

Chromotherapy

Works Manual
For Spectrochromotherapy



Composed and Researched
by
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Chromotherapy

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by

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Practical Works Manual for

Spectrochromotherapy

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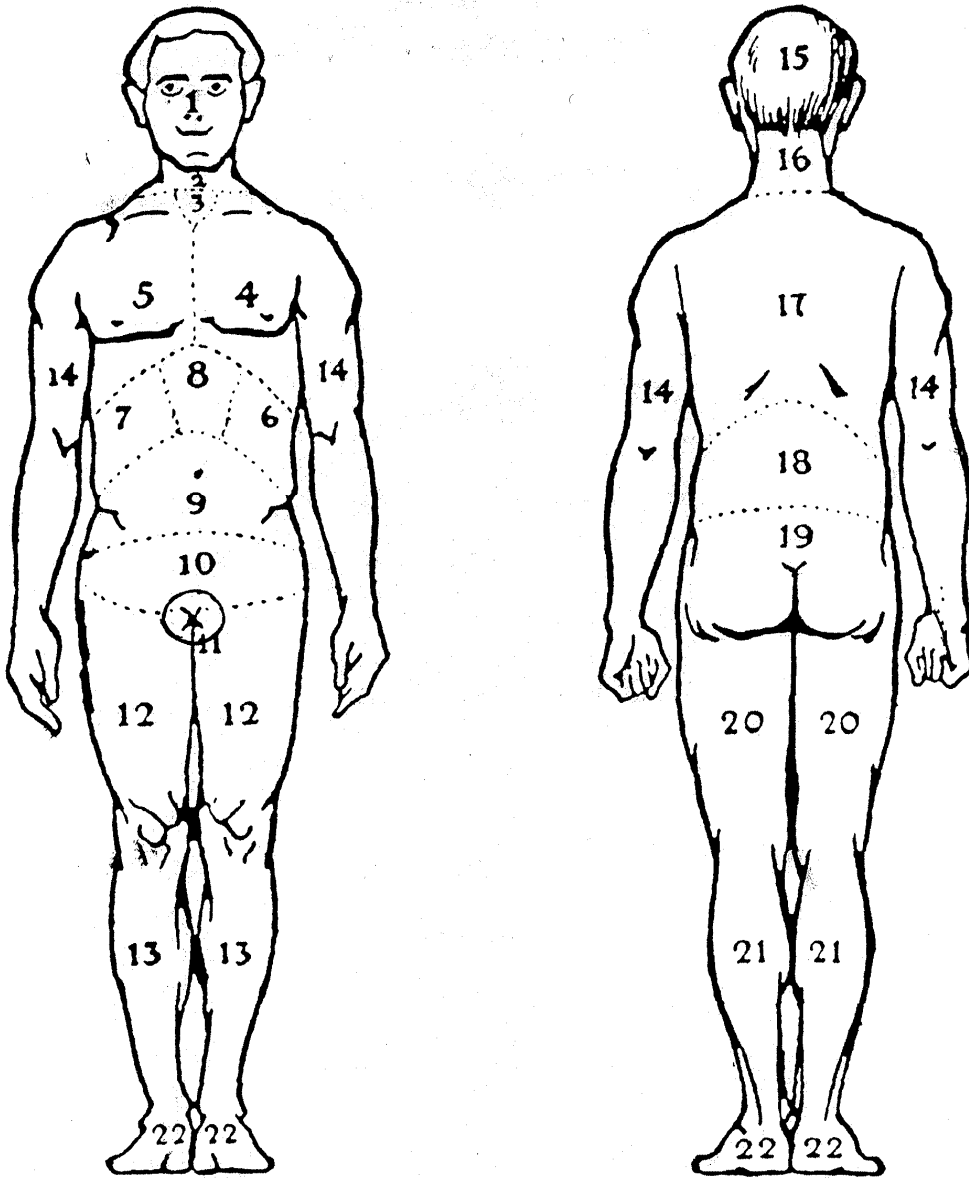
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REFERENCES

Let There Be Light, by Darius Dinshah, 2001, 6th ed. A Practical Manual for Spectro-Chrome Therapy, Dinshah Health Society, PO Box 707, Malaga NJ 08328 USA



Area # Organ or structure:

- | | | | |
|-----|--|----------|------------------------------------|
| 1 | Pituitary, pineal, brain (front) | 13 | Shins |
| 2 | Neck | 14 | Arms |
| 3 | Thyroid, parathyroids | 15 | Brain (back) |
| 4,5 | Lungs, heart, thymus (directly
Below area # 31, female – mammaries) | 15 to 19 | Spine, spinal cord |
| 6 | Spleen | 16 | Nape of neck |
| 7 | Liver (also area # 8), gall bladder | 17 | Lungs (back) |
| 8 | Stomach (also area 6), pancreas (front) | 18 | Kidneys, adrenals, pancreas (back) |
| 9 | Intestines (also area 10) | 19 | Rectum, buttocks |
| 10 | Bladder, appendix, internal reproductive | 20 | Back of thighs |
| 11 | External reproductive | 21 | Calves |
| 12 | Thighs | 22 | Feet |

Tonation. Shining a Spectro-Chrome Color on a body, or a part of the body, is called a TONATION; you TONATE with a Color. A tonation is normally one Color on a given area (or areas) for one hour, at a Forecast time when possible. When you are instructed to tonate both front and back areas, eg., #4-5-18, it means this: tonate areas #4 and 5 (front areas) at one tonation and areas #18 (a back area) at another tonation. When instructed to tonate two or more Colors, one Color is tonated for one hour and, at a later Forecast time, the next Color is tonated, and so on.

COLORS. The original Spectro-Chrome system used five matched glass slides (filters which were not monochromes) to produce 12 Colors. Dinshah used the phrase **Attuned Colors** to differentiate them from filters which appeared to be the same but were not necessarily correct Color shades for Spectro-Chrome use. The five attuned slides were used in this manner:

Spectro-Chrome Color:	Slides used:
RED	- Red BLUE - Blue
ORANGE	- Red and Yellow INDIGO - Blue and Violet
YELLOW	- Yellow VIOLET - Violet
LEMON	- Yellow and Green PURPLE - Violet and Yellow
GREEN	- Green MAGENTA - Red and Violet
TURQUOISE	- Green and Blue SCARLET - Red and Blue

The required Colors also can be made by other means. In an emergency, any means of approximation a Color can be used; that would be Color therapy but not necessarily Spectro-Chrome therapy. Spectro-Chrome Colors have certain constituents besides the obvious as explained in Chapter three.

SYSTEMIC (front or Back). The term SYSTEMIC FRONT means to tonate all areas from #1 through #11 (unless directed to give the tonation over the entire front of the body from the soles of the feet, areas #22). SYSTEMIC BACK means to tonate all areas from #15 through #19 (unless directed to tonate the entire back of the body from the soles of the feet, area #22).

PROJECTOR. The filters can be used with almost any incandescent lamp (or Sunlight) as a Light source or projector; fluorescent tubes are not suitable for generating Spectro-Chrome Colors.

AURA. The energy field surrounding and extending from the physical body, generated by the electro-chemical cellular activity of the body is called the AURA in the Spectro-Chrome system. The aura diminishes rapidly as the distance from the body increases so tonations must be on bare skin to assure optimum results. Color therapy acts by reinforcement or interference of the aura. Any illness, pain, infection, attack, shock, breakdown, or other untoward occurrence will result in a change in the (invisible) Color of the aura or alter its strength. If the change is a weakening of the aura in a particular area, tonate with the Color necessary to reinforce the aura of that area. On the other hand, if the change causes an excess of activity in an area with a resulting increase of auric energy, tonate with the opposite Color. Appropriate Colors for each area are listed in Chapter six, Tonations by Symptoms.

ACUTE or CHRONIC. The terms ACUTE (or recent) and CHRONIC (or long standing) do not necessarily relate to the duration of the condition. Acute conditions often generate a rise in bodily temperature (fever) while chronic ailments tend to have a little or no fever. The person's temperature is used as a guide whether the problem is to be considered acute or chronic. In general, acute cases use tonations of ultra-Green Colors, and chronic cases require infra-Green tonations.

LIGHT SOURCES. The most often asked question is, "Will a more powerful bulb work better?" The answer for all intents and purposes is NO. Light sources from a lantern to Sunlight, which is thousands of times brighter, have been used with equally gratifying results. A thorough evaluation of the subject is in Chapter four, Five Thousand Pages, paragraph A. Do not be overly concerned about Light source power; use anything convenient.

SLOW or NO RESULTS. It must be admitted that Spectro-Chrome (or any healing method for that matter) does not always give the results expected of it. Reasons for some failures are readily apparent, in others they are not. Some possibilities are:

Poor Diet. It seems everybody knows someone who lived on "beef, booze, and tobacco" to age 98, but by-and-large humans (especially sick ones) do better on a well-balanced vegetarian diet, without alcohol or tobacco in any form. Some people have had good results with Spectro-Chrome no matter what they did, but when instructions are not followed its capabilities obviously are less likely to be fully realized.

Lack of Persistence. Some cases may take a considerable time for progress to be apparent. E.S. reported tonating her mother (paralysis after a stroke) usually with two tonations a day for two years before she was well. (This is quoted for length of time, not for lack of results, as she was delighted from the very first tonation.) Dinshah warned against giving an interested person "a few tonations" to convince them, because some chronic conditions may not respond quickly. There are some intractable conditions which require significant persistence. That was his feeling but since most people experience at least some results promptly, it may be worth the risk.

Incorrect Technique. A woman complained of "no Results" after a month of tonations. Careful inquiry revealed she insisted on tonating with a bed-sheet covering herself so her husband would not see her nude. Observing Forecast tonation times is essential in some cases. Following the recommended technique assures that all that can be done will be done in as short a time as possible.

Too Late. Sooner or later a time comes where a person's bodily reparative efforts cannot keep up with the ever-present balancing destructive forces; death is then inevitable unless either the constructive forces can be adequately stimulated or the destructive factors abated. If neither of these can be accomplished quickly enough, it is then a terminal case, or Too Late. Foretelling whether a disorder is a lost cause is often difficult or incorrect. Even if a dire prediction is accurate, much comfort may be secured by continuing with the tonations. Besides, the inevitable sometimes can be postponed and "miracles" have been known to happen.

Hidden Causes. It is now widely recognized that many ailments have their roots in stressful living, emotional turmoil, or other difficult-to-pin-down causes. If the cause is not found and corrected, recovery is bound to be retarded and recurrence is likely after tonations are discontinued. Many decades ago Dinshah suggested the possibility of mercury-based dental fillings causing obscure problems; there is presently much support to this theory, and certainly could be classified as a “hidden cause.” Unfortunately, removing amalgam fillings is sometimes more risky than leaving well enough alone. Further, it is well to consider the Biblical passage in St. John, 9:2-3; that the follies of parents are seen in their children. Heredity takes a share of responsibility in hidden causes. Mental attitude, which includes religious faith, can play a very important part in the course of any disorder. Worry, in the usual sense, gains little; mature concern with positive action will bear fruit. Spectro-Chrome can be and has been efficacious whether the person believed in it or not, and even with unconscious persons. *But*, there is every reason to expect it to work best when the patient maintains a positive attitude; it may be termed The Will to Live, and can be a vital part of all therapies.

Other Help Necessary. If only one healing method were available, it should be Spectro-Chrome as it follows most closely the dictum, “Above all, do thy patient no harm.” There are times, however, when it is indeed fortunate that other modalities are at hand. Reconstructive surgery for birth-defects, reattaching a severed part after an accident, suturing an eye-injury with thread so fine it floats away if not kept moist – are some examples of amazing technical skill. It may be helpful to lance an abscess on the sole of the foot where the skin is too thick to allow pus to drain. *But*, in all these instances Spectro-Chrome can be relied on to hasten healing, reduce likelihood of infection, lessen scarring, and in general make patients more comfortable.

It Knows Best. What knows best? Why, your body of course! For instance, there is an unfounded fear of all fevers; “Oh my, Junior has a 99 degree fever, run and get the aspirin!” What a shame to thwart Nature’s efforts. Fever is a friend not an enemy, unless it gets out of hand – above 104degreeF. or so. At elevated body temperatures the white blood-cell defenders fight more efficiently while most invading germs etc. multiply slower. Those are very good reasons not to fear a moderate fever. Spectro-Chrome does not eliminate fever, it works to remove the causative factors. Blue and purple controls high fevers without weakening the body’s reparative powers.

Chronic cases. Some of these may be tonated for a considerable time without apparent results especially when paralysis is involved, but it does not necessarily mean that nothing is happening inside. When the body is ready for effects to be noticeable, they will be. In some conditions, high blood pressure for instance, the symptoms may be an indication for other problems, and lessening the pressure without taking the real cause into account is putting the cart before the horse. Spectro-Chrome may decrease blood pressure in a relatively short time to a level consistent with the demands of the body for adequate circulation but the underlying condition is likely to be chronic and take longer. As with all healing modalities Spectro-Chrome does have limitations, but even so it must be given a fair trial before abandoning it.

OUTSIDE INFLUENCES From birth until death we are surrounded by many influences, forces, energies, gravities, and undoubtedly by some of which are unknown as yet. Some people do not appear to be greatly influenced by these

manifestations while others are markedly affected (especially when sick). If an attempt is made to avoid antagonism with at least some of these energies, less bodily energy will be needed to maintain or recover health. Some suggestions:

Tonations are best received while lying down with the head toward the north. Lying parallel with the Earth's magnetic field aligns the body's magnetic field with it, and since electricity flows at right angles to a magnetic field, it also aligns the electrical polarity (the liver and spleen). Lying on the stomach when tonating back areas is not advisable because that position reverses the electrical polarity in relation to the Earth; lie on the back or either side.

It has been documented that Moon phases are a factor affecting the moods of many people. If it is accepted that emotional and mental processes can be swayed, it should not be difficult to believe that the recommended Forecast times have value (Forecast times are calculated from New Moon day, and other factors). A correlation has been noted sometimes in New Moon and Full Moon days (and to a lesser extent for two days before and after them) with the crises or turning point of serious cases. Extra vigilance should be exercised during those periods.

During a tonation, magnetic and electrical devices should be kept at least 18 inches from the person; this includes the projector if it uses a cooling fan. A distracting radio should not be playing. Under no circumstances should a television set be running in the tonation room; besides being distracting and emitting unwanted light, they contain very high-voltage components.

In most inhabited areas of the World, clothing is required to prevent excessive body-heat loss. It wastes vitality to produce heat unnecessarily and this extra effort may not be so well tolerated by a sick person. So, first, as the greatest heat loss occurs from the head, a loose-fitting cap should be worn at all times (well, almost all times); second, wear enough clothing to keep comfortable warm; third, the tonation room must be at least 80degreeF. for a systemic tonation. There is usually little wisdom in taking a tonation for one problem and acquiring another in the process.

Considering the number of reputable researchers, dentists, etc., who believe there is a real and present threat in the continued use of mercury-based dental fillings, it would be prudent to consider a substitute. "Porcelain," epoxy, composite, or other alternative filling may not be quite so durable as the amalgam but should be safer unless there is an allergy to some part of their composition. Dinshah believed the metallic fillings could produce minute electric currents which may lead to disorders of an obscure character, and of course the very real possibility of mercury poisoning.

Why it happens is not so important but when most people wear a watch on their left wrist, they are demonstrably weaker. Right wrist or carry a pocket watch (see Chapter 10, The Left Wristwatch).

City water is invariably chemically treated, and often contains industrial contaminants. Fluorides are intentionally added to many municipal water supplies in Australia, England and the United States. Numerous countries have discontinued fluoridation, but their valid reasons for doing so are beyond the scope of this book. It is much safer to drink and cook with distilled or spring water.

Stop use of tobacco, marijuana and other drugs, in any form. Avoid areas where their smoke is present (second-hand smoke).

Normal blood circulation is essential for effective tonations so it is advisable not to take a bath ½ hour before or after a tonation.

An old woodsman's saying goes, "When your feet are cold, put a cap on your head." The head receives approximately one-sixth of all blood circulation though the brain

constitutes only perhaps one-fortieth of body weight (seven times more flow). With this veritable torrent of blood coursing through the head, it is prudent to give it at least as much protection against heat loss as the rest of the body. If the ambient temperature dictates clothes for your body then your head reserves the same consideration. This is particularly important when sick, so the body's vital resources will be conserved.

High-heeled shoes upset the natural balance of the spine, and may cause disorders of an obscure character (especially in woman). Wear comfortable low-heeled shoes (or sandals, etc.), or go bare-foot when circumstances will permit it.

Ideally, sleep and tonate with the head toward the North.

Bowel movements can be materially aided by squatting in the same posture used when the necessity arises in the woods. Being seated on a toilet hinders the anal sphincters from opening. The squatting posture decreases the internal pressure required to produce the movement and thereby lessens the likelihood of developing hemorrhoids or rectal prolapse. Moistening bathroom tissue with water avoids excessive friction on delicate tissues, and is certainly a more hygienic practice.

Enemas and laxatives should not be used except in emergencies. They will be unnecessary if a diet suitable for human digestion is consumed – with temporary help from Spectro-Chrome to energize the internal “machinery.”

Exercise is important for maintaining blood circulation and essential for lymphatic circulation. Even when a person is bedfast, it is rarely an excuse to do nothing at all; every little bit helps. Even a few minutes a day walking in Sunlight can be helpful in many cases. Of course, discretion must be used in all cases to prevent overtaxing.

Avoid exposure to fluorescent lighting whenever possible. All fluorescent tubes emit powerful energies in some parts of the spectrum (Fraunhofer Lines) due to the method they use to produce Light. Besides these emission “peaks,” some so-called “full-spectrum” fluorescent lamps have many frequencies missing – a combination of emission and omission errors. Long-term exposure to these energy aberrations may, sooner or later, cause health problems. Typical household incandescent bulbs are not perfect as a source but they do not radiate sharp peaks of energy and do have a complete visible spectrum. This does not apply to incandescent bulbs made with neodymium (**Chromalux, Enrich, Bulbrite**, etc.) which are generally promoted as “full spectrum” but admit to having virtually NO Yellow Light – keep them out of your home. These important technicalities are demonstrated visually with a spectroscope in our video **My Spectro-Chrome**, and inside the front cover of this book.

If sunglasses must be worn, use a neutral tint (gray). Using color-shaded prescription glasses is somewhat similar to taking a continuous tonation.

Check the instructions before hanging pest-destroying strips. Some worn against using them in rooms occupied by infants or elderly persons. If it is not safe for them, why should anyone risk using them?

CHROMO-THERAPY TECHNIQUES

1. It is your privilege to use this therapy in any manner you wish but if the Spectro-Chrome system is to have a fair chance to produce the results expected of it, then its technique should be followed closely. Some of the details may not make much difference in all cases; still, the patient should be given every possible advantage. The more serious the condition, the more important it becomes to follow the recommendations.
2. The first part of this Chapter deals with important steps which would be prudent to put into practice before the need becomes urgent. For most people, the suggestions will require a considerable change in life style ; each one can help toward better health. Part Two itemizes specifics for taking tonations.

PART ONE

- a. The first line of health defence must be in the food we eat. It is well established that what we don't eat as well as what we do eat can hurt us. Lack of iodine may precipitate thyroid problems which can lead to diverse mental and physical inabilities; not enough vitamin C can result in abnormal bleeding tendencies, scurvy, etc.; shortage of vitamin D is related to rickets, convulsions, etc.; and recently, low zinc levels recently have been implicated in prostate ailments.

Non-animal sources to prevent all these conditions are readily found: iodine in sea kelp, vitamin C from peppers – citrus fruit – potatoes, vitamin D from sunlight, zinc from wheat-germ (removed in white-flour processing). Decades ago Dinshah insisted that many diseases are essentially a state of chemical imbalance so it's in your best interest to eat those foods which will maintain the best balance.

- b. Eliminate from your diet: meat, poultry, fish, eggs, and all foods containing them.
- c. Use whole-grain bread and flour, and brown rice ; instead of white bread and flour, and white rice.
- d. Minimize salt, refined sugar, and spices in the diet.
- e. Avoid foods which are artificially colored or flavored, or contain chemical preservatives. You are better off without a micro-wave in your kitchen; virtually all of them leak radiation, especially as they age. How much they alter food cooked in them is still open to debate.
- f. Stop drinking coffee, tea, colas, and alcoholic beverages.
- g. Use fresh foods in preference to frozen or canned. Eat raw foods in preference to cooked foods as their enzyme activity is retained. Cook

only enough fresh food for prompt consumption because their etheric energies are soon dissipated. Frozen and canned foods were cooked in processing so have already lost their enzymes and etheric power. Canned foods are the least desirable due to the high heat level in processing.

- h. All food should be thoroughly chewed. If this is burdensome with raw foods because of dental problems, a blender and juicer may be helpful. After eating, allow at least one hour before taking a tonation because digestion alters blood flow.
- i. A vegetarian cookbook can help in putting the foregoing suggestions into practice. Vegetarianism has been rapidly growing in popularity and so has the number of suitable cookbooks, making the change from the typical diet much easier.
- j. City water is invariable chemically treated, and often contains industrial contaminants. Fluorides are intentionally added to many municipal water supplies in Australia, England and the United States. Numerous countries have discontinued fluoridation, but their valid reasons for doing so are beyond the scope of this book (see Chapter 15, paragraph 2). It is much safer to drink and cook with distilled or spring water.
- k. Stop use of tobacco, marijuana and other drugs, in any form. Avoid areas where their smoke is present (second-hand smoke).
- l. Normal blood circulation is essential for effective tonations so it is advisable not to take a bath ½ hour before or after a tonation.
- m. An old woodsman's saying goes, "When your feet are cold, put a cap on your head". The head receives approximately one-sixth of all blood circulation though the brain constitutes only perhaps one-fortieth of body weight (seven times more flow). With this veritable torrent of blood coursing through the head, it is prudent to give it at least as much protection against heat loss as the rest of the body. If the ambient temperature dictates clothes for your body then your head deserves the same consideration. This is particularly important when sick, so the body's vital resources will be conserved.
- n. High-heeled shoes upset the natural balance of the spine, and may cause disorders of an obscure character (especially in women). Wear comfortable low-heeled shoes (or sandals, etc.), or go bare-foot when circumstances will permit it.
- o. Ideally, sleep in a separate bed, especially when ill. The aura of one person is likely to interfere with that of another, to the detriment of one person or the other. Tonate in a separate bed for the same reason.
- p. Ideally, sleep and tonate with the head toward the North.

- q. Bowel movements can be materially aided by squatting in the same posture used when the necessity arises in the woods. Being seated on a toilet hinders the anal sphincters from opening. The squatting posture decreases the internal pressure required to produce the movement and thereby lessens the likelihood of developing hemorrhoids or rectal prolapse. Moistening bathroom tissue with water avoids excessive friction on delicate tissues, and is certainly a more hygienic practice.
- r. Enemas and laxatives should not be used except in emergencies. They will be unnecessary if a diet suitable for human digestion is consumed – with temporary help from Spectro-Chrome to energize the internal “machinery”.
- s. Exercise is important for maintaining blood circulation and essential for lymphatic circulation. Even when a person is bedfast, it is rarely an excuse to do nothing at all; every little bit helps. Even a few minutes a day walking in sunlight can be helpful in many cases. Of course, discretion must be used in all cases to prevent overtaxing.
- t. Avoid exposure to fluorescent lighting whenever possible. All fluorescent tubes emit powerful energies in some parts of the spectrum (Fraunhofer Lines) due to the method they use to produce Light. Besides these emission “peaks”, some so-called “full-spectrum” fluorescent lamps have many frequencies missing – a combination of emission and omission errors. Long-term exposure to these energy aberrations may, sooner or later, cause health problems. Typical household incandescent bulbs are not perfect as a Light source but they do not radiate sharp peaks of energy and do have a complete visible spectrum. This does not apply to incandescent bulbs made with neodymium (Chromalux, Enrich, Bulbrite, etc.) which are generally promoted as “full spectrum” but admit to having virtually NO Yellow Light – keep them out of your home.
- u. If sunglasses must be worn, use a neutral tint (gray). Using color-shaded prescription glasses is somewhat similar to taking a continuous tonation.

HOW TO MAKE A TONATION

The room should be warm enough to prevent chilling the person taking the tonation; for systemic tonations the room should be quite warm. A portable electric heater can be used in the tonation room to avoid over-heating the test of the house. If the heater emits appreciable Light, do not allow it to shine towards the person being tonated.

Face the South if seated during to tonation. If lying down, have the top of the head toward the North – toward the East if unavoidable. Tonating while lying down is preferred; sitting for an hour is somewhat stressful.

For tonating front areas, lie on the back or either side. For tonating back areas, lie on either side but not on the abdomen. Lying on the abdomen reverses the body's electrical polarity in relation to the Earth.

Darken the tonation room as much as practical; total darkness is not required.

Remove the clothing necessary to expose the areas to be tonated; it is essential for tonations to be on bare skin.

Insert filters in the projector for the Color selected. Turn on the projector at the Forecast time. Aim the beam at appropriate areas; if it is for a systemic tonation from the bottoms of the feet, move the projector to the bottom of the bed and aim it from the feet all the way up to the head. Each tonation is normally one Color for one hour. If two or more Colors are to be tonated, do so at separate Forecast times.

One tonation in the day and one at night is generally sufficient, and gives the body time to equilibrate itself between tonations. Nature can be helped but not rushed.

In some severe acute conditions (burns, poison ivy, headache, sprains, etc.) a continuous tonation may be employed. If an infant is given an extended tonation, cover the eyes at night to preserve the diurnal/nocturnal cycle.

The darker Colors such as Magenta may be difficult to adjust on the person, especially when a large area coverage (systemic) is required. If this problem is encountered, do this: Turn on the projector with a light-colored filter in it, place it so the beam covers the desired areas, then replace the filter with those needed for the tonation.

Do not be concerned if the darker Colors cannot easily be seen on the body while tonating. Their effects are what matters and this takes place on the (generally) invisible aura whether the Colors can be seen or not. The quality of the Color is for more important than the quantity.

Spectro-Chrome can work through the aura whether you are awake or asleep, conscious or unconscious, but its power can be augmented or hindered by your mental state. Do not try to read, watch TV, or listen to a radio while tonating. Reinforce the tonation with mental energy. Also, it is advisable to rest in the darkened room for a few minutes after a tonation.

Allow at least an hour between eating and tonating. An exception may be made if the tonation is to aid digestion, and the tonation may be shorter than the standard one hour to lessen the likelihood of throwing-up.

Women should not take tonations during their menstrual periods except for excessive flow or pain, or in emergencies (see chapter four, paragraph L. -2). ??????

If color-charged water is desired to augment the tonation, it can be made by placing a clear glass of water on a chair near the person taking the tonation (but not within 18 inches, limiting effects the aura may add), so the Color also shines on the water glass. The patient drinks the water at the end of the tonation. Women have altered auras

during their menstrual periods so should avoid handling color-charged water (or cooking for that matter) except for their own use.

The effects of Color-charged water may be somewhat different compared to a tonation but when taking a tonation is not convenient it may be used as a substitute. This is a simple method to Color-charge water: Remove the top from a cardboard box and place a bottle (colorless) of water in the box. Cover the box opening with a filter of the desired color. Place the assembled box/bottle/filter near a Light source or sunny window; allow to charge at least an hour. Drink the water about 45 minutes after the beginning of a Forecast time. (How much or the manner in which the effect may be altered if a tinted fluid such as orange- or grape juice is charged has not been investigated.) Dr Edwin D. Babbitt and others in the 1800s had considerable experience in the therapeutic use of color-charged water.

Serious activities should be avoided during eclipses; do not eat, sleep, study, take tonations, etc. The forecast lists eclipse dates and times.

When time is not of the essence, begin a program of tonations as outlined in the following paragraphs – 1 through 9, then continue with colors for the condition at hand. If there is some urgency, begin in the same manner and also start tonations for the condition. Emergency cases of course must be treated immediately with whatever measures are appropriate.

1. Begin with a few tonations of Green systemic front. Follow with Turquoise systemic front for recent (acute) conditions, or Lemon systemic front for persistent (chronic) conditions. Many illnesses cause changes in circulation so Magenta on areas #4-5-18 is usually beneficial.
2. The ratio of heart rate/respiration is normally between 4 to 1 and 5-to-1; a ratio in this range indicates a hopeful case. A ratio of 3-to-1 signals a doubtful case and a reason for greater vigilance. If the ratio nears 2-to-1, death may be near.
3. The average adult male heart rate is about 72 to 80 beats per minute, with most females somewhat higher. Children have considerably higher rates while athletes generally have much lower rates, but in any case the ratio should be between 4-to-1 and 5-to-1. Magenta tonations on areas #4-5-18 often can be used as a test. If Magenta raises the heart rate then Scarlet may be used on the same areas as it is a stimulant, or if the heart rate slows then Purple may be used as it is a depressant; in either event conclude with a few Magenta tonations.
4. For feeble pulse or low heart rate, tonate Scarlet on areas #4-5-18 or systemic front and back in severe or stubborn cases. For a hard pulse or high heart rate, tonate Purple on areas #4-5-18 or systemic front and back in severe or stubborn cases. In some cases or an emergency situation, tonations may be more effective when given systemic from the bottoms of the feet, and/or with two projectors – simultaneously front and back (see Chapter four, paragraph H).???? For erratic heart beat (cardiac arrhythmia), see color schedule #71 in chapter seven. ?????

5. If neither Purple or Scarlet is indicated, tonate a few Magenta on areas #4-5-18.
6. For shallow respiration or rate, tonate Orange on Areas #3-4-5-17. For high respiration rate, tonate Indigo on areas #3-4-5-17.
7. Due consideration must be given to digestive and eliminative functions. Unless contra-indicated, a few tonations of Yellow on areas #6-7-8-9-10 should be taken to tone-up those systems. Use infra-Green Colors on those areas to increase activity or ultra-green colors to decrease activity.
8. If urine is scanty, tonate Scarlet on areas #4-5-18 (or only #18 if blood pressure is high); an increase in fluid intake may be necessary. If urine is excessive, tonate Purple on areas #4-5-18; a decrease in fluid may be required (diabetes or other disorder may be present and require attention).
9. It is possible in some cases to need both Purple and Scarlet. For instance, a high fever with urine suppression – tonate Blue systemic front, Purple on areas #4-5 and Scarlet on area #18 (at separate tonations of course). When the crisis has passed, the fever drops and urination nears normal, tonate Magenta on #4-5-18.

The aura normally will accept only enough of any color to maintain its color balance. However, in sickness the aura does not have so great a power of selectivity. The more serious the case, the more important it becomes to use care in the selection of tonation Colors, and follow the recommended Spectro-Chrome technique.

The usual tonation for convalescence are Lemon systemic (chronic alterative), followed by Yellow (lymphatic system stimulant). Magenta (circulatory system builder) systemic is used with the Lemon and Yellow if there had been a hemorrhage. Conclude with Turquoise systemic.

When to all outward appearances health has been restored, after an acute case take a few Turquoise systemic tonations, or Lemon systemic if a chronic case. This is not needed if these were the main colors in the respective cases. However, if tonations were taken for more than two weeks, see paragraph above.

Yes, there is much to learn here, and you will benefit by observing these suggestions which have evolved from decades of experience with the Spectro-Chrome System.

ATTRIBUTES OF SPECTRO-CHROME COLORS

RED

Stimulates the sensory nervous system which energizes the senses: sight, hearing, touch, taste, and smell.

Liver builder and stimulant, area #7-8.

Builds platelets, hemoglobin, etc., of the blood (hemoglobic).

Causes rapid expulsion of debris through the skin; may induce skin redness, itching, pimples, until the internal cleansing process is completed (irritant, pustulant).

Counter-agent for burns from x-rays, ultra-violet, etc.

ORANGE

Lung builder, and respiratory stimulant, areas #3-4-5-17.

Thyroid builder and stimulant, areas #3.

Parathyroid depressant, area #3.

Relieves cramps and muscle spasms (antispasmodic).

Stimulates mammary glands to increase milk production, areas 4-5 (galactagogue).

Stomach stimulant, areas #6-8 (stomachic).

Relieves flatulence or gas in the digestive tract, areas #6-7-8-9-10-18-19 (carminative).

Bone builder; corrects bone softness, rickets, by calcium effects.

Tissue stimulant, decongestant.

Assists vomiting when stomach contains unsuitable matter, areas #6-8 emetic.

YELLOW

Stimulates the motor nervous system which energizes the muscles. Nerve builder for sensory and motor systems.

Stimulates the lymphatic system. Mild tissue stimulant.

Stimulates the intestines, pancreas, and production of digestive fluids – bile, hydrochloric acid, etc., areas #6-7-8-9-10-18-19 (digestant, cholagogue).

Increases bowel movements, areas #9-10-18-19 (cathartic).

Spleen depressant; equilibrator in melancholia, balances areas #6-7 through the portal circulation.

Expels worms and parasites (anthelmintic).

LEMON

Produces a favourable change in the processes of nutrition and repair in persistent disorders (chronic alterative). Dissolves blood clots.

Promotes coughing to expel mucus and fluids from the lungs and air passages, areas #2-3-4-5-17 (expectorant).

Bone builder, by phosphorus effect.

Brain stimulant, areas #1-15.

Thymus builder and stimulant, areas #4-5.

Mildly stimulates digestive system, areas #6-7-8-9-10-18-19 (laxative).

Equilibrator after extended use of ultra-Green tonations.

GREEN

Cerebral equilibrator, areas #1-15. Physical equilibrator, systemic front.

Pituitary stimulant and equilibrator, area #1

Stimulates the rebuilding of muscles and tissues.

Destroys micro-organisms, germs, bacteria; cleanses and prevents decay (germicide, bactericide, disinfectant, antiseptic).

TURQUOISE

Produces a favourable change in the processes of nutrition and repair in recent disorders (acute alterative).

Brain depressant, areas #1-15.

Skin tonic. Rebuilds burned skin (antipyretic).

Equilibrator after extended use of infra-Green tonations

BLUE

Relieves itching, and irritation of abraded surfaces (antipruritic, demulcent).

Encourages perspiration (diaphoretic).

Mild sedative. Reduces or removes fever and inflammation (febrifuge, antipyretic, antiphlogistic).

Pineal stimulant Area #1; builds vitality.

INDIGO

Parathyroid builder and stimulant, areas #3.

Thyroid depressant, areas #3.

Respiratory depressant, areas #3-4-5-17.

Causes contraction, controls abscesses, lessens secretions, arrests discharges and hemorrhages (astringent, antipyric, anti-emetic, hemostatic).

Promotes the production of phagocytes which destroy harmful micro-organisms, bacteria, germs, etc.

Mammary depressant reduces milk production, areas #4-5 (lactifuge).

Eases suffering, Lessens excitement and over-activity (sedative).

VIOLET

Spleen builder and stimulant, area #6.

Decreases muscular activity, including the heart muscles.

Lymphatic glands depressant, systemic front. Pancreas depressant, areas #8-18.

Decreases activity of the nervous systems (tranquilizer).

Promotes production of leucocytes, white (Violet) blood cells.

PURPLE

Kidney and adrenal depressant, area #18.

Decreases sensitivity to pain. Induces relaxation and sleep (soporific).

Increases blood pressure by three effects:

Dilates blood vessels (vasodilator)

Reduces the heart rate, areas #4-5

Decreases activity of the kidneys and adrenals, area #18; and the chromaffin system, systemic front and back.

Lowers body temperature.

Controls fever and high blood pressure in malaria and recurrent fevers (antimalarial).

Emotional and reproductive system and reproductive system depressant. Builds sex powers by decreasing sensitivity and desire when excessive (anaphrodisiac).

Moderates blood pressure between heart and lungs, areas #4-5. Controls lung

hemorrhages; some cases may respond better to Magenta or Scarlet (use

heart/respiration ratio as a guide, see Chapter five, technique). When in doubt try

purple first. The foregoing approach also applies to cases of dry coughing (coughing, but without production of phlegm).

MAGENTA

Emotional equilibrator, and auric builder, systemic front.

Builds and equilibrates the functional activity of:

Heart, areas #4-5 (cardiotonic)

Blood circulatory system

Kidneys and adrenals, area #18; and
the chromaffin system, systemic front and back.

Reproductive system, areas #10-11

Kidneys, area #18

SCARLET

Kidneys and adrenal stimulant, area #18.

General stimulant. Increases functional activity of the arteries.

Raises blood pressure by three effects:

Constricts the blood vessels (vasoconstrictor)

Increases heart rate, areas #4-5

Stimulates activity of the kidneys and adrenals, area #18; and the chromaffin
system, systemic front and back.

Accelerates fetal expulsion at time of delivery (ecbolic).

Emotional stimulant. Builds sex powers by increasing sensitivity and desire when
deficient (aphrodisiac).

Stimulates the reproductive system, and menstrual function (emmenagogue).

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Color Schedules

Condition name:

Aphasia (#50), agnosia (#18), apraxia (#54), aphemia (#51), anarthria (#32), anosmia (#43), agraphia (#19), any loss of sensory ability due to sensory nerve impairment. Dyslexia (#176), Deafness (#153).

- a. Lemon systemic front
- b. Sensory nervous system schedule (#339) on #1-15, or on affected area.

Cerebral #39: abscess/aneurism (#111)/embolism/hemorrhage (#113)/Thrombosis (#115. Acute encephalitis (#186).

- a. Green systemic front (Lemon for embolism or thrombosis).
- b. Indigo on affected area.
- c. Magenta on #1-2-3-4-5, or purple if blood pressure is high.

NOTE: If with paralysis also use Motor nervous system schedule (#362) on #1-15. In abscesses, aspiration may be necessary if encapsulation occurs (see schedule #2).

Cerebral tumors (#116) (see under tumors, #97)

- a. lemon systemic front.
- b. Indigo on affected area.

NOTE: if with paralysis also use Motor nervous system schedule (#362) on #1-15.

Hydrocephalus (#270)

- a. Lemon and Indigo systemic back and on #1.

NOTE: If with paralysis also use Motor nervous system schedule (#362) on #1-15. Some congenital anomalies may require surgical correction.

Cerebral Concussion (#112)

- a. Purple systemic front.
- b. Indigo on #1-15.
For convalescence:
- c. Lemon systemic front.
- d. Magenta on #1-2-3-4-5.

Falling hair (#204) (alopecia (#24))

- a. Orange on affected area.
- b. Lemon systemic front.
- c. Magenta on #1-2-3-4-5

NOTE: Emotion factors as well as diseases may be involved and require attention.

Insomnia (#301). Nervous headache (#384, #248, #247) from business pressure, tension, emotion stress (#183, #537), etc.

- a. Violet on #1. Purple on #1-2-3-4-5 may be useful if pulse is throbbing or rate is high.

Migraine headache (#355, #248)

- a. During attack, Purple on #1-2-3-4-5. Scarlet on #1 may be tried.
- b. Between attacks tonate Motor nervous system schedule (#362) systemic front.

NOTE: Sensitivity to certain foods or needs or need for eyeglasses may trigger attacks. Temporomandibular-joint disorder may be causal; consult a dentist or orthodontist who is experienced in this problem.

Facial hemiatrophy (#203)

- a. Sensory nervous system schedule (#339) on #1.
- b. Green on #1.

Acromegaly (#4)

- a. Lemon systemic front.
- b. Green and Indigo on #1.

Meniere's syndrome (#347) (labyrinthine vertigo (#306, #602)), dizziness (#168)

- a. Green systemic front.
- b. Purple on ears.

NOTE: Other conditions may be involved: meningitis, tumors, arterio-sclerosis, excessive salt in the diet, hypoglycemia, purpura, etc. Some forms of vertigo or dizziness may be from inflammations, eye disorders, low blood pressure, fatigue, allergies; nerve dysfunction would require Sensory nervous system schedule (#339) on the ears.

Mastoiditis (#344)

- a. Green systemic front to include affected area.
- b. Orange and Blue on affected area until it is draining freely; then stop Orange and Blue and tonate:
- c. Turquoise on affected area until draining shows signs of stopping, then also tonate:
- d. Indigo on affected area.

Choked disc (#124) (papilledema (#408))

- a. Green systemic front.
- b. Indigo and Purple on #1.
- c. Magenta on #1-2-3-4-5.

NOTE: Cause must be found and treated: brain tumor, high blood pressure, emphysema, etc.

Cataract (#109), incipient

- a. Lemon systemic front.
- b. Sensory nervous system schedule (#339) on #1.
- c. Magenta on #4-5-18.

NOTE: This is of doubtful value for mature cataracts but may be tried as it has been affective in a few cases. Hypoparathyroid condition may be involved.

Glaucoma (#234), Pyelitis and Pyuria (#468).

- a. Lemon systemic front.
- b. Indigo on #1.
- c. Magenta on #4-5-18.

NOTE: have eye examinations to check on progress.

Thrush (#561) (stomatitis (#536), oral candidiasis)

- a. Turquoise systemic front and in mouth.

NOTE: Stop use of tobacco and alcoholic drinks. Avoid hot foods, spices. Clean teeth, tongue and mouth carefully after meals.

Tongue eczema (#576), (geographical tongue (#230))

- a. Lemon systemic front and on tongue.
- b. Blue on #1 if tongue itches.

NOTE: Diet may need improvement; avoid indigestion.

Smoker's tongue (#518) or mouth (leukoplakia buccalis (#315))

- a. Turquoise (or Lemon if condition is chronic) systemic front and is mouth.

NOTE: Stop any use of tobacco, and alcoholic drinks. Avoid hot foods, spices. Clean teeth, tongue and mouth carefully after meals. Vitamin deficiencies and other diseases may be involved.

Gum diseases (#242) (gingivitis (#231), periodontitis (#420))

- a. Turquoise (or Lemon if condition is chronic) systemic front.
- b. Indigo on #1.

NOTE: Have a dental examination. Vitamin deficiencies may be involved.

Toothache (#582). Teething (#551)

- a. Indigo or Purple on #1.

NOTE: Have a dental examination.

Tooth extraction (#581, #202) (exodontia (#200))

- a. Before extraction, Purple on #1.
- b. After extraction, Turquoise and Indigo on #1.

Tooth Abscess (#580) (see #2)

- a. Green systemic front.
- b. Indigo on #1.
- c. Orange on #1 may help to open and/or drain abscess.
- d. Magenta on #4-5.

NOTE: Have a dental examination

Loose teeth (#325)

- a. Lemon systemic front.
- b. Indigo on #1.

Bad breath (#67) (fedor oris (#212))

- a. Lemon systemic front until cause can be determined.

NOTE: Cause can be decayed teeth; constipation; catarrh and other diseases of the mouth, stomach, pharynx, tonsils, gums, lungs, etc. Clean teeth, tongue and mouth carefully before retiring, on arising and after each meal.

Excess saliva (#199) (ptyalism (#463))

- a. Lemon systemic front.
- b. Indigo on #1

Dry mouth (#174) (xerostomia (#613))

- a. Lemon systemic front.
- b. Yellow on #1-2; Orange may be tried.

NOTE: If associated with nervous temperament, also try Purple or Violet on #1.

Mouth infection (#363) (oral sepsis (#394))

- a. Turquoise systemic front and in mouth.

NOTE: Clean teeth, tongue and mouth carefully after each meal. Have a dental examination for decayed teeth, abscesses, etc.

Salivary gland inflammation (#486)

- a. Turquoise on #1-2-3-4-5.

NOTE: Often associated with lack of oral hygiene, infectious fevers, etc.

Cold (#134) (acute coryza (#139), nasal catarrh (#374))

- a. Green systemic front.
- b. Blue on #1-2-3. Turquoise systemic front may be tried instead of Green and Blue.

NOTE: At the first sign of onset tonate Scarlet once on #1-2-3-4-5; take deep breaths. Any use of tobacco must be stopped. Be sure air has adequate humidity.

Chronic coryza (#140)

- a. Lemon on #1-2-3-4-5.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Hay fever (#246)

- a. Lemon systemic front.
- b. Turquoise or Blue on #1 at acute times (runny nose, etc).

NOTE: Irrigate nostrils with slightly salty warm water three times a day during the hay fever (pollen) season. Any use of tobacco must be stopped. Tonations must be more effective when taken systemic from area #22.

Nosebleed (#390)(epistaxis (#192))

- a. Indigo on #1.

Recurring nosebleeds (#391)

- a. Lemon systemic front.
- b. Magenta on #1-2-3-4-5.
- c. Indigo on #1 during episodes.

NOTE: Systemic diseases may be involved. Dry room air, and a deficient diet can be contributory.

Acute tonsillitis (#577)

- a. Green systemic front.
- b. Blue on #1-2, or systemic front if with high fever.
- c. Purple on #1-2-3-4-5 if with headache or high fever.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Chronic tonsillitis (#578)

- a. Lemon systemic front.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Suppurative tonsillitis (#579) (quinsy (#469))

- a. Green systemic front.
- b. Indigo on #1-2.
- c. Lemon systemic front after acute (febrile) stage has passed.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Smoker's (#517) or speaker's throat (#523) (pharyngeal hyperemia (#426))

- a. Indigo #1-2.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Sore throat (#520) (acute pharyngitis (#428))

- a. Green systemic front.
- b. Blue on #1-2.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Chronic sore throat (#521) (chronic pharyngitis (#429))

- a. Lemon systemic front.
- b. Blue on #1-2

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Adenoids, hypertrophy of (#9)

- a. Lemon systemic front.
- b. Indigo on #1.
- c. Orange on #1 may be tried (see #97)

NOTE: Condition may be caused or aggravated by food or other allergies, or an infection.

Wryneck (#611) (torticollis (#583))

- a. Motor nervous system schedule (#362) systemic back.
- b. Violet on Orange may be tried on affected area during a spasm attack.

Acute laryngitis (#307)

- a. Turquoise systemic front.
- b. Violet on #1-2-3 also may be used if throat is painful.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Chronic laryngitis (#308)

- a. Lemon systemic front.
- b. Blue on #1-2-3.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Edema (#180) laryngitis (#309)

- a. Magenta on #1-2-3-4-5.
- b. Scarlet on #18.
- c. Turquoise systemic front.
For convalescence:
- d. Lemon systemic front.
- e. Magenta on #1-2-3-4-5.

NOTE: Condition can become critical in a very short time. High room humidity is a must. Any use of tobacco must be stopped.

Child-crowing (#122) (spasmodic laryngitis (#310))

- a. Lemon systemic front.
- b. Indigo on #1-2-3.
- c. Orange on areas spasms.

Tuberculous laryngitis (#311)

- a. Turquoise systemic front, followed by Lemon when there is little fever.
- b. Orange on #1-2-3-4-5 when there is little fever.

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Acute bronchitis (#85)

- a. Turquoise systemic front.
- b. Violet or Purple on #1-2-3-4-5 during dry cough stage (refer to attribute)

NOTE: Any use of tobacco must be stopped. Be sure air has adequate humidity.

Chronic or fibrinous Bronchitis (#86)

- a. Lemon systemic front.
- b. Blue on #4-5.
- c. Violet on #1-2-3-4-5, or Purple if there is a dry cough (Indigo and Purple if hemorrhage occurs; refer to attribute)
For convalescence:
- d. Lemon systemic front.
- e. Yellow on #4-5-17 followed by Orange.
- f. Conclude with Turquoise systemic front.

Hiccup (#265) (singultus (#509))

- a. Orange #6-7-8-9.
- b. Indigo on #16.
- c. May also try: 1) Breathe into a paper (not plastic) bag for a minute or two. 2) Rotate and hold the head as far as possible to the left, then take two or three swallows of water. 3) Cause sneezing. 4) Pull firmly on the tongue.

NOTE: Persistent hiccups are sometimes associated with tumors, inflammation, abdominal disorders, alcoholism, etc.

Pharyngeal ulceration (#427)

- a. Lemon systemic front
- b. Blue on #1-2-3.

Neck cellulitis (#376) (angina Ludovici (#40))

- a. Green systemic front.
- b. Blue on #1-2-3.

Acute esophagitis (#198)

- a. Green systemic front.
- b. Blue on #2-3-4-5-8.

NOTE: Avoid hot or spicy foods. Do not use tobacco products or alcoholic drinks in any form.

Chronic esophagitis (#198).

- a. Lemon systemic front.
- b. Blue on #2-3-4-5-8.

NOTE: Avoid hot or spicy foods. Do not use tobacco products or alcoholic drinks in any form.

Foodpipe spasm (#219) (esophagismus (#196))

- a. Lemon systemic front.
- b. Orange on #2-3-4-5-8.
- c. A nervous person may try Violet or Purple on #1.

NOTE: May be associated with epilepsy, chorea, etc.

Esophageal cancer (#193) (see schedule #97)

- a. Lemon systemic front.
- b. Indigo on #2-3-4-5-8

Thyroidal congestion (#565)

- a. Green systemic front.
- b. Blue on #3.
- c. Magenta on #3-4-5.

Thyroiditis (#570)

- a. Green systemic front
- b. Blue on #3 or Indigo if purulent.

Dwarfism (#175), infantilism (#296), ateliosis (#63)

- a. Lemon systemic front, and if with dysfunction of:
- b. Pituitary – Green on #1 (and schedule #97 if brain tumor is present).
- c. Thyroid – see schedule *****, hypothyroidism.
- d. Heart – se appropriate heart condition schedule.
- e. Digestion – Yellow on #6-7-8-9-10.
- f. Kidneys – see appropriate kidney condition schedule.
- g. Bone development – Orange systemic front from area #22.

NOTE: Dietary, emotional, and other factors may be involved.

Simple goiter (#237) (thyroid hypertrophy (#566))

- a. Orange and Lemon systemic front.
- b. Green on #1.
- c. Indigo on #3.

Thyroid underactivity (#569) (hypothyroidism (#285)), myxedema (#373), cretinism (#145)

- a. Orange and Lemon systemic front.
- b. Green on #1

Thyroid overactivity (#567) (hyperthyroidism (#280)). Exophthalmic (#201) goiter (#236) (Graves' disease (#240))

- a. Lemon and Indigo systemic front.
- b. Green on #1.

- c. Purple on #4-5, or systemic front from #22 if blood pressure is high (see schedule #77).

NOTE: The cause of this condition is unknown but may be triggered by physical or emotional stress.

Thyroid tumor (#568) (see #97)

- a. Lemon systemic front.
- b. Indigo on #3.

Parathyroid underactivity (#414) (hypoparathyroidism (#283)), parathyroid tetany (#556)

- a. Lemon systemic front.
- b. Indigo on #3
- c. Orange on affected areas may be tried during spasms.

NOTE: Increase in dietary calcium and vitamin D may be needed.

Parathyroid overactivity (#413) (hyperparathyroidism (#278)), osteitis fibrosa (#396) cystica

- a. Lemon and Orange systemic front.

NOTE: Increase in dietary calcium, phosphorus, and vitamin D is likely to be required. Other disease may be involved such as pancreatitis. Some types of cancer may exhibit similar symptoms.

Acute carditis (#104)

- a. Turquoise systemic front.
- b. Magenta on #4-5.
- c. Indigo on #4-5 if with effusion.

Chronic carditis (#105)

- a. Lemon systemic front.
- b. Magenta on #4-5.
- c. Indigo on #4-5 if with effusion.

Cardiac: dilatation/hypertrophy/regurgitation/insufficiency/incompetency (#101)

- a. Lemon systemic front.
- b. Magenta and Indigo on #4-5.
- c. In regurgitation and insufficiency, Scarlet on #4-5 also may be tonated if blood pressure is not too high.

Cardiac valvular stenosis (#102)

- a. Lemon systemic front.
- b. Magenta on #4-5.
- c. Scarlet on #4-5 also may be tonated if blood pressure is not too high.

Aortic (#37) aneurism (#38)

- a. Lemon and Purple systemic front.
- b. Indigo and Magenta on #4-5.

Multiple arterial (#365) aneurysms (#38) (periarterial nodosa (#419))

- a. Turquoise systemic front and back if with fever, or
- b. Lemon systemic front and back if with little or no fever.
- c. Purple systemic front.
- d. Magenta on #4-5-18.
- e. Red on #7-8 if liver is involved.

NOTE: This disease is extremely serious. Any organ of this body may be affected and require attention.

Fatty heart (#209)

- a. Lemon systemic front.
- b. Orange and Indigo on #4-5.

Cardiac arrhythmia (#55)

- a. Lemon and Magenta systemic front. In some cases tonating systemic front area #22 may be more effective, and even essential.
- b. Orange or Indigo systemic front may be required if cardiac Q-T duration (refractory period) is abnormal due to calcium imbalance.

NOTE: Dietary intake of calcium and/or potassium may need modification.

Rapid heart (#472) (tachycardia (# 548))

- a. Turquoise and Magenta systemic front.
- b. Purple on #4-5-18.

NOTE: Tonating systemic front and back from area #22 may be more effective and even essential. After condition is stabilized, tonate Lemon instead of Turquoise.

Slow heart (#515) (bradycardia (#82))

- a. Lemon and Magenta on #4-5-18.
- b. Scarlet on #4-5-18 if blood pressure is not too high.

NOTE: Tonating systemic front and back from area #22 may be more effective and even essential in some cases.

Angina pectoris (#41)

- a. Lemon and Magenta systemic front.
- b. Purple on #4-5 during paroxysms.

NOTE: Other diseases may be involved and require attention: astric, cardiac, vascular, prostatic, etc.

Tuberculosis (#587) (pulmonary phthisis (#465)). Scrofula (#492) (lymphatic tuberculosis (#337))

When there is little or no fever:

- a. Lemon and Orange systemic front.
- b. Orange on #17 (not used in scrofula).
- c. Indigo on areas of suppuration or effusion.
- d. Purple on #4-5 if with pulmonary hemorrhage

When there is fever:

- e. Stop tonating Lemon and Orange.
- f. Depending on fever level:
Turquoise systemic front, or
Green and Blue systemic front.

- g. Purple on #4-5 if fever is high; systemic front if very high.
 - h. Indigo on areas of suppuration or effusion.
 - i. Purple on #4-5 if with pulmonary hemorrhage
- NOTE: All Colors also may be tonated on #17 if case is critical.

Pneumonia (#440)

- a. Green systemic front.
 - b. Blue on #4-5-17.
 - c. Magenta on #4-5, or
 - d. Scarlet systemic front and back if circulatory failure appears imminent.
 - e. Purple on #4-5 if fever is high, or blood is present in sputum.
For convalescence:
 - f. Magenta on #4-5-18.
 - g. Lemon systemic front followed by Yellow and then Orange
 - h. Conclude with Turquoise systemic front.
- NOTE: Any use of tobacco much be stopped.

Bronchiectasis (#84)

- a. Orange and Lemon systemic front and on #17.
 - b. Purple on #4-5 if with pulmonary hemorrhage.
- NOTE: May be associated with cystic fibrosis, pneumonia, etc. Any use of tobacco must be stopped.

Asthma (#62)

- During an attack:
- a. Purple on #1-2-3-4-5.
 - b. Scarlet on #18.
 - c. Orange may be tried
- Between attacks:
- d. Lemon systemic front.
 - e. Orange on #2-3-4-5.
 - f. Magenta on #4-5-18.
- NOTE: Emotional factors are often involved. In some cases certain dusts, proteins, fumes, etc. may precipitate an attack. Any use of tobacco must be stopped.

Acute lung congestion (#329)

- a. Turquoise systemic front.
 - b. Blue on #17.
 - c. Magenta on #4-5.
- NOTE: Be sure air has adequate humidity. Any use of tobacco must be stopped.

Hemoptysis (#256)

- a. Green systemic front.
 - b. Indigo and Purple on #4-5-17
- NOTE: Often associated with other disorders which must be resolved if present. Any use of tobacco must be stopped.

**Asbestosis (#59) – blacklung (#74) – emphysema (#184) – silicosis (#508)
(pneumoconiosis (#439))**

- a. Lemon systemic front.
- b. Orange and Yellow on #4-5-17.

NOTE: Information in schedule 337 also may apply to these disorders. Be sure air has adequate humidity. Any use of tobacco must be stopped.

Lung gangrene (#330)

- a. Lemon systemic front and on #17 (or Green and Blue if with fever).
- b. Magenta on #4-5 (or Purple if fever is high).
- c. Indigo and Purple on #4-5-17 if lung hemorrhage occurs.
For convalescence:
- d. Lemon systemic front.
- e. Orange on #4-5-17.
- f. Conclude with Turquoise systemic front.

NOTE: Air must have adequate humidity. Stop any use of tobacco.

Lung abscess (#328) (see #2, abscess)

- a. Green systemic front.
- b. Indigo on #4-5-17.
- c. Magenta on #4-5 (or Blue systemic front and Purple on #4-5 – or systemic may be required – if fever is high).

NOTE: Be sure air has adequate humidity. Any use of tobacco must be stopped.

Lung growths (#331) (pulmonary carcinoma (#464)) – (see #97, cancer)

- a. Lemon systemic front.
- b. Indigo on #4-5-17.
- c. Purple on #4-5 if with pulmonary hemorrhage.

NOTE: Any use of tobacco must be stopped.

Acute pleurisy (#435)

- a. Green systemic front.
- b. Blue on #4-5-17, or Indigo if effusion occurs.
- c. Magenta on #4-5-18
- d. Violet on #4-5 may be tonated if pain is severe.

Chronic pleurisy (#436)

- a. Lemon systemic front and on #17.
- b. Indigo on #4-5-17 if effusion occurs.

NOTE: Underlying cause must be found and tonated.

Purulent pleurisy (#437) (empyema of the chest (#185))

- a. Green systemic front.
- b. Indigo on #4-5-17.
- c. Magenta on #4-5-18.

Hydrothorax (#273)

- a. Green systemic front.
- b. Indigo on #4-5.
- c. Magenta on #18.

Thymus hypertrophy (#564)

- a. Lemon systemic front.
- b. Indigo on #4-5 (thymus).

Thymus atrophy (#563)

- a. Lemon systemic front.

Thymus abscess (#562) (see #2, abscess)

- a. Green systemic front.
- b. Indigo on #4-5 (thymus).
- c. Magenta on #4-5.

Status thymicolymphaticus (#532), lymphatism (#338)

- a. Yellow, Lemon, and Magenta systemic front.
- b. Indigo on #4-5 (thymus).

Jaundice (#304) (icterus (#287))

- a. Lemon systemic front.
- b. Red on #7-8.
- c. Yellow on #6-7-8-9-10.
- d. Magenta on #4-5-6-7-8-18.

NOTE: Other condition may be involved: ascites (schedule #60), gallstones (#125), hepatitis (260). Avoid all alcoholic drinks.

Liver cancer (#319) (see #97, cancer)

- a. Lemon systemic front.
- b. Indigo on #7-8.

Fatty liver (#210)

- a. Green systemic front.
- b. Red on #7-8.

NOTE: Underlying cause can be a poor diet, drugs, obesity, chemical poisoning, alcoholism, etc., which also must be treated.

Waxy liver (#605) (amyloid liver (#30))

- a. Green systemic front.
- b. Red on 7-8.
- c. Indigo on #7-8 and areas with suppuration.

NOTE: Underlying cause can be: syphilis, bone disease, rickets, tuberculosis, etc., which also must be treated.

Acute hepatitis (#259)

- a. Green and Blue systemic front.
- b. Red on #7-8.

NOTE: A well-balanced diet is essential. Avoid all alcoholic drinks.

Chronic hepatitis (#260), liver (#320) cirrhosis (#133)

- a. Lemon systemic front.
- b. Red on #7-8.
- c. Magenta on #4-5-6-7-8-18.

- d. Indigo on affected areas if ascites or hemorrhages occur.
- NOTE: A well-balanced diet is essential. Avoid all alcoholic drinks.

Gallstones (#223) (cholelithiasis (#125))

- a. Lemon systemic front.
- b. Orange on #7-8.

NOTE: Gallstones may have to be removed, depending on their quantity and size.

Malignant jaundice (#341) (icterus gravis (#288))

- a. Green and Indigo systemic front.
- b. Red on #7-8.

NOTE: Underlying cause can be any of several serious disorders.

Acute gastritis (#225)

- a. Orange on #6-8 once, then
- b. Turquoise systemic front, and
- c. Indigo on #6-8

NOTE: It may be useful to treat initially with schedule #603. Use a liquid diet or water only for a day or two.

Chronic gastritis (#226)

- a. Lemon systemic front.
- b. Orange on #6-8.

NOTE: Other disorders may be involved. Have a dental examination. Watch diet carefully.

Stomach cancer (#535) (see 97, cancer)

- a. Lemon systemic front.
- b. Indigo on #6-8.

Peptic ulcers (#591). Stomach bleeding (#534) and vomiting (hematemesis (#250))

- a. Lemon systemic front.
- b. Indigo on #6-8

NOTE: Other disorders may be involved or develop and must be treated.

Cholera infantum (#127)

- a. Green and indigo systemic front.
- b. Purple on #4-5.
As symptoms subside:
- c. Turquoise systemic front.
- d. Magenta on #4-5.
For convalescence:
- e. Lemon systemic front, followed by Yellow
- f. Conclude with Turquoise systemic front.

NOTE: Give only water (electrolytes may need to be adjusted) or fruit juices (if tolerated) for no more than two or three days, until acute symptoms subside; extreme caution must be exercised in this regard.

Vomiting (#603) (emesis (#181))

- a. Drink water, immediately tonate Orange on #6-8; repeat until vomit is only water
- b. Indigo on #6-8 to stop retching.

NOTE: Vomiting *must not* be encouraged if poisoned by gasoline, turpentine, acids, washing soda, etc. in such cases, contact nearest poison-control centre and if possible begin first-aid measures.

Indigestion (#293), flatulence (#216) (gas)

- a. Orange on #6-7-8-9-10

NOTE: If tonated soon after eating, vomiting may result which is often beneficial. Try drinking a glass of water (plain water, not a soft drink, etc.) ½-hour before each meal.

Diarrhea (#161) (catarrhal enteritis (#110))

- a. Yellow on #6-7-8-9-10 one tonation, then Turquoise systemic front.
and
- b. Indigo on #6-7-8-9-10 if condition does not begin to abate in one day.

NOTE: Use a liquid diet or water only for a day or two, until condition subsides. **If electrolyte loss or dehydration is severe, immediate attention may be essential.**

Appendicitis (#53)

- a. Green systemic front.
- b. Blue and indigo on #9-10.

NOTE: Use a liquid diet or water only for a few days until condition subsides. **If electrolyte loss or dehydration is severe, immediate attention may be essential.**

Constipation (#137) (costiveness (#141))

- a. Lemon systemic front.
- b. Yellow on #6-7-8-9-10, also Orange if condition does not respond.

NOTE: Colors also may be tonated on #18-19. Diet probably needs improvement. In an occasional case, emotion factors may be involved; if so, try Violet or Purple on #1 (or systemic front).

Enteroptosis (#188)

- a. Lemon and Indigo on #6-7-8-9-10.
- b. Yellow systemic front.

NOTE: An abdominal support may be necessary in some cases.

Worm infestation (#609): tape (#549)/ hook (#268)/round (#483)/filariasis (#215)/trichinosis (#585). Intestinal (#303) and other parasites (#411)

- a. Yellow and Lemon systemic to include affected areas.
- b. Green systemic front during acute stage.
- c. Blue systemic front if fever occurs.

NOTE: Most worms enter through the mouth (poor sanitary and food preparation practices, biting fingernails, etc.). Tonate symptoms as they occur.

Dysentery (#177), colitis (#135), acute gastroenteritis (#227)

- a. Green systemic front.
- b. Yellow on #6-7-8-9-10 once or twice to empty bowels, then
- c. Indigo on #6-7-8-9-10.

NOTE: Use a liquid diet or water only for a day or two, until condition subsides. In colitis, emotional problems and overeating are often involved and must be corrected. **If electrolyte loss or dehydration is severe, immediate attention may be essential.**

Acute peritonitis (#421)

- a. Green systemic front.
- b. Blue and Indigo on #6-7-8-9-10.
- c. Magenta on #4-5, or Purple if with high fever or rapid pulse.

NOTE: **If electrolyte loss or dehydration is severe, immediate attention may be essential.**

Chronic peritonitis (#422)

- a. Lemon systemic front.

NOTE: Treat complication as they occur.

Ascites (#60)

- a. Green systemic front.
- b. Indigo on #6-7-8-9-10.
- c. Magenta on #4-5.
- d. Scarlet on #18.

NOTE: Often associated with other disorders, liver disease being the most common.

Acute pancreatitis (#406)

- a. Turquoise systemic front.
- b. Blue and indigo on #6-7-8-18.
- c. Magenta on #4-5.

NOTE: Intravenous fluids may be required, depending on severity of the case.

Chronic pancreatitis (#407)

- a. Lemon systemic front and on #18.
- b. Yellow on #6-8.

NOTE: May require tonations listed for acute pancreatitis until acute symptoms subside.

Pancreatic cancer (#405) (see #97, cancer)

- a. Lemon systemic front and on #18.
- b. Indigo on #6-8-18.

Low blood sugar (#327) (hypoglycemia (#282), Chronic hyperinsulinism (#276))

- a. Lemon systemic front, and if with dysfunction of:
- b. Pituitary – Green on #1.
- c. Thyroid – Orange on #3.
- d. Liver – Red on #7-8.
- e. Pancreas (overactivity, high insulin) – Violet on #6-8-18,
(underactivity, low glucagon) – Yellow on #6-8-18.
- f. Digestive tract – Yellow on #6-7-8-9-10.
- g. Kidney – Magenta on #18.
- h. Adrenal and chromaffin system – Scarlet systemic front and back.

NOTE: Improved diet is usually required. Avoid alcoholic drinks and all forms of refined sugar. Vitamin deficiencies may be involved. Emotional Burdens also may have to be moderated.

Diabetes mellitus (#160), type I (IDDM) and type II (NIDDM)

- a. Lemon systemic front.
- b. Yellow on #6-7-8-9-10.
- c. Magenta systemic front from #22.

NOTE: Any of several conditions may contribute to the development of this disease; the diet is especially important in controlling it. Lack of chromium in the diet or its assimilation has been implicated. Avoid all forms of refined sugar and excessively sweet foods. Several small meals a day instead of the usual three large meals may sharply reduce bodily needs for insulin. Mental strain, anxiety, and obesity often in type II, as well as diet, may have a marked influence on the course of this disease.

Glucose in the urine (glycosuria (#235))

- a. Lemon systemic front, and if with dysfunction af:
- b. Pituitary – Green on #1.
- c. Pancreas – Yellow on #6-8-18.
- d. Kidneys – magenta on #18.

Diabetes insipidus (#159)

- a. Lemon systemic front.
- b. Green on #1.
- c. Orange on #3.
- d. Indigo on #1-15 if with cerebral tumor.
- e. Magenta on #18.

Splenic abscess (#527) (see #2, abscess)

- a. Green systemic front.
- b. Indigo on #6.
- c. Magenta on #4-5-6-7-8.

Banti's disease (#68), splenomegaly (#528)

- a. Lemon system front.
- b. Red systemic front from #22.
- c. Indigo on #6, and on hemorrhages if they occur.
- d. Magenta on #4-5-6-7-8.

NOTE: Other Diseases are usually involved and must be treated.

Gonorrhea (#238)

- a. Green and Blue systemic front until acute symptoms or apparent effects of the disease disappear, then
- b. Lemon and Yellow systemic front or several weeks (see #107, carrier).

Syphilis (#544)

- a. Green and Magenta systemic front and back for three weeks with
- b. Blue systemic front for three weeks, then
- c. Lemon, Yellow and Magenta systemic front and back.

- Continue tonations for several weeks after all symptoms disappear (or for several months if condition is long-standing; see #107, Carrier).
- d. Conclude with Turquoise systemic front.

Chancre (#119)

- For three weeks:
- a. Green and Magenta systemic front and back.
 - b. Blue on affected area.
- After three weeks:
- c. Yellow, Lemon and Magenta systemic front and back.
 - d. Orange on the affected area until it begins to close, then
 - e. Turquoise systemic front for a week, then add
 - f. Indigo on the affected area.
 - g. Tonate (e) and (f) until area is healed.
 - h. Conclude with green systemic front.

Whites (#607) (leukorrhea (#316))

- a. Lemon systemic front.
- b. Indigo on #10-11.
- c. Magenta on 4-5.

NOTE: See schedule #165 if condition is chronic.

Lack of menstruation (#353) (amenorrhea (#28))

- a. Lemon systemic front.
- b. Green on #1.
- c. Scarlet on #10-11.
- d. Magenta on #18.

NOTE: Possible causes: Thyroid dysfunction, excessive exercise, diabetes, some medical drugs, emotional stress.

Menstrual cramps (#351)

- a. Orange on #10-11.
 - b. Scarlet on #18.
- Between menstrual periods:
- c. Lemon systemic front.
 - d. Magenta systemic front and on #18.

Painfull menstruation (#352) or excessive flow. Falling womb (#205)

- During menstrual periods:
- a. Indigo on #10-11.
- Between menstrual periods:
- b. Lemon systemic front.
 - c. Magenta systemic front and on #18.
 - d. For falling womb also tonate Indigo on #10-11.

Tendency to miscarry (#359)

- a. Lemon systemic front.
- b. Green on #1.
- c. Magenta systemic front and on #18.
- d. Scarlet on #18.

NOTE: Refrain from marital relations for these weeks. Do not wear high-heeled shoes.

Sexual (#502): impotence (#290)/sterility (#533)/apathy (#49)

- a. Green and Orange systemic front.
- b. Magenta systemic front and on #18.
- c. Scarlet on #10-11.

NOTE: Emotional factors may be involved and require attention.

Excessive sexual craving (#501)

- a. Turquoise systemic front
- b. Purple on #10-11-18.
- c. Magenta systemic front.

NOTE: Emotional factors may be involved and require attention.

Vomiting (#604) in pregnancy (#451)

- a. Turquoise systemic front.
- b. Indigo on #9.

Spotting (#530) from impending miscarriage (#358)

- a. Green systemic front.
- b. Indigo on #10-11.

NOTE: Refrain from marital relations. Do not wear high-heeled shoes. Bed-rest until danger passes has been recommended but its value has been questioned and is being studied. Cautious exercise may follow.

Normal pregnancy (#450)

Occasionally tonate:

- a. Green systemic front.
- b. Yellow on #6-7-8-9-10.
- c. Magenta on #4-5-18.

Abortion (#1)

There is no Spectro-chrome Color which will cause an abortion but if a spontaneous abortion is inevitable due to natural circumstances, tonate these Colors to help precipitate the event and lesson the likelihood of untoward after-effects:

- a. Green systemic front.
- b. Scarlet on #10-11.
After the abortion:
 - c. Indigo on #4-5 if milk flow begins.
 - d. If blood flow is excessive, see schedule #447.

Pregnancy: long labor/slow placental separation/weak contractions (#448)

- a. Green on #1.
- b. Scarlet on #10-11.

Pregnancy: excessive flow after delivery (#447)

- a. Scarlet on #10-11 (placenta must be expelled), follow by
- b. Indigo on #10-11.
After flow is controlled:
- c. Green and Magenta systemic front.

Pregnancy: to regulate milk production (#446)

- a. Green systemic front, and
- b. Orange on #4-5 to increase production, or
- c. Indigo on #4-5 to decrease production.

NOTE: Use care in dietary habits.

Prostate enlargement (#458) (benign prostatic hypertrophy)

- a. Lemon systemic front.
- b. Orange and Indigo between #11 and #19.

NOTE: Lack of zinc in the diet has been implicated. Wheat germ is a good source of zinc but it is better to eliminate white-flour from the diet and use only whole-wheat products.

Acute prostatic inflammation (#459)

- a. Turquoise systemic front.
- b. Blue between #11 and #19.

NOTE: Lack of zinc in the diet has been implicated. Wheat germ is a good source of zinc but it is better to eliminate white-flour from the diet and use only whole-wheat products.

Chronic prostatic inflammation (#460)

- a. Lemon systemic front and between #11 and #19.
- b. If enlargement has occurred use schedule #458.

NOTE: Lack of zinc in the diet has been implicated. Wheat germ is a good source of zinc but it is better to eliminate white-flour from the diet and use only whole-wheat products.

Acute nephritis (#379)

- a. Turquoise systemic back.
- b. Magenta systemic front.
- c. Scarlet on #18, or Magenta if blood pressure is too high.

Chronic nephritis (#380), renal sclerosis (#475), uremia (#594)

- a. Lemon systemic back.
- b. Magenta systemic front.
- c. Scarlet on #18, or Magenta if blood pressure is too high.

NOTE: Arteriosclerosis and other complications may be involved and require attention.

Urine suppression (#597) (prerenal anuria (#452))

- a. Green systemic back.
- b. Scarlet on #18,

NOTE: Obstructive suppression may require surgical intervention.

Blood in urine (#596) (hematuria (#253))

If bleeding is from the bladder:

- a. Green systemic front.
- b. Indigo on #10.

If bleeding is from the kidneys:

- c. Green systemic back.
- d. Indigo on #18.

NOTE: Excessive exercise or any of several diseases may be causal. Do not run or jog had on an empty urinary bladder.

Albumin in the urine (#595)

- a. Lemon systemic back.
- b. Magenta systemic front and back.

NOTE: Severe exertion, a cold bath, poor diet., may be causal.

Hemoglobinuria (#254), paroxysmal cold hemoglobinuria (#254)

- a. Lemon systemic front.
- b. Magenta systemic front and back

NOTE: Body warmth must be maintained at all times; even a cold drink can precipitate an attack. Syphilis may be associated.

Pyuria, pyelitis, cystitis (#151)

If condition focus is in front:

- a. Green systemic front.
- b. Indigo on #10-11.

If condition focus is in back:

- c. Green systemic back.
- d. Indigo on #18-19.

NOTE: In many cases, tonations may be required on front and back areas.

Pneumaturia (#438)

- a. Green on #10-11-18.
- b. Lemon systemic front.
- c. Indigo on #9-10 if with intestinal abscesses, leading to a fistula.

NOTE: Often associated with vesico-enteric fistula.

Lithuria (#317)

- a. Lemon systemic front.
- b. Magenta on #18.

NOTE: Drink water freely; increase intake of foods high in mineral salts. Avoid all meat, fish, coffee and tea.

Oxaluria (#401)

- a. Lemon systemic front.
- b. Yellow on #6-7-8-9-10.
- c. Magenta on #18.

NOTE: Drink water freely. Avoid foods containing oxalic acid until condition improves.

Indicanuria (#292)

- a. Lemon systemic front.
- b. Magenta on #18.

NOTE: Diet may need improvement. Gallstones, wasting diseases, peritonitis, excess Stomach acid, etc., may be involved and require attention.

Cystinuria (#150)

- a. Lemon systemic front.
- b. Magenta on #18.

NOTE: May require decrease of dietary protein and increase of foods with alkaline residue.

Hydronephrosis (#271)

- a. Lemon systemic back.
- b. Indigo and Magenta on #18.

NOTE: The cause must be found promptly as it is often a mechanical obstruction which may require surgery or other intervention.

Kidney stones (#305) (nephrolithiasis (#381))

- a. Lemon and magenta systemic back.

NOTE: Drink water freely. Depending on location and size, stones may require removal.

Addison's disease (#8) (adrenal tuberculosis (#15) or atrophy (#11)) chromaffin system insufficiency (#130)

- a. Lemon and Scarlet systemic front and (especially scarlet in #18).
- b. Green on #1.

NOTE: May be associated with purpura, fever, etc.

Acute hemorrhagic adrenalitis (#17)

- a. Green systemic back.
- b. Indigo and Magenta on #18.

NOTE: May be associated with purpura, fever, etc.

Adrenal cancer (#12) (see schedule 97, cancer)

- a. Lemon systemic back.
- b. Indigo on #1

Adrenal overactivity, Cushing syndrome (#147) (adrenal hypertrophy (#14) or hyperfunction)

- a. Lemon systemic back.
- b. Green on #1.
- c. Purple on #18.
- d. In hypertrophy, add Indigo on #18.

NOTE: Oat-cell lung cancer may be involved.

Adrenal underactivity (#16) (secondary adrenal insufficiency (#494))

- a. Lemon systemic back.
- b. Green on #1 if underlying cause is panhypopituitarism.
- c. Indigo on #1-15 if brain tumor is present.
- d. Scarlet on #18; Magenta also may be useful.

NOTE: Thyroid and reproductive functions may be affected.

Hemorrhoids (#258) (piles (#433))

- a. Lemon systemic front and on #19.
- b. Indigo on #19.

NOTE: Constipation and its often attendant straining to begin a movement is a common cause; see chapter five, part on, paragraph q. Diet probably needs improvement. Other diseases are sometimes involved.

Acute meningitis (#348)

- a. Green and Indigo systemic back.
- b. Magenta on #4-5, or Purple systemic front if fever is high.
- c. Scarlet systemic front and back if circulatory collapse appears imminent.

NOTE: Dehydration is common and must be treated promptly.

Chronic Meningitis (#349)

- a. Lemon and Green systemic back.

NOTE: Tonate existing symptoms or as they develop.

Spinal hemorrhage (#525) (hemorrhachis (#252), hematomyelia (#251))

- a. Turquoise and Indigo systemic back.
- b. If with paralysis, also tonate Motor nervous system schedule (#362) systemic back.

Spinal growths: glioma (#524) /tumor/gliomatosis/hydromyelus (see schedule #97, tumors)

- a. Motor nervous system schedule (#362) systemic back.
- b. Indigo on affected area.

Red neuralgia (#473,387) (erythromelalgia (#195))

- a. Lemon and Magenta systemic front to include affected areas.
- b. Purple on affected areas (or systemic front) may be tried during attacks in secondary types.
- c. Scarlet systemic back to include affected areas may be tried during attacks in primary types.

NOTE: Any use of tobacco products must be stopped. Elevate affected extremities during attacks.

Varicose veins (#600)

- a. Lemon and Magenta systemic to include affected areas.
- b. Indigo on affected areas.
- c. Scarlet on the affected areas may be useful in some cases.

Hardening of the arteries (#244) (arteriosclerosis (#56))

- a. Lemon, Purple, and Magenta systemic front.

NOTE: If with high blood pressure, see schedule #266.

Buerger's disease (#90) (thrombo-angiitis obliterans (#559)), phlebitis (#431), thrombophlebitis (#560)

- a. Lemon, Purple, and Magenta systemic front from #22.
- b. Scarlet on #4-5 in obliterans.

NOTE: Any use of tobacco products must be stopped. Elevate affected extremities during attacks.

Reynaud's disease (#478)

- a. Magenta systemic front to include affected areas.
- b. Motor nervous system schedule (#362) systemic front and back to include affected areas.
- c. During attacks Orange, Purple, or Scarlet may be tried on affected areas.

NOTE: Any use of tobacco products must be stopped. Body warmth must be carefully maintained, and emotional stress avoided.

Anemia (#34) (see #507 for sickle-cell anemia, #423 for pernicious anemia)

- a. Red and Lemon systemic front from #22.

NOTE: Underlying cause can be parasites, poor diet, hemorrhage, acute fever, poisons, etc.

Chlorosis (#123)

- a. Red and Lemon systemic front from #22.
- b. Magenta on #4-5 and #10-11 (or systemic front).

Leukemia (#314)

- a. Red and Lemon systemic front from #22.
- b. Magenta systemic front.
- c. Indigo on hemorrhages if they occur.

Cancer, (#97) tumors (#588), growths; malignant or benign (#71), (carcinoma (100), sarcoma (#487), neoplasm (#378)); cysts (#152)

- a. Lemon systemic to include affected area.
- b. Indigo on affected area. If the mass is interfering with organic function, it may have to be removed. Indigo may not be able to shrink it beyond a certain point, depending on its fibrous contents.
- c. Orange on the affected area may assist in reducing the mass.

NOTE: A diet high in uncooked foods/juiced should be used. As with all serious conditions, and especially so here, the sooner tonations are begun the better chances are for a favourable outcome.

Hodgkin's disease (#267) (lymphadenoma (#336) – see #97, cancer

- a. Lemon and Indigo systemic front.
- b. Orange and affected areas if bone involvement occurs.
- c. Yellow systemic to include affected lymph nodes.

NOTE: Complication may include anemia, fever, jaundice, edema, boils, etc. alcoholic drinks may cause severe pains.

Scurvy (#493)

- a. Lemon and Indigo systemic front.

NOTE: A diet with a much higher level of vitamin C is imperative. Tonate complications as they occur.

Beri-beri (#72)

If with fever:

- a. Turquoise and Magenta systemic front.

If with little or no fever:

- b. Magenta and Motor nervous system schedule (#362) systemic front and back.

NOTE: Diet must be improved, especially with foods high in vitamin B-1: wheat germ, food-grade yeast, sunflower seeds, soybeans, peanuts, etc

Rickets (#481), osteomalacia (#399)

- a. Lemon and Orange systemic front and back from #22.
- b. Magenta on #18.
- c. Indigo on #3 if parathyroids are involved.

NOTE: Intake of vitamin D must be increased; an improved diet may be essential.

Gout (#239), podagra (#441).

- a. Lemon and Magenta systemic front from #22.
- b. Scarlet on #18.

NOTE: Diet usually requires considerable improvement. Avoid alcoholic drinks. Drink water freely. Tonate acute symptoms as they occur.

Obesity (#392)

- a. Lemon systemic front, and if with:
- b. Pituitary dysfunction - Green on #1.
- c. Hypothyroidism - Orange systemic front.
- d. Gonadal insufficiency - Green on #1, and
Scarlet on #10-11-18.
- e. Cerebral tumor - Indigo on #1-15 (see schedule #97).
- f. Excessive hunger - Violet on #8-9-10.
- g. Water retention - Green on #1, and Scarlet on #18.

NOTE: Dietary and exercise habits usually need improvement. Several small meals a day may help (instead of the typical three large meals). Emotional factors may be involved.

Dercum's disease (#157) (adiposis dolorosa) # 10

- a. Lemon and Orange systemic front.
- b. Green on #1.
- c. Violet on painful skin areas.
- d. Scarlet on #18 may tried if asthenia occurs.
- e. Magenta systemic front if mental charges are noted (see schedule #***).

Boils (#80) (furuncles (#222)), carbuncles (#99)

- a. Lemon systemic to include the affected area, and these Colors on the affected areas:
- b. Orange until suppuration feigns and throbbing is felt, then
- c. Green until pus stops draining, then
- d. Replace Lemon tonations with Turquoise systemic, and a few tonations of Indigo on the affected area.

NOTE: If disorder is a recurring problem, between episodes tonate Yellow and Lemon systemic front for several weeks, Diet probably needs improvement.

Skin diseases (#511)/sores (#522)/ulceration (#590). Athlete's foot (# 64), moles (#360), eczema (#179), psoriasis (#461)

Moist or weeping types:

- a. Turquoise systemic to include affected area until signs of drying appear, then also tonate:
 - b. Indigo on affected area.
- Dry or scaly types:
- c. Lemon systemic to include affected area, and
 - d. Orange on affected area until area erupts and exudes freely (becomes a weeping type), then
 - e. Continue as listed for weeping types (a. and b.)

NOTE: Do not use soap on affected area. Diet, allergies, or emotional tress may be involved in some cases. If sores or ulcerations tend to recur, see schedule #165.

Athlete's foot is a weeping type but its cause is an external fungus feeding on dead skin which is not within the circulatory system so Spectro-Chrome may help but is not usually effective except with an accompanying infection. Similar comment applies to moles.

Skin hemorrhages (#512) (purpura (#466))

- a. Lemon systemic to include affected area.
- b. Indigo and Magenta on affected areas.

NOTE: Other diseases ate often associated.

Bleeding injury (#75), hemorrhage (#257), cuts (#148)

- a. Indigo on affected area until bleeding stops, then
- b. Turquoise systemic to include affected area, and
- c. Green and Magenta on affected area.

NOTE: Stitches, taping, or a compressing bandage may be necessary if injury is severe.

Burns from fire or heat (infra-red burn (#91))

- a. Blue and Indigo on affected area until pain subsides and a crust or scab forms (an extended tonation is often useful, especially in cases with large involved areas), then
- b. Turquoise systemic to include affected area.
- c. Green on affected area.
- d. Scarlet on #18 if kidney functions falter.
- e. Indigo on affected area if exudation or pain continues.

Burns from: x-ray (#612) – radiation (#471)– ultra-violet (#592,#92 – Sunburn (#539)

When there is more than a little fever:

- a. Blue or Indigo systemic to include affected area.
- b. Red on affected area, or systemic if needed (some cases respond to this Color alone).

With little or no fever:

- c. Green systemic to include affected area.
- d. Red on affected area, or systemic if needed.
- e. Turquoise on affected area if skin has been injured.

NOTE: Effects of radiation may not become apparent for some time – even several years.

Tick itches (#572), insect bites (#300) (parasitic arachnida (#412)).

Dermatitis (#158)

- a. Turquoise and Blue on affected areas.

NOTE: Tonate complications as they occur. For chronic dermatitis, use Color schedule #**)

Ainhum (#20)

- a. Lemon systemic front to include affected area.
- b. Magenta on affected area.

Scleroderma (#491)

- a. Motor nervous system schedule (#362) systemic front.
- b. Green on#1.
- c. Magenta systemic to include affected areas (or Purple if with high blood pressure).
- d. Magenta on #18 (or scarlet if kidney failure appears imminent).

Altitude sickness (#25)(anoxemia (#44))

- a. Blue systemic front.
- b. Orange on#3-4-5-17.

NOTE: Supply additional oxygen; move to a lower altitude.

Bends (#69), diver’s paralysis (#166) (caisson disease (#95))

- a. Magenta systemic to include affected area.
- b. If with paralysis, also tonate Motor nervous system schedule (#362) systemic back and include affected area.

NOTE: Recompression-decompression is usually essential. If bone necrosis is suspected tonate Orange on affected area and Lemon systemic to include affected area.

Muscle stiffness (#368), or cramps (#144): writer’s (#610)/swimmer’s (#542)/stiff neck (#377)/etc.

- a. Orange on affected area.

NOTE: Massage may be helpful. A change of bed pillows may help if neck stiffness persists.

Loss of blood pressure (#78), primary or secondary shock (#506)

- a. Scarlet systemic front and back.

NOTE: The cause must be identified and treated.

Acute alcoholism (#21)

- a. Blue and Magenta systemic front.
- b. Scarlet systemic front and back if circulatory collapse appears imminent.
- c. Orange on #3-4-5 if respiration rate is low; or systemic front for weakness, excessive perspiration, etc.

Chronic alcoholism (#22)

- a. Motor nervous system schedule (#362) systemic front.
- b. Magenta systemic front.
- c. Red on #7-8.

NOTE: Alcohol intake must stopped as soon as possible. Tonate withdrawal symptoms as they appear. Emotional and dietary problems present in most cases must be resolved. (see schedule #432.)

Delirium tremens (#155)

- a. Turquoise and Magenta systemic front.
- b. Purple on #1-2-3-4-5.

NOTE: After delirium is under control, tonations for alcoholism should be considered.

Drug addiction (#171): Heroin/morphine/opium etc.

- a. Green systemic front, and if with:
- b. Itching – Blue on affected area.
- c. Poor digestion – Yellow on #6-7-8-9-10.
- d. Restlessness – Violet on #1 (or systemic front).
- e. Low heart rate – Magenta on #4-5-18, or Scarlet if rate is very low.

NOTE: Tonate symptoms as they appear. Emotional support may be essential for recovery. (See schedule #432.)

Lead poisoning (#312,444)

- a. Yellow and Lemon systemic front.

NOTE: Tonate complications which may include: anemia, brain and heart disease, colitis, nephritis, neuritis, paralysis, etc. If poisoning is acute from eating lead paint, contact nearest poison control centre, and begin first-aid measures if possible.

Arsenic poisoning (#57,442)

Oral ingestion, acute:

- a. Scarlet systemic front and back if circulatory collapse appears imminent.
- b. Stomach much be emptied as soon as possible, and washed with an antidote if available. If vomiting has begun, see schedule #603.
- c. Indigo on #6-8, but only after stomach has been properly emptied. **If electrolyte loss or dehydration is severe, immediate attention may be essential.**
- d. Diarrhea will appear later, tonate Yellow on #6-7-8-9-10 to hasten process. Enemas should be used to remove as much arsenic from the bowels as quickly as possible. Then

- e. Tonate schedule #112, dysentery.

NOTE: Contact nearest poison control center, and begin first-aid if possible.

Chronic poisoning:

- f. Lemon systemic front.
- g. Yellow on #6-7-8-9-10 or systemic front.
- h. Scarlet on #18.

NOTE: complications may include anemia, skin and liver diseases, paralysis, etc.

Food poisoning (#218,443)

See schedule #603 for vomiting.

- a. Green systemic front.
- b. Magenta on #4-5.

NOTE: Contact nearest poison control center, and begin first-aid if possible.

Sunstroke (#540) (asphyxial sunstroke (#61))

- a. Blue systemic front.
- b. Purple on #4-5.

NOTE: Body temperature may rise to 107degreeF. and somewhat higher in extreme cases. A cold bath may be helpful, even essential; care must be taken to avoid over-cooling (hypothermia) or shock (circulatory collapse).

Heat prostration (#249) (heat collapse or syncope)

- a. Scarlet systemic front and back.

NOTE: Body internal temperature is normal; circulatory failure causes skin to be cold and damp. Pulse is usually less than 100; blood pressure falls.

Sprains (#531)

- a. Indigo on affected area (an extended tonation may be useful). After pain subsides:
- b. Green systemic to include affected area.
- c. Orange on affected area, and an occasional Indigo on the same area.

Bone fractures (#81)

- a. Have fracture set or adjusted.
- b. Orange and Lemon as close to the fracture as the cast will permit.
- c. Blue also may be tonated if itching develops.

Acute bursitis (#93) or tendinitis (#552). Tennis arm/elbow (#554)

- a. Green systemic to include affected area.
- b. Blue or Indigo on affected area.

Chronic Bursitis (#94) or tendinitis (#553)

- a. Lemon systemic front to include affected area.
- b. Orange on affected area.
- c. Blue on affected area.

Reducible hernia (#261), rupture (#485)

- a. Lemon systemic front.
- b. Yellow and Indigo on affected area.

NOTE: Likely to be successful with children to five years of age; a supportive appliance (truss) may be necessary temporarily. May be helpful at any age but how effectively depends on individual circumstances.

Osteo-arthritis (#397,58), rheumatoid arthritis (#480)

Acute condition:

- a. Green and Magenta systemic to include affected areas.
- b. Blue or Indigo on affected areas.

Chronic condition:

- c. Lemon and Magenta systemic to include affected areas.
- d. Turquoise and/or Indigo if with effusions or pain.
- e. Orange on areas of bone atrophy.

Paget's disease (#402) (osteitis deformans (#395))

- a. Lemon and Magenta systemic to include affected areas.
- b. Orange on affected areas.
- c. Purple may be tried on areas with bone aches.
- d. Indigo on #1-15 if with skull tumors.

Lobstein's disease (#321) (osteogenesis imperfecta (#398))

- a. Lemon and Orange systemic front from #22.

Marie's syndrome (#343) (hypertrophic pulmonary osteo-arthropathy (#281))

- a. Lemon and Magenta systemic front from #22.

NOTE: Other diseases are usually involved or causative: tuberculosis, jaundice, nephritis, empyema, bronchiectasis, syphilis, etc.

Achondroplasia (#3)

- a. Lemon and Orange systemic front and back from #22.
- b. Green on #1.

NOTE: By the time this condition is diagnosed, irreversible damage may have already occurred (united diaphyses, etc.), limiting the level of recovery possible.

Nerve inflammation (#382) (neuritis), nerve pain (neuralgia (#386)), sciatica (#490)

- a. Turquoise systemic to include affected area.
- b. Indigo on affected area.
- c. If paralysis occurs, tonate Sensory or Motor nervous system schedule (#362 or #385) as required.

NOTE: May be associated with anemia, decayed teeth, bony spurs, latent nephritis, gout, etc.

Nerve tumors (#383) (neuromata (#389)) – see schedule #97, tumors

- a. Lemon systemic to include affected area.
- b. Indigo on affected area.

Sleeping sickness (#513) (trypanosomiasis (#586))

- a. Yellow and Green systemic front and on #16.
- b. Blue systemic front if there is fever or convulsions.
- c. Magenta on #4-5-18, and systemic to include any areas with edema.

Malaria (#340)

- a. Green and Blue systemic front.
- b. Purple systemic front before and during paroxysms.
During remissions, when fever is low:
- c. Yellow and Lemon systemic front.
- d. Red systemic front from #22.
- e. Violet on #6.

Psorospermiasis (#462)

- a. Yellow and Green systemic front.

NOTE: Tonate complications as they occur.

Glanders (#232), farcy (#206)

- a. Green systemic front.
- b. Indigo on affected area.

Actinomycosis (#6)

- a. Lemon systemic front.
- b. Indigo on affected area.
- c. Red on #7-8 if liver is involved.

NOTE: Tonate complications as they occur.

Typhoid or Typhus fever (#589)

- a. Green and Blue systemic front.
- b. Magenta on 34-5, or Purple if with high fever or headache.

NOTE: Complications are common and may be severe; tonate as they occur.

For convalescence:

- c. Lemon systemic front.
- d. After on week, also tonate Yellow systemic front.
- e. Tonate appropriate stimulant Color on each organ which had been involved.
- f. Conclude with Turquoise systemic front.

Chickenpox (#120) (varicella (#599)), measles (#345) (rubeola, rubella (#484))

- a. Green and Blue systemic to include rash areas.
- b. Indigo on hemorrhages if they occur.

NOTE: Tonate complication if they occur.

For convalescence:

- c. Lemon systemic to include areas which had a rash, followed by Yellow.
- d. Conclude with Turquoise systemic to include areas which had a rash.

Relapsing (#474) or intermittent fevers

When there is fever:

- a. Green, Blue, and Purple systemic front.
- b. Magenta on #4-5.

When there is little or no fever:

- c. Yellow and Lemon systemic front.
- d. Magenta on #4-5.
- e. When fever no longer recurs, conclude with Turquoise systemic front.

Smallpox (#516) (variola (#601))

- a. Green and Blue systemic to include rash areas.
- b. Magenta on #4-5.
- c. Indigo on hemorrhages if they occur.
For convalescence:
- d. Lemon systemic to include areas which had a rash, followed by Yellow.
- e. Magenta on areas which had a hemorrhage.
- f. Conclude with Turquoise systemic to include areas which had a rash.

Mumps (#367) (parotitis (#417))

- a. Green and Blue systemic front (and back if spine is involved).
For convalescence:
- b. Lemon systemic front (and back if with spine involvement), followed by Yellow.
- c. Conclude with Turquoise systemic front.

NOTE: Be sure area #11 is included in front tonations.

Scarlet fever (#488)

- a. Green and Blue systemic to include rash areas.
- b. Magenta on #4-5, or Purple if with high fever.
- c. Indigo on hemorrhages if they occur.
For convalescence:
- d. Lemon systemic to include areas which had a rash, followed by Yellow.
- e. Conclude with Turquoise systemic to include areas which had a rash.

Whooping cough (#608) (pertussis (#424))

- Catarrhal stage, or when there is fever:
- a. Green and Blue systemic front.
 - b. Magenta on #1-2-3-4-5.
 - c. Indigo on #1-2 for pain and/or hemorrhage.
- Paroxysmal stage, or when there is little or no fever:
- d. Lemon systemic front.
 - e. Orange on #2-3-4-5 may aid in loosening phlegm.
 - f. Magenta on #1-2-3-4-5.
For convalescence:
 - g. Lemon systemic front, and after one week Yellow also. Conclude with Turquoise systemic front.

Flu (#217) (influenza (#299), grippe (#241))

- a. Green and Blue systemic front.
- b. Magenta on #4-5.
- c. Purple on #1-2-3-4-5 may be tonated for headache, fever, dry cough (see Purple attribute).

NOTE: At first sign of onset tonate Scarlet once on #1-2-3-4-5; repeatedly take deep breaths. Flu can have varied and sometimes severe complications; tonate accordingly.

Diphtheria (#164)

- a. Green and Blue systemic front.
- b. Magenta on #4-5, or Purple if fever is high.
- c. Magenta on #18, or Scarlet if urine suppression occurs.
- d. Indigo on membranes (areas #1-2-3), and hemorrhages if they occur.

NOTE: Complications are common, varied, and may be severe.

For convalescence:

- e. Lemon systemic front, followed by yellow.
- f. If nerve damage or paralysis has occurred, tone one of the Nervous system schedules (#385 or #362).
- g. Magenta on #4-5.
- h. Conclude with Turquoise systemic front.

Rocky Mountain (#482 spotted (#529) fever, tick fever (#571) (cerebrospinal fever (#117))

- a. Green and Indigo systemic front and back.
- b. Magenta on #4-5, or Purple if with high fever or dry cough.
- c. Blue systemic front if with high fever.

NOTE: Complications are common, varied, and may be severe.

For convalescence:

- d. Sensory nervous system schedule (#385) systemic back.
- e. Tone appropriate stimulant Color on each organ which had been involved.
- f. Conclude with Turquoise systemic front and back.

Breakbone fever (#83) (dengue (#156))

- a. Green and Blue systemic front.
- b. Purple systemic front to include extremities when with high fever and pain, Magenta at other times.
- c. Scarlet systemic front and back if circulatory collapse (fever shock syndrome) appears imminent.
- d. Indigo systemic front and on hemorrhages.

For convalescence:

- e. Lemon systemic to include rash areas (a few cases do not have a rash).
- f. After one week add Yellow systemic front.
- g. Continue Lemon and Yellow for three weeks after all obvious symptoms disappear.
- h. Conclude with Turquoise systemic front.

Rheumatic fever (#479)

- a. Green and Indigo systemic to include affected joints.
- b. Magenta on #4-5-18.
- c. Purple on #4-5 if dry cough occurs
- d. Scarlet on #18 if kidney function falters or edema occurs.

For convalescence:

- e. Lemon systemic front, and after one week add Yellow.
- f. Magenta on #4-5.
- g. Continue Yellow, Lemon, Magenta, for several months after all symptoms have disappeared.
- h. Conclude with Turquoise systemic front.

Cholera asiatica (#126), cholera nostras (#128)

Preliminary stage:

- a. Green systemic front.
- b. Indigo on #6-7-8-9-10.

If collapse stage occurs:

- c. Scarlet systemic front and back.
- d. Resume a. and b. tonations after danger of collapse eases.

Reaction stage, or convalescence:

- e. Lemon systemic front, and Yellow after one week.
- f. Magenta on #4-5.
- g. Orange on areas with muscle cramps.
- h. Conclude with Turquoise systemic front.

(Continued on next page)

NOTE: If electrolyte loss or dehydration is severe, immediate attention may be essential.

Yellow fever (#614)

- a. Green, blue, and Magenta systemic front.
- b. Indigo on #6-8, and on hemorrhages.
- c. Scarlet on #18.
- d. Red on #7-8.

For Convalescence:

- e. Lemon systemic front, and Yellow after one week.
- f. Magenta on #4-5.
- g. Red on #7-8.
- h. Conclude with Turquoise systemic front.

NOTE: If electrolyte loss or dehydration is severe, immediate attention may be essential.

Bubonic plague (#89), septicemic plague (#499)

- a. Green and Magenta systemic front.
- b. Blue systemic front, or Indigo if hemorrhages occur.
- c. Purple on #4-5 (or systemic) when fever is high.
- d. Scarlet systemic front and back if circulatory collapse appears imminent.

For convalescence:

- e. Lemon systemic front, and Yellow after one week.
- f. Magenta systemic front.
- g. Conclude with Turquoise systemic front.

Malta fever (#342) (brucellosis (#87))

When there is fever:

- a. Green and Blue systemic front.
- b. Purple on #4-5 (or systemic) if with high fever.
- c. Yellow on #8-9-10 if constipation occurs.

With little or no fever:

- d. Yellow and Lemon systemic front.
- e. See schedule #474 if fever becomes recurrent.

Miliary fever (#356)

- a. Green and Magenta systemic front.
- b. Blue systemic front, or Indigo if hemorrhages occur.
- c. Purple on #4-5 (or systemic) if with high fever.
For convalescence:
- d. Lemon systemic to include areas with vesicles, and Yellow after a few days.
- e. Conclude with Turquoise systemic to include areas which had vesicles.

Canker sores (#98) (aphthous stomatitis (#52)), epidemic stomatitis (#190)

- a. Green systemic front and in mouth.
- b. Blue on #1 and in mouth, systemic front if with fever.
- c. Indigo or Violet may be tried on painful sores.

NOTE: If sores tend to recur, between attacks tonate Lemon and Yellow systemic front from #22.

Leprosy (#313)

- a. Lemon and Green systemic to include areas with lesions.
- b. Blue on areas of neuritis, or systemic front (instead of Lemon) when there is fever.
- c. If with paralysis, Motor nervous system schedule (#362) systemic to include those areas.

NOTE: Tonate any organ which becomes involved.

Ephemeral fever (#189), febricula (#211)

See schedule #221, unexplained fever.

Milk sickness (#357), trembles (#584)

- a. Green and Indigo systemic front.
- b. Yellow on #8-9-10 if constipated (see schedule #137)

Infectious (#297) mononucleosis (#361), glandular fever (#233)

- a. Green and Blue systemic front.
- b. Magenta on #4-5-18, or Purple on #4-5 (or systemic) when fever is high.
- c. Yellow on areas of lymphatic involvement.

NOTE: Various organs may be affected and require attention.

For convalescence:

- d. Lemon systemic front for one week, then
- e. Lemon and Yellow systemic to include lymphatic areas which were affected; tonate for at least one month (glandular involvement may not appear for three weeks).
- f. Conclude with Turquoise systemic front.

Anthrax (#46)

- a. Yellow and Green systemic front.
- b. Blue systemic front, or Indigo if with effusions or hemorrhages.
- c. Magenta on #4-5, or if edema occurs:
- d. Magenta systemic front and Scarlet on #18.
- e. Scarlet systemic front and back if circulatory collapse appears imminent.

NOTE: Complications may be varied and severe, Pulmonary anthrax is often fatal; use extreme care.

Rabies (#470), hydrophobia (#272)

Premonitory stage:

- a. Green systemic front and back.
- b. Blue systemic front.
- c. Yellow systemic back.

Excitement stage:

- d. Yellow systemic back (keep Color from shining on front areas).
- e. Magenta on #1-2-3-4-5.
- f. Violet systemic front.

Paralytic stage:

- g. Scarlet systemic front and back.

NOTE: Condition is extremely serious, usually fatal.

Lockjaw (#323) (tetanus (#555))

- a. Green and Purple systemic to include injury area.
- b. Blue systemic front.
- c. Magenta on #4-5.
- d. Orange and/or Yellow may be tried systemic back and on areas with spasms.

For convalescence:

- e. Magenta and Motor nervous system schedule (#362) systemic to include injury site.

Septicemia (#498)

- a. Green systemic front.
- b. Blue systemic front, or Indigo if with hemorrhages.
- c. Magenta on #4-5, or Purple if with high fever.
- d. Scarlet systemic front and back if septic shock occurs.
- e. Yellow and Lemon systemic front and back may be required for several weeks. If fever recurs, see schedule #221, Unexplained fever.

Erysipelas (#194)

- a. Green systemic front.
- b. Magenta systemic front, or Purple if fever is high.
- c. Magenta on #18.
- d. Blue systemic front, or see schedule #296 if suppuration occurs.

NOTE: see schedule #495 if lymphedema occurs.

Pyemia (#467), septicopyemia (#500)

- a. Green and Indigo systemic front.
- b. Magenta on #4-5, or Purple if with high fever (systemic may be tonated).

Locomotor ataxia (#324) (tabes dorsalis (#547)), general (#229) paresis (#415)

- a. Green on #1, and systemic front.
- b. Sensory nervous system schedule (#385) systemic back, and on #1 if eyes are involved.
- c. Magenta systemic front.

NOTE: Syphilis is the cause of these disorders, and may involve various organs.

Shingles (#504) (herpes zoster (#264))

Acute stage (vesicles):

- a. Green and Indigo systemic back, and on any affected areas.

Chronic stage:

- b. Motor nervous system schedule (#362) systemic back, and on affected areas.
- c. Violet on painful areas.

NOTE: Take great care to keep eyes clean; also tonate on #1 if eyes are involved.

Little's disease (#318) (tetraplegia spastica (#557))

Early stage (hemorrhage, breathing difficulty):

- a. Indigo on #1-15-16.
- b. Orange on #3-4-5-17.

As soon as condition allows, begin Sensory nervous system schedule (#385) systemic back for later stage (do not wait for symptoms to appear – spasm, paralysis, etc.):

Polio (#445)(acute anterior poliomyelitis (#45)), multiple sclerosis (#366), progressive bulbar paralysis (#456,409). Primary lateral sclerosis, diffuse sclerosis (#162), degenerative myelitis (#154), infantile hemiplegis (#295) (palsy (#404)), muscular dystrophy(369), Werdnig-Hoffman muscular atrophy(606), etc

- a. Green systemic to include affected areas.
- b. Blue systemic front when there is fever.
- c. Motor nervous system schedule (#362) systemic front and back to include affected areas.
- d. Scarlet systemic to include affected areas, in muscular atrophy or dystrophy.

NOTE: An adequate natural (unrefined) diet with many raw foods is of utmost importance.

Eliminate refined sugar, white flour, and other typical “junk-foods” front the diet. A regimen of physical therapy, massage, exercise, etc., should be implemented when appropriate.

Tay-Sachs disease (#550)(amaurotic family idiocy (#27))

- a. Green systemic front and back.
- b. Sensory nervous system schedule (#385) systemic front and back.

NOTE: Condition is hereditary, considered incurable and eventually fatal, but this schedule may be tried to lessen symptoms. See note in schedule #456.

Thomsen's disease (#558)(myotonia congenita (#372))

- a. Green and Purple systemic front.
- b. Motor nervous system schedule (#362) systemic to include affected areas. See note in schedule #456.

Suppurative myositis (#541)

See schedule #2, abscess.

Myasthenia gravis (#370)

- a. Motor nervous system schedule (#362) systemic front and back.
- b. Indigo on #4-5 (thymus_ if with thymoma.
- c. Scarlet systemic front and back.

Oppenheim's disease (#393) (amyotonia congenita (#31))

Tonate (see Note) as listed in schedule #**.

Parkinson's disease (#416) (paralysis agitans (#410), shaking palsy (#503))

- a. Motor nervous system schedule (#362) on #1-15.

NOTE: Other disorders may be involved.

Sydenham's chorea (#543) (acute chorea (#129))

- a. Turquoise and Violet systemic front.
- b. Magenta on #4-5, or Purple it with high fever.
- c. If paralysis persists, tonate Motor nervous system schedule (#362) systemic back.

Habit spasms (#243) or ticks (#573)

- a. Violet systemic front.
- b. Magenta on #1.
- c. Orange may be tried on affected areas.

Infantile convulsions (#138, 294)

- a. Blue systemic front.

NOTE: Many irritations and infections may be associated or causal: teething, otitis, digestive upset, phimosis, etc, Convulsions also may signal the onset of serious diseases: brain tumors, encephalitis, meningitis, scarlet fever, etc. if cause is not determined, tonate:

- b. Green and Blue systemic front until there are no episodes for a week, then
- c. Lemon systemic front followed by Yellow.

Epilepsy (#191)

- a. Purple systemic front.
- b. Motor nervous system schedule (#362) on #1-15.
- c. Indigo on #1-15 if with cerebral hemorrhage, tumor or abscess.

NOTE: Seizures can be caused by infections, injuries, toxic agents, brain disorders, etc., which may be confused with epileptic episodes.

Hemophilia (#255)

- a. Lemon and Magenta systemic front from #22.
- b. Indigo on areas with hemorrhages.
- c. Ted on #7-8.

NOTE: This is considered to be an incurable genetic disorder, but it may be worth trying tonations for a few months.

Chronic drowsiness (#170)

- a. Lemon systemic front.
- b. Magenta systemic front and back , and Scarlet also may be tried if blood pressure is not too high.

NOTE: Dietary and emotional factors may be involved.

Uncontrollable overactivity (#593) (hyperkinesis (#277))

Depending on causative factors, either of these (or a combination) may be effective:

- a. Turquoise and Violet systemic front.
- b. Lemon and Orange systemic front.

NOTE: Avoid exposure to fluorescent lighting. Do not eat foods containing artificial colors or flavours, or preservatives; read the labels on prepared foods and buy or discard accordingly.

Functional overactivity (#220)

- a. Green on #1. or systemic front.
- b. Violet systemic front.

NOTE: If a particular organ is overactive, see the Table of Color attributes for its stimulant Color and then tonate the OPPOSITE Color.

Hatred (#245), human repugnance (#269)

- a. Green on #1, or systemic front.
- b. Magenta systemic front. (See schedule #182.)

Melancholia (#346)

- a. Lemon and Scarlet systemic front.
- b. Yellow on #6-7. (See schedule #182.)

Hysteria (#286)

- a. Blue and Magenta systemic front.
- b. Green on #1, or systemic front.
- c. Scarlet on #10-11.

NOTE: Mental attitude is very important; suggestotherapy, etc., may be useful. See schedule #182.

Palliation of pain (#403)

- a. Indigo, Violet, or Purple may be tried on affected areas.
- b. Systemic tonations to include the affected area may be more effective.

NOTE: For recurrent pains, the cause should be found and corrected.

Sensory (#497) nervous system (#385) schedule. Macular degeneration (#339)

This schedule is used in disorders with loss or impairment of any of the five senses. Colors are tonated systemic in most cases (Lemon should be tonated systemic in all cases). Individual condition listings indicate whether to tonate front or back areas.

- a. Lemon and Yellow for two weeks, then
- b. Lemon and Orange for four weeks, then
- c. Lemon and Red for six weeks.
- d. For macular degeneration also tonate Magenta on #1-2-3-4-5; and Indigo on #1 if eye hemorrhage occurs.

NOTE: Repeat the schedule until desired results are attained. Nerve repair is often a slow process; be patient. Macular degeneration is often associated with other disorders which must be controlled; increased dietary lutein/vitamins A,C,E, may be essential.

Motor Nervous system schedule (#362, 385)

This schedule is used in disorders with loss or impairment of movement abilities. The Colors are tonated systemic in most cases (Lemon should be tonated systemic in all cases). Individual condition listings indicate whether to tonate front for back areas.

- a. Lemon and Yellow for two weeks, then
- b. Lemon and Orange for four weeks.

NOTE: Repeat the schedule until desired results are attained. Nerve repair is often a slow process; be patient.

High blood pressure (#266) (hypertension (#280)), pheochromocytoma (#430)

- a. Lemon and Purple systemic front and back (tonating systemic from #22 is more effective in some cases and may be essential).
- b. Magenta on #4-5-18 (Violet may be tried on the same areas).
- c. Indigo systemic front and back if with tumors in the chromaffin system.
- d. Indigo on #18 if with tumors in kidneys or adrenals.

NOTE: Persistent blood pressure above 140/90 mm/Hg (when at rest) in adults (much lower in children) may be termed high blood pressure. Several factors may be involved and require attention: heart/kidney/adrenal disorders, endocrine system disturbance, oral contraceptives, obesity, etc. Tonate this schedule until cause is determined.

Low blood pressure (#326) (hypotension (284))

- a. Lemon and Scarlet systemic front and back (tonating systemic from #22 is more effective in some cases and may be essential).
- b. Magenta on #4-5-18.

NOTE: Persistent systolic blood pressure below 110 mm/Hg in adults may be termed low blood pressure. Several factors may be involved and require attention: heart or circulatory dysfunction, hemorrhage, anemia, infections, severe diarrhea, neurologic lesion, etc. Tonate this schedule until cause is determined.

Menopausal complaints (#350)

- a. Green and Magenta systemic front and on #18.

NOTE: Emotional state must be considered. Also tonate specific symptoms which may occur: itching – Blue, poor digestion – Yellow, etc. DuoChrome may be helpful.

Carrier (#107)

- a. Lemon and Yellow systemic front and back.

NOTE: A “carrier” is a person who harbours specific organisms while exhibiting no symptoms from their presence, but transmission is possible in diverse ways to other persons who may develop the usual disease of the organism. A test may be available to check on progress; if it is reliable, tonate until it is negative.

Allergies (#23)

- a. Lemon systemic front and from #22, and
- b. Yellow systemic front for two week, then
- c. Orange systemic front (instead of Yellow) for two weeks.

NOTE: Also tonate symptoms as they occur. Repeat schedule as needed.

Gangrene (#224), blood clots (#76), intermittent claudication (#302)

- a. Lemon and Magenta systemic front to include affected areas.
- b. Scarlet on #4-5 if blood pressure is not too high.
- c. Orange systemic front to include affected area may be tried.

NOTE: Exercise carefully to increase circulation and lymphatic activity. Any use of tobacco must be stopped. See schedule #330 for lung gangrene.

Peyronie's disease (#425) (penile induration (#418))

- a. Lemon systemic front.
- b. Orange on #11 may aid in dissolving the fibrous chordee.

Shivering (#505), chills (#121)

Shivering is an indication that the body requires a higher internal temperature – try Scarlet on #1-2-3-4-5-18 or systemic. Chills may be felt at the onset of a fever or other problem; try Purple on #1-2-3-4-5 without waiting for a Forecast time. If onset is felt without chills, see note in schedule #217, and then schedule #213.

Tinnitus (#574)

- a. Sensory nervous system schedule (#385) on #1 if for a nerve problem.

NOTE: Other conditions causing ear noises may be: obstructing ear-wax, certain drugs, infections, tumors, alcohol, injuries, syphilis, etc.

Edema (#180), anasarca (#33), dropsy (169)

- a. Lemon systemic front and back.
- b. Magenta on #4-5 or systemic front.
- c. Scarlet on #18.

NOTE: Heart, liver, or kidney disease may be present.

Slipped spinal disk (#514) (herniated nucleus pulposus (#262))

- a. Lemon systemic back.
- b. Indigo on affected area.

Cystic fibrosis (#149) (mucoviscidosis (#364))

- a. Lemon systemic front from #22, and on #18 (pancreas).
- b. Yellow on #6-7-8-9-10-18-19.
- c. Try Orange on areas with viscid secretion, such as #4-5-17.
- d. Try Indigo on areas with normal but excessive secretions.

Immune deficiency (#289) – acquired (#5) or congenital

- a. Red and Lemon systemic front from #22.
- b. Yellow systemic front.
- c. Violet on #6.

NOTE: Tonations may have limited effect if the spleen or thymus is absent (congenital or otherwise), but these Colors may be tried as well as tonations for symptoms.

Lupus (#332) (systemic lupus erythematosus (#546))

- a. Lemon systemic front from #22.
- b. Violet on #6.
- c. Blue systemic to include involved joints or skin areas.
- d. Magenta on #4-5-18.
- e. Indigo and Magenta on skin hemorrhages.

NOTE: This serious and complex disease may involve any or several organs, requiring appropriate Colors on affected areas.

Osteoporosis (#400)

- a. Orange and Lemon systemic front from #22, and systemic back if spine is involved.
- b. Magenta on #4-5-18.
- c. Yellow on #6-7-8-9-10.
- d. Indigo on #3 (parathyroid) may be tried.

NOTE: The cause of osteoporosis is not completely understood. Calcium and/or vitamin D deficiency or malabsorption may be factors. Changes in calcitrol and sex-hormone production (especially after menopause) have been implicated. Other medical problems may cause secondary osteoporosis, and require attention.

Hemorrhagic stroke (#538) (cerebro-vascular hemorrhagic accident (#118))

As soon as condition becomes apparent:

- a. Purple on #1-2-3-4-5.
- b. Indigo on #1-15.

When condition has stabilized:

- c. Lemon systemic front.
- d. Magenta on #1-2-3-4-5.
- e. Indigo on #1-15 if even slight cerebral hemorrhage continues.
- f. Motor nervous system schedule (#362) front if paralysis occurs.

NOTE: Most hemorrhagic strokes are caused by an aneurism, arterial disease and/or high blood pressure; tonate accordingly.

Anorexia nervosa (#42)

- a. Green and Magenta systemic front.
- b. Yellow on #6-7.

NOTE: Emotional circumstances are extremely important in this disorder. Tonate symptoms as they occur. (See schedule #182.)

Pinworm (#434) (enterobiasis)

- a. Yellow on #6-7-8-9-10.
- b. Blue on #19 may help for local (anal) itching.

NOTE: Reinfestation is difficult to avoid as pinworm eggs can live for three weeks in upholstery, clothes, etc. The entire family may need tonations. Keep fingers away from mouth.

Sinus inflammation (#510) (sinusitis)

- a. Green systemic front, or Lemon if condition is chronic.
- b. Blue on #1.

NOTE: Abscessed teeth may need attention.

Abscess (#2)

- a. Green systemic front.
- b. Indigo on affected area.
- c. Orange and Yellow on affected area may help the abscess drain if it is in an area where it can break through the skin.
- d. Magenta on #4-5, or Purple if high fever is present.
- e. Blue systemic front if fever is high.
If abscess has drained through the skin and healing has begun:
- f. Turquoise systemic to include affected area.

- g. Indigo on affected area.

NOTE: Schedule for some abscesses may be found under appropriate headings. If encapsulation occurs, aspiration or removal may be necessary.

Bacteremia (#66)

- a. Green and Blue systemic front.
- b. Magenta on #4-5, or Purple if fever is high or recurring.

NOTE: Blood-electrolyte imbalance, multiple abscesses, shock, kidney failure, or other life-threatening circumstances may develop.

Cat-scratch disease (#108) (benign lymphoreticulosis (#70))

- a. Green and Blue systemic front to include affected lymph nodes.
- b. Yellow on affected lymph nodes.
- c. Magenta on #4-5.
- d. If draining fistulas form, see schedule #165 – discharges.

Alzheimer's disease (#26), senile dementia (#496)

- a. Lemon systemic front.
- b. Magenta on #1-2-3-4-5-18.
- c. Sensory nervous system schedule (#385) on #1.

NOTE: Loss of brain tissue is considered irreversible but it is possible for development of this condition to be slowed or halted. Other problems causing dementia can be alcoholism, tumors, syphilis, inflammation, vitamin deficiencies (poor diet), etc. Up to 30 times the usual amount of aluminium is often found in the brains of those with Alzheimer's disease but it is not known whether this is a cause or an effect. It would seem prudent to avoid unnecessary ingestion of aluminium, such as from cooking utensils, some bakery products (leavening agents), and many anti-perspirants. Treat symptoms as they occur. Physical and mental exercise may slow progress of this condition, according to recent research.

Retinitis pigmentosa (#476)

- a. Sensory nervous system schedule (#385) on #1.
- b. Magenta on #1-2-3-4-5.

Congenital adrenal hyperplasia (#13, 136)

- a. Lemon systemic back.
- b. Magenta on #18. Indigo and Purple may be tried.

Athletic heart syndrome (#65)

- a. Green and Magenta systemic front.

NOTE: The heart normally enlarges and slows in response to continued additional work load placed upon it. Though the heart rate decreases, the ratio should remain normal, between four and five pulse to one respiration. If arrhythmias develop: Schedule #55.

Black eye (#73), Bruises (#88)

- a. Indigo on affected area as soon as possible to limit swelling and pain (an extended tonation may be useful).
After pain subsides:
- b. Orange and Lemon on affected area.

Inflammation (#298)

The schedule may be used for any inflammation not specifically listed.

- a. Green and Blue systemic to include affected area.
- b. Magenta on #4-5, or Purple if pulse rate is too fast or fever is high.
- c. Magenta on #18.
- d. If fever persists, try Yellow systemic to include affected area (see #213).

Cough (#143) – productive of phlegm (#455)

If with little or no fever:

- a. Lemon systemic front and on #17.
- b. If condition is chronic, see Color schedule #439.

If there is fever:

- c. Green systemic front.
- d. Magenta on #4-5, or Purple if fever is high.
- e. Blue on #1-2-3-4-5-17, or systemic front and on #17 if fever is high.
- f. When fever drops, resume tonation instruction a. or b.

NOTE: Possible underlying causes are numerous. Productive coughing should not be suppressed except in cases where the person's well-being may be compromised, such as with an aneurism or exhaustion.

Dry cough (#172) – no phlegm production (#142)

If cough is due to throat irritation:

- a. Blue on #1-2-3.

If cough is due to heart/lung imbalance:

- b. Green systemic front.
- c. Purple on #4-5

Diverticulosis (#167)

- a. Lemon systemic front.
- b. Yellow and Indigo on #9-10-18-19.

NOTE: In most cases an increase in dietary fiber is essential.

Endometriosis (#187)

- a. Lemon and Magenta systemic front.
- b. Purple on painful areas of misplaced endometrial tissue.
- c. Indigo on painful areas also may be tried.
Surgical intervention may be required.

Sickle cell anemia (#507, 36)

- a. Red and Lemon systemic front from #22.
- b. Magenta on #4-5-18.
- c. Violet on #6.

NOTE: This condition is considered incurable and life-shortening, but these Colors may be tried – with other Colors as symptoms dictate.

Primary lymphedema (#334)

- a. Yellow and Lemon systemic front to include affected extremity.
- b. Magenta on #4-5-18.

NOTE: Appropriate exercise may be helpful and even essential.

Secondary lymphedema (#335, 495)

- a. Yellow and Lemon systemic front to include affected extremity.
- b. Magenta on #4-5-18, or Purple if with high fever.
- c. If wit fever, Blue systemic front to include affected extremity.

NOTE: Other diseases may be involved; surgery or radiation also can be causal.

Cigarette smoking (#519,132), tobacco (#575)

- a. Green systemic front.
- b. Orange and Lemon on #4-5-17.

NOTE: An authoritative medical opinion (Merck Manual) on the dismal health prospects of those who smoke more than one pack of cigarettes a day contends:

1. Smoking have twenty times the likelihood of developing lung cancer, chronic bronchitis, and/or emphysema, compared to non-smokers. Less than a pack per day decrease the risk more-or-less, but every cigarette smoked adds its share of poisons to the body which MUST course some type of detrimental effect.
2. Increases the risk of atherosclerosis and other vascular diseases, and may double the chance of having a heart attack (myocardial infarction).
3. Pregnant women who smoke give birth to smaller infants, and increases the probability of miscarriage or stillbirth.
4. Other disorders which occur more frequently in smokers include tuberculosis, cancer of the mouth or throat pr bladder, stomach ulcers, optic nerve damage, gum problems leading to loss of teeth, and on and on and on.

It is difficult to imagine a substance with more insidious capability of harm to good health than tobacco. While it may take years or decades for the injury to become evident, the price for this folly eventually must be paid: "As you sow, so shall you reap." The human body has been pushed past its limit we cannot intelligently expect to completely regain that which has been wasted. Spectro-Chrome can help in most cases but its value will be greatly diminished unless the use of tobacco in any form is stopped. If the cause is not removed, the effected will persist. Tonate symptoms as they occur.

Nearsightedness (#375) (myopia (#371)), farsightedness (#207) (hyperopia (#275)), visual refractive disorders (ametropia (#29))

- a. Lemon systemic front, and
- b. Yellow on #1 for two weeks, then
- c. Lemon systemic front, and
- d. Orange on #1 for four weeks, then
- e. Lemon systemic front, and
- f. Red on #1 for six weeks.
- g. Repeat above schedule as needed.
- h. In some cases a relaxant such as Violet or Purple on #1 may be useful.

NOTE: The extent of visual problem is often influenced by the person's general health so Lemon systemic tonations are specified and may be essential. Improvement is likely but complete resolution is not.

Discharges (#165)

Some conditions (splinters, wounds, leukorrhea, etc.) cause a discharge of pus or other matter. The following comprehensive schedule may be used in such cases.

With little or no fever:

- a. Lemon systemic to include affected area.
- b. Blue on affected area.
- c. A few tonations of Orange and/or Yellow on affected area (or systemic) also may be used for a chronic condition.
When there is fever:
- d. Green and Blue systemic to include affected area.
- e. Magenta on #4-5-18, or Purple on #4-5 if fever is high.
When discharge shows signs of stopping:
- f. Green systemic to include affected area.
- g. Indigo on affected area.

NOTE: If condition recurs, repeat schedule with emphasis on instructions a. and c.

Unexplained fever (#213) (FUO (#221))

- a. Green and Blue systemic front.
- b. Magenta on #4-5-18, or Purple on #4-5 if fever is high.
- c. If fever persists without explanation, try Yellow systemic front. If fever does not drop, continue with instruction a. and b. for a few days, then repeat c.
- d. If fever is a recurrent type, between episodes tonate Yellow, Lemon and Purple systemic front.

Pernicious anemia (#35,423)

- a. Lemon systemic front.
- b. Orange on #7-8.
- c. Yellow on #6-7-8-9-10.

NOTE: Causes may include inadequate dietary vitamin B12, inadequate stomach secretion of “intrinsic factor,” intestinal worms, and myxedema.

Earache (#178)

Any number of conditions may result in an earache.
While the cause is being determined, tonate:

- a. Turquoise systemic front.
- b. Either: Orange or Violet on affected area.

Syringomyelia (#545)

- a. Sensory nervous system schedule (#385) systemic back.
- b. Indigo on affected area (syrinx).

Urinary incontinence (#291,598)

- 1) If due to sphincter weakness:
 - a. Lemon systemic front.
 - b. Orange and Green on #11.
 - c. Kegel’s exercise and/or Crede’s Maneuver may help in many cases.
- 2) If due to nerve injury:
- d. Motor nervous system schedule (#385) systemic to include affected nerve areas.
 - 3) In men, if due to benign prostate enlargement, see schedule #458.
 - 4) In all cases, follow the recommendations in Part One, Page #6. Drinking Tea or Coffee i.e. caffeine may be involved in some cases.

Preventive tonations (#453) (prophylaxis (#457))

When completely healthy there may seem to be little point in taking tonations.

However, since many conditions take considerable time before becoming apparent, occasional (perhaps once a week) “preventive” tonations may be a sensible practice.

- a. Green and Magenta systemic front.

NOTE: Probably as important as tonation: 1) Put Part One – Page 6 of this book into practice in your daily life together with a positive attitude and some good exercise.

Localizing scratch dermatitis (#322) (localizing neurodermatitis (#388))

- a. Green and Magenta systemic to include affected area.
- b. Blue on affected area.

NOTE: Emotional factors are usually involved; emotional stress must be controlled. Patients at times may be unaware of their scratching (unconscious habit) so a bandage on the affected area may be helpful.

Genital herpes (#228). Herpes simplex (#263)

- a. Green and Blue systemic until acute symptoms or apparent effects of the disease disappear, then
- b. Between relapses, which are common, tonate Yellow and Lemon systemic front for several months.
- c. Indigo on the affected area may be tried at the first sign of a relapse.

Phobias (#432). Schizophrenia (#489). Mental (#354), emotional disorders (#182)

Spectro-Chrome most likely will need help for these conditions. Emotional disorders often have roots which may be difficult to identify. Behavioral modification methods frequently are effective. Depending on individual circumstances, one or more of these Colors may be tried (local or systemic):

Yellow, Lemon, Purple, Magenta, Scarlet.

The Table of Color Attributes indicates the reason for considering each Color. Duo-Chrome with Green/Magenta is as yet untested but holds promise for these and similar conditions.

Candida (#96) (candidiasis)

- a. Yellow and Lemon systemic front.

NOTE: The most common Candida is Albicans, and it can be involved in any of several serious disorders such as endocarditis, splenomegaly, enema, fulminating septicemia, meningitis, nephritis, etc. Tonations must be tailored to existing condition; use the index of Color schedules, and the table of Color attributes for secondary conditions or symptoms.

