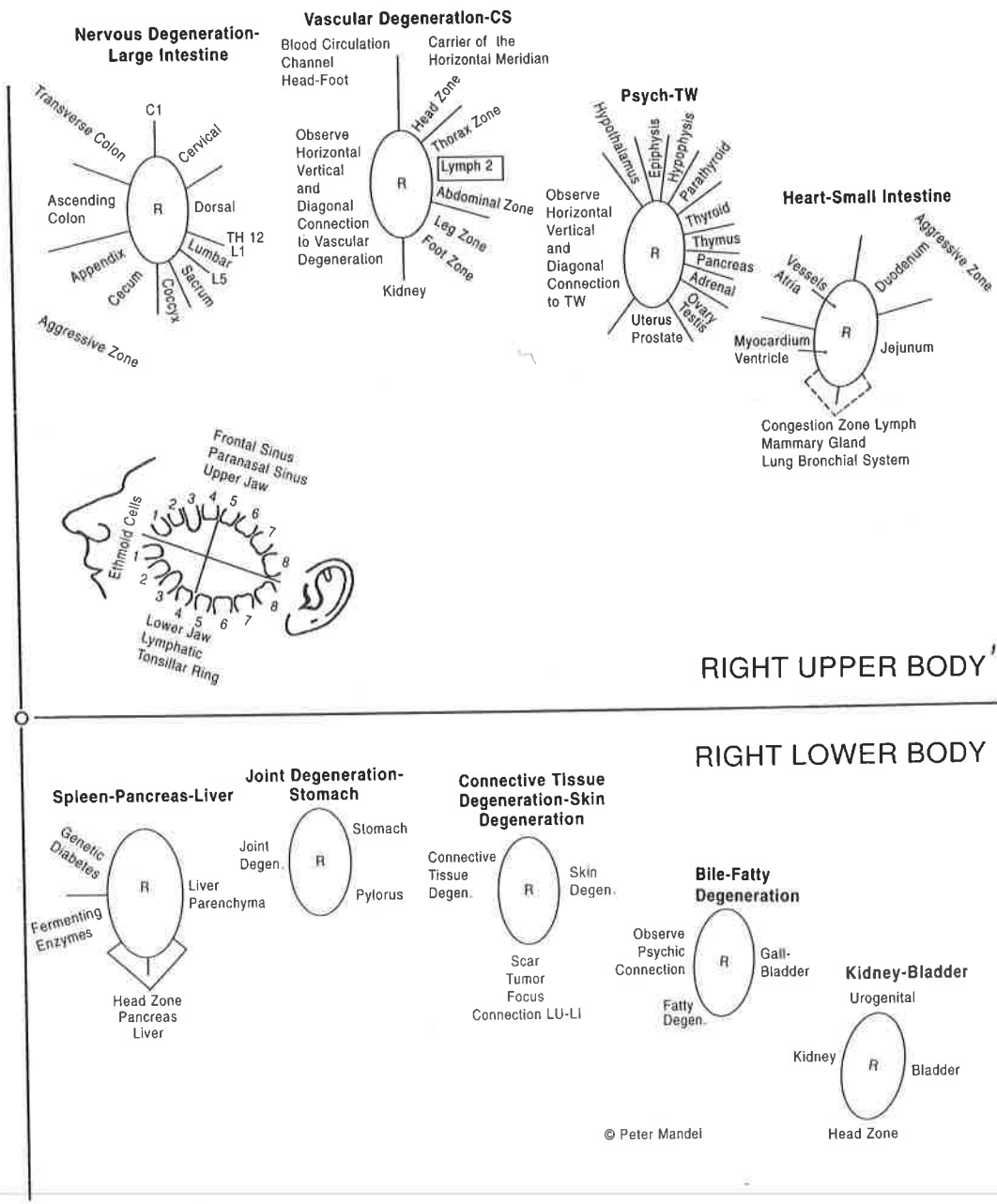


Figure 2-B. Topographic map of the fingers and toes and their correlations to regions of the body according to Mandel's system of Energy Emission™ Analysis: The right fingertips and right toes are shown in the right upper and lower quadrants, respectively.

of the same patient, without therapeutic intervention, the phenomenology will change within the sectors over time, even though the patient's pain may not have diminished. This is related to various specific phenomena which we will discuss later.

MC/RD: One of the things which we feel readers will find most interesting is the detailed and precise topography that you have developed in your EEA method. Would you describe this topography and how you arrived at it?

PM: The topography of the EEA method consists of 20 zones located at the beginning and terminal regions (on the fingers and toes) of the acupuncture meridians/channels (see Figure 2A & 2B). For identification purposes, we first borrowed terminology from classical acupuncture, and later, incorporated concepts and terminology from electroacupuncture according to Voll.^{9,10} However, we did rename an aspect of one region; specifically, the radial aspect of the ring finger, which Voll designated as "organ degeneration." In our experience, disturbances in this energetic area, without exception, have been found to be related to the human psyche. The opposite side of the ring finger, the ulnar aspect, relates to the endocrine system. The relationship between this system and the "psyche," the effects upon human physiology, and the behavior which arises out of this relationship are well known.

I want to emphasize that, based on our research and correlations, we have modified the way that energetic disturbances in the meridian areas are interpreted in EEA as compared to classical and electro-acupuncture. For example, we have expanded the energetic function of the meridian, to encompass more anatomic components. Also, we include interpretation of the psychospiritual aspects of these energetic distur-

bances, a consideration not generally found in other systems.

MC/RD: What are some of the basic "landmarks" in your topography?

