

## Typical questions regarding ~ MC -- MF ~

### TABLE OF CONTENTS:

- 1) MORE THAN ONE MC?
- 2) WRONG MC?
- 3) WHEN DO I RUN PRESET PROGRAMS?
- 4) KIDNEY AND DIALYSIS
- 5) CANCER
- 6) KIDNEY , DIALYSIS, and ONDAMED
- 7) CASE QUESTIONS

Dear Dr. Kessler,

Thank you so much for your wonderful Advanced Training last weekend. I'm so glad that I was able to take it. I was sorry that my ride was leaving before we finished the questions and answers, as I wanted to stay for all of that. I have a question.

V:

#### 1) MORE THAN ONE MC?

Q.: I work with very complex, intense cases that have much more than one main complaint or area of the body affected. How do I use the MC/MF technique in these cases? Do we chose the worst symptom, work on that for 5 or more sessions, and then move on to next worst symptom?

A.: Dear V.

I think most patients who are willing to pay additional monies despite their insurance have multiple health complaints. However, the Main Complaint is the Main Complaint. One has to thoroughly evaluate the Main Complaint. That one and only that one will be focused by the Main Focus. All the other complaints will be normalized through the Main Focus. It may change later. However, you do a series of five treatments with your first diagnosed Main Focus before you move on for new diagnostics.

Q.: Here are some examples:

Patient who had a malignant brain tumor that was removed, he had neurological damage on the left side from the tumor and surgery. Then, he was hit by a car on that side, and has further neurological damage to his left arm and hand and left leg. He has no sensation in his left hand, can't pick up things, had not much movement in that arm when I began working with him. He can't walk properly with his left leg, the leg is turned out and his ankle is collapsed.

A.: This patient may now complain about a headache on his left side. If the patient tells you, this is momentarily may Main Complaint, you would go for it. Please check the other examples according to the Main Complaint idea.

Chronic Lyme Disease with multi-systemic problems: extreme insomnia, extreme fatigue in day, being wired and unable to sleep at night, frequent migraines, back, neck, shoulder, knee pain, depression, anxiety, thyroid and adrenals low, Diabetes Insipidus (lack of vasopressin from pituitary).

Chronic Lyme Disease with multi-systemic problems: extreme insomnia, gut pain, mood swings, knee infected and swollen at times, back pain, etc.

Reflex Sympathetic Dystrophy---neurological damage mediated by Sympathetic Nervous System overreacting---extreme whole body pain, can't stand touch, extreme edema in legs and feet, skin dark and cracked in legs and feet, in a wheel chair, can't stand up. In Intensive Care frequently.

Thank you very much for your help.

**J. B.**

## **2)WRONG MC ?**

Q.: If the client tells you the wrong MC.. How would I know that the real problem may be some other thing.. Like..

1) Client A

has many scars.. also has a belly tumor.. But asked me to concentrate on the plantar fascia PAIN on walking... By taking the MC on the foot would it be possible for me not to have identified the real MC? And therefore would I have found the wrong MF?

2) Client B

has sinus as his Main Complaint (for years) His strongest pulse was found by his thigh/knee .. Could it have been that the strongest pulse was the main concern.. It is the area where he now has on itch and rash... or could the MF have been a scar from (surgery) in the groin, even though he would not have seen it that way - as maybe - the real cause of his chronic treatment resistant infection?

J. B.

A.: Dear J.

the patient must decide clearly, which is his or her Main Complaint. In 80% the patient will tell you his MC.

You strictly go according to his statement.

If the patient does not give you any MC , then you treat with a few strokes the spot from the top and check whether it will normalize deeper foci. You will then find the Main

Focus which will normalize all other spots. The Main Focus may be on a lower level. But usually the patient comes to you with a clear statement of where his Main Complaint is located.

Wolf-Dieter

### **3 ) Q: WHEN DO YOU RUN PRE SET PROGRAMS?**

A: Dear J.B.

usually we treat the diagnosed patient 5 times with the right and left specific frequencies focusing on the Main Focus. Each time we also add the specific microorganism related frequencies focusing on the Main Focus. You could add a program any time. However, we usually let the pre sets follow after the first 5 sessions.

That means, we would re-diagnose and then put the matrix electrode with the pre set program on the new Main Focus.

Another scenario could be: The patient has osteoporosis. So you would beginn with program 58 for 10 sessions.

After you have become an expert in treating the MC MF method, you could then decide individually, whether you will use pre sets instead of module 1.

Another scenario could be: If the programs show a lot of psychic problems, you would start with the pre sets.

If 47 shows, you would always start with 47

Wolf-Dieter

### **4 ) KIDNEY AND DIALYSIS**

Hi Dr. Kessler,

Q.: Have you ever had anybody who you helped get off of dialysis using the Ondamed?

