The Science of Measuring Wellness

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Abstract

Background: Biofield research is a new discipline emerging in medicine and science. The biofields around us are dynamic, convey information and help regulate the body’s biochemistry and physiology. When we can measure the biofields, we can see the effect of compression, trauma, toxicity, and stress patterns. The biofield is a bridge between the physical body and energy field.

Case Report: A six-year-old child diagnosed with Asperger’s syndrome was diagnosed with convergence insufficiency following an optometric examination. Biofield testing showed the patient to be in a depleted state. Following a successful plan of vision therapy, the patient’s visual deficiencies were reduced and the biofield improved.

Conclusion: This case demonstrates the importance of biofield testing and the impact of vision therapy on general health and well-being.

Key Words
bio-photon emissions, biofield, chakra, Electrophotonic Imaging, Polyvagal theory, vision therapy

Introduction

Most allopathic medicine, with its focus on the molecular versus “quantum” level of health, treats disease with little connection to body-mind-spirit. Often, patients are treated like machines. Pharmaceuticals contribute to our inability to connect with our bio-intelligence for healing because they only treat symptoms on a molecular level. They don’t address the causative factors that cause the imbalance.

Using tools of quantum mechanics, however, we can look at the data from the body’s own photons and electrons as a method to monitor wellness. Every biological structure both receives and emits energies from the environment and within the body through a biophoton stream. In fact, physicists have shown that if we look through an infrared filter, our bodies are emitting about 100 watts of light. One atom from the skin puts out about 2000 photons per second. Since we are also sensitive antennas, when we receive light, we are also opening up to a certain type of response from our environment.

The Discovery of Electrophotonic Imaging (EPI)

Imbalances in the biofield patterns have been correlated to many health issues. There are numerous methods that conventional medicine uses to measure the biofield, the energy field that lies within and around the body. Examples include thermography, electodermal measurements from the skin, the EKG waves of the heart, and the EEG waves of the brain. Biophoton emission is an internally produced electromagnetic radiation which is inherent in understanding our bioregulation, membrane transport and gene expression. Dr. Konstantin Korotkov, a biophysicist, found that a person with disease has an imbalanced biophoton emission pattern, whereas a healthy person shows a balanced biophoton emission pattern. In 1995, he and his research team perfected a digital Kirlian camera called EPI which can scientifically measure biophoton emissions radiating from the body.

The EPI camera captures photon (light) emissions from the ten fingers which act as electrical termination points for the 12 main meridians of the body. Once the emitted light is captured, the image is analyzed with fractal dimensionality. The software analyzes the data and plots the energy measurements of the major glands and organs of the body using the Traditional Chinese Medicine System. The program also plots the energy measurements of the chakras by using the Ayurveda Medical System. By being able to measure the energy fields, we are able to see patterns that could show physical problems later. Since we are light beings (we emit photons), we measure a natural informational change in our system—photons, electrons—get the deepest layer of a person’s consciousness. In using the EPI, we deal not only with physical but also mental, psychological, and spiritual consciousness. The intent is to work with human conditions on a quantum level, not a molecular level.

The EPI process is as follows: the 10 fingertips are photographed one by one in a custom box and complex mathematical calculations are performed. The derived statistics characterize the strength, shape, dimensions, and irregularities of the fingertip images. When data from the 10 individual fingertip photographs are collated and interpolated, an image of the entire “aura” (full body energy field) is created. The software calculates over 30 parameters including area, brightness, density, fractality, and entropy. These are statistically processed to evaluate changes in health status, alterations in psychological states, or participation in various therapeutic processes before and after such experiences.

Electrophotonics interfaces with science and medicine, because the results are repeatable, reproducible, and quantifiable. Since 1997, extensive clinical trials have been conducted across Russia, and the studies have shown that the correlation between EPI and conventional diagnostic techniques can be as high as 98%. Following these clinical trials and the recommendations of The Russian Academy of Science REF, the EPI technique and equipment were approved.
in 1999 by Russian health authorities for general clinical use without limitation. In the United States, we are performing ongoing research to prove the theories of Electrophotonic Imaging.