PM: The topographic map is subdivided into four quadrants by a pair of perpendicular lines forming what we refer to as a "diagnostic cross" (see Figures 2A & 2B). Comparison and evaluation of the energy flow between these quadrants is a diagnostic priority in the EEA method. The horizontal line in the cross relates to a dividing line on the human torso which we have described as extending from acupoint LV-13 (Zhangmen) on one side, through CV-12 (Zhongwan), to LV-13 on the other side, and across the back along the upper kidney areas, and back to the initial LV-13. Thus, the topography separates the upper portion of the body (as represented by the hands) from the lower portion of the body (as represented by the feet). This upper-lower relationship has proven to be especially important because we have found that the energetic phenomenology that occurs in the sectors of the fingers often correlates with, or is related to, the phenomenology within the sectors of the feet. Observation of these correlations and relationships are helpful for determining both the source of the disturbance and the level and direction of therapeutic intervention required. An example is seen when the hands show one extreme of emission phenomena, such as degeneration, and the feet show another extreme emission phenomena, such as omission. These phenomena are related via an accumulation of stress and tension in the diaphragm area, which is affecting energetic flow between the upper and lower portions of the body. In other situations, the emission of a particular toe, e.g., the fourth toe, will show a correlated emission phenomenology in the fourth finger. The manifestation of such emission rela-

tionships provides clues regarding the level of involvement which may, among other things, include psychospiritual factors, as well as physical-energetic factors.

The vertical line of the diagnostic cross corresponds to a dividing line between the left and right sides of the body and reflects a diagnostically significant left-right energetic phenomenology. In other words, phenomena expressed on one side of the photograph may create, or be related to (and should be considered in relation to), accompanying phenomena expressed in the organ sectors on the other side of the photograph. For example, we frequently observed a marked difference in the overall amount of emission phenomena in one hand as compared to the other (whether these are omissions, point protuberances, or degenerations). Basically, we have designated these as indications of "laterality disturbance," which we have found relate to issues of left brain or right brain dominance.

MC/RD: How or why do these laterality disturbances occur and what do they mean?

PM: Beginning in 1986, British physician John Greenberg spent one year determining the meaning and significance of one hand showing more strain in comparison to the other. After lengthy correlations, he concluded that disturbances observed on the left were associated with pre-adolescent psychological trauma, and the disturbances observed on the right were associated with physical trauma, also pre-adolescent. According to his determinations, the probability was 86%! To this day, we find that patients' histories corroborate such occurrences.

MC/RD: Along with considering the laterality disturbances as a reflection of right brain/left brain imbalances, would you please summarize what we have heard you discuss previously about the relationship between the emission phenomena in each of the four quadrants of the Kirlian composite and brain waves?

PM: Yes. During our investigations, we noted that the extremities have a frequency-related connection to brainwaves. At first, these observations developed out of our treatment experiences. For example, we regularly observed that patients with chronic sleep disturbances—and hence, possible disturbances in theta and delta brainwave activity—always exhibited specific types of emission phenomena in the feet. From this, we hypothesized that the emission in the hands and feet may also be correlated to brainwave activity. Later, using our Vega-som™ device (Vega GmbH, Schiltach, Germany: designed to induce specific brainwave states via skin electrodes), we were able to confirm that induction of specific brainwave states would create highly predictable changes in emission phenomena expressed at specific sectors in the EEA photograph. Eventually, we concluded that the beta rhythm (13-30Hz) is related to the right hand; the alpha rhythm (7-13Hz) to the left hand; the theta rhythm (3-7Hz) to the right foot; and the delta rhythm (0.5-3.0 Hz) to the emission of the left foot. This discovery was especially useful for interpreting Kirlian images because it enables identification of relationships between emission phenomena (regardless of the person's particular complaint), and corresponding brain rhythms. It also suggested new therapeutic possibilities; i.e., we found that induction of specified brain rhythms on the skin influences the patient's symptoms and cancels related emission phenomena in the Kirlian photograph.

MC/RD: What constitutes healthy and unhealthy Kirlian emission phenomena?

PM: On a Kirlian photograph, a normal or healthy emission pattern is composed of two rings: an inner ring, the "thermal circle," consisting of a dense ray pattern; and an outer ring, the "bioluminescent circle," containing a less dense or thin "ray" pattern

Table 1.
Principal types of unhealthy emission phenomena, their significance, corresponding ray configurations and appearance as manifested in Kirlian photographs according to EEA

Phenomenon	Significance	Ray type	Appearance
Omission	Energetic deficiency or weakness in the corresponding organ sector/-system; indicates early energetic disharmony	Endocrine	Omissions or gaps in the corona
Point protuberance	Possible sign of infection or toxicity in the corresponding organ sector/-system; an indicator of reactivity and/or regenerative capacity	Toxic	Single dots or clusters (point protuberances) in the corona
Degenerative	Decreased capacity to transfer energetic information; may be an indicator of more chronic stages of illness	Degenerative	Corona consists of very thick thermal ring with or w/o bioluminescence

(see Figure 3). A harmonious or healthy state results in an emission pattern in which the corona is "even" all around; that is, both the thermal circle and the bioluminescence are mostly uniform, without clogging or excessive density. Additionally, the bioluminescence is "feathery."

With regard to abnormal or unhealthy emission phenomena, we have observed three principal types, which indicate: (1) deficiency, (2) toxicity, and (3) degeneration (see Table 1). There are a number of additional phenomena, which are associated with one or more topographical sectors; however, these special indications are all categorized within the three principal types.

The first type, the *omission phenomenon*, generally indicates a deficiency or weakness of the corresponding organ and manifests as an omission or gaps in the emission radiations (see Figure 4). These gaps can appear in individual sectors or in any and all sectors. They show a neurasthenic tendency; and they can indicate system-wide strain.