Joy to your heart and health to your body,

Stephen Heuer, Nutripath, Cocoon Nutrition

[www.cocoonnutrition.org](http://www.cocoonnutrition.org)

9am-5pm EST, M-F

864-895-6250

A.: Dear Stephen,

we have improved and stabilized patients who are on dialysis. We treat the basic disease which brought the patient to dialysis. It makes a huge difference when you treat the underlying cause of the disease. If the patient will get another kidney later, the life

expectancy of that kidney will dramatically expand. We have several cases like that. To get the patient off dialysis is not the primary aspect of treatment because then you/ the patient would not understand the complexity of the problem. Life quality could be improved considerably with the Ondamed going through the MC MF method.

Sincerely  
Dr.Kessler

## 5.)CANCER

Q.:I have two clients with cancer. One with prostate the other with lymph node cancer. The one with prostate cancer has pain in his sciatica and leg but none in his prostate. The one with lymph node has no pain in his lymph node but has some pain in low back. What is the main complaint in these cases the pain or the cancers?

Joy to your heart and health to your body,

Stephen Heuer, Nutripath, Cocoon Nutrition  
[www.cocoonnutrition.org](http://www.cocoonnutrition.org)  
9am-5pm EST, M-F  
864-895-6250

A.:Dear Sephen,  
the cancer is the symptom! The Complaint is where the patients have their real Complaint (Main Complaint). I think that the Main Complaint will be, where the patient is suffering the most pain.  
With warmest regards  
Wolf-Dieter

## 6) Q.: WHAT COULD THE ONDAMED DO FOR A PERSON ON DIALYSIS?

thank you  
louis

A.: Dear Louis,  
dialysis does not treat the underlying cause of the kidney failure. You must understand, that your whole body has contracted a disease which has then caused kidney failure. If you treat your body with the ONDAMED on a daily basis, you could support and improve all organ functions considerably. If you would consider a kidney transplant at a later time, the ONDAMED treatment would have been vital for the survival of the transplanted kidney since you have constantly treated the basic disease, which caused the problem to begin with. We had several cases like that in the past.

Sincerely  
Dr.Kessler

## 7) CASE QUESTIONS

Q.: Good morning Dr. Kessler..

I have a specific interest in two people who are long term addicts.. one to medicines for facial pain the other is just angry .. what if any results would you expect if I treated them each for 2 weeks - lets say- every day? (They don't live near here so I have limited access.)

MC-MF:

WOULD I treat them with MC-MF only - to start with always??? - with the thought that ALL their MANY emotional and physical problems would get found that way??

How long would I need to treat them with MC-MF?

How often would they need follow up with MC-MF treatments?

A.: Facial pain will be the Main Complaint (MC)

I would treat the person 5 times with the same MC MF result plus the Microorganism related frequencies.

After that I would re test MF and would use programs for the Main Focus plus Microorganisms

The angry patient may have a liver problem. I would test the frequencies plus microorganisms and programs to get an idea about what is going on

Q.: ADDICTION:

Would I PRESUME to know enough about their behavior that I would also treat them with the "addiction" and "stop smoking" programs?

How long would they need treatment for the addictions - to drinking, smoking or drugs?

A.: I would use the Anti Smoking one time and then the Detoxification Program: 47 4 minutes, 48 12 minutes, 16 4 minutes, 35 10 minutes, 39 10 minutes (total 40 minutes) .

It will be interesting to find out psychy related programs. One could also do Brain Harmony for 5 days.

Q.: BANDS:

What about the bands? Would I be better of using some of these? when and why? is there on order to them or just start someplace?

A.: We go strictly for the pulse. If they show, we use them

Q.: PAIN:

How long should it take for hamstring pain - or any pain - to go away?

And if the person resumes jogging would you EXPECT the pain to return?

A.: Use the MC MF Method and monitor the patient. If that does not work, you need to do a series of brain programs (Brain Harmony)

Q.: JUST WANT TO KNOW:

In your clinic you do many other things - should Ondamed users feel they loose out by not having all your tools? Why?

what do your clinic patients do after the 2 weeks after they leave your clinic?

And where are the limitations to Ondamed treatments alone?

A.: ONDAMED is a basic tool which gives you the structure of the disease. You will learn and understand the condition of the patient. Despite that it is a powerful tool. Since healing is an art and does not depend upon one system only, you will have to wait for my other book on Healing Medicine to go deeper into the modalities.

Q.: WHAT WOULD your TREATMENT PLAN BE?

When are additional test a necessity?

Like with cancer?

Like with diabetes?

Has anyone treated a cold? and what happened?

Are any treatments ever enough for only 2 weeks?

If you have limited time> would you treat more than once a day with different programs?

A.: Of course one would add all possible tests in vital diseases and would compare the results to avoid any diagnostic window. We have modalities for each situation.

However, as I said, this cannot be described with a few words .

It takes a book to grow into the empirical thought.

When you treat a patient you want to see, whether the patient will respond to therapy. Everything else is very individual. Of course we have cases with back pain who needed only one treatment.

In certain situations we would treat twice a day with different tested frequencies

Sincerely

Dr.Kessler

Thanks

JoLili