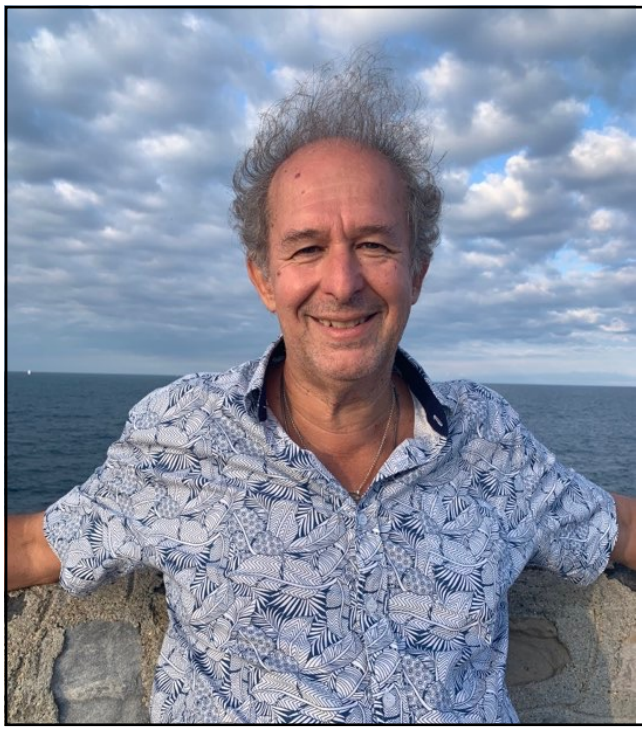


Standardised Photonic medicine examination

1

Standardised photonic medicine examination

2

I - The first step is to observe and listen to the patient

3

The way they walk, their build, the way they talk, their accompanying explanatory gestures or lack of them, etc... can give us an idea:

- on his typology.

* The emotional person's first act is to protect himself with his hands: he holds his head in his hands, hides, or puts his hands in his pockets. The individual is as if encumbered by himself. If he is enthusiastic, he will be more open.

4

* The parasympathicotonic is harder to pin down because he is more secret and does not want to give everything away.

* The sympathicotonic is sharper, more obvious, more expressive and less camouflaged, hypersensitive.

5

The patient should then be made to sit down and not take his eyes off him while talking to him: we can then see whether he wants to avoid us, hide things from us or, on the contrary, tell us everything.

6

- **On his laterality**: a patient is often poorly lateralised if they say they are both irritated and exhausted, if they are confused, if they look in all directions, if they speak with a tight jaw, if they cross their legs in all directions, etc.

7

Next, the patient should be questioned about family and personal medical and surgical history, and asked to describe the reasons for the consultation.

8

After the questioning, it's time to ask the patient to lie down for the clinical medical examination, and if anything has been concealed, it's usually expressed at this point.

The clinical examination must be complete, including the spine.

9

II - The second stage consists of examining the auricle

10

Firstly, it is visual, by observing its morphology, which can already provide us with a great deal of information.

The presence or lack of a lobule is highly significant: if it is absent, it is most often a sign of a difficult human relationship and a lack of emotionality.

11

As part of this detailed examination of the auricle, we will look for deformities and skin disorders, which will give us valuable information to take into account during treatment.

A painless deformation indicates an old, territorial event, organised and taken into account by the brain.

12

A deformity with pain indicates an ongoing event that is still functional.

Any deformation shows that it is necessary to provoke a reaction in the brain by working on the ear and that it is useless to act directly *in situ* on the organ(s) concerned in the first instance.

13

The deformity appears when the function is severely disrupted and persists.

The lesion will eventually settle on the disturbed function, hence the importance of spotting these deformities.

14

Palpation of the auricle can be helpful, looking for painful areas or points.

An area that is sensitive to palpation without deformity should point to a vascular or nerve problem, or both, to be tested later.

15

III - The third stage consists of a possible correction of the patient's laterality when the disorder is identified and significant.

16

In this case, observing the behaviour has already given us an idea of this disorder, which we can verify by projecting Green 53 onto the two hemispheres at forehead level and controlling the VAS.

17

If the number VAS is different on the right and left, both in terms of count and morphology, a correction should be made by projecting Green 53 onto the sagittal midline, the line of the inter-hemispheric commissures.

18

If the correction is insufficient, Green 58, Red 24 or Turquoise 38 should be projected onto the same line, depending on the results obtained.

It will also be necessary to check that there is no blockage of the first rib, which is often responsible for poor lateralization.
(We will see it later)

19

IV - The fourth stage is the analysis of the information provided by the VAS at the entry point with the projection of Green 53

20

The entry point is crucial in photonic medicine, as it corresponds to the transfer of somatic information to the brain.

At this point, towards the lower insertion of the ear, attention should be paid to VAS triggered by the projection of Green 53 .

21

22

In a healthy subject, there will be no information at the point of entry, either on the auricular pinna or on the soma.

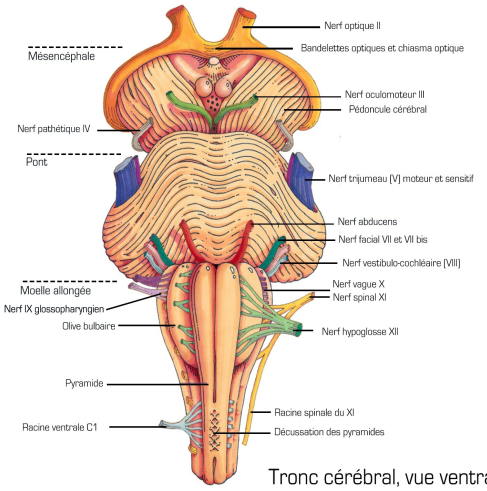
This corresponds to situations where redox is normal, arterial paO_2 greater than 98%, pCO_2 = 40% and pH = 7.42.

23

In the case of acute and simple localised pathology of the territories situated below the pyramid, the VAS will be perceived on the contralateral ear.

In the case of complex and/or chronic pathologies involving different systems, the VAS at the point of entry will be perceived bilaterally.

24



Tronc cérébral, vue ventrale

25

The absence of VAS at the point of entry with the presence of VAS in the ear, which are generally small and furtive, points to a central problem: brain tumour, Parkinson's disease, multiple sclerosis, etc.

26

The presence of inexhaustible VAS at the entry point and inexhaustible VAS in the auricle, which are generally thin and distant (as perceived from far away), points to a possible cancer.

27

V - The fifth stage is the analysis of the information provided by the VAS at the output point with the projection of Green 53

28

29

Let's not forget that the exit point corresponds to the distribution of cerebral information to the soma.

At the level of the posterior white commissure, towards the superior insertion of the ear, we will pay attention to the VAS triggered by the projection of Green 53.

VAS are almost always present here and can be used as a reference for taking the VAS.

30

The absence of VAS at the exit point can be seen in a healthy subject, but it should not be forgotten that it can also be the result of an absence of information transfer between the brain and the soma - the expression of a central problem (e.g. vascular rupture or nerve blockage) - or it can be the result of healing.

31

VI - Study of the Green 53 pretragale zone

32

After analysing the VAS at the point of entry, this area should be systematically explored to provide identification and localisation information, as it gives an overview of what is happening in the auricle, but in a broader sense.

33

Here too, as on the pinna, everything is reversed, with the head facing the lobule and the limbs facing upwards.

The organs distributed from the head are opposite the concha, along the tragus.

34

- The anterior part, from the bottom of the lobule to the tragus, is mainly concerned with head and neck problems.

- The anterior part, opposite the tragus, can be used to identify cardiopulmonary or digestive problems.

- The anterior area above the tragus will reveal problems of the limbs, muscles, thorax and flanks, but in an imprecise manner.

35

In right-handed people, the right pretragal area is anatomical and musculoskeletal, while the left side contains the organs.