The biofield consists of the energy fields and chakras. The energy fields are comprised of electrical, electromagnetic, and subtle energies that support our vitality and wellness. Toxicities, traumas, and stress can all be imprinted onto the energy field. If there are spikes, spaces, unevenness, or jaggedness in the energy field, these imprints affecting our physical, emotional, psychological, and spiritual health. The energy patterns can tell our story and show how we react to life situations. The body has its own bio-intelligence to create balance, so if we can offer the proper treatment, the entropy in the energy fields reduces and better health is created.

The chakra system (the second part of the biofield measurement) originates from the Eastern philosophies of India. The chakra system is over 4,000 years old and has been applied both in the Yoga philosophy and in Ayurveda medicine. Chakras are comprised of seven energy centers that correspond to deep wisdom on physical, emotional, psychological, and spiritual levels. Each chakra is linked to glands, organs, and the nervous system in an integrated fashion. The larger and more aligned the chakras are to the midline, the more a person can support his own wellness. They have been compared to the seven colors of the rainbow, with red being the slowest color (first chakra) and violet being the fastest color (seventh chakra). The lower chakras tell us about our connection to Earth, family survival, and ego. The middle chakras tell us about our ability to love and express ourselves. The upper chakras tell us about how we see and our connection to higher thoughts called consciousness.

In this article, I will present how vision therapy can improve not only visual performance but also overall wellness. Below is a case of a child with Asperger’s syndrome diagnosed with convergence insufficiency and the effect of optometric vision therapy on his visual system biofield.

**Case History**

Raymond is a six-year-old boy diagnosed with Asperger’s syndrome. He was referred by an occupational therapist who thought he had convergence insufficiency. His medical history showed:

- Prenatal: stressful
- Birth: C-section
- Early Childhood: colic with ear infections
- Medications: none
- Developmental History: never crawled

In other parts of his history he:

- Appears lost in his own world
- Lacks eye contact
- Hypersensitive to touch and noise
- Shows anger and aggressiveness
- Exhibits stimming behavior
- Does not finish tasks
- Odd speech pattern
- Disorganized, messy room

Table 1 lists the optometric testing performed at the initial visit. Figures 1 and 2 show the results of the EPI testing. The initial energy patterns reflect that the patient was functioning in a depleted state. The holes in the biofield showed that the patient was locked into the “freeze” state response. When spaces are present in this part of the biofield, the energy is not flowing equally throughout the body. Influences may enter these holes that are negatively impacting the patient through his behavior and his emotions.

**Diagnoses:**

1. Convergence Insufficiency
2. Developmental Delays
3. Suppression
4. Oculomotor Dysfunction

**Doctor’s Goals:**

1. Improve Visual Motor Skills
2. Improve Binocular Status and Reduce Suppression
3. Increase Visual Fields
4. Improve Visual Information Processing

**Patient’s Goals:**

1. Improve Binocular Vision
2. Improve Academic Performance
3. Reduce Erratic Behaviors

**Specific Six-Month Treatment Protocol**

The vision therapy program consisted of one-hour, in-office, bimonthly sessions in addition to one hour of daily home vision therapy activities. Movement therapy started with integration of the primitive survival reflexes. The prenatal and postnatal adaptive patterns affect the integration of these reflex movements and ultimately, our vision development. These reflexes help the newborn adjust from the mother’s womb to the new world. The primitive reflexes help provide the newborn with learning experiences which act as a foundation for more complex muscle movements and later cognitive tasks. The reflexes are integrated in a sequential fashion from 3-11 months. Lack of integration of these reflexes beyond 6-12 months postnatally can interfere with cortical and cerebellar processing and affect learning, movement, and attention. The visual motor system is intimately involved in the transition from primitive reflexes to cortical cerebellar control of movement patterns. There are five major reflexes we worked to integrate: Moro, Tonic Labyrinthine, Spinal Galant, Asymmetrical Tonic Neck, Symmetrical Tonic Neck.

Next, as part of the continuation of a general movement program, a series of activities aimed at improving balance-orientation, vestibular-visual integration, and reciprocal interweaving of right and left, upper body and lower body movements was recommended. Examples include hopping, skipping, or jumping rope, as well as other visually guided movement patterns like bike riding or rollerblading.