The second type, *point protuberance phenomenon*, indicates the presence of toxicity—infection or "aggression" (i.e., the system is reacting)—especially in the organ sectors in which they appear. This phenomenon manifests as a single dot or point, or in

clusters—thus, its designation "point protuberance" (see Figure 5)—and comprises the most frequent abnormal ray formation. As an indicator of reactivity, this phenomenon can show that the body still possesses regenerative capacity. Point protuberances that are connected to the corona indicate that the transfer of informational energy is not yet disabled. Point protuberances that are disconnected from, or are beyond, the corona suggest specific organ strains and eventually, the presence of cellular damage.

The third type, *degenerative phenomenon*, does not refer to degenerative cellular activity, but rather, to a decrease (or degeneration) in the capacity to transfer energetic information. This phenomenon manifests as a concentrated, great *increase* in the depth of the thermal circle. In the last phase of this multistage progression, this energetic degeneration appears as a loss of bioluminescence (see Figure 6).

These three principal types of phenomena can appear simultaneously in the corona of the fingers and toes.

Usually, omission or point protuberance phenomena will appear after a degeneration has resolved as a result of appropriate therapy. This should generally be considered a positive sign.

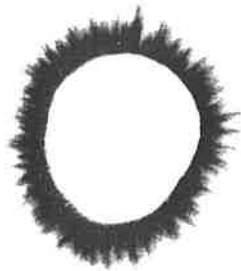


Figure 3.

Normal Radiation

As shown in this corona around the index finger, a healthy emission pattern is composed of two rings; an inner ring, the "thermal circle," consisting of a dense ray pattern; and an outer ring, the "bioluminescent circle," containing a less dense, or thin "ray," pattern. A harmonious or healthy state results in an emission pattern in which the corona is even all around; that is, both the thermal circle and the bioluminescence are mostly uniform, without clogging or excessive density. Additionally, the bioluminescence is "feathery."

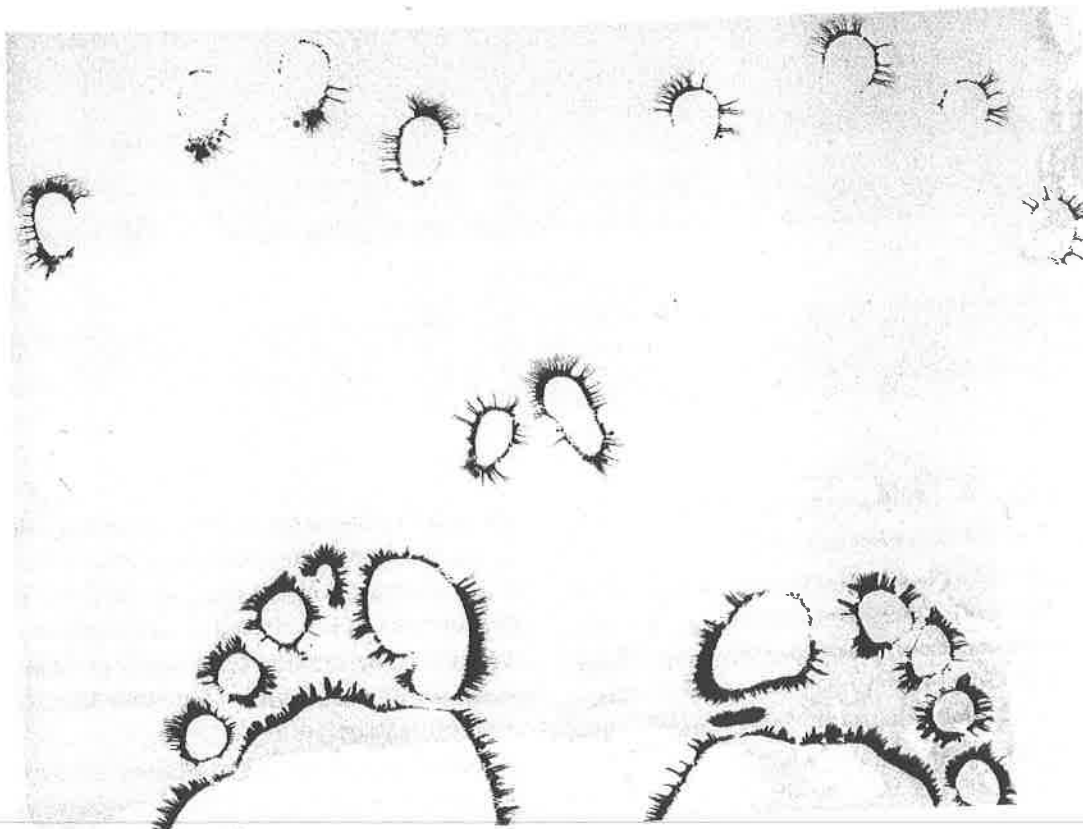


Figure 4.

Omission Phenomena

Unhealthy emission phenomena: This is a typical example of a Kirlian photograph showing multiple areas of "omission" phenomena, generally indicating a deficiency or weakness of the corresponding organ and manifesting as an omission, or gaps, in the emission radiation.