This situation is reversed in true left-handed.

36

This pre-tragal region is a zone of expression for psychosomatic manifestations.

The luminous projection of Green 53 on this zone leads to a **liberating disconnection**.

37

VII - The next step is to study the information gathered by ear with Green 53.

38

For pavilion exploration, start with the "dominant" ear and do not forget the decussation according to the location of the disorders or symptoms.

Don't forget the perimeter and ridge of the ear, which can reveal psychological problems.

39

a/ Exploration of the perimeter of the ear

This corresponds to the callo-enthorinal space, where painful points or areas that need to be treated may be revealed, of central origin, reflecting a call for help from the brain.

Psychic disorders, essentially of traumatic origin, will also be found around the ear.

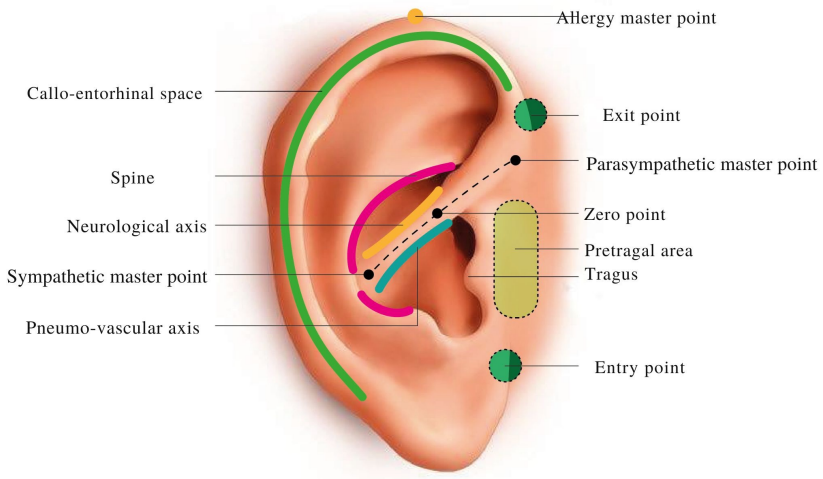
It should also be noted that the areas of scarring in auriculotherapy are located around the perimeter of the ear.

40

In the event of coexistence, priority should be given to treating the somatic information, so as to keep the psychological information intact: it is essential to safeguard it so that it can be treated in the best possible way later.

41

b/ Study of the helix root on green 53

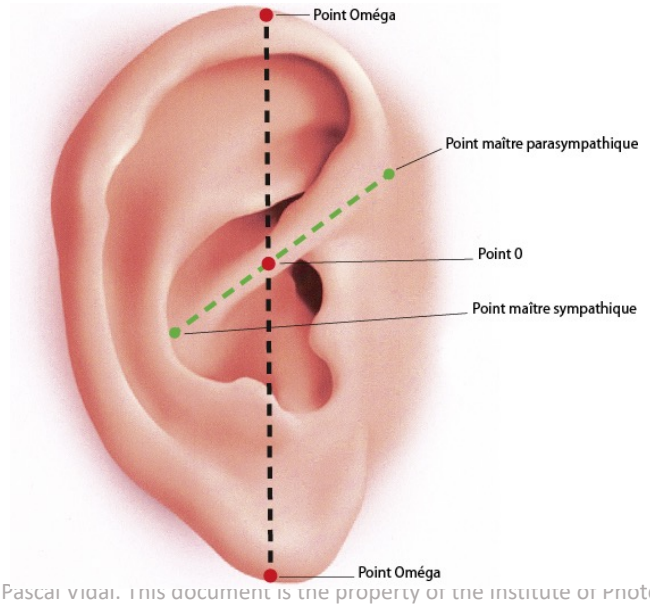


42

All the information passing through this axis corresponds to the medulla and the neurovegetative system, and this zone reveals the vascular distribution.

