

Photonic Medicine

Case 1 – Sofia

Practitioner:

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Symptoms Following COVID-19 Affecting Breathing and Digestion

Presentation of the Client

Sofia is 13 years old and attends school. She lives with her mother, father and siblings. Sofia is a competitive swimmer and attends swimming training seven times a week, as well as one additional physical training session per week.

Sofia sought treatment for long-standing abdominal pain and breathing difficulties. These problems particularly affect her during swimming and other activities that leave her short of breath.

Sofia's goals for the treatment are:

- To experience less abdominal pain
- To be able to breathe more deeply and freely
- To reduce nausea when taking a deep breath
- To improve her breathing during swimming
- To achieve better and more stable bowel function without constant constipation
- To be able to participate fully in all training sessions again

Current Symptoms

Sofia has experienced pain in the upper part of her abdomen for approximately one year. She describes the pain as a sensation of hunger, even when she is not necessarily hungry. She also experiences more persistent pain immediately below the rib cage.

The abdominal pain is often aggravated by swimming and holding her breath. When Sofia attempts to take a full, deep breath, she may experience nausea. She feels that her breathing mainly takes place in the upper part of her chest, and she describes it as if she sometimes “forgets to breathe”.

While swimming with fins, she can only hold her breath for approximately 25 metres before feeling the need to breathe. Her symptoms are less pronounced during periods when she is not swimming.

Over the past year, she has been unable to complete an entire training session and has often had to leave the water after only 30 minutes because of severe pain. She also frequently comes home and lies in bed with abdominal pain. She often sleeps when she comes home from school, and her mother is very concerned.

Sofia has also had a tendency towards constipation for several years and uses Movicol when needed. At the same time, she reports having a bowel movement every day. This is not necessarily a contradiction, as constipation may also involve hard stools, straining, pain or a sensation of incomplete evacuation.

Previous Illnesses and Treatments

Sofia had mononucleosis when she was ten years old. She has also had COVID-19, after which her breathing difficulties began. Her doctors do not believe that the symptoms are caused by long COVID, but the family firmly believes that there is a connection.

She had nasal polyps removed twice when she was very young, before the age of six.

She reports no other known illnesses, food intolerances or allergies. She takes a progestogen-only contraceptive pill and uses Movicol when needed. She does not smoke, use nicotine products or drink alcohol.

Sofia has undergone numerous hospital assessments, but no explanation for her symptoms has been found. She has had scans, lung function tests and tests for asthma and other allergies. All results have been normal.

Sofia rates her discomfort and pain as 10 on a scale from 0 to 10.

Sleep, Diet and Daily Life

Sofia usually sleeps for 8–9 hours on weekdays and 10–12 hours at weekends. On days when she has morning training, she gets up at 4:45 a.m. On other school days, she gets up at approximately 7:00 a.m. She normally goes to bed between 9:00 and 9:30 p.m.

Her diet includes yoghurt with banana for breakfast, fruit as a snack, rye bread, toast or leftovers for lunch, and ordinary varied meals for dinner.

Sofia is described as happy and positive, even when she is experiencing abdominal pain. She does not feel that she has an elevated stress level and is described as someone who generally manages her daily life well.

Description of COVID-19 and Post-COVID Symptoms

COVID-19 is caused by infection with SARS-CoV-2. Some people experience symptoms that continue or develop after the acute infection. The World Health Organization describes post-COVID condition as symptoms that usually develop within three months of the infection, last for at least two months and cannot be better explained by another diagnosis.

Post-COVID condition can affect several organ systems. Common symptoms include shortness of breath, reduced physical capacity, fatigue, pain and cognitive difficulties. Gastrointestinal symptoms may also occur, including abdominal pain, nausea, diarrhoea and constipation.

According to the medical history, Sofia's altered breathing pattern began after COVID-19. She experiences shortness of breath, difficulty taking a deep breath, nausea and reduced capacity during swimming. Her symptoms could therefore be consistent with prolonged symptoms following COVID-19. However, her doctors have ruled this out.

Because deep breathing and holding her breath trigger both nausea and pain below the rib cage, I considered the diaphragm to be a relevant area to include in the functional assessment. The movement of the diaphragm affects both breathing and the pressure relationships between the thoracic and abdominal cavities.

It was therefore also relevant to consider tension or dysfunction within the three layers of connective tissue, as described in the training material. This is a treatment hypothesis and not a medical diagnosis.

Treatment Strategy

All four treatments were performed using photonic medicine under RAC-VAS control. Both ears were initially examined using Green 53. The areas that produced a VAS response were then examined and treated using the relevant colours.

The choice of colours was guided by:

- Sofia's medical history and symptoms following a viral infection
- Her impaired breathing
- Her abdominal pain and constipation
- The specific RAC-VAS responses observed during each treatment
- The principles described in the photonic medicine training material

The RAC-VAS findings are used in this case as a guide for treatment. They cannot, in themselves, be used to establish a medical diagnosis. For example, a response in the tuberculosis zone does not mean that the client has tuberculosis.