While working on general motor skills, a visual-movement development program included visual tracking, visual localization and fixation, visual coordination skills, visual cognitive problem-solving skills, and visualization skills. I recommended a one-month program of Syntonics (Light) Therapy to help open constricted visual fields, improve depth perception, and help balance the autonomic nervous system. I performed four sessions of Craniosacral Therapy.
which helped remove impediments to the flow of the fluid system of the body. Improving the flow and resonance of the fluid system, improves parasympathetic function, which helps reduce the depleted state.14-17

The patient’s biochemistry is measured through a tissue mineral analysis. This biomedical tool measures mineral ratios, metabolism, and toxicities in the body. I use this test routinely on children because, even though they receive the most sophisticated therapy or tutoring, if the biochemistry is not balanced children will have a more difficult time integrating any of the therapies. Children diagnosed with a developmental delay need more energy and vitality to make the changes we are asking them to make. I have developed nutritional protocols based on years of research using biochemistry testing.18-20

A reevaluation of the optometric data and biofield testing following six months of treatment is shown in Table 1 and Figures 3 and 4. Biofield testing shows a significant improvement. In Figure 3, the biofields have become filled in and are much smoother. In Figure 4, the patient’s chakras are lined up along the midline, which suggests a new coherence in his energy. Improvement in the doctor’s and patient’s pre-therapy goals have been addressed as can be seen by the results of optometric testing. The patient’s behavior is much calmer, and he is beginning to do well on a daily basis. On 2 December 2009, a post-therapy conference with the parents, his teacher, and occupational therapist was conducted. At this meeting, the eighteen session in-office program was reviewed. After discussing the results and hearing the great improvements the patient was making at home and at school, he was discharged from vision therapy. A six-month reevaluation appointment to assess the long term changes was scheduled.

Discussion
When patients are treated using an allopathic eye care treatment, practitioners say, “Let’s fix the defective eyeball by prescribing a lens to correct the blur.” Eye care practitioners should explore the programming behind the eyes and become aware of the patterning in the brain, body, and energy fields that caused the “defective eyeball” in the first place. This approach is the essence of holistic vision therapy. In this case, the impact of optometric vision therapy is seen not only in the visual system but in the patient’s systemic health and the bio-photon emissions using EPI.

### Table 1. Examination data for pre- and post-therapy testing

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visual Acuity unaided</strong></td>
<td>20’ OD 20/40</td>
<td>20’ OD 20/20</td>
</tr>
<tr>
<td></td>
<td>OS 20/40</td>
<td>OS 20/20</td>
</tr>
<tr>
<td></td>
<td>OU 20/30</td>
<td>OU 20/20</td>
</tr>
<tr>
<td></td>
<td>14” OD 20/30</td>
<td>14” OD 20/20</td>
</tr>
<tr>
<td></td>
<td>OS 20/30</td>
<td>OS 20/20</td>
</tr>
<tr>
<td></td>
<td>OU 20/30</td>
<td>OU 20/20</td>
</tr>
<tr>
<td><strong>Ocular Motilities</strong></td>
<td>Pursuits Grade 1 Jerky erratic with both eyes</td>
<td>Pursuits Grade 3 smooth</td>
</tr>
<tr>
<td></td>
<td>Saccades Grade 1 head movement</td>
<td>Saccades Grade 3 no head movement</td>
</tr>
<tr>
<td><strong>Pupils</strong></td>
<td>Alpha Omega Grade 3 OU, Release time 1-2 seconds; Fluctuation: Marked, Amplitude: Moderate</td>
<td>Alpha Omega Grade 1 OU, Release time 8-10 seconds; Very Little Fluctuation: Small, Amplitude: Very little</td>
</tr>
<tr>
<td><strong>Primitive Reflexes</strong></td>
<td>All unintegrated</td>
<td>All integrated</td>
</tr>
<tr>
<td><strong>VOR</strong></td>
<td>hyporespense</td>
<td>normal</td>
</tr>
<tr>
<td><strong>Mind-Body</strong></td>
<td>6 years below age level</td>
<td>2 years below age level</td>
</tr>
<tr>
<td><strong>Monroe Visual 3</strong></td>
<td>4 of16 correct</td>
<td>10 of16 correct</td>
</tr>
<tr>
<td><strong>Biomedical Analysis</strong></td>
<td>High Cadmium and Mercury levels, poor metabolism, poor dietary absorption, adrenal burnout</td>
<td>Reduced Cadmium and Mercury levels, improved metabolism, increased dietary absorption, with adrenal balance</td>
</tr>
<tr>
<td><strong>Brock Posture Board</strong></td>
<td>OS 2” out exophoria Suppression 80% of the time</td>
<td>OS 1/2” out exophoria Suppression 20% of the time</td>
</tr>
<tr>
<td>#4</td>
<td>OD +0.25= -0.25x55</td>
<td>OD +0.25sph</td>
</tr>
<tr>
<td></td>
<td>OS +0.25= -0.25x65</td>
<td>OS +0.25sph</td>
</tr>
<tr>
<td>#7</td>
<td>OD +0.25= -0.25x55; VA 20/25</td>
<td>OD plano; VA 20/20</td>
</tr>
<tr>
<td></td>
<td>OS +0.25sph; VA 20/25</td>
<td>OS plano; VA 20/20</td>
</tr>
<tr>
<td><strong>Distance Phoria</strong></td>
<td>5 exo</td>
<td>4 exo</td>
</tr>
<tr>
<td><strong>Distance Vergences</strong></td>
<td>BO x</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>BI x</td>
<td>2</td>
</tr>
<tr>
<td><strong>Near Phoria</strong></td>
<td>14 exo</td>
<td>10 exo</td>
</tr>
<tr>
<td><strong>Near Vergences</strong></td>
<td>BO x</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>BI x</td>
<td>4</td>
</tr>
<tr>
<td><strong>14B</strong></td>
<td>OD +1.50 over #7 @ 16”</td>
<td>OD +1.75 over #7 @ 16”</td>
</tr>
<tr>
<td></td>
<td>OS +1.25 over #7 @ 16”</td>
<td>OS +1.75 over #7 @ 16”</td>
</tr>
<tr>
<td><strong>PRA/NRA</strong></td>
<td>-1.25/+1.75</td>
<td>-1.50/+2.00</td>
</tr>
</tbody>
</table>
Figure 1. 18 June 2009 (Pre-testing)
a) Biofield b) Left side Biofield