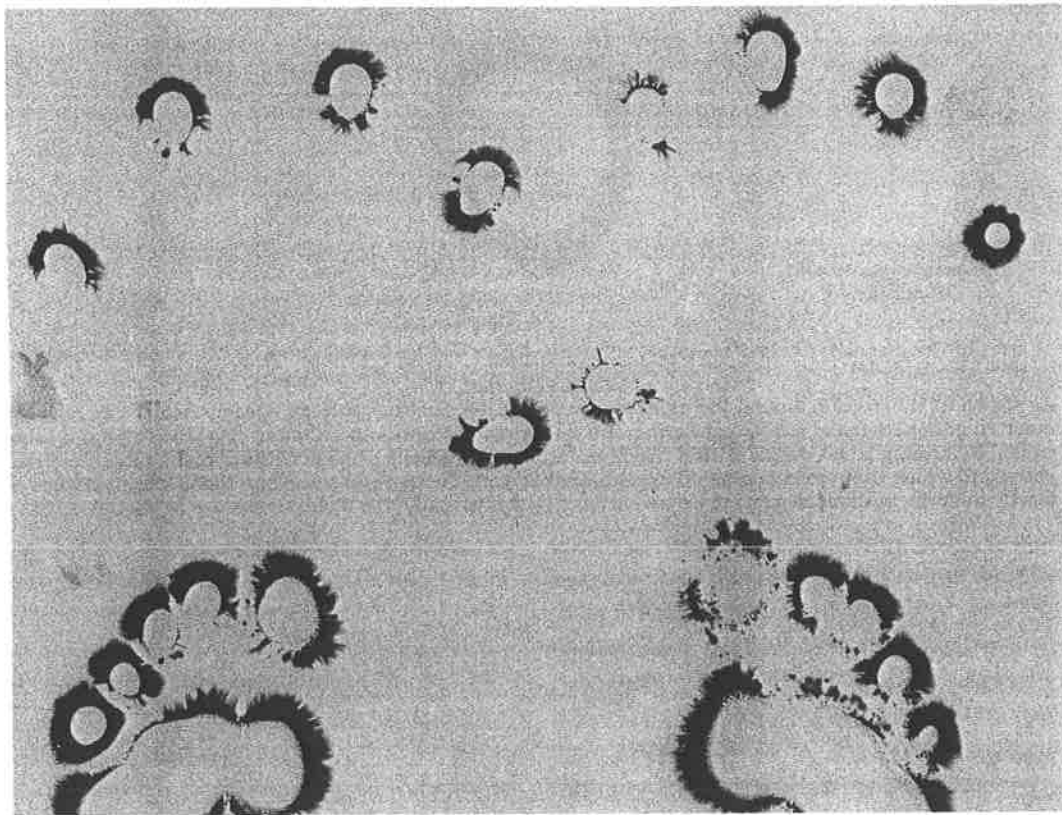


Figure 5.

Point Protuberance Phenomena

Unhealthy emission phenomena: This is a typical example of a Kirlian photograph showing multiple areas of "point protuberance" phenomena indicating the presence of toxicity—infection or "aggression" (i.e., the system is reacting)—especially in the organ sectors in which they appear. This phenomena manifests as a single dot or point, or in clusters—thus, its designation "point protuberance."

MC/RD: And what about your classification of the rays themselves?

PM: A ray type deals with a broad interpretation of the general overview. We differentiate between the types of ray qualities, as follows:

1. Endocrine ray (related to omission phenomena),
2. Toxic ray (related to the point protuberance, or toxic, phenomena),
3. Degenerative ray (related to degenerative phenomena)

When pathogenic energetic information first develops, it will manifest as the endo-

crine ray (designated "endocrine dysregulation"), the least unhealthy ray category, indicating presence of the omission (deficiency) phenomenon. If this dysregulation increases, it may develop into the toxic ray, a more serious stage; and if untreated, into the degenerative stage.

With regard to the endocrine ray, we define endocrine (hormonal) dysregulation as a weakness of one or more of the functions or controls within the complex endocrine system; such dysregulation always affects the entire organism. Endocrine dysregulation is implicated in all neurasthenic

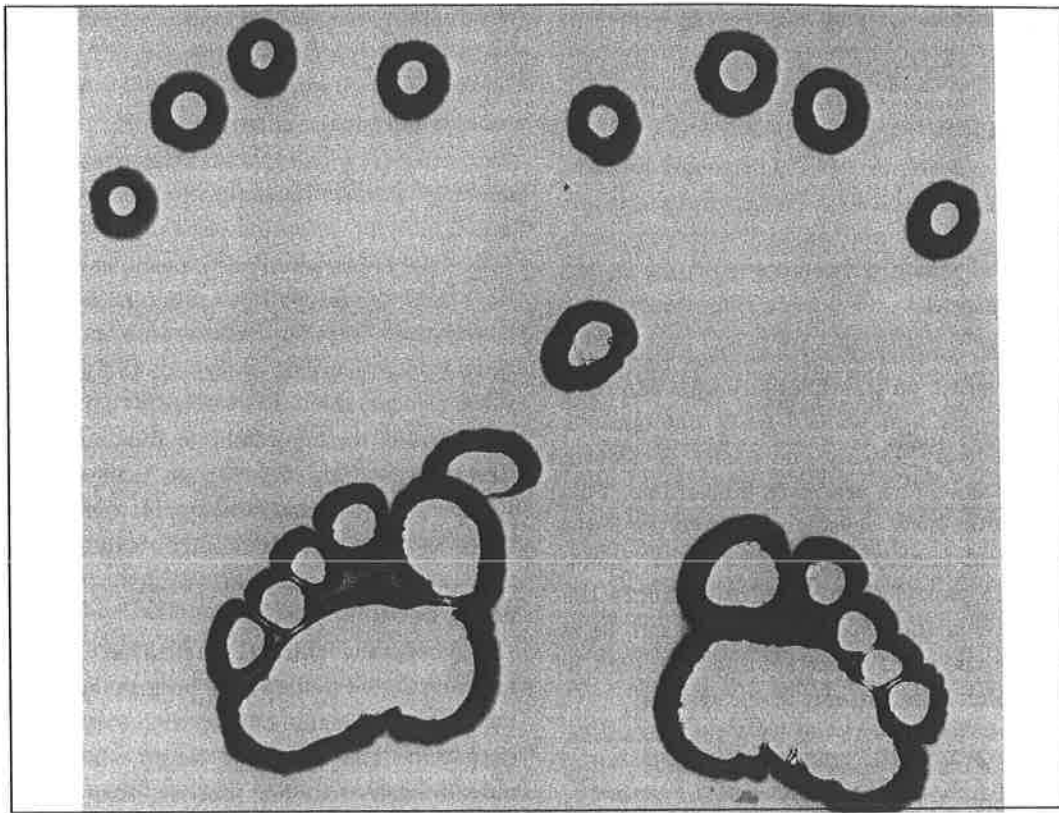


Figure 6.