Rationale for the Colours Used

Green 53 was used as the initial exploratory and harmonising colour. Within the teaching model, this colour is used to identify areas of functional imbalance and to promote greater neurovegetative balance.

Red 25 was used on responding areas because of the anti-inflammatory and anti-infective properties attributed to the colour in the training material.

Blue 47 was particularly relevant because of Sofia's history of viral infection and her symptoms following COVID-19. In the training material, this colour is described as central to the treatment of viral conditions. It was used on, among other areas, the lung zone and responding cerebral areas.

Turquoise 44 was used as a potentiating colour with a focus on inflammation, movement and flow. The colour did not produce a clear response during every treatment.

Green 58 was used as a normalising and cleansing colour following the anti-inflammatory and anti-infective colours.

Green 54 repeatedly produced a clear VAS response. In the training material, the colour is associated with bacterial processes and prolonged tissue responses following infection. However, the response cannot be interpreted as evidence of a bacterial infection.

Yellow 12 was examined with a focus on neuronal regulation, nervous tissue and digestive function. Responses were only found in certain areas and during certain treatments.

Purple 24 was used with a focus on functional relaxation and the regulation of tissues and organs. The colour only produced relevant findings during the fourth treatment.

Orange 21 was introduced later in the treatment course. In the training material, the colour is associated with tissue respiration, metabolism, the mesenchyme and the pulmonary parenchyma. The colour was not prioritised at the beginning of the treatment course because, according to the protocol, it should not be used at an early stage when a potentially active inflammatory process may be present.

Cyan 80B was examined with a focus on metabolic and enzymatic regulation, as well as harmonising and pain-relieving effects.

Indigo 98 was used for final control and harmonisation. As the training material also describes a potentially slowing or constipating effect, it was relevant to remain aware of Sofia's constipation and monitor her response between treatments.

The Treatments

Treatment 1

Date: 1 May 2026

The opening RAC-VAS value was 47.

During the initial exploration using Green 53, I found the following responses:

- Liver: 36
- Pancreas: 16
- OPRIM/pineal area: 15
- Lung: 17

The following colours and areas were then treated:

Colour	Responding areas
Green 53	Liver, pancreas, OPRIM/pineal area and lung
Red 25	Liver, pancreas and kidney

Colour	Responding areas
Blue 47	Lung and liver
Green 58	The previously responding areas
Green 54	Only a limited response
Yellow 12	Hypothalamus, but no clear response in the organ areas
Cyan 80B	Mild response in the organ areas
Indigo 98 F	Response in the organ areas

Following the auricular treatment, the back was examined and treated using C-frequency behind the colour filters. The same overall sequence of colours was used under RAC-VAS control.

The closing RAC-VAS value was 7. This represented a clear reduction from the opening value of 47 during the treatment itself.

Homework for Sofia: To use the breathing exercises covered in Module 2, as she clearly does not use the full movement of her diaphragm when breathing.

Treatment 2

Date: 22 May 2026

Since the previous treatment: Sofia reports that she has been able to participate in more training sessions without having to leave the water. I observe that she only breathes fully into her abdomen when she is lying down and receiving treatment. Sofia herself says that she does not feel any better, but her mother has a different impression.

The opening RAC-VAS value was 21.

Colour	Responding areas
Green 53	Liver, pancreas, tuberculosis zone and kidney
Red 25	Liver, pancreas and lung
Blue 47	Prefrontal cortex, OPRIM and liver
Turquoise 44	Hypothalamus, liver, pancreas and kidney
Green 58	Only a limited response
Green 54	Clear response in the liver, pancreas and lung
Yellow 12	No relevant response
Purple 24	No relevant response
Orange 21	Not used at this stage of the treatment course
Cyan 80B	Liver, lung and pancreas

During the second treatment, the opening value was significantly lower than during the first treatment. The lung, liver and pancreas continued to respond to several colours. Green 54 was particularly relevant during this treatment.

The closing RAC-VAS value was 5.

No treatment was performed on the body because of time constraints.

Treatment 3

Date: 26 May 2026

Since the previous treatment: Sofia is now able to participate in an increasing number of training sessions without having to stop. She still experiences pain, but it is no longer severe enough to make her discontinue the training session. Sofia still feels that nothing is changing, although she can acknowledge that she is participating much more fully in her training.

The opening RAC-VAS value was 24.

Colour	Responding areas
Green 53	Liver, hypothalamus and lung
Red 25	Lung and hypothalamus
Blue 47	Prefrontal cortex
Turquoise 44	No response
Green 58	No specific areas documented
Green 54	Clear response in the lung, liver and kidney
Yellow 12	No relevant response
Purple 24	No relevant response
Orange 21	Lung, liver, kidney and hypothalamus
Cyan 80B	No clear response
Indigo 98	Prefrontal cortex and hypothalamus

Orange 21 was included during this treatment because the treatment course was no longer in its early phase. Responses were found in the lung area as well as in several regulatory and metabolic areas.

