

# THOMAS RAU, MD: BIOLOGICAL MEDICINE AND THE DYNAMICS OF REGULATION

Interview by Bonnie Horrigan • Photography by Craig Paul

**T**homas Rau, MD, received his medical training at the Medical School at Berne University, Switzerland. After graduating in 1977, he took the US Final Medical Examination for foreigners in Philadelphia, Pa. Rau then completed postgraduate clinical education in general medicine, rheumatology, and internal medicine at different hospitals in Switzerland, France, Spain, and the United States. From 1981 to 1992, he conducted a general and rheumatological practice and began formal education in homeopathy, isopathy, complex homeopathy, darkfield microscopy, thermography, neural therapy, and Chinese medicine. It was during these years that Dr Rau began to develop his signature concept, biological medicine.

In 1992, Rau began serving as chief medical director and part owner of the Paracelsus Klinik in Lustmühle, Switzerland, the first center in Europe for integrative European biological medicine and holistic dentistry. Under Rau's direction, the center specializes in chronic and internal diseases, colitis, lupus, rheumatoid arthritis, allergies, and neurological diseases, such as multiple sclerosis, neuralgias, and tumors.

Dr Rau has published many articles on biological medicine, darkfield microscopy, isopathy, homeopathy, and holistic dentistry. He is a cofounder and board member of Biological Medicine Network US, an organization that promotes the knowledge of biological medicine, and has conducted educational seminars for physicians and nurses in Germany, Austria, Switzerland, Spain, and the United States since 1993.

Alternative Therapies interviewed Dr Rau at Fox Hollow, an affiliate Paracelsus clinic, in Louisville, Ky.

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**Alternative Therapies:** Let's start with the fundamentals of biological medicine. What they are?

**Thomas Rau:** The expression "biological medicine" is used very differently in the United States than in Switzerland. For me, biological medicine is the integration of different traditional healing

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**Shown here outside the Fox Hollow Paracelsus clinic, Thomas Rau, MD, believes that medicine should address root causes rather than symptoms, and that healing can occur by addressing the dynamic process of cell renewal.**

methods, such as Chinese medicine, homeopathy, Ayurveda, and the ancient European traditions, like druidic medicine. We integrate these different methods into a way of treating patients individually. Biological medicine is individual and solely alternative. But alternative is the wrong expression; it's a natural way of healing patients.

**AT:** You started out as a conventional doctor. What inspired you to investigate alternatives?

**Rau:** I was a rheumatologist—you would call it internist—and I ran a rehabilitation clinic. And I came to this different approach because my patients seemed to get sicker and sicker over the years, especially the rheumatoid patients. Many diseases don't respond to conventional treatment. And our patients proved that the orthodox model didn't work because they got worse.

Now, all my colleagues and I are open individuals—open to new and other thinking. So after a while we had to ask ourselves: Is it just the fate of nature that people with these diseases don't get well or do we think wrongly?

Some patients came to me and said, "Listen, Dr Rau, I was in your treatment for my arthritis for 5 years and I just got worse. Now I have tried homeopathy or I began a diet or this and that, and I am better." Of course, at first I got angry because all doctors get angry when they are shown that they are not right. But after several patients said things like this to me, I began to ask myself: Shouldn't I integrate all these other methods?

I realized that orthodox medicine has a wrong thinking behind it. It doesn't work on the real dynamics of life. You see, everything rebuilds in the human organism. For this patient who comes now, in 7 years, not a single cell will be the same cell as it was before. For example, blood, which is the energy stream in the organism, renews within 1 month. The white blood cells, which regulate the immune system, renew within 4 weeks; lymphocytes, 3 weeks; granulocytes, 2 months. So it's all renewing.

But what creates the character of these cells that renew all the time? What we give as nutrition, what we give as minerals and proteins and amino acids and so on, determine how a cell rebuilds

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itself. So in biological medicine we work on the dynamics that change the organs.

**AT:** It seems like a slow process. Conventional medicine always wants more immediate results.

**Rau:** Yes, I know very well about conventional medicine because as a rheumatologist you do fast methods. You give anti-inflammatories, you give anti-immune drugs, you give anti, anti, anti. And it's only treating the symptoms and never treating the cause. So we began to look for causes and ways to remove those causes. The new cells rebuild differently when the cause that made them bad is not present.

So I run my patients on different tracks. I may have to remove a tumor, or whatever, but we also work on the story of this patient. Why did the cells or the tissue go wrong in the first place?

**AT:** Can you give me an example of an actual patient?

**Rau:** Yes, we see multiple sclerosis (MS) patients who have myelin-sheath decay and who no longer have nerve functions. In orthodox medicine, this is called a nonhealable disease. But nobody thinks about why the myelin sheaths decay. They just say we can't repair the myelin sheath. But that's not true. So we try to find the cause. The patient has different causes, not one single cause, but together the causes can destroy the neural sheaths or diminish the rebuilding of myelin sheaths.

I am open to new ideas, one of which is that MS is caused by neurotoxicity. Neurotoxic refers to the influences that can bother the nerve cells of the myelin sheaths. When we look at this, we begin to see more and more possible causes that could affect the nerve system. For example, and we see this again and again, root canals are very toxic. The material goes into the mesangium, into the lymphatic system, and from there it goes into the blood and then to the neural sheaths. Boyd E. Haley, PhD, professor of medical chemistry and biochemistry at the Markey Cancer Center, University of Kentucky in Lexington, has proven that you find the same toxins in a root canal that you find in the myelin sheaths that decay. Exactly the same toxins are there. So the dynamism of an organism that changes all the time is that these substances get into the whole body and they fix on the weak organs. That's one cause.