Degenerative Phenomena

Unhealthy emission phenomena: This is a typical example of a Kirlian photograph showing multiple areas of "degenerative" phenomena, which does not refer to degenerative cellular activity, but rather to a decrease (or degeneration) in the capacity to transfer energetic information. This phenomena manifests as an increase in the density and depth of the thermal circle, and possibly loss of bioluminescence.

symptoms. Basically, we see all illness reflected in the endocrine system, regardless of the patient's presenting complaints.

The presence of toxic rays (indicating presence of the point protuberance phenomenon) is generally associated with the toxic inflammatory stage of the organism. The diseases manifesting the toxic ray quality correlate with all aggressive toxic inflammatory conditions. The density of the point protuberances indicates the severity of the process.

The presence of the degenerative ray (characterized by the increase in the ther-

mal circle and the absence of luminescence) is generally associated with illnesses of a degenerative nature; for example, arteriosclerosis, rheumatic changes, gout, organ degeneration, etc. The degree of severity of these illnesses can be correlated to the increased depth of the thermal circle.

MC/RD: How do you apply these concepts in clinical practice.

PM: We use EEA as a method for executing a "pre-check" of a patient to quickly obtain indications of where disturbed energetic information (strain) may be originat-

ing; these indications may then be evaluated or verified more precisely with further examinations and appropriate testing.

MC/RD: Before we take a look at a case history, it occurs to us that readers will be curious that the EEA photographs are processed in black and white. Would you tell us about the use of color photography in the EEA system?

PM: Certainly. First of all, I would like to elaborate on the difference between color and "black and white." B&W photographs can be more quickly and easily developed, and phenomena are more discernible. Furthermore, B&W development involves fewer technical factors (type of developer, photographic paper) that can also influence the outcome of the photo. For this reason, B&W tends to be more consistent and, therefore, is used almost exclusively in our system.

Concurrent with our B&W investigations, over the last 15 years we have been studying the applicability of color Kirlian photography. At this point, our observations suggest that three colors have particular significance: violet represents the mind, blue-green the spirit, and white the material body. Furthermore, psychological states appear to correspond to the variations in the color photos, which are characterized by a specific scheme and topography. The data gathered thus far has not been published. Currently, the color Kirlian photographs serve as support for the B&W method, and offer fascinating material for our on-going research.

MC/RD: You mentioned that you had brought some Kirlian photographs from one of the patients in your clinic. Please tell us about this case and your findings from their Kirlian photographs?

PM: This case deals with a 61-year-old woman. She presented with the following symptoms: inability to walk far without leg cramps, shortness of breath, wheezing and

productive cough, and years of recurring pain in the spinal column, especially in the lumbar region and neck for which she had been "taking pain killers for years." For the past ten years, she had also experienced recurring tinnitus (buzzing in the ears) with accompanying migraine headaches. For the past two years, she had experienced dizziness and "pressure above the heart." Recently, her episodes had become more frequent, now recurring every four to five days. Furthermore, she described heart "agitation," the sense of having a lump or tension in her now increasingly dry throat, and sudden itching over the entire body. However, she described the most distressing complaints as the increasing dizziness, migraine headaches, and tinnitus.

Before the patient's birth, her mother had attempted to abort the pregnancy. After her birth, the patient lived with foster parents until she was nine, after which she moved back with her mother. Her father was unknown and the mother had a lifelong history of psychological problems and related treatment. No other serious family illnesses were known. At ten, she had an appendectomy; at age 30, a tonsillectomy.

She previously had consulted several Western medical physicians who had each performed extensive conventional workups (EKGs, complete lab studies, etc.) which had revealed no clear diagnosis; however, the last doctor had found what he described as "the beginnings of heart insufficiency."

MC/RD: What did her Kirlian photograph reveal?

PM: First, the phenomenology in the patient's Kirlian composite shows a "mixed ray" form. In the fingers, toxic, as well as degenerative, structures dominated. By contrast, the emissions from the toes were barely perceptible, with numerous areas of omission phenomena (see Figure 7).

In a general overview, the most important emission phenomena and the most important sector of this particular patient's Kirlian composite is the toxic phenomena and the visibly evident "flattening" of the emissions at the 12:00 o'clock position on the index finger of the left hand (see A in Figure 7). Topographically, this area is an energetic reflection of the medulla oblongata and the region of C1 vertebra. Most of this patient's complaints correlate with strain in these sectors. The medulla oblongata contains nuclei which are associated through various pathways with the heart, lungs, and ears, and thus, may influence various functions in those organs, e.g., circulation, respiration, and hearing (tinnitus).

The fifth finger on the right hand showed a flattening of the emission phenomena in the region of the heart muscle (B in Figure 7), and a point protuberance in the heart vessels (C in Figure 7). On the left hand, the fifth finger showed point protuberance phenomena in the drainage region of the lymph, chest-lung region (D in Figure 7), as well as in the area of the left heart vessels (E in Figure 7). We also saw energetic evidence of her spinal pain in the lumbar sectors represented on the left index finger by a chain of point protuberances in the photograph extending from the cervical spine to the pelvic sector (F in Figure 7). The point protuberance in the thyroid sector at the 2:00 o'clock position on the right ring finger gives an energetic indication of strain correlating with tachycardia and the accompanying throat tension (G in Figure 7).

Finally, the flattening of emissions of the upper, ulnar aspect of the right index finger again indicates strain in the cervical vertebrae sector (H in Figure 7). This correlates to the dizziness, headaches and tinnitus, and a reflection of the primary signs of strain at the medulla and cervical sectors observed on the left hand at A of Figure 7.

MC/RD: How did you treat this patient?

PM: The therapeutic strategy involved treating the patient exclusively through the medulla oblongata via Esogetic Colorpuncture™ Therapy.¹ This included specific treatments in which colored light impulses were directed at points¹¹ on the body which relate to this region of the brain. In all, six ECT treatments were given over a period of six weeks. Following this series, the patient reported feeling "fit and healthy." The symptoms of head pressure, migraine, tinnitus, dizziness, "pressure above the heart," and respiratory problems were eliminated. She reported that her pelvis felt warm and that her leg cramps were gone.

Twenty minutes following the initial treatment, the follow-up Kirlian photograph was taken, in which the emission phenomena showed the following changes (see Figure 8):

Generally speaking, the signs of toxic phenomena had cleared. Sectors in the fingers which had previously shown phenomena, specifically point protuberances, no longer displayed flattening. If we compare Figures 7 and 8, we see that sector A in Figure 8, referring to the medulla oblongata, shows a reduction in point strain; B and C show a clearing of the toxic phenomena with some flattening still remaining (heart muscle, breast-lung area); D and E show the breast-lung area is clear although some strain in the left heart ventricle is still evident. Sector F shows elimination of strain in the lower spinal column-pelvic region; G shows that the point protuberance has been resolved and there is more consistent radiation in that sector; and H shows both sides improved, although some strain remains.

The patient was seen by us occasionally over the next four months. From time to time she still experiences some pressure in the head, but without dizziness; and a slight backache, especially in the morning.

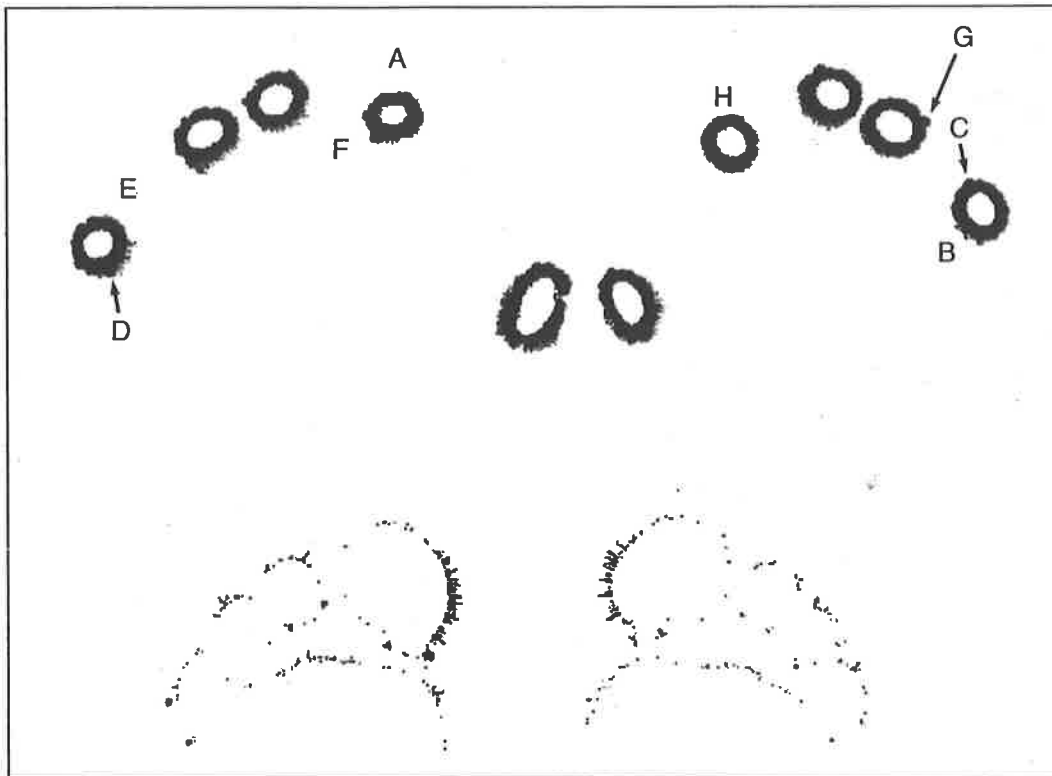


Figure 7.

Before Treatment

Kirlian photograph of a 61-year-old woman before treatment. Phenomena at sector A shows "flattening" of the emissions at the 12:00 o'clock position indicating toxic phenomena in the area reflecting the medulla oblongata and the region of C1 vertebra. The patient's complaints of dizziness, migraine headaches, and tinnitus correlate with strain in this sector. B shows a flattening of the emission phenomena in the region of the heart muscle; C shows point protuberance phenomena in the heart vessels region; D shows point protuberance phenomena in the drainage region of the lymph and chest-lung region, as well as in the area of the left heart vessels at E. Sector F shows energetic evidence of spinal pain in the lumbar regions represented by a chain of point protuberances in the photograph extending from the cervical spine to the pelvic region. G shows point protuberance in the thyroid region indicating strain correlating with tachycardia and throat tension; H shows flattening of emissions of the upper, ulnar aspect of the right index finger, indicating strain in the cervical vertebrae region which also correlates with dizziness, headaches and tinnitus.

MC/RD: We know that you also evaluate Kirlian photographs from the perspective of emotional or psychological, as well as spiritual, issues that your research has indicated can influence emission phenomena. With regard to this patient, can you describe the psycho-spiritual issues which you saw in her Kirlian composite?

PM: Every patient will always have what we term "soul problems." From our experience, we now maintain that this is the ultimate logic by which to find the reason be-

hind a patient's illness. However, her story is too long for inclusion in our case study.

MC/RD: Could you comment generally on how EEA enables consolidation of symptoms from a wholistic perspective?

PM: An evaluation of the topographical sectors and emission phenomena can provide unique wholistic indications regarding the source of energetic disturbances. However, consistent with the concept of wholism and causality, the mind/body/spirit interre-

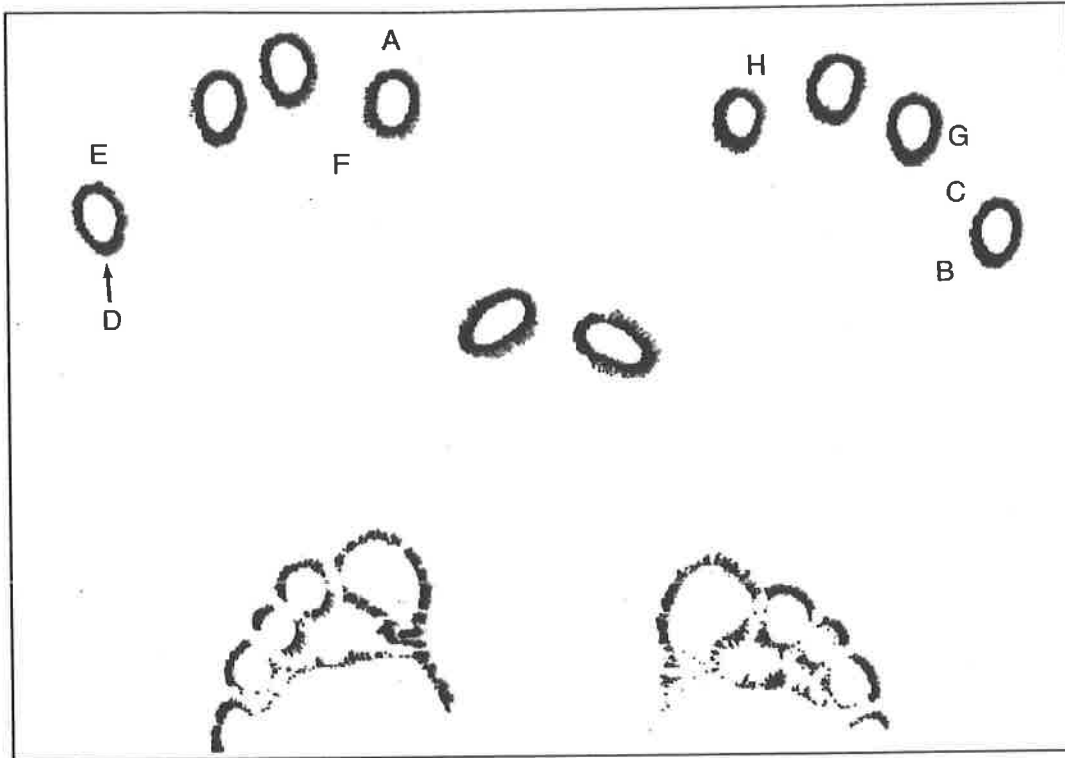


Figure 8.
After Treatment

Kirlian photograph of the same patient 20 minutes after treatment with Esogetic Colorpuncture™ Therapy. Generally speaking, the signs of toxic phenomena (evident as point protuberances) had cleared. Sectors in the fingers which had previously shown point protuberance phenomena, no longer display "flattening." Sector A, referring to the medulla oblongata, shows a reduction in point strain; B and C show a partial clearing of the toxic phenomena with some flattening still remaining (heart muscle, breast-lung area); D and E show the breast-lung area is clear, although some strain in the left heart ventricle is still evident. Sector F shows elimination of strain in the lower spinal column-pelvic region; G shows that the point protuberance has been resolved and there is more consistent radiation in that sector; and H shows improvement.

relationships must also be considered. Thus, from my perspective, a range of information regarding the patient's health status, including their psychological and mental stresses (e.g., the "entirety of their life"), as well as an awareness of certain spiritual perspectives (based on ancient and modern esoteric doctrines) can facilitate an understanding, and ultimately insight into strategies for helping the patient. For this concept I have coined the term *esogetics*, referring to the "merger of the esoteric wisdom of life with the energetic principles of life's processes."¹²

MC/RD: What do you mean by understanding the "entirety" of the patient's life?

PM: Yes. For me, no complaint—no illness—"falls from the sky." Everything has to develop. And, as I see it, dysfunction progresses from least to worst (e.g., psychological to serious physical illness, respectively).

Whether a person experiences psychological or physical distress, they feel sick. For such a patient, it doesn't matter whether a medical diagnosis confirms their complaint. They need help.

By using Energy Emission Analysis and understanding causality, it is possible to

detect predispositions and indications before they have manifested, or to trace the origins of manifested symptoms. Therefore, we see the special domain of EEA as providing a glimpse of possible etiologies, undetectable by conventional paradigms—in other words, EEA enables an analysis of so-called psychosomatic illnesses in relation to their deep psychological origins.

MC/RD: In the case you just reviewed, a subsequent Kirlian photograph showed immediate changes, compared to an earlier photograph. How is this possible?

PM: According to FA Popp, the human energy body, or energy field, is characterized by an extremely fast impulse velocity, such that the resonance patterns within the cells, organs and systems are communicated throughout the organism in a very short time.⁴ Our experience is entirely consistent with this hypothesis and suggests that the reality and speed of these energetic changes can be demonstrated with Kirlian photography.

MC/RD: Therefore, using follow-up, or post-treatment, photographs can provide a direct means for getting immediate feedback on the effectiveness of the therapy?

PM: Yes. With the initial EEA, the practitioner can obtain indications for specific therapeutic strategies. Following that treatment, subsequent photographs will allow quick observation regarding whether, for example, those strategies have addressed the cause of the patient's basic problem, or whether the patient's temporary pain relief can be attributed to the more superficial level of solely, symptomatic relief. Of course, one must realize that health, as well as illness, takes time; the three-level phenomenology of EEA (omission, point protuberance and degeneration) is helpful in monitoring progress. Evaluation of Kirlian photographs taken over several weeks or months can visually document the presence of patho-

logic emission phenomena; comparison to previous photographs enables assessment of improvement or deterioration.

MC/RD: In closing, what does your future work entail.

PM: In addition to ongoing research, I will be teaching what I have learned about Energy Emission™ Analysis and Esogetic Colorpuncture™ Therapy to capable and qualified practitioners through workshops and writing (see Bibliography). The workshops taught by myself and my certified instructors will start with the fundamental principles of human energetics and continue through advanced Kirlian phenomenology.

I believe that the application of this system can offer practitioners both a useful diagnostic tool for discovering the sources of energetic disturbances at the level of body, mind and spirit, as well as verifiability of the effects of treatment.

Endnotes

1. Croke M, Dass R: A brief introduction to Esogetic Colorpuncture Therapy—A system of wholistic acu-light therapy: Theory and case studies. *Amer J Acupuncture*, 1996; 24(2/3): 167-175.
2. Gennaro L, Guzzon F, Marsigli P: *Kirlian Photography: Research and Prospects*. East West Publications, London, 1980, pp 5-9.
3. DelGuidice E, Preparata G: Superradiance. *Frontier Perspectives*, 1990; 2(2): 16-17.
4. Popp FA, Becker B (eds): *Electromagnetic Bioinformation* (ed 2). Urban & Schwarzenberg, Munich, 1988, pp. iv, 146-147.
5. Milburn MP: Emerging relationships between the paradigm of Oriental medicine and the frontiers of Western biological science. *Amer J Acupun*, 1994; 22(2): 145-157.
6. Nordenström B: Bioelectrical circuits in the body. *Frontier Perspectives*, 1991; 2(2): 16-18.
7. Much of the material used in this interview was taken from conversations, round table discussions and seminars with Peter Mandel over a period of years. At present, the information on EEA is generally made available in seminars.
8. Popp FA: Physical basis of Kirlian photography. *Beitraege Zur Theorie-Diagnose (Comments Regarding Theory-Diagnosis)*, 1986; September, 1: 11-15. (In German)
9. Werner F, Voll R: *Electroacupuncture Primer* (H Schuldt, trans). Medizinisch Literarische Verlag, Uelzen, 1979.

10. Leonhardt H: *Fundamentals of Electroacupuncture According to Voll*. Medizinisch Literarische Verlag, Uelzen, 1980.
11. Approximately 30-50 of the points used in ECT are actual classical or modern acupuncture points. The remainder are points incorporated from other systems such as kinesiology, reflexology, Voll's electroacupuncture, as well as points discovered by Mandel, some of which can be located according to what he refers to as a "holographic grid."
12. Mandel P: *Practical Compendium of Colorpuncture*, vol 1. Energetik Verlag, Bruchsal, Germany, 1986, pp. 34, 39, 40-41, 33-41. (English trans.)

Additional Sources

- Mandel P: *Die Akupunkt-Impuls-Therapie*. Energetik Verlag, Bruchsal, Germany, 1988. (In German)
- Mandel P: *Energetische Terminalpunkt-Diagnose*. Esogetik-Verlag, Bruchsal, Germany, 1990. (In German)
- Mandel P: *Energy Emission Analysis: New Application of Kirlian Photography for Holistic Health*. Synthesis Publ. Co., Wesobrunn, Germany, 1987.

Workshops/Training

The authors work in cooperation with the International Mandel Institute to offer training in Esogetic Colorpuncture Therapy and Energy Emission Analysis throughout the United States. These programs include both introductory workshops as well as professional programs leading to certification. The training is designed in cooperation with Peter Mandel, and certification is granted through the International Mandel Institute.

On October 3-5, 1997 in Denver, Colorado, Peter Mandel will conduct his first U.S. seminar on Colorpuncture. Additionally, Part I of Kirlian Energy Emission Analysis training begins in Boulder, CO on February 14-16, 1998. For information regarding training in Esogetic Colorpuncture Therapy and Kirlian EEA, as well as upcoming seminars, contact:

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Resources and Equipment

For information on the products, equipment, and/or books by Peter Mandel, contact:

Institute for Esogetic Colorpuncture &
Energy Emission Analysis
1705 14th Street, Suite 198
Boulder, Colorado 80302
Tel: (303) 443-1666

Kamla AG
Ch-6006 Luzern
Switzerland
Tel: 41-36-58-36; Fax: 41-36-59-36

Osho Esogetic Vertrieb
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About the Authors

Manohar Croke and Rosemary Dass are certified practitioners of Esogetic Colorpuncture and Kirlian Energy Emission Analysis. They received their training from the system's originator, Peter Mandel.

Manohar Croke practices at the Boulder Wellness Center in Boulder, Colorado; she is the founder of the Institute for Esogetic Colorpuncture and Energy Emission Analysis and is an American representative for the German distributor of Mandel's books, tapes and products.

Rosemary Dass, LAc, DOM, combines ECT and EEA with traditional Chinese medicine in her private practice in Marin County, California.

Ms. Croke and Dr. Dass are certified by the International Mandel Institute as instructors and commit a large portion of their time to sharing the skills and information related to Mandel's healing systems. They are also contributing authors to *Light Years Ahead: The Illustrated Guide to Full Spectrum & Colored Light in MindBody Healing*, Celestial Arts Publishing, Berkeley (California), 1997. □