Figure 2. Chakra Measurement: 18 June 2009 (Pre-testing)

Figure 3. 2 December 2009 (Post-testing)
a) Biofield b) Left side Biofield

Figure 4. Chakra Measurement: 2 December 2009 (Post-testing)
Vision as It Relates to Development

Vision is a developmental process. Gestation, birth and bonding are three very important experiences that influence our social and emotional responses. Dr. Stephen Porges discusses this evolutionary system called The Polyvagal Theory. The theory has two parts: the first is the connection with the nerves of the face and how they regulate the heart and the lungs. The second describes the sequence of our responses to life.

The earliest response evolves from a primitive, unmyelinated vagus nerve related to conservation of metabolic resources. This is the reptilian response wherein we freeze. The next response in our development involves the sympathetic-adrenal system also involved in survival strategies. The third response is related to a myelinated vagus that helps balance and calm bodily states. Dr. Porges refers to this calming state to experience more relaxing social engagement behaviors. When the third response system does not work, we use the sympathetic-adrenal system to mobilize for fight and flight behaviors. When that does not work, we use a very old vagal system, the freeze or shutdown system.

In Figure 1, the patient’s biofield is very jagged and has many spaces in the field. These pictures are a result of birth trauma imprints as well as biochemical toxicities. His biofield is in a depleted state, and biofield and chakras are locked into the “freeze” state response. In Figure 2, the chakra pattern shows that lower chakras are organized to the right of his midline. This configuration of the lower chakras represent that his early movement patterns, including his primitive reflexes, have not been integrated.

In essence, many of our responses to life reside in our pre-verbal state, which is why the inclusion of primitive reflex integration movements that help release reptilian brain patterns is crucial. When our reptilian brain is dominant, we may respond to life in a hyper-vigilant state, and we apply this state to our eyes, brain, and body. For children with developmental delays like the one discussed, practitioners should look at the fluid system which first develops, then the nervous system. Moving from the freeze and flight/fight responses that are prevalent, into the “calm response,” holds the key for stimulating development and learning. Craniosacral therapy, primitive reflex movements, syntones, and lenses/prisms help release the imprints that reside in the fluid system.

Conclusion

Although this is only one case, the data shows that holistic vision therapy can have a very positive impact on our biofields as well as our vision, performance, and health. The results show that after vision therapy the patient was performing closer to his potential. His biofield measurements validated these improvements. We are talking about energy – a part of the new paradigm that should be acknowledged in behavioral optometry.

References


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