



Darkfield Diagnostics - a true Precautionary Investigation

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Darkfield Diagnostics are enthusiastically carried out in many Natural Health practices. Other colleagues have never heard of it, so for them, this is a completely new area. From experience, I am aware that a third group of practitioners also exists. This group holds a sceptical view of Darkfield Diagnostics and would like to consign the „SANUM disciples“ (one of their ways of describing those who use Darkfield Diagnostics) to the realm of esoteric practices. This does a grave injustice to a superb diagnostic method. So please permit me to try to dispel uncertainties and prejudices, and also to arouse some enthusiasm for this method on your part.

What is Darkfield Diagnostics in fact?

It is a particular form of diagnosis, in which a drop of capillary blood is taken from the patient and immediately examined with the aid of a dark-field microscope. It is possible to observe various phenomena which allow conclusions to be drawn regarding the presence of certain illnesses in the human or animal organism. This method can even be used to detect the susceptibility to a disease at an early stage.

What is Darkfield Microscopy?

In Darkfield Microscopy, darkfield microscopes are used, which have a special condenser, known as a darkfield condenser. Looking through the microscope, one sees brightly illuminated objects against a dark background. One can also see anything which is capable of showing up clearly by means of this method. Nothing is stained or fixed; the drop of blood is simply covered

by a glass cover. Nothing is superimposed! And it is important to see everything and to grasp everything, in order to perceive the truth and thus, come as near as possible to making a good diagnosis.

A small comparison should clarify the difference between light- and darkfield microscopy:

On a fine summer's day, look up at the sky. The sky is blue. The sun is visible, but **only** the sun. Does that mean that the sun is the only heavenly body, just because it is only the sun that we see? However, if you look up at a starry sky at night-time, against the dark background (as in a darkfield microscope), you will discover countless stars and other objects, an entire universe.

Thus, you have come considerably closer to the truth. Choosing my words carefully, is it not completely anachronistic not to make use of all available possibilities in order to achieve a good diagnosis?

I should like to take this a step further: there are many excellent diagnostic procedures, both in natural and in orthodox medicine. But which of these procedures is able to indicate susceptibility to an illness long before laboratory test results show a deviation from the normal? Iris diagnosis likewise produces excellent results; however, it does not permit checks to be made on progress as is possible with darkfield diagnosis, which shows changes clearly even after only four or five weeks.

Because of this early recognition of

susceptibility to particular illnesses, Darkfield Diagnostics is indeed a **true precautionary measure**. Not only does it serve to recognise illnesses at an early stage, but it also offers the possibility of pre-emptive treatment at a point when the symptoms are not yet manifest.

Another advantage of this method lies in the possibility of showing the progress and success of the treatment – even after such a relatively short period as 4-6 weeks. For patients, the whole process is easily comprehensible, since they can see **their living blood** on the monitor and have it explained to them. This fosters a high level of motivation in the patient, who is then better able to co-operate with our therapeutic instructions. During casetaking, the patient is more prepared to talk about unpleasant but important subjects, such as alcohol-related problems, if these come up as a result of observed phenomena in the blood.

Possibilities and Advantages of Darkfield Diagnosis

Those of you who have been working with Darkfield Diagnostics for some time will know that, in this form of diagnosis, we have an excellent tool at our disposal.

A few examples from our everyday practice will serve to make this clear.

1. Recognition of Susceptibility to Illnesses, long before Laboratory Test Results show a Deviation from the normal

Mr. S, aged 53, had a darkfield test done in June 2004 on the occasion of a Health Practitioners' con-

ference. Among other things that showed up were filites (Fig. 1) – the first pathogenic growth forms of *Mucor racemosus* – as the result of chronic hyperacidity (without which these growth forms would not have been present at all). Of course, their reticular structure results in the circulation being impeded. The strong degree of agglutination of the erythrocytes (more commonly known as „rouleaux formation“ (see Fig. 2)) indicated a dysfunction in the utilisation of protein as well as chronic hyperacidity. These are also significant with regard to circulatory disturbances and hypoxia of the individual cells of the body. Plenty of symplasts were visible (see Fig. 3) – agglomerations of cell debris and, in this case, of various growth forms of *Mucor racemosus*. Purely on account of their size alone, symplasts cause the circulation to be impeded. The total picture was rounded off by quite a large number of deformed erythrocytes, providing proof of some disturbance in liver function. Symprotites were also present, both numerous and active.

At that point in time Mr. S. was feeling well, was going jogging almost every morning, was leading a relatively healthy lifestyle apart from the stress and a beer in the

evenings. However, the darkfield picture showed even at that stage that he had a tendency to circulatory disorders. Mr. S. was recommended to take MUCOKEHL 5X drops (in order to degrade the growth forms of *Mucor racemosus*), SANUVIS drops (in order to optimise his pH levels) and Hepatodoron tablets (in order to normalise his liver function). If possible, he was also to undertake Oxygen therapy and Magneto-therapy (for symptomatic treatment of the hypoxia in the cells and for short-term dissolution of the „rouleaux“).

Eighteen months later, Mr. S. telephoned to say that he was experiencing breathing difficulties on the slightest exertion, bouts of nausea, anxiety-states which were even preventing sleep, and a general feeling of unwellness. These symptoms had got steadily worse over the previous four weeks. He had not taken the recommended medicines, nor gone ahead with the treatments, since he was feeling well at the time and „there was no time for treatments“. As he lived 500 km away from the practice, he was recommended to take MUCOKEHL 5X drops and - in case the symptoms did not improve swiftly – to go and consult a specialist in

internal medicine. The specialist had him admitted to hospital, where an angiogram showed 90% occlusion of two coronary vessels and 50% occlusion of a third. During the same procedure Mr. S. had two stents inserted. As well as this, laboratory test results showed elevated liver readings.

It is otiose to speculate as to what would have happened if the patient had taken the medicines and agreed to the treatments when first recommended to do so. We know from our experiences with other patients that his present critical state would probably not have supervened. One thing is certain, and that is that the tendency towards circulatory disorders and liver dysfunction were already clear to see in the darkfield picture eighteen months earlier, and that was when treatment could and should have begun.

On the basis of this example, we can see clearly that Darkfield Diagnostics fulfil an important criterion for true precautionary measures: susceptibilities to illness are recognised at a sufficiently early stage so that the actual illness can be avoided by means of a suitable and timely treatment, given the co-operation of the patient.

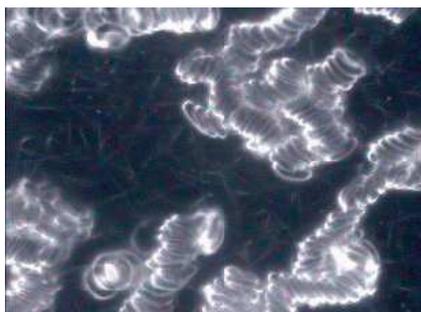


Fig. 1



Fig. 2

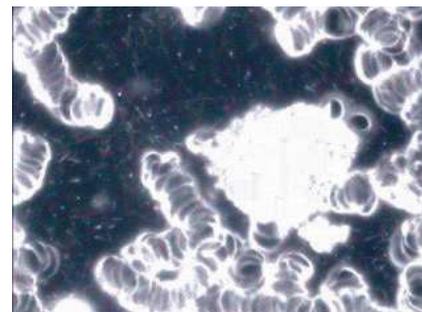


Fig. 3

2. Darkfield Diagnostics are easy for the patient to comprehend.

You know this from your own experience in practice: there are some patients who do everything their practitioner tells them to. There are other patients who read up on everything and want to have a critical discussion about diagnosis and treatment, but who then cooperate in most cases, so long as the appropriate treatment can be plausibly explained to them. And finally, there are those patients who want to wait and see, who adopt a sceptical stance, who would be best pleased if they had to make no changes to their lifestyle, and just want to „pop a little pill“ to solve all their problems. These people are happiest if all their complaints can be fixed in one visit to the practice.

However, when the last-mentioned patients see the image of their own blood on the screen, and if this can be used to make relevant pronouncements regarding their nutrition and lifestyle, not to mention things which they had refrained from disclosing during the case-taking, such as problems with alcohol or medication or dietary „sins“, then these people will develop confidence in their practitioner's therapeutic capabilities and will find it easier to follow the instructions for their treatment. The progress check-up, which should not take place until 4-6 weeks at the earliest, will reveal clear improvements which will convince any patient. As the darkfield images can be stored on the computer, it is quite simple to compare the initial image with those from later check-ups.

Here is an interesting example to illustrate how patients can withhold information. Sophie was a girl of 17, slim, intelligent, self-confident, who came to consult us about problems with her skin. She had pimples and pustules on her face, around her neckline and on her upper back. She had had no success from consultations with her GP and a dermatologist, nor from the ointments prescribed for her. This only made her suffering more difficult to bear. The case-taking revealed nothing that would account for the sorry state of her skin. In the consultation, the girl tried to draw us in the direction of dietary errors. As with all patients at their initial consultation, we carried out a darkfield blood investigation. This investigation indicated liver dysfunction on a massive scale (see Fig. 4). Deformed erythrocytes were visible in large numbers, as were sporoid symprotites and pseudo-crystals coloured brown and red. The edge of the native blood preparation had a reddish-brown glow. The number and activity of symprotites was somewhat reduced. A slight amount of renal pigmentation was also present. The large number of sporoid symprotites indicated an increase in the porosity of the intestinal wall. We explained to Sophie that „dietary

sins“ on their own could never be responsible for such a blood picture or for the bad condition of her skin. It was only then that she disclosed to us that, when she went to discos each weekend, she would take a fair amount of drugs, such as speed and ecstasy, „because otherwise it wouldn't be possible to dance for a whole weekend“. Cigarettes and alcohol also played a role.

She was sufficiently intelligent to make the connection, while talking with us, between her taking of these deleterious substances and both the resultant strain on her liver and the poor condition of her skin. The darkfield picture made a deep impression on her. She asked us not to tell her parents about the drug-taking and promised to give up speed and ecstasy from then on, as well as radically reducing her consumption of cigarettes and alcohol. As well as that, she was given directions for a balanced whole-food diet. We carried out with her a JSO detoxification treatment and an autoisotherapeutic blood treatment. She was given SAN-KOMBI 5X and SANUVIS drops, as well as Hepatodoron tablets. She attended all her appointments conscientiously and also took her medicines regularly.

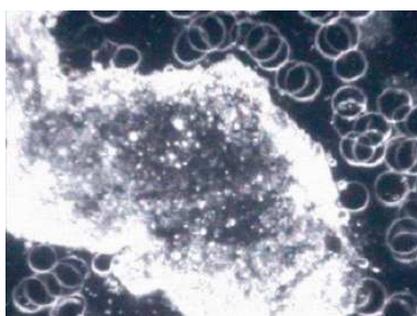


Fig. 3

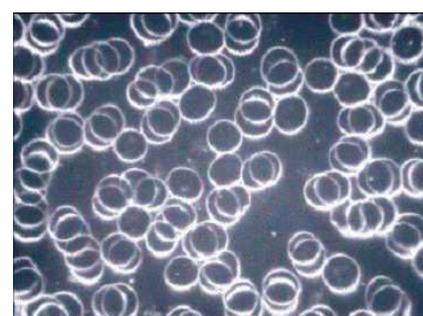


Fig. 4



There was a noticeable improvement in her skin condition. The examination at her check-up after six weeks produced a much-improved darkfield picture (see Fig. 5). Of course, all traces of her health depredations had not yet disappeared, but enormous improvement was clearly visible.

Without that bad result of the darkfield investigation, the girl would certainly not have told us about her drug-taking. She would not have understood what damage she was inflicting on her body. Treatments would have continued to fail, because the maintaining cause had not been removed.

Patients are more willing to report about their complaints, and do so with greater honesty, when asked about them because of corresponding signs that appear in the darkfield image. And what practitioners see in the darkfield image is not just recent lesions; they can also recognize damage of less recent origin.

This observation can be underscored again by means of one final example. At a Health Practitioners' Congress in 2002, we were demonstrating our darkfield investigations on a stand. An exhibitor on the neighbouring stand was watching it all intently and with great interest. He said that his blood must look perfect. Not a drop of alcohol ever passed his lips. Judging by his description, his eating habits were excellent. To be sure, he didn't look particularly healthy. I examined his blood. What I saw included, among other things, signs of substantial liver dysfunction, renal

dysfunction and a circulatory problem. He said he had no explanation for that and referred again to his healthy life-style. However, we were not alone whilst having this conversation on the stand. Later, as I was touring the exhibition on my own, this gentleman came up to me and confirmed that the diagnosis had been correct. He had been an alcoholic for 13 years. He had been sober for a year, and over this period he had been living very healthily in all respects. However, there was no overlooking the consequences of his alcohol abuse in the darkfield picture.

Assuming that this man had come to the practice with some complaint, it is possible that he would have remained silent on the subject of his alcohol problem out of shame, like so many people do. He might have been prescribed alcohol-based medicines. Either he would not have taken these, in which case of course they could not have had any therapeutic effect, or else he would have taken them and would once again have become dependent..

The darkfield image is always of help in stimulating dialogue around this theme. Misdiagnoses can be avoided, and serious illnesses can be recognized in good time, thus opening up the way for appropriate treatment.

Likewise, patients may come to consult us having already been misdiagnosed; we can then revise the diagnosis and initiate a proper treatment which is then successful in liberating the patient from years of suffering and a feeling of being misunderstood.

The significance of the internal milieu

The question arises: „Why does Medicine not make much wider use of Darkfield Diagnostics and the possibilities, which darkfield microscopy affords in the sphere of blood investigation?“ You may well ask! In volume 1 of his „Akmon“, Prof. Günter Enderlein quotes a well-known scientist, who said: „In science, it takes not 30 but 60 years for any new, revolutionary discovery to take hold. Not only the old professors, but also their disciples, need to die off first.“ Sadly, this pronouncement is sometimes true of so-called Orthodox Medicine in Germany. (Prof. Julius Hackethal liked to refer to his colleagues as „SM medics“, no doubt derived from *Schulmediziner* [the German for practitioners of orthodox medicine]). According to this way of thinking, things which are less well-known, which were learnt differently in one's training or studies, simply cannot work. Indeed they *must* not work, because they deviate from the scheme of things that one has learnt. In other countries, there is often much greater interest in new discoveries and ways of thinking than there is in ours. Practitioners there have a more open-minded and accepting attitude to things with which they are not familiar. Of course, they are also critical, but that is good. Again and again, on lecture tours in Arab countries, I have noticed how the native doctors' initial disbelief and scepticism gave way to great enthusiasm, as they developed a deeper acquaintance with the techniques of Darkfield Diagnostics. Once the new concepts and con-



texts have been understood, one realises how compelling the logic is behind Prof. Enderlein's pronouncements. And on this excellent diagnostic method, it is possible to base treatment which is both purposeful and successful.

With the assistance of Darkfield Diagnostics and Prof. Enderlein's theories, it is possible for us to explain the pathogenesis of the consequences for health of chronic latent hyperacidity. As a result of the shift in the pH level, the endobiont, our vegetable symbiont, is able to evolve upwardly into pathogenic growth-forms. The symbiotic balance between human being and endobiont is disturbed. The symbiont becomes a parasite which causes damage. However, so far as treatment is concerned, this leads to one single logical conclusion: a treatment which has as its sole aim the combatting of symptoms or „the elimination of parasites or pathogenic agents“ is doomed to failure. So long as the basis of the illness – the disturbed milieu, the altered pH level – is

present, so long will the illness persist. For this reason, every treatment should be accompanied by an appropriate cleansing of the milieu.

The question now arises as to how difficult it is to learn how to use Darkfield Diagnostics, and also as to whether it may not be possible for each practitioner to read something different into the images.

Learning Darkfield Diagnosis is no easier or harder than learning any other form of diagnostic method. You simply have to grasp the nettle at some point. A good basic training should be your foundation. This must then be followed up by a lot of practical work, gathering experience of the method and a lively exchange of experiences with others. The latter is very important, for it is precisely such exchange of experience, e.g. in working teams, which prevents errors from creeping into one's diagnoses and becoming entrenched. This is how we avoid „each practitioner reading something different into the images“.

As practitioners working with the darkfield microscope, we want to carry out outstanding diagnostic work, which is objective and free from anything of a speculative nature. Anyone who is prepared to do so will enhance their practice repertoire with the addition of an extremely interesting facet. They will also have ready access to a form of investigation which is not only very instructive, but also fascinating, because of the impressive images. They will „be set on fire“ or, as a participant at one of our seminars put it, „they will have tasted blood“.

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