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Oxygen energy therapy (OET)

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Oxygen energy therapy (OET) is a form of therapy which improves the autonomic nervous system's ability to regulate. As the body's regulatory centre, the autonomic nervous system controls all the organs and organ systems which cannot be influenced voluntarily. By treating regulatory disorders in the autonomic nervous system efficiently, the functioning of the associated organs and organ systems can be improved.

The OET principle

„Consequently oxygen must first be activated in order to react with other biomolecules." (Source: E.F. Elstner). The OET principle is a method for producing singlet oxygen with oxygen energy subsequently being released in the moist air [1, 3]. The principle provides a method for activating oxygen and allowing oxygen energy to be formed and transmitted via water-saturated inhaled air.

OET technology enables energy to be transferred to the water molecules of air which is inhaled through an oxygen cannula. This energy transfer takes place through stable photosensitive catalysts (modelled on nature, e.g. plant pigment chlorophyll) being stimulated by special light wavelengths. The energy continually being released from the singlet oxygen in this fluorescence/chemoluminescence process is transported on by water molecules contained in humidity. OET technology uses a hermetically sealed system (activation chamber) to prevent singlet oxygen escaping.

Combination therapy

The therapy apparatus can combine 3 therapies at the same time; OET, colour and aroma therapy. The standard therapy is to apply OET in combination with colour therapy. Initial observations and studies on the mode of action which it is not yet possible to describe in detail are largely modelled on the mechanisms of oxygen therapy (see: Die Naturheilkunde 06/2009). Since colour therapy and aromatherapy in themselves represent stimulus response (regulation) therapies [SR(R)Th) / [4]), the mechanism of action must be examined in more detail by means of relevant test data.

Extracts from studies on OET

HRV Study Kucera [5]:
Inhaling oxygen energy for 20 minutes on a single occasion (Modus AE 5/5) had a marked influence on the autonomic nervous system demonstrating the regulatory efficacy of OET. A rise in efficiency of the regulatory systems was clearly evident. This increased efficiency is attributable to the activation of energy and metabolic resources combined with a parallel reduction in stress in the body (e.g. conditioned by illness and permanent stress) and to the harmonising action of the autonomic nervous system.

Study data:

Participants: 37 people, of whom 21 women and 16 men

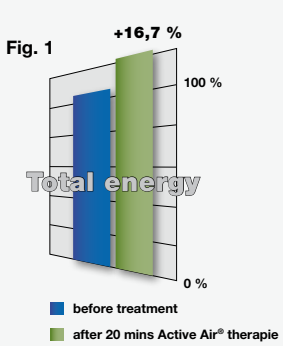
Age: 23 – 83

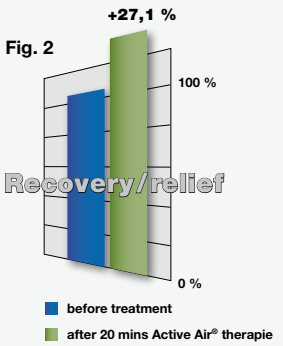
Average: 52 years

Disease: chronic cardiovascular problems, type I and II diabetes, COPD, Crohn's disease, rheumatism, asthma, etc.

One-off OET, 20 mins, concomitantly with medical treatment, testing all known HRV parameters, especially total energy (TP), stress index (SI) and parasympathetic nerve activity (RMSSD), 5 mins before and after OET

Source: Explore! For the Professionals and Health Conscious Magazine, Volume 16, Number 2, Presiott (USA) 2007





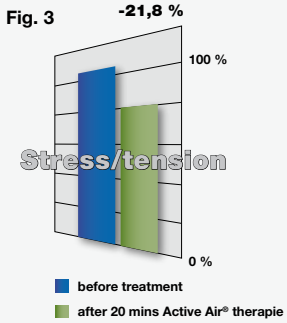


Fig. 1
Over 16% increase in total energy (TP) with OET

Fig. 2
Over 27 % increase in parasympathetic nerve activity (RMSSD) with OET

Fig. 3
Stress reduced (SI) by over 21% with OET

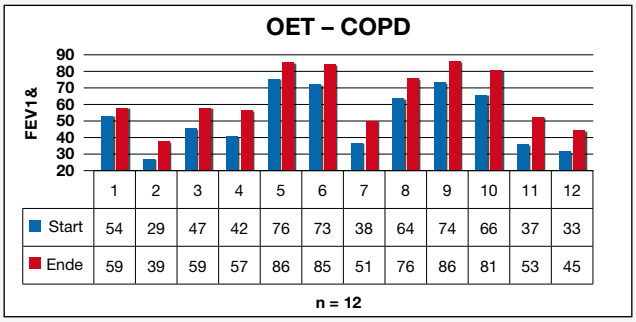
OET and COPD
(Chronic obstructive pulmonary disease)

This study shows that the oxygen energy therapy approach can be regarded as effective with COPD. COPD is incurable from a (conventional) medical perspective and, at best, the condition may develop at a gradual slow pace. COPD patients are reliant on an oxygen supply for virtually 24 hour a day in the final years of their illness. The disease results in an extremely poor quality of life, accompanied by permanent anxiety (shortness of breath). Mentally the patient is trapped in a vicious circle, having to contend with both the dismal prognosis and the life-threatening exacerbation continuously experienced on a daily basis (acute attacks). Complications caused by COPD result in high medication costs and side effects which, in turn, need clearing up with further medication.

Spirometry is the gold standard for further diagnosis and confirmation of COPD. COPD diagnosis is based firstly on the symptoms and secondly on lung function. The GOLD guidelines are used when classifying the degree of severity.

Placebo controlled study with COPD patients and oxygen energy therapy (OET)

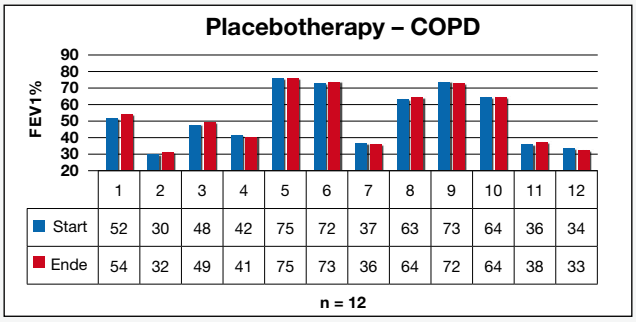
In this pilot study Kucera [6] demonstrated early successful treatment of COPD patients with OET.



	1	2	3	4	5	6	7	8	9	10	11	12
Start	54	29	47	42	76	73	38	64	74	66	37	33
Ende	59	39	59	57	86	85	51	76	86	81	53	45

n = 12

Group 1: OET group with 12 men suffering from COPD
4 smokers
8 non-smokers
Aged 49 to 67
2 x 20 mins OET daily for 6 months
Disease period between 4 and 10 years
FEV1% spirometric data recorded



	1	2	3	4	5	6	7	8	9	10	11	12
Start	52	30	48	42	75	72	37	63	73	64	36	34
Ende	54	32	49	41	75	73	36	64	72	64	38	33

n = 12

Group 2: placebo group with 12 men suffering from COPD
4 smokers
8 non-smokers
Aged 49 to 66
2 x 20 mins. placebo therapy daily for 6 months
Disease period between 5 and 11 years
FEV1% spirometric data recorded

Outlook

The OET principle is being elaborated in more detail as a hypothesis and methods of detecting mechanisms of action are being considered, proposed and tested:

1. Mechanisms similar to oxygen therapies [1, 2]
2. Mechanisms similar to (bio)photons in regulation diagnosis and therapies [3]
3. Mechanisms similar to stimulus response (regulation) therapies [4]

OET (inhalation therapy) could be useful for patients with chronic disease who have high levels of stress in the body and/or permanent stress. This stress leads to a reduction in the capacity of the regulatory systems (regulatory disorders of the autonomic nervous system) and subsequently to impaired homeostasis through metabolic imbalance and a drop in energy (metabolic) resources. The patient's overall state of health could be improved by OET through the regulation of the autonomic nervous system once more operating more effectively as a control and regulatory centre. This would result in more efficient regulation and consequently improved functioning of organs and organ systems.

The pilot studies briefly presented here were conducted both for short-term and long-term application of OET with the standard HRV method and spirometry to determine the immediate and long-term effect. Further studies which could support the results so far achieved with OET are therefore recommended. Work is being continued.

The study results obtained so far indicate that OET could enrich therapy, both for regulatory disorders of the autonomic nervous system and also with organ dysfunction, especially COPD.

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OET apparatus

Literature:

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