Green 54 was again clearly relevant, particularly in the lung, liver and kidney.

The closing RAC-VAS value was 6.

Treatment 4

Date: 10 June 2026

Since the previous treatment:

Sofia has now participated in all her training sessions without stopping or leaving the water. She still experiences pain during training. I asked her to rate how uncomfortable the symptoms were now on a scale from 0 to 10, and her rating had fallen to 5.

There had also been a development in relation to the ongoing hospital assessments. All Sofia's tests and results were normal, although the hospital staff also observed that she was significantly affected in her daily life.

Sofia was offered daily maintenance asthma medication. However, according to the information given to the family, taking the medication would prevent her from participating in competitive swimming because she does not have asthma and the medication would therefore be included on the anti-doping prohibited list.

Both Sofia and her mother wished to continue treatment with photonic medicine and decided, initially, not to use the medication.

The opening RAC-VAS value was 17.

Colour	Responding areas
Green 53	Tuberculosis zone, prefrontal cortex, pancreas and lung
Red 25	Lung, pancreas, liver and kidney
Blue 47	Lung and prefrontal cortex
Turquoise 44	No response
Green 58	Lung, pancreas, kidney and liver
Green 54	Clear response in the lung, liver and pancreas
Yellow 12	Lung, stomach and colon
Purple 24	Lung and stomach
Orange 21	Lung, pancreas and liver
Cyan 80B	No clear response
Indigo 98	Prefrontal cortex

During the fourth treatment, there continued to be responses in the lung area and the areas associated with digestion. For the first time during the treatment course, a clear response was found in the stomach and colon using Yellow 12, as well as in the stomach area using Purple 24. This was relevant in relation to Sofia's persistent abdominal pain and constipation.

Development Throughout the Treatment Course

The opening RAC-VAS values developed as follows:

Treatment	Opening RAC-VAS value
Treatment 1	47
Treatment 2	21
Treatment 3	24

Treatment Opening RAC-VAS value

Treatment 4	17
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There was an overall reduction from 47 during the first treatment to 17 during the fourth treatment, although there was a small increase between the second and third treatments. The reduction demonstrates a change in the RAC-VAS profile, but it cannot be used on its own as evidence of clinical improvement.

The most consistently responding areas were:

- Lung
- Liver
- Pancreas
- Kidney
- Prefrontal cortex
- Hypothalamus

The lung area responded during all four treatments and to several different colours. The liver and pancreas were also recurring findings. Within the photonic treatment model, this is consistent with Sofia experiencing both respiratory and digestive symptoms.

Results and Clinical Assessment

After four treatments, the result is assessed as partial and mixed.

On the one hand, the opening RAC-VAS value decreased, Sofia's mother observed a clear improvement, and the subjective symptom score fell from 10 to 5. On the other hand, Sofia did not experience an overall improvement herself, despite now being able to participate in all her training sessions and no longer needing to sleep after school.

It cannot be concluded after four treatments that the symptoms have disappeared. The absence of a clear effect on the pain experienced during swimming may partly be explained by competitive swimming placing significantly greater demands on breathing, the diaphragm, abdominal pressure and overall physical regulation than ordinary daily activities.

Further Treatment Plan

I assess that Sofia may benefit from further treatments with a particular focus on:

- The lung area
- The diaphragm and breathing pattern
- The liver and pancreas
- The stomach and colon
- The three layers of connective tissue
- The prefrontal cortex and hypothalamus
- The relationship between her symptoms and the physical demands of swimming

I would recommend a further two to three treatments at four-week intervals, after which the effect should be evaluated systematically.

The continued evaluation should use consistent measures for:

- Abdominal pain at rest
- Abdominal pain during and after an ordinary swimming session
- Nausea during deep inhalation
- Her perceived ability to take a full, deep breath
- Stool consistency and the degree of difficulty during bowel movements
- Her need for Movicol
- Sofia's own assessment and her parents' observations

As Sofia continues to experience exertion-induced breathing difficulties and long-standing pain in the upper abdomen, it should also be ensured that she has received appropriate medical assessment.

In this case, photonic medicine should be used as a complementary treatment and should not replace medical assessment of persistent shortness of breath or abdominal pain.

Sources

- World Health Organization. *Post COVID-19 Condition (Long COVID)*.
- Sundhed.dk, The Danish Medical Handbook. *Long-Term Effects of COVID-19*.
- Sundhed.dk, Region of Southern Denmark. *After-Effects of COVID-19*.
- National Institute of Diabetes and Digestive and Kidney Diseases. *Definition and Facts for Constipation*.
- Vidal, Pascal. *Instructions on Colours*. Training material, Institute of Photonomedicine.
- Vidal, Pascal. *Simple Situations in Infectious Diseases*. Training material, Institute of Photonomedicine.
- Vidal, Pascal. *How to Practise in Photonic Medicine*. Training material, Institute of Photonomedicine.