The other possible cause is hepatitis B vaccination. In Paris, 450,000 children were vaccinated against hepatitis B. Five hundred and eighty got MS within 2 years. When I got this information, I asked myself: Shouldn't I look for this in all my MS patients? I have over 100 patients; shouldn't I look for antibodies to hepatitis B? And, in fact, I found them. So now, when an MS patient comes to the clinic, we look for hepatitis B, underground antibodies, root canals, and for mercury or palladium. We look for a deficiency in unsaturated fatty acids because rebuilding a good myelin sheath needs a lot of unsaturated fatty acids. If the renewal process is not working correctly, then the myelin sheaths will be of a lower quality.

So it's a multilevel approach, but it's also logical. That's why biological medicine is called biological, because it's about *bios* and it's logical.

**AT:** But if someone has had the hepatitis B vaccine, how do you fix that? You can't undo it.

**Rau:** That's a very good question. And this goes deeper. We have frequently found chronic viruses in degenerative nerve diseases such as Parkinson's or fibromyalgia, which is a negative nerve system disease, as is MS, and amyotrophic lateral sclerosis (ALS), and all these horrible diseases that lead to a decay of nerve cells. We found that viruses sometimes create diseases that don't come to the surface. They make an underground load. It's an underground disease that destroys slowly without being noticed. And for these patients, we activate their immune system specifically against this type of virus.

So we make the organism work against the virus. This is done with a nosode, which is a homeopathic remedy made from idle viral cultures of patients who were infected by this virus. We take the blood or the serum or the lymph of the patient and make the nosode. You destroy the virus or the bacterium or whatever you want to use for the nosode. There are no living viruses or bacteria in the homeopathic solution, but the information is still there. Then you give this information to the patient and it begins to cause a reaction so that the unnoticed underground virus now gets noticed. It's like a key and lock—it gives the key to the lock and now it's noticed.

**AT:** How does the information get transferred?

**Rau:** The answer to this would be enough for 2 books. This is a deep and difficult question. What is information? There are different approaches. You know, I am not a scientific person, I am only a very open person and I can't explain everything. But you have to see that homeopathy works purely on information and not on material.

It's arrogant to say that homeopathy doesn't work because it works extremely well, and it's been proven over 200 years that it works. But we still can't explain why. There are some tendencies that can be explained and some hypotheses on which to base new scientific research. One is that energy makes a change in the organism and is above the material part of the cell.

A good example of what energy can change is a seed. When you look inside a seed you will find amino acids, carbohydrates in the wall, and some fatty acids, and cells, and so on. This material is in the seed and the seed produces a wonderful tree; for example, a nut tree. If you heat the seed up, if you cook it, and then look at what material is inside, it is still cells, amino acids, proteins, fats, and carbohydrates. It's the same composition. But while the seed looks the same, it will no longer produce a tree. So what is the difference? What is the energy, the up-building force within the material, that is changed by the heat? So you see, there is some dimension that is above the material that is in a cell or an organism or a human being. And that is the energy.

**AT:** That's a beautiful analogy.

**Rau:** Researchers ask: What makes the homeopathy in the homeopathic solution? And now they have found that even though you have a homeopathic dilution above a potency of 23—if you have a DX30, for example—there are no molecules left of the original substance. So what can make this substance that is not present still have an effect? The answer they found is that the homeopathic remedy changes the water that it is in. So the water molecule changes.

**AT:** It's reconfiguring the water molecule?

**Rau:** Yes. Water is the main part of a human being. Sixty percent of what you see here is water, and water works through every cell and through everything in your body. So the water molecule is changed by the homeopathic solutions. The 17-degree angle of the H<sub>2</sub>O molecule is changed.

A water molecule is not a single molecule. They are in clusters; 10 to 20 molecules are together. And the homeopathic solution changes the number in the cluster of molecules.

Professor Fritz-Albert Popp, PhD, biophysicist at the Technology Center in Kaiserslautern, Germany, works on test methods to measure how the spectral analysis changes. When you look at water and make a spectral analysis, homeopathic remedies change the water. It makes another spectral field, and it makes another photon emission.

If you feel sympathetic or antipathetic to me or to somebody else, that's something you can't see or describe, but you still feel it. This energy field is caused by photon emissions. As yet, we don't have test methods to prove this photon emission exists. At some point we will develop such tests. Professor Popp was able to prove that photon emissions change when you give homeopathic remedies or biological remedies. So slowly, slowly, there is proof that all this natural medicine can work.

**AT:** Maybe this is another one of those questions that would take 2 books to answer, but when you're taking some kind of fluid from someone who has a disease and you're reducing it to a homeopathic remedy and then giving it to a person with MS, what is the information that's being passed? What is it saying to the person's cells that makes the cells change?

**Rau:** I can't answer that. I can only say it works. It's amazing how intensive the effect of these nosode treatments can be. First, we

build up a person's milieu so that the organism can react better. We make the patients stronger with antioxidants, vitamins, alkaline treatments, and infusions. We make them more reactable, because most patients are severely blocked. And then, if we give them a nosode or very specific stimuli, they really notice how intensively it works. Sometimes, in very happy cases, the virus or the toxins get removed. Some little organism in the body noticed that there is a chronic soup—a slow virus, so to say. As the organism works against this chronic underground agent, shingles or the flu breaks out, or a fever reaction turns on.

**AT:** