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Überlingen, 29 September 2008

Expert opinion on the effectiveness of the concrete aggregate *Pneumatit-2* of the company *Fintan Fünf* rom a medical point of view

1. Order

Fintan Fünf (Rheinau, CH) has developed the concrete aggregate Pneumatit-2 as part of its *widar* research company. Pneumatit-2 is intended to enhance the building biology of concrete as a construction material and to compensate for or eliminate its negative effect on living organisms.

The company Fintan Fünf commissioned me to carry out an effectiveness test of concrete treated with Pneumatit-2 via the method of electro-acupuncture according to Dr. Voll (EAV).

In the following, I will first explain a few things about the method and the measuring principle and then present the execution and the results of the experiment.

Data on myself, my experience with EAV and my literary activities (bibliography) can be found in the appendix.

2. Remarks on the method

A biosensitive test method is needed to test and compare conventional and pneumatite-treated concrete. Fintan Five preferred the EAV method, electro-acupuncture according to Dr. Reinhold Voll, a method that has been used on humans with great success for more than half a century. In my opinion, this method is the most reliable, precise and meaningful bioenergetic procedure. It is able to assess any kind of matter. Natural products, chemicals - and of course also concrete samples -, school-approved remedies and substances prepared according to homeopathic or isopathic principles can all be measured here from the mother tincture (∅) up to maximum potencies can be measurably recorded and assessed via acupuncture points on the skin surface.

The meridian relationships that have been known for two to three thousand years, which we also understand as control circuits, and also the control circuits or "vessels" newly discovered in this sense by Voll, such as that of nerve degeneration, joint degeneration, the skin vessel, etc., show us the current state of

the systems inside our organism when measured in the EAV test course.

Depending on which organ meridian or which vessel we use, the measurement shows us the possible pathophysiological deviations. The acupuncture points are therefore more aptly called measuring points (MP) of EAV. Possible interconnections of different control circuits also play an important role in diagnosis and therapy.

As an example, I mention here the temporomandibular joint and the ear, which represent such a network. The causal references here are the stomach meridian and the so-called triple warmer (3 E) with its relations to the endocrine glands and functions. The acupuncture points for the temporomandibular joint are located on the gastric meridian (MP Ma. 2) and the 3E (MP 3 E 23), the MPs 3 E 16 b to 3 E 18 are related to various parts of the inner ear. Via these measuring points
This makes it possible, for example, to treat dizziness or ringing in the ears. These control circuits can also improve or eliminate complaints from the cervical spine. Thus, the cervical spine is also integrated into the temporomandibular joint and ear control circuits. They form a functional unit. The vessel of the joint degeneration is added to this. If a disturbance factor (e.g. a focal point) occurs at any point in the area of these control circuits, this can also lead to disturbances in the cervical spine area. There are many such interconnections. Using the EAV method, the causal disease process can be determined and successfully treated.

In the scientific world of natural healing, the EAV holds a key position. Since the beginning of the 1950s, after the discovery of the medication test, the numerous, often spectacular healing successes have proven the profound effectiveness of the EAV method.

In the following period, Dr Reinhold Voll received numerous honours in recognition of his pioneering achievements and successes. In addition to numerous honours and honorary memberships, Pope Paul VI awarded him a gold medal in 1966, followed by the Hufeland Medal in 1974 and the Order of Merit of the Federal Republic of Germany in 1979. On 12 February 1989, a few days before his 80th birthday, Dr. R. Voll passed away.

Numerous researchers, especially physicists, have dealt with the method and have also contributed significantly to the clarification of its effectiveness. Professors *Mehlhardt* (†) and *Popp*, who described the wave and photon nature of the functional processes in the drug test, are worthy of mention. More detailed information on recent research can be found in the volumes "Regulatory Medicine" 1 and 2 (cf. appendix).

Today, the EAV method is used all over the world. Especially in Italy, Austria, Switzerland, Holland, Belgium, France, the Czech Republic, the Russian states, but also overseas, EAV has gained a foothold. In most of these countries there are also corresponding professional societies. In Germany, we have the "International Medical Society for EAV" (IM- GEAV) as an umbrella organisation.

3. The measuring principle

The fact is that all substances or any matter, potentised (homeopathically diluted) remedies, also dilutions that are above the Avogadro- or

Loschmidt's number, emit ultra-weak electromagnetic oscillations or photons. I call this radiation or oscillation or photon emission **"characteristic oscillation"**. The term "characteristic oscillation" makes clear that a living organism is able to recognise substances both in their good, i.e. helping, as well as in their bad, damaging effect. These ultra-weak, high-frequency oscillations, which reach about 10 - 15 centimetres, cause resonance or dissonance processes in the organism, which in turn can be read by a device that works with a very weak electrical direct current (1 volt), an ohmmeter. In principle, Ohm's law applies. Here, however, it is a modified resistance measurement due to the cell and tissue structures or the ion migration triggered by the existing membranes. It is a process known as *electrolytic polarisation.*

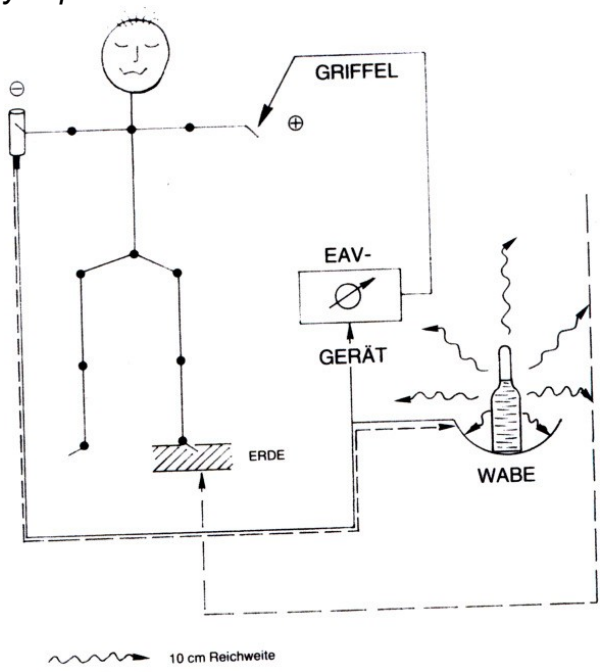

Fig. Circuit diagram EAV - measuring system

The work on the patient can be seen in the attached schematic diagram of the circuit diagram. The **negative** brass hand **electrode** transmits the vibrations of the medicines placed in the **aluminium** honeycomb at the same time. It is also connected to the display unit. Instead of the honeycomb, it is also possible to work with a movable aluminium plate with an insulating handle, the so-called "iron". It is mainly used as a search aid for remedies from a series of different remedies. With the electrically **positive measuring stylus, the** measured value is determined in the centre of the acupuncture MPs with about 500 pond pressure. The measurements are mainly taken on the hands and feet. All in all, we know about 1300 MPs, which - located on the skin - are distributed over the entire body and whose organ relationships have been recognised or defined by *Voll.*

The most important **criteria of pathophysiological parameters:**

There are readings that go beyond the 80 mark, pointer drops (ZA) occurring in each range of readings, the painfulness of pathological readings

and measured values that are below the standard value 50. Particular attention should be paid to the ZA. Depending on the extent, it is an expression of the most severe stress. The disease-related measuring pain at the acu- puncture MP that occurs when measuring with the stylus, which can be extremely strong, is mainly caused by the normally imperceptible, weak, electrical direct current. If a medicinal product reaches the measuring circuit via the aluminium honeycomb, this measuring pain improves or disappears.

The aim of a treatment is to bring all pathological measured values to the ideal standard value of 50. The measuring pain must have disappeared. At the end of a test course we now have a helping drug complex which we administer to the patient orally or by injection according to a fixed schedule.

In the initial phase of EAV, the diagnostic interpretation of the measured values was defined with terms such as "total degeneration", "ideal normal value", "partial" and "total inflammation". However, the pathological-anatomical substrate may not even be correct. Under certain circumstances, no inflammation can be found and the relevant laboratory parameters also turn out to be unremarkable, but the tendencies towards inflammation are definitely present in the long term. The pathologically altered measured values are balanced out to the normal value by regulative intervention with the appropriate medicines. In this way, the disturbed control circuit system comes to rest again and the existing symptoms usually disappear after a certain period of time. For this reason, it is certainly better to consider these terms as hypo-, norm- or hyper-states, depending on the pointer deflection, in order to do justice to the function of the control circuit, as it only reflects a momentary variable in its system. It is energetic processes inside the organism, in the affected organs and organ parts, which, also via the networks of the acupuncture control circuit system, pass on their information to the acupuncture MPs and thus project them onto the surface of the skin.

The interpretation of the individual measured value levels is not decisive in connection with the concrete assessment required here with regard to the outgoing bioenergetic effect. Rather, it is important to create a norm balance of the important control circuits in the test subjects, who are to be considered relatively healthy, in order to then observe and compare the deviations when placing the concrete samples in an absolutely balanced situation.

4. Bioenergetic concrete testing

4.1 Material, test subjects

The test material provided consisted of 2 pieces of concrete:
a) Conventional concrete b) Otherwise identical concrete with the aggregate Pneumatit-2.

The test was carried out on 3 male subjects: a 7-year-old, a 53-year-old, an 81-year-old.

4.2 Experimental arrangement

Step 1: First, constitutional high potencies (D 200, D 30) were determined from a collection of approx. 80 different homeopathic remedies by means of the iron. Only *one remedy* responded in each case. The effective homeopathic remedy is listed at the top of the test sheet for each test person.

Through the use of the remedy found, almost all measured values in the grossly clinically healthy test subjects were brought to the ideal standard value of 50. Small corrections were still necessary with one or the other organ preparation from WALA to stabilise the normal values.

Step 2: The control circuits **lymphatic vessel**, lying and beginning at the radial (spokeward) edge of the thumb, **nerve degeneration,** at the ulnar (ulnaward) edge of the index finger, **circulatory meridian,** at the radial edge of the middle finger and the hormonal-constitutional **triple warmer (3 E),** beginning at the ulnar edge of the ring finger, were used for evaluation. The important starting points from the nail fold MP (Ting point) to MP 3 or 4 or from MP 9 to MP 7 on the KS meridian were measured. If these MPs are balanced, the whole meridian or control circuit is usually in a balanced normal state.

The advantage of the meridians or control circuits listed here is that they contain the elements that are represented in the whole body, i.e. also in all parts of the organs, so that the measurements on these 4 control circuits show an opti- mal reflection of the good or bad general compatibility or the bioenergetic effectiveness of conventional and specifically treated concrete.

Step 3: The test subjects, brought to the standard value of 50, were now first examined with the specifically treated concrete. The so-called iron was placed on the concrete block and the measured values of the above-mentioned control circuits were determined on the right and left hand.

The same procedure was then followed with the conventional concrete block. (The order of the concrete samples to be measured would actually be arbitrary).

4.3 Results

On the next pages follow

- Pages 6-11: 6 Measurement protocols (for 3 test subjects each reactions to concrete c o n v e n t i o n a l and concrete pneumatit-2)
- Page 12: Summary of the measured values.

The results are then evaluated and discussed in chapter 5.

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Testing: conventional, untreated concrete

NAME: **Locher Thomas born 22. 04. 1927** *DATE:* **29. 08. 2008**

SINUS	FRONTALIS	R	L	HH:	LH-LF:	RH-RF:	F-F:
"	CAVERNOSUS			HYPOTHALAMUS : R		L	LIMB.SYST.:
"	SPHENOIDALIS			TUBER CINEREUM :			ORG.DEG*(SMP)*:
"	ETHMOIDALIS			SURFACE :			MIDDLE:
"	MAXILLARIS			SUBSIDIARIES :			" :

HAND		R	L	
LY 1	Tonsilla palat.	82	80	
1-1	Ear	78	72	
1-2	KMP	76	74	
1A	Tubentons./Seitenstr.	76	75	
2	O./U. Kiefer	50	57	
2A	Eye			
3	NNH	60	60	
4	Pulmo			
4A	Oesophagus			
4B	Larynx/hypopharynx			
5	Cor			
LU 11	Alveoli			
10-D	Plex. mediastiralis			
C	KMP			
B	Bronchioli			
A-1	Lymphatic network Pleura			
A	Pleura			
10	Bronchi			
9B	Inn. Lymphatic net			
9A	Lymphgef bronchialis			
9	Trachea			
8B	Larynx			
8A	Hypopharynx			
D1 1	Transverse colon			Sigma
1-1	Ly. to r. Col. transv.			to left Col transv./Sigma
1A	Plex. hypogastr. sup.			Plex. Iliac.
B	KMP			
B-1	Periton. Lymphatic net			
C	Peritoneum			
D	Vv. ileo Col. dx./Col. dx			Vv. Col. sin./Sigma
2	Flexura coli dextra			Colon desc.
3	Colon ascend.			Flex. col. sin
A	Omentum maj.			
4	Coecum			Colon transv. sin.
-1	lieocoec. ly. node			
A	App/ileocök. Ly. knot			Lymphonodi mesocol.
5	proxim. Wrist. (1.)			
ND 1	Lumbar/sacral medulla	62	80	
-1	Ly.	68	75	
A	Vegetat. NS	74	80	
A-1	Cerebral arteries			
B	KMP	72	75	
C	Meninges	62	70	
2	Cerv./Thorak. Mark	75	79	
3	Brain stem and cerebrum	50	72	
A	Parasymp. Head ganglion			
4	Cranial nerves	50	70	

		R	L	
KS 9	Type System	80	68	
8F	Ly. Haemolymphonodi	72	70	
E	Arcus .ort./Gangl card.	78-5	76	Aorta thor./Plex ort tho
D	KMP	75-5	70	
C	Aort. /Plex. abdom.	80	70-10	
B	Cisterna chyli	86	62	
A	Duct. thor. access	82	50	Duct. thorac
8	Veins			
B	SMP Lymph.	83	74	
A	Plex. cocon cordis	88	68++++ (Strongest ZA)	
7	Coronary artery			
7A-1 tox.	KS load g.	65	66	
ALL 1	U.Kö.hälfte/Abd./kl.Becken			
1-1	Focal tox. Load g			
A	VNS/Chemotox. Burden			
B	KMP			
C	Art. scleros			
2	O. Kö. half/thorax			
3	Head			
4	Hair			
OD1	U. Kö. half			
-1	Ly.			
A	Veget. Fehlleistg			
B	KMP			
C	Peritoneum			
D	Pleura			
2	Thorax/neck			
3	Head			
4	Abdomen/pelvis			
5	Thorax/neck			
6	Head			
3 E 1	Adrenal gland/gonad	62	66	
-1	Ly.	70	72	
A	Cervical ganglia	70	74	
B	KMP	80	68	
C	Inn.Secr.Pancr./Head.&.Body	62-6	80 (+)	Cauda
D	Mamma,	76	74	
2	Parathyr./Thyr./Thymus	60	50	
3	Pituitary gland/epiphysis	50	50	
4	Distal. Wrist.			
9 MA	Parathyrecidea			
10 MA	Thyroid gland			
16. 3 E	HVL			
20A.GBL	HZL			
12. GBL	HHL			

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Testing: Concrete treated with pneumatite!

The measuring points were previously balanced with MERCURIUS SOLUBILIS D 60 and the org. prep. TONSILLAE PALATINAE D30 HYPOPHYSIS D5 and PLEX. CORONARIUS CORDIS D5 (2 Amp)

NAME: **Locher Thomas born 22. 04. 1927** *DATE:* **29. 08. 2008**

SINUS	FRONTALIS	R	L	HH:	LH-LF:	RH-RF:	F-F:
"	CAVERNOSUS			HYPOTHALAMUS : R		L	LIMB.SYST.:
"	SPHENOIDALIS			TUBER CINEREUM :			ORG.DEG*(SMP)*:
"	ETHMOIDALIS			SURFACE :			MIDDLE:
"	MAXILLARIS			SUBSIDIARIES :			" :

HAND		R	L	
LY 1	Tonsilla palat.	52	50	
1-1	Ear	50	50	
1-2	KMP	50	50	
1A	Tubentons./Seitenstr.	54	50	
2	O./U. Kiefer	50	50	
2A	Eye	50	50	
3	NNH	60	60	
4	Pulmo			
4A	Oesophagus			
4B	Larynx/hypopharynx			
5	Cor			
LU 11	Alveoli			
10-D	Plex. mediastiralis			
C	KMP			
B	Bronchioli			
A-1	Lymphatic network Pleura			
A	Pleura			
10	Bronchi			
9B	Inn. Lymphatic net			
9A	Lymphgef bronchialis			
9	Trachea			
8B	Larynx			
8A	Hypopharynx			
D1 1	Transverse colon			Sigma
1-1	Ly. to r. Col. transv.			to left Col transv./Sigma
1A	Plex. hypogastr. sup.			Plex. iliac.
B	KMP			
B-1	Periton. Lympgef. net			
C	Peritoneum			
D	Vv. ileo Col. dx./Col. dx			Vv. Col. sin./Sigma
2	Flexura coli dextra			Colon desc.
3	Colon ascend.			Flex. col. sin
A	Omentum maj.			
4	Coecum			Colon transv. sin.
-1	lieocoec. ly. node			
A	App/ileocök. Ly. knot			Lymphonodi mesocol.
5	proxim. Wrist. (1.)			
ND 1	Lumbar/sacral medulla	50	50	
-1	Ly.	50	50	
A	Vegetat. NS	60	50	
A-1	Cerebral arteries	50	50	
B	KMP	50	50	
C	Meninges	50	50	
2	Cerv./Thorak. Mark	50	59	
3	Brain stem and cerebrum	50	50	
A	Parasymp. Head ganglion			
4	Cranial nerves	50	58	

		R	L	
KS 9	Type System	50	50	
8F	Ly. Haemolymphonodi	50	50	
E	Arcus .ort./Gangl card.	50	54	Aorta thor./Plex ort tho
D	KMP	50	56	
C	Aort. /Plex. abdom.	70	50	
B	Cisterna chyli	56	52	
A	Duct. thor. access			Duct. thorac
8	Veins			
B	SMP Lymph.	66	50	
A	Plex. cocon cordis	80	50	
7	Coronary artery			
7A-1 tox.	KS load g.	50	50	
ALL 1	U.Kö.hälfte/Abd./kl.Becken			
1-1	Focal tox. Load g			
A	VNS/Chemotox. Burden			
B	KMP			
C	Art. scleros			
2	O. Kö. half/thorax			
3	Head			
4	Hair			
OD1	U. Kö. half			
-1	Ly.			
A	Veget. Fehlleistg			
B	KMP			
C	Peritoneum			
D	Pleura			
2	Thorax/neck			
3	Head			
4	Abdomen/pelvis			
5	Thorax/neck			
6	Head			
3 E 1	Adrenal gland/gonad	50	50	
-1	Ly.	54	55	
A	Cervical ganglia	50	50	
B	KMP	50	50	
C	Inn.Secr.Pancr./Head.&.Body	62	50	Cauda
D	Mamma,	50	55	
2	Parathyr./Thyr./Thymus	50	55	
3	Pituitary gland/epiphysis	50	52	
4	Distal. Wrist.			
9 MA	Parathyrecidea			
10 MA	Thyroid gland			
16. 3 E	HVL			
20A.GBL	HZL			
12. GBL	HHL			

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Test: conventional concrete, untreated.

NAME: **Sieber Markus born 17. 04. 1955** *DATE:* **29. 08. 2008**

SINUS	FRONTALIS	R	L	HH:	LH-LF:	RH-RF:	F-F:
"	CAVERNOSUS			HYPOTHALAMUS : R		L	LIMB.SYST.:
"	SPHENOIDALIS			TUBER CINEREUM :			ORG.DEG*(SMP)*:
"	ETHMOIDALIS			SURFACE :			MIDDLE:
"	MAXILLARIS			SUBSIDIARIES :			" :

HAND		R	L	
LY 1	Tonsilla palat.	80	82	
1-1	Ear	80	80	
1-2	KMP	80	78	
1A	Tubentons./Seitenstr.	80	74	
2	O./U. Kiefer	80	80	
2A	Eye			
3	NNH	80	80	
4	Pulmo			
4A	Oesophagus			
4B	Larynx/hypopharynx			
5	Cor			
LU 11	Alveoli			
10-D	Plex. mediastiralis			
C	KMP			
B	Bronchioli			
A-1	Lymphatic network Pleura			
A	Pleura			
10	Bronchi			
9B	Inn. Lymphatic net			
9A	Lymphgef bronchialis			
9	Trachea			
8B	Larynx			
8A	Hypopharynx			
D1 1	Transverse colon			Sigma
1-1	Ly. to r. Col. transv.			to left Col transv./Sigma
1A	Plex. hypogastr. sup.			Plex. Iliac.
B	KMP			
B-1	Periton. Lympgef. net			
C	Peritoneum			
D	Vv. ileo Col. dx./Col. dx			Vv. Col. sin./Sigma
2	Flexura coli dextra			Colon desc.
3	Colon ascend.			Flex. col. sin
A	Omentum maj.			
4	Coecum			Colon transv. sin.
-1	lieocoec. ly. node			
A	App/ileocök. Ly. knot			Lymphonodi mesocol.
5	proxim. Wrist. (1.)			
ND 1	Lumbar/sacral medulla	80	80	
-1	Ly.	74	78	
A	Vegetat. NS	70	72	
A-1	Cerebral arteries			
B	KMP	60	58	
C	Meninges	50	80	
2	Cerv./Thorak. Mark	70	88	
3	Brain stem and cerebrum	76	82	
A	Parasymp. Head ganglion			
4	Cranial nerves	74	84	

		R	L	
KS 9	Type System	40 !	76	
8F	Ly. Haemolymphonodi	44 !	70	
E	Arcus .ort./Gangl card.	68	60	Aorta thor./Plex ort tho
D	KMP	50	65	
C	Aort. /Plex. abdom.	74	70	
B	Cisterna chyli			
A	Duct. thor. access	67	?	Duct. thorac
8	Veins			
B	SMP Lymph.	88	90	
A	Plex. cocon cordis	64	50	
7	Coronary artery			
7A-1 tox.	KS load g.	72	50	
ALL 1	U.Kö.hälfte/Abd./kl.Becken			
1-1	Focal tox. Load g			
A	VNS/Chemotox. Burden			
B	KMP			
C	Art. scleros			
2	O. Kö. half/thorax			
3	Head			
4	Hair			
OD1	U. Kö. half			
-1	Ly.			
A	Veget. Fehlleistg			
B	KMP			
C	Peritoneum			
D	Pleura			
2	Thorax/neck			
3	Head			
4	Abdomen/pelvis			
5	Thorax/neck			
6	Head			
3 E 1	Adrenal gland/gonad	80	86	
-1	Ly.	78	80	
A	Cervical ganglia	78	78	
B	KMP	75	75	
C	Inn.Secr.Pancr./Head.&.Body	72	82	Cauda
D	Mamma,	68	58	
2	Parathyr./Thyr./Thymus	63	70	
3	Pituitary gland/epiphysis	68	68	
4	Distal. Wrist.			
9 MA	Parathyrecidea			
10 MA	Thyroid gland			
16. 3 E	HVL			
20A.GBL	HZL			
12. GBL	HHL			

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Testing: Concrete treated with pneumatite!

The measuring points had previously been balanced to the normal value of 50 with LACHESIS D 30, 3 drips of Lymphomyosot and Org. prep. HEPAR D 30 (2 amp.) and HYPOPHYSIS D 8.

NAME: **Sieber Markus born 17. 04. 1955** *DATE:* **29. 08. 2008**

SINUS	FRONTALIS	R	L	HH:	LH-LF:	RH-RF:	F-F:
"	CAVERNOSUS			HYPOTHALAMUS : R		L	LIMB.SYST.:
"	SPHENOIDALIS			TUBER CINEREUM :			ORG.DEG*(SMP)*:
"	ETHMOIDALIS			SURFACE :			MIDDLE:
"	MAXILLARIS			SUBSIDIARIES :			" :

HAND		R	L	
LY 1	Tonsilla palat.	54	54	
1-1	Ear	50	50	
1-2	KMP	50	50	
1A	Tubentons./Seitenstr.	50	50	
2	O./U. Kiefer	50	50	
2A	Eye	50	50	
3	NNH	50	50	
4	Pulmo			
4A	Oesophagus			
4B	Larynx/hypopharynx			
5	Cor			
LU 11	Alveoli			
10-D	Plex. mediastiralis			
C	KMP			
B	Bronchioli			
A-1	Lymphatic network Pleura			
A	Pleura			
10	Bronchi			
9B	Inn. Lymphatic net			
9A	Lymphgef bronchialis			
9	Trachea			
8B	Larynx			
8A	Hypopharynx			
D1 1	Transverse colon			Sigma
1-1	Ly. to r. Col. transv.			to left Col transv./Sigma
1A	Plex. hypogastr. sup.			Plex. Iliac.
B	KMP			
B-1	Periton. Lympgef. net			
C	Peritoneum			
D	Vv. ileo Col. dx./Col. dx			Vv. Col. sin./Sigma
2	Flexura coli dextra			Colon desc.
3	Colon ascend.			Flex. col. sin
A	Omentum maj.			
4	Coecum			Colon transv. sin.
-1	lieocoec. ly. node			
A	App/ileocök. Ly. knot			Lymphonodi mesocol.
5	proxim. Wrist. (1.)			
ND 1	Lumbar/sacral medulla	50	52	
-1	Ly.	50	50	
A	Vegetat. NS	50	50	
A-1	Cerebral arteries			
B	KMP	57	50	
C	Meninges	50	50	
2	Cerv./Thorak. Mark	50	50	
3	Brain stem and cerebrum	50	50	
A	Parasymp. Head ganglion			
4	Cranial nerves	52	50	

		R	L	
KS 9	Type System	50	50	
8F	Ly. Haemolymphonodi	50	50	
E	Arcus .ort./Gangl card.	50	50	Aorta thor./Plex ort tho
D	KMP	50	50	
C	Aort. /Plex. abdom.	50	50	
B	Cisterna chyli	50	50	
A	Duct. thor. access	50	50	Duct. thorac
8	Veins			
B	SMP Lymph.	50	54	
A	Plex. cocon cordis	50	60	
7	Coronary artery			
7A-1 tox.	KS load g.	50	50	
ALL 1	U.Kö.hälfte/Abd./kl.Becken			
1-1	Focal tox. Load g			
A	VNS/Chemotox. Burden			
B	KMP			
C	Art. scleros			
2	O. Kö. half/thorax			
3	Head			
4	Hair			
OD1	U. Kö. half			
-1	Ly.			
A	Veget. Fehlleistg			
B	KMP			
C	Peritoneum			
D	Pleura			
2	Thorax/neck			
3	Head			
4	Abdomen/pelvis			
5	Thorax/neck			
6	Head			
3 E 1	Adrenal gland/gonad	50	50	
-1	Ly.	50	50	
A	Cervical ganglia	50	50	
B	KMP	50	50	
C	Inn.Secr.Pancr./Head.&.Body	50	55	Cauda
D	Mamma,	50	52	
2	Parathyr./Thyr./Thymus	50	50	
3	Pituitary gland/epiphysis	50	50	
4	Distal. Wrist.			
9 MA	Parathyrecidea			
10 MA	Thyroid gland			
16. 3 E	HVL			
20A.GBL	HZL			
12. GBL	HHL			

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D - 88662 Überlingen

Testing: conventional, untreated concrete

NAME: **Sieber Fionn** **born 25. 06. 2001** *DATE:* **29. 08. 2008**

SINUS	FRONTALIS	R	L	HH:	LH-LF:	RH-RF:	F-F:
"	CAVERNOSUS			HYPOTHALAMUS : R		L	LIMB.SYST.:
"	SPHENOIDALIS			TUBER CINEREUM :			ORG.DEG*(SMP)*:
"	ETHMOIDALIS			SURFACE :			MIDDLE:
"	MAXILLARIS			SUBSIDIARIES :			" :

HAND		R	L	
LY 1	Tonsilla palat.	80	82	
1-1	Ear	70	72	
1-2	KMP	72	75	
1A	Tubentons./Seitenstr.	68	60	
2	O./U. Kiefer	58	50	
2A	Eye			
3	NNH	76	75	
4	Pulmo			
4A	Oesophagus			
4B	Larynx/hypopharynx			
5	Cor			
LU 11	Alveoli			
10-D	Plex. mediastiralis			
C	KMP			
B	Bronchioli			
A-1	Lymphatic network Pleura			
A	Pleura			
10	Bronchi			
9B	Inn. Lymphatic net			
9A	Lymphgef bronchialis			
9	Trachea			
8B	Larynx			
8A	Hypopharynx			
D1 1	Transverse colon			Sigma
1-1	Ly. to r. Col. transv.			to left Col transv./Sigma
1A	Plex. hypogastr. sup.			Plex. Iliac.
B	KMP			
B-1	Periton. Lympgef. net			
C	Peritoneum			
D	Vv. ileo Col. dx./Col. dx			Vv. Col. sin./Sigma
2	Flexura coli dextra			Colon desc.
3	Colon ascend.			Flex. col. sin
A	Omentum maj.			
4	Coecum			Colon transv. sin.
-1	lieocoec. ly. node			
A	App/ileocök. Ly. knot			Lymphonodi mesocol.
5	proxim. Wrist. (1.)			
ND 1	Lumbar/sacral medulla	82	76	
-1	Ly.	82	68	
A	Vegetat. NS	68	75	
A-1	Cerebral arteries	80	80	
B	KMP	78	60	
C	Meninges	68	72	
2	Cerv./Thorak. Mark	72	81	
3	Brain stem and cerebrum	50	76	
A	Parasymp. Head ganglion			
4	Cranial nerves	50	70	

		R	L	
KS 9	Type System	72	80	
8F	Ly. Haemolymphonodi	86	82	
E	Arcus .ort./Gangl card.	84	76	Aorta thor./Plex ort tho
D	KMP	87	80	
C	Aort. /Plex. abdom.	82	80	
B	Cisterna chyli	82	72	
A	Duct. thor. access			Duct. thorac
8	Veins			
B	SMP Lymph.	87	86	
A	Plex. cocon cordis			
7	Coronary artery			
7A-1 tox.	KS load g.	76	68	
ALL 1	U.Kö.hälfte/Abd./kl.Becken			
1-1	Focal tox. Load g			
A	VNS/Chemotox. Burden			
B	KMP			
C	Art. sclerosis			
2	O. Kö. half/thorax			
3	Head			
4	Hair			
OD1	U. Kö. half			
-1	Ly.			
A	Veget. Fehlleistg			
B	KMP			
C	Peritoneum			
D	Pleura			
2	Thorax/neck			
3	Head			
4	Abdomen/pelvis			
5	Thorax/neck			
6	Head			
3 E 1	Adrenal gland/gonad	80	77	
-1	Ly.	77	80	
A	Cervical ganglia	62	82	
B	KMP	76	80	
C	Inn.Secr.Pancr./Head.&.Body	80	80	Cauda
D	Mamma,	82	58	
2	Parathyr./Thyr./Thymus	80	80	
3	Pituitary gland/epiphysis	72	76	
4	Distal. Wrist.			
9 MA	Parathyrecidea			
10 MA	Thyroid gland			
16. 3 E	HVL			
20A.GBL	HZL			
12. GBL	HHL			

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Testing: Concrete treated with pneumatite!

The measuring points were previously balanced with ANACARDIUM D 30 and organ preparation PANCREAS D 15 almost all to the normal value of 50!

NAME: **Sieber Fionn** **born 25. 06. 2001** *DATE:* **29. 08. 2008**

SINUS	FRONTALIS	R	L	HH:	LH-LF:	RH-RF:	F-F:
"	CAVERNOSUS			HYPOTHALAMUS : R		L	LIMB.SYST.:
"	SPHENOIDALIS			TUBER CINEREUM :			ORG.DEG*(SMP)*:
"	ETHMOIDALIS			SURFACE :			MIDDLE:
"	MAXILLARIS			SUBSIDIARIES :			" :

HAND		R	L	
LY 1	Tonsilla palat.	50	50	
1-1	Ear	50	50	
1-2	KMP	50	50	
1A	Tubentons./Seitenstr.	50	50	
2	O./U. Kiefer	50	50	
2A	Eye	50	50	
3	NNH	50	50	
4	Pulmo			
4A	Oesophagus			
4B	Larynx/hypopharynx			
5	Cor			
LU 11	Alveoli			
10-D	Plex. mediastiralis			
C	KMP			
B	Bronchioli			
A-1	Lymphatic network Pleura			
A	Pleura			
10	Bronchi			
9B	Inn. Lymphatic net			
9A	Lymphgef bronchialis			
9	Trachea			
8B	Larynx			
8A	Hypopharynx			
D1 1	Transverse colon			Sigma
1-1	Ly. to r. Col. transv.			to left Col transv./Sigma
1A	Plex. hypogastr. sup.			Plex. iliac.
B	KMP			
B-1	Periton. Lympgef. net			
C	Peritoneum			
D	Vv. ileo Col. dx./Col. dx			Vv. Col. sin./Sigma
2	Flexura coli dextra			Colon desc.
3	Colon ascend.			Flex. col. sin
A	Omentum maj.			
4	Coecum			Colon transv. sin.
-1	lieocoec. ly. node			
A	App/ileocök. Ly. knot			Lymphonodi mesocol.
5	proxim. Wrist. (1.)			
ND 1	Lumbar/sacral medulla	54	58	
-1	Ly.	56	58	
A	Vegetat. NS	50	50	
A-1	Cerebral arteries	50	50	
B	KMP	50	50	
C	Meninges	50	58	
2	Cerv./Thorak. Mark	58	74	
3	Brain stem and cerebrum	50	50	
A	Parasymp. Head ganglion			
4	Cranial nerves	50	50	

		R	L	
KS 9	Type System	53	50	
8F	Ly. Haemolymphonodi	50	58	
E	Arcus .ort./Gangl card.	50	50	Aorta thor./Plex ort tho
D	KMP	50	50	
C	Aort. /Plex. abdom.	50	50	
B	Cisterna chyli	50	50	
A	Duct. thor. access			Duct. thorac
8	Veins			
B	SMP Lymph.	50	50	
A	Plex. cocon cordis	50	50	
7	Coronary artery	50	50	
7A-1 tox.	KS load g.	50	50	
ALL 1	U.Kö.hälfte/Abd./kl.Becken			
1-1	Focal tox. Load g			
A	VNS/Chemotox. Burden			
B	KMP			
C	Art. scleros			
2	O. Kö. half/thorax			
3	Head			
4	Hair			
OD1	U. Kö. half			
-1	Ly.			
A	Veget. Fehlleistg			
B	KMP			
C	Peritoneum			
D	Pleura			
2	Thorax/neck			
3	Head			
4	Abdomen/pelvis			
5	Thorax/neck			
6	Head			
3 E 1	Adrenal gland/gonad	50	50	
-1	Ly.	52	54 (+)	
A	Cervical ganglia	50	60	
B	KMP	50	50	
C	Inn.Secr.Panor./Head.&.Body	50	50	Cauda
D	Mamma,	52	50	
2	Parathyr./Thyr./Thymus	53	50	
3	Pituitary gland/epiphysis	54	50	
4	Distal. Wrist.			
9 MA	Parathyrecidea			
10 MA	Thyroid gland			
16. 3 E	HVL			
20A.GBL	HZL			
12. GBL	HHL			

EAV test measurements concrete with / without aggregate **Pneumatit-2**/ r.med. Fr. Begher,
Überlingen, 29.08.2008

Overview

		Concrete Pneumatit-2			Concrete conventional		
Control circuits	Subject	Number of measuring points	Total measured values	Average per measuring point	Number of measuring points	Total measured values	Average per measuring point
Lymphatic vessels (Ly)	Th. Locher	14	726.00	51.86	12	840.00	70.00
	M. Sieber	14	708.00	50.57	12	954.00	79.50
	F. Sieber	14	700.00	50.00	12	868.00	72.33
	Average			*50.81*			*73.94*
Nerve degeneration (ND)	Th. Locher	18	927.00	51.50	16	1'114.00	69.63
	M. Sieber	16	811.00	50.69	16	1'176.00	73.50
	F. Sieber	18	966.00	53.67	18	1'278.00	71.00
	Average			*51.95*			*71.38*
Circuit (KS)	Th. Locher	18	984.00	54.67	20	1'463.00	73.15
	M. Sieber	20	1'014.00	50.70	17	1'098.00	64.59
	F. Sieber	20	1'011.00	50.55	16	1'280.00	80.00
	Average			*51.97*			*72.58*
Triple warmer (3 E)	Th. Locher	16	833.00	52.06	16	1'064.00	66.50
	M. Sieber	16	807.00	50.44	16	1'179.00	73.69
	F. Sieber	16	825.00	51.56	16	1'222.00	76.38
	Average			*51.35*			*72.19*
Move together Total		200	10'312.00		187	13'536.00	
Average value per measuring point				**51.52**			**72.52**

5. Evaluation

5.1 Comment on the tables

Differences in the number of measurement points (MPs) may occur between Pneumatit-2 and conventional concrete. All MPs measured in conventional concrete are cardinal, important MPs. In the case of Pneumatit-2 concrete, a few more points were measured, either by chance or because no deviations were found. However, these MPs are less important for the overall statement of the control loop. Experience has shown that they always remain at the level of the measured values of the neighbouring main measuring points of the control loop. - In the case of M.Sieber, KS 8 A, the measurement was inadvertently skipped. This has no significance for the overall statement.

If readings are not simple (e.g. "75") but in a format such as "75 - 5", this means that there was a pointer drop of 5 divisions when measuring. The value went up to marker 75 and then fell back by 5 divisions. It came to a standstill at marker 70.

At MP 7A - 1 "Toxic circulatory stress", substances can be searched for and tested that have a damaging effect on various parts of the organism: chemotoxins such as insecticides, carcinogens, dyes, solvents, plasticisers, etc.

In Locher's case, the conventional concrete triggered a value of 68 at MP 7A (left), followed by a sharp drop in the pointer. This was a so-called pointer fall, a highly pathological sign that is indicated with several plus signs (+++++).

Indications such as "80+" or "54+" mean "indicated pointer drop". The measured value goes up to its end position and then falls back about one to two graduations.

Pointer drops and values below 50 indicate extraordinarily strong pathological readings. However, it is precisely these that could not be included in the statistical average calculation (overview table). Pneumatit-2 is therefore even better than the overview suggests.

An example: The values 40 and 44 at M. Sieber, MP KS 9 and KS 8F (right side), show that conventional concrete has extremely damaging effects here. The fact that concrete Pneumatit-2 showed no deviation at these MPs is to be considered a very good statement.

5.2 Summary evaluation of the concrete samples tested

Before our testing, the EAV system was put into a high state of sensitivity by first bringing the mentioned control circuits to the (approximate) normal value with a few homeopathic remedies, as mentioned above. In this balanced situation, the human organism is highly sensitive to any substance, to any matter that we introduce into the measuring circuit. A

bad substance that is intolerable for the organism causes the pointer of the device to shoot up immediately, the measuring pain to flare up again or even a painful pointer drop.

Walls, ceilings and floors made of concrete constantly emit a measurable vibration or photon emission (cf. 3. Measuring principle). This makes it understandable that the permanent exposure of humans or animals has a positive or negative influence on their well-being, depending on the type of concrete building material. The results of our series of measurements with conventional and pneumatite-treated concrete have shown this impressively:

While the conventional concrete block triggered clear, even enormous increases in the pointer, which can clearly be interpreted as harmful or incompatible, the treated concrete showed almost ideal readings throughout, hardly deviating from the standard value of 50, indicating good compatibility. We have here a result with excellent significance.

Conventional concrete building material with the proven poor measured values can therefore be expected to have negative, poor effects and consequences for human health, whereas pneumatite concrete with good measured values can be expected to have positive, good effects and consequences for human health.

The concrete treated with the additive Pneumatit-2 from Fintan Five can be certified as having excellent compatibility from the point of view of the SAB. The addition of Pneumatit-2 to the concrete fully compensates for the negative health properties of the concrete as far as tested, and the building material concrete loses its harmful effects on the human organism.

5.3 Further points of view

The testing of the concrete treated with pneumatite was "only" carried out on 3 male subjects (2 adults, 1 child). Even if the test results were excellent and one can therefore assume similar or the same behaviour for other test subjects, the small number of test subjects could leave questions unanswered. In my opinion, it would make sense if (healthy) women and older children were also included in the test.

Finally, I refer to my book "Einführung in die Elektroakupunktur nach Voll" (Introduction to Electroacupuncture according to Voll) (Uelzen 1994), in which the connections are described in even more detail. This book is also my source of literature.

Überlingen, 29 September 2008

Dr. Friedrich Begher

Appendix

Data on the person Dr Begher:

In 1968 he settled as a general practitioner in Bodman-Ludwigshafen, in 1975 he took his first courses with Dr. R. Voll, graduated with a diploma in EAV, from 1978 he applied the method on patients, in 1986 he moved to Überlingen and since then he has exclusively run a regulation medicine EAV practice. From 1986 to 1994 active in further education, including holding numerous courses for doctors in various cities (e.g. Celle, Freudenstadt, Göp- pingen, Göttingen, Hamburg, Cologne, Lübeck, Mannheim, Munich, Nuremberg, Überlingen, Wiesbaden and Vienna). In 2008, 30 years of experience with the EAV method.

Literary activities:

Journals:

Various publications in the Zeitschrift für Naturheilverfahren; most recently:
"Wirksamkeitsnachweis homöopathischer Verdünnungen über ein messendes Verfahren", in: "Komplementäre und integrative Medizin / KiM", Heft 09 / 2007, S. 64-66

Books:

1. "Electroacupuncture according to Voll and Allergy", Uelzen 1989
2. Co-author of "Electroacupuncture according to Voll - An overview for the application in daily practice" (3 articles and foreword), Uelzen 1989
3. "Introduction to Electroacupuncture according to Voll", Uelzen 1994
4. "EAV - The Treatment of Diseases of the Organs of the Head, their Tissue Systems and the Airways by Means of Electroacupuncture according to Dr. Voll", Überlingen 1999.
5. Co-author of "Regulatory Medicine" (Volume 1), Uelzen 2006
6. Co-author of "Regulatory Medicine" (Volume 2), Uelzen 2007