Digestive hyperacidity (#163,274)

If condition is acute:

- a. Turquoise systemic front.
- b. Blue and/or Indigo on #6-7-8.

If condition is chronic:

- c. Lemon systemic front.
- d. Blue and/or Indigo on #6-7-8.

NOTE: Dietary and emotional factors may be involved. Try drinking a glass of water (plain water, not soft drink, etc.) ½-hour before each meal.

Carpal tunnel syndrome (#106). Dry-eye syndrome (#173)

- a. Lemon systemic front to include affected area.
- b. Orange on affected area.
- c. Blue on affected area if there is pain.

Retinopathy (#477)

This condition can be the result of several other disorders such as diabetes, high blood pressure, arteriosclerosis. The underlying cause must be determined and tonated if possible. For the retinopathy:

- a. Lemon systemic front
- b. Sensory nervous system schedule #385 on #1 (see note in schedule #275).
- c. Magenta on #1-2-3-4-5.
- d. Purple on #1.
- e. Indigo on #if retinal hemorrhages occur.

Lyme disease (#333)

Acute stage:

- a. Green and Blue systemic front.
- b. Schedule #121 if with chills.

NOTE: Chronic stage may develop along any of several courses: arthritis, Color Schedule #58; nerve involvement, #385 or 362; skin ulcer, #511; recurring fever, #474; heart problems, #104 or 55; chronic fatigue, #330.

Fibromyalgia (#214)

- a. Green systemic front.
- b. Orange, Blue, may be tried on painful areas, or systemic.
- c. Violet also may be tried, and to aid sleeping (if necessary).

NOTE: The physical symptoms are very real but the underlying cause may well be from a distressed emotional state, stress, depression, etc.; also see schedule #182. Exercise, better sleep habits, lessening stress level, gentle massage, area often helpful, especially in milder cases (these instructions could benefit almost any ailment).

Chronic fatigue syndrome (#131, 208)

- a. Lemon systemic front if with little or now fever.
- b. Turquoise systemic front if with fever.

NOTE: Though technically not part of Chronic fatigue syndrome, some causes of energy loss can be: A) Anemia, schedule #34; B) Hypothyroidism, #285; C) Adrenal underactivity, #16; D) Sleep and emotional problems, #301 and 182; E) Low blood pressure, #326; F) Poor digestion, see #137; G) Poor diet.

Crohn's disease (#146)

- a. Green systemic front.
- b. Lemon systemic front and Yellow on #6-7-8-9-10 when conditions permits (pain and diarrhea at a low lever).
- c. Blue on #6-7-8-9-10, or can be tried when there are cramps.

NOTE: Tonation areas are for typical cases and may require adjustment.

A careful reading of this chapter may well give the impression that there could be a schedule of Spectro-Chrome Colors for almost every imaginable ailment. Such an

assumption would be correct because no matter what the problem is, there is a Spectro-Chrome Color (or Colors) which should be effective if the person has the necessary vitality and total or irreversible damage is not present. The difficulty lies in determining whether the damage is in fact total or irreversible. The human body is designed in a truly designated as incurable by other healing systems may be at least ameliorated. Spectro-Chrome can be expected to do something in almost every case.

In cases of paralysis caused by nerve dysfunction, favourable results only can be attained by their repair or by utilization of other nerves to the affected area. Even if responsive, these are characteristically slow processes requiring patience and perseverance.

There are disorders which may take years, even decades, to manifest themselves. Dinshah had a rule-of-thumb: each year of developmental time for a condition may take one month of tonations. The level of recovery depends, as mentioned, on the person's vitality, to what extent the disorder has progressed, and whether irreversible changes have occurred.

Some conditions such as hemophilia, Tay-Sachs and other heredity-associated disorders, may not respond to Spectro-Chrome if there is a total lack of certain constitutional abilities. Color schedules for them are listed in the hope that a spark may exist which cannot be fanned into life by Spectro-Chrome. However, even when a disorder's cause cannot be corrected it does not imply that its consequences or symptoms can not be alleviated. There may be a Color schedule for a symptom, or the Color attributes can be consulted for appropriate tonations for the affected organ or system.

The intent of these five paragraphs is to encourage a cautiously optimistic view, even when others label a condition as a "hopeless" or "incurable" case. Where there is life (and Spectro-Chrome) there is hope, or as Dr. Baldwin is quoted our preface, "...I do not feel justified in refusing any case without a trial." Her extensive hospital and clinical experience with Spectro-Chrome enabled her to form this enthusiastic opinion.

EQUIVALENT SOUNDS FOR COLORS

The chapter describes another method of imparting energy (Sound) as a Healing Modality. There are also Color therapies which use other avenues; one of them shines Colors solely into the eyes, another uses Colors on nerve paths. The best known is "blue-light therapy" for neo-natal cases of jaundice, where Light acts directly on excess bilirubin by penetrating the skin. To some extent, these processes are also utilized in Spectro-Chrome therapy (if the eyes are open, in the first instance), but the major mechanism by which its effected are accomplished is described here, as well as the reasoning behind Sound as a complementary energy.

In music, an octave (diatonic scale) is the eighth note higher or lower than the first note sounded, and will have a frequency of double or half respectively of the first note. Generally, the word "octave" is used with reference to music, but in this Chapter we will take the liberty of using it to mean the doubling or halving of Light frequencies.

If you slowly depress a piano key (so it is not audible) and hold it down, then strike and release a key an octave higher or lower, an echo will be heard on the depressed key note. This phenomenon is known as “resonance.” A well-tuned piano should resonate strongly while one badly out-of-tune may resonate weakly or not at all.

Each cell in a living entity produces a specific radiant energy (its aura) when it is functioning correctly, but when there is a dysfunction its auric frequency or strength will change. The aggregate of a person’s cellular radiant energy is their aura or (invisible) Color-balance frequency. When in good health and the forces of metabolism (anabolism and catabolism, construction and destruction, Ted and Violet) are in balance, auric Color is balanced between Red and Violet: Magenta. During an illness of any kind it shifts toward either end of the spectrum, or its strength is altered.

The effects generated by Spectro-Chrome are induced by tonating Colors which are in resonance with the areas of the body which are underactive and in need of reinforcement, or by using opposite (interference) Colors on areas which are overactive. Spectro-Chrome Colors are not the same as the Colors of the aura but the resonance between them is in the same manner as the resonance echo between the piano notes. In one sentence, it is as simple as this: Spectro-Chrome Color frequencies resonate with auric Color frequencies.

By extension of this reasoning, Sound Frequency also should be a means of therapy. (Music therapy employing chords and their progressions is an entirely separate system.) It is not difficult to calculate the equivalent basic Sound frequency for each Color. The basic frequency of Spectro-Chrome Red is 436,803,079,680,000 cycles per second; to arrive at a frequency in the audible range, divide the basic figure by two 40 times (or by 1024 four times, or other equivalent equation). This gave the 40th octave lower of Red: 397.27 which falls in mid-range of many musical instruments. The other Spectro-Chrome Color/Sound equivalents were calculated similarly from the basic (predominant) frequencies given in the Spectro-Chrome Metry Encyclopedia and are listed in the following table.

The four columns in the following table are: 1) Spectro-Chrome Color, 2) the Sound equivalent frequency, 3) the closest music note name, 4) the music note frequency. Use the frequencies in column two if a tone generator is available. A musical instrument able to produce a continuous tone, such as an organ, can be employed; the notes in column three are then used. They are note, however, likely to be quite the same as Spectro-Chrome Colors because of over-tones, under-tones, harmonics, and the lack of either-side frequencies, the notes in column three and frequencies in column four assume an instrument tuned to the widely used A-note pitch of 440 cycles per second. The figures are by calculation and not necessarily of a particular instrument, but are close enough for most purposes.

TABLE OF EQUIVALENT SOUNDS FOR COLORS

1) Spectro-Chrome Color:	2) Equivalent frequency:	3) Music note name:	4) Music note frequency:
Red	397.3	G	392
Orange	430.8	A	440
Yellow	464.4	A#	466
Lemon	497.9	B	494
Green	531.5	C	523
Turquoise	565.0	C#	554
Blue	598.6	D	587
Indigo	632.1	D#	622
Violet	665.7	E	659
Purple	565.0*	A# and E	562*
Magenta	531.5*	G and E	525*
Scarlet	497.9*	G# and D	501*

*Reverse Polarity

Purple, Magenta, and Scarlet have both sides of the spectrum in their design so each requires two notes for comparable Sound production. They have the same frequencies as Turquoise, Green, and Lemon respectively but as Dinshah termed it, with “reverse polarities.” Which endows them with unique capabilities. Rather than G, G# is used for Red when making Scarlet as it results in a closer Sounds frequency, in theory, these three Colors (or Sounds), Red and Violet (or G and E). More complex equipment is required to create these composite frequencies in this manner, either with Light or Sound.

Sounds should not be expected to be nearly so effective as Colors for four reasons: 1) Sound and Color frequencies (except Red, Violet, and Magenta) should have a certain by musical instrument will contain vitiating overtones, harmonics, etc.; 3) Light energy is at a considerably higher potential than sound; 4) Sounds do not have intended either-side frequencies. For these reasons it is recommended that when Sound is used it be in conjunction with the equivalent Spectro-Chrome Color.

COLORS for ELEMENTS

When chemical elements are in a luminous, active state (ionized), each element emits a characteristic set of spectral Color lines which can be observed by use of an optical device: a spectroscope (there are also invisible lines). There are known as “Fraunhofer emission lines” and are always in the same relative positions in the spectrum of each element, somewhat like an identifying fingerprint. A compound will exhibit the lines of all its components elements.

Fraunhofer Lines normally are seen in a spectroscope as bright, colored bands of differing intensities. However, there is a technical procedure for shining full-spectrum white Light through the element under ionization which causes the bright lines to disappear and in their place are dark lines. Where the element had been emitting energy of certain frequencies (Fraunhofer emission lines), now it is absorbing the

same frequencies from the Light energy. Appropriately, the dark lines are called “Fraunhofer absorption lines.”

Dinshah learned the scientific value of a spectroscope at an early age, and when Spectro-Chrome was being developed in the early 1900s this skill was employed with the innovative objective of equating elements with Colors. His reasoning: Since energy from Light can be absorbed by elements when they are in an active (ionized) state, it should follow that the live human body, with its electro-chemical generated emanations (aura), could be influenced by the application of Colors similar to the predominant Fraunhofer lines of each element. He examined the Fraunhofer emission spectrum of each then known element, and with his thorough knowledge of chemistry, anatomy, physiology and medicine, assigned each element to the Color which most closely represented its effect on used as the guide to their Spectro-Chrome Color placement. Some newly discovered elements were added in later years.

Here are some examples illustrating how his logic was implemented: Chapter six (Spectro-Chrome Color Attributes) lists “bone builder” under Orange and Lemon which the following table shows are the Colors for calcium and phosphorus respectively; these are essential elements of bones. Bromides are widely used as a disinfectant, and is found as such in the Green section. Carbohydrates and hydrocarbons are basically hydrogen (Red) and carbon (Yellow) and are used by the body for fuel, so when there is a fever (a higher than normal lever of fuel consumption) oxygen (Blue, opposite Color of Red) consumes the excess energy, producing water and carbon dioxide, and thereby eventually lowers the fever. This is of course a simplification as physiologic processes generally do not use elements as such, but Spectro-Chrome Colors/Elements as they are listed in the following table often can produce effects as though they did.

Many of the elements discovered in the last few decades are of a radioactive character with a short half-life, and do not occur naturally in nature. Dinshah said he had identified two elements during a solar eclipse but sophisticated instruments are required for this and he did not have access to them. He named them after his second wife (my mother), Irene, and my half-sister, Kashmira: Irenium and Kashmirium, Magenta and Green respectively. There are two other elements in the atomic table positions where these two were to be placed so it may well be they were flattery rather than fact. Time will tell.

TABLE OF ELEMENTS BY SINGLE COLOR PREDOMINANCE

RED

Cadmium Hydrogen Krypton Neon

ORANGE

Aluminum	Antimony	Arsenic	Boron	Calcium
Copper	Helium	Selenium	Silicon	Xenon

YELLOW

Beryllium	Carbon	Iridium	Magnesium	Molybdenum
Iron	Palladium	Platinum	Rhenium	Rhodium

LEMON

Cerium	Germanium	Gold	Hafnium	Iodine
Iron	Lanthanum	Neodymium	Phosphorus	Praseodymium
Protoactinium	Samarium	Scandium	Silver	Sulphur
Thorium	Titanium	Uranium	Vanadium	Yttrium

GREEN

Barium Chlorine Nitrogen Radium Tellurium Thallium

TURQUOISE

Chromium	Fluorine	Mercury	Nickel	Niobium
	Tantalum	Zinc		

BLUE

Cesium Indium Oxygen

INDIGO

Bismuth Ionium Lead Polonium

VIOLET

Actinium Cobalt Gallium Radon

PURPLE

Bromine Europium Gadolinium Terbium

MAGENTA

Lithium Potassium Rubidium Strontium

SCARLET

Argon	Dysprosium	Erbium	Holmium	Lutecium
	Manganese	Thulium	Ytterbium	

THE LEFT WRISTWATCH

Acupuncture, acupressure, reflexology, iridology, and kinesiology have a similarity in that they all demonstrate how a cause in one part of the body can generate an effect in a distant part.

A graphic introduction to kinesiology may be performed by carefully following these directions:

- A. Wear a wristwatch on your left wrist.
- B. Stand up and extend your right arm straight out in front of yourself.
- C. While you resist, have someone exert increasing pressure on your right hand until your right arm moves downward; take notice of how strong you are in opposing the pressure on your hand.
- D. Remove the watch from your left wrist and now wear it on your right hand until the pressure on your hand.
- E. Repeat steps B/C/D and compare the effort it now takes you to resist the downward pressure with what it took when you had the watch on your left wrist.

I will not prejudice you by tell what the difference is likely to be. This demonstration has been successful with every person on whom I have tried it, but I understand that a few people have a reversed energy flow so the rest will show revered effects when the watch is on the right wrist compared to the left wrist. Left or right wrist, there will be a difference from one to the other

Some believe that a mechanical watch rather than an electronic one must be used to achieve the effect, but I have noted the same consequence regardless of the type of watch Regardless of how it works for you, it is safer not to habitually wear metallic bands of any type on either wrist.

Procedures similar to this are used be some kinesiologists as a diagnostic method but that is beyond the scope of this book.



Biography of Master George Dangel

Master Dangel was born in Vilnius, Poland in 1940. His father was a baron and Master Dangel inherited the title in 1970. Master Dangel along with his mother, father, brothers and sisters, migrated to Australia 1949 and settled in the Hunter Valley, New South Wales, after being liberated from Flossenberg concentration camp in Germany at the end of the Second World War.

The Jewish Government decorated his father, Feliks Dangel, posthumously in 1995 with a medal, and by having his name engraved in the Wall of the Righteous Amongst Nations and Martyrs of Israel, at the Yad Vashem Memorial in Jerusalem.

In 1963 Master Dangel went to university in Hawaii to study medicine. He also studied metaphysics in Honolulu. During his time there, he managed to secure a number of high profile positions that helped him pay for his studies, including a disc jockey for *The Sandwich Island Express*, which became the most popular show in Hawaii, attracting the largest audience. Also during that time he performed in more than forty episodes of the hit TV series, *Hawaii Five O* and *Little People*.

He lived in Tahiti for 28 years, and because of his Hollywood connection during his medical training days in Hawaii, he was contracted with film producer, Dino De Laurentis, and did the movie 'Hurricane' with Mia Farrow, Trevor Howard, and Jason Robards. He appeared in *Beyond the Reef*, *Julio Iglesias in Paradise*, and *Thirty days in Paradise*.

His numerous television credits include appearances in the US on the *Johnny Carson Show*, *John Warren Foster Show*, *Bob Hope Show* on the island of Moorea and Bora Bora, *Good Morning America*, *Good Morning Alaska* and *Good Morning Hawaii*.

He built one of the most famous hotels in French Polynesia, Bloody Mary's, on the island of Bora Bora in 1979. His restaurant was voted the third best seafood restaurant in the world. Julio Iglesias loved dining there so much, he called his brother in Madrid, who caught the next flight over to Bora Bora to have lunch at the famous Bloody Mary's. Many famous people came to stay and dine at George's restaurant attracting top Hollywood celebrities, as well as Australia's very own former Deputy Prime Minister, Doug Anthony and his wife Margaret. Bloody Mary's became famous throughout the world and THE place to go.

After a hurricane struck the island of Bora Bora in 1983 which damaged his hotel, he decided to sell his hotel/restaurant. He built a second smaller restaurant on Bora Bora called The Bamboo House, which also became internationally known as an excellent dining restaurant in French Polynesia. In 1984 he sold the Bamboo House and returned to Papeete on the island of Tahiti where he set up a clinic to work as a pranic healer.

His reputation as a miracle healer reached far and wide that a documentary crew from Australia, the United States and France came to film his story on the 'Miracle Man of Tahiti'. He performed mass healings in General De Gaul Park in Papeete. With that he emptied three hospitals and two clinics and was subsequently arrested by the Gendarmes, armed with automatic weapons. There were snipers watching him in every tall building where he was performing his healings outside in the park. They arrested him on the spot frisking him for hidden weapons. Mind you he was dressed in a pair of shorts, straw hat and thongs. He was taken to the Gendarmerie where he was met by the Governor saying he was arrested for obstructing the traffic in Papeete!

In 1998, after his marriage failed, he returned to Australia and set up a clinic in Brisbane where he now works and lives, and treats people from all over the world.

In 1987, Master Dangel's student, Ms Sandra Gould won a prize for being the Most Humanitarian Social Worker in Nevada, USA and she and Master Dangel were invited to the White House to meet the then President of the United States, Bill Clinton. Master Dangel describes Mr Clinton as the most charismatic man he has ever met.

Master George Dangel is regarded as the best pranic healer in the world today, and was called by a top personality in the pranic healing world, the Nikola Tesla of pranic healing.

Master Dangel holds several distinguished titles:

- Polish Baron
- Knights Templar and Royal Master Mason
- Holder of the Cross of Saint George of Israel
- Teutonic Knighthood of Von

Top magician David Copperfield once remarked to Master Dangel that whilst he [Copperfield] was the best illusionist, Master Dangel was simply "magic."