- The observation of VAS on the upper part of this central axis indicates nervous information.
- The presence of VAS on the lower part of this axis reveals pneumovascular information, predominantly respiratory.

43



44

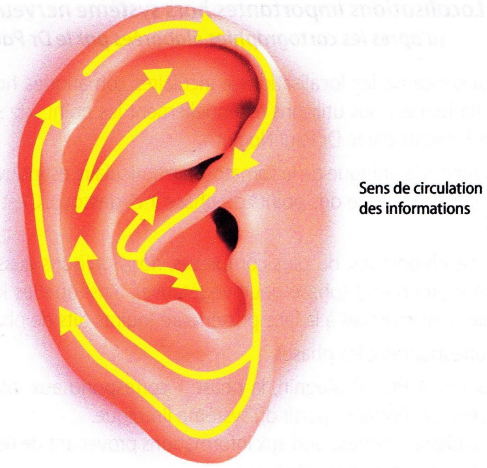
c/ Pavillonal exploration and the search for points with dominant VAS, also known as "exquisite pain points".

It is important to look for one or more zones on the auricular pinnae where Green 53 triggers the same type of VAS as at the point of entry, in order to "localise" the pathological process.

45

In every patient, all 2 auricles should be explored first with Green 53, projected in a punctiform fashion using an optical fibre connected to the Premio 40, following the order recommended in the following diagram:

46



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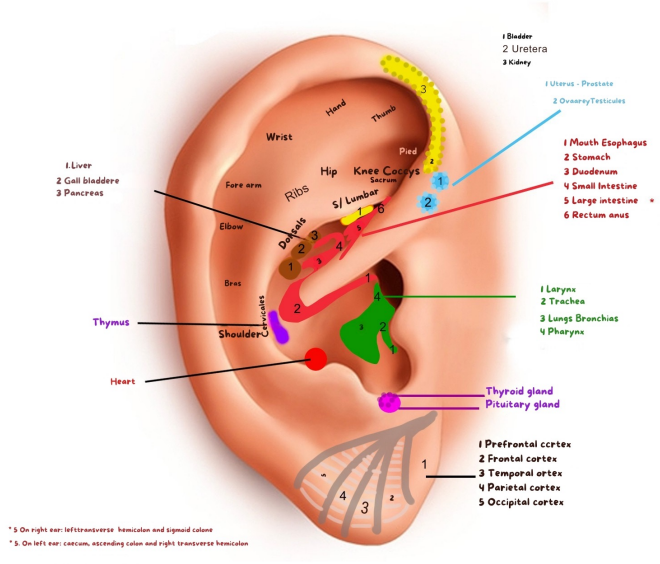

48

The presence of VAS in the area corresponding to the spine means that an immediate *in situ* search must be made for the possible existence of slipped vertebrae, using the thumbs-up manoeuvre on the spinal column.

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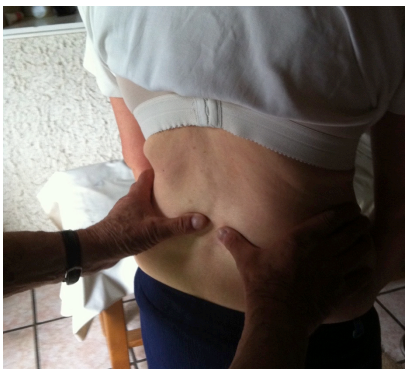


50

The presence of VAS in the area corresponding to the heart/lungs means that we have to auscultate the patient and test the metameric areas of the heart and lungs using VAS.

The presence of VAS in the area corresponding to the intestines immediately leads us to explore the intestines locally.

51

Sometimes exquisite pain point(s) (3 points maximum and often aligned) are revealed by contact with the colored projection during exploration and are very precious to us.

This is most frequently observed in cardiac, vascular or intestinal pathology.

52

These points express the major suffering of a *function*, translating a "call for help" from the body to the brain.

If these points react to the :

- Turquoise 44 or 38: circulatory information is released.
- Yellow (9, 12 or 16): in this case, the release of nervous information.
- Orange 21: it corresponds to the release of metabolic information.

53

In this case, the light stimulation should be applied persistently until the pain in the exquisite pain point disappears, looking for the most specific colour (the one that provoked the most reactions), and switching off the VAS completely with it.

54

d/ Posterior zones of the ear

It is essential to complete the exploration by looking at the back of the ear, which is generally neglected, as it may reveal muscular problems in the spine, pelvis or limbs.

As far as the reticular substance is concerned, it is easier to approach it in Green 53 in the sub-occipital area, the mastoid area being the place where it is most accessible.

55

VIII - Exploring Penfield's homunculus

56

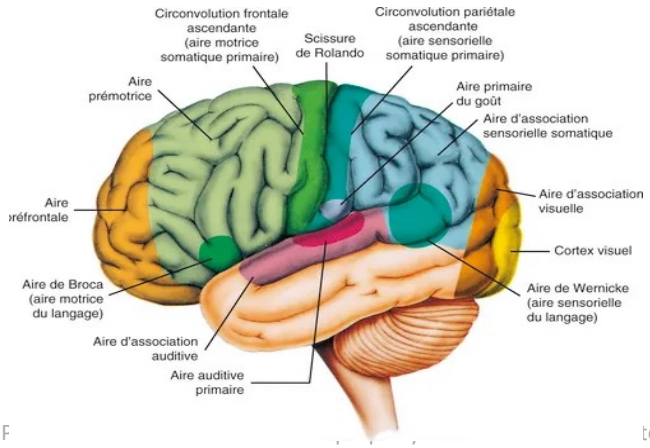
This is a necessary step if the previous step revealed disturbances in the limbs and head.

Remember that :

- The motor homunculus is located on the ascending frontalis

- Sensory and sensory homunculus on ascending parietal surface

57



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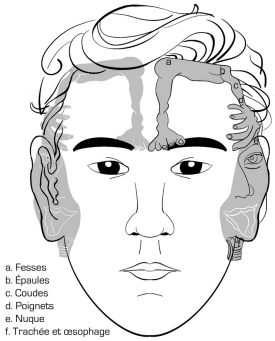
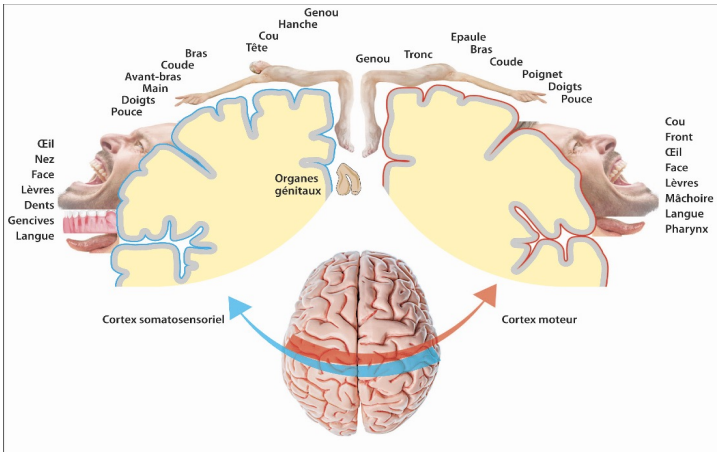


HOMONCULUS

59



60

IX - The final part will consist of exploring and treating in situ.

61

Depending on the results obtained during the pavilion exploration, it may be necessary to check the state of the plexuses concerned, remembering that in principle they normalise the information between the brain and the organs.

62

Then, if necessary, the paravertebral sympathetic chains on either side of the spinal column should be checked using Green 53, bearing in mind that the spinal cord is the body's "motorway".

63

And of course, local treatment should b performed on the disturbed areas and involved organs in the physiopathology, with the same color sequence the in the pinna.

64

XII - Conclusion

65

In all circumstances, restoration of the physiological process and function takes priority over direct treatment of the symptom or the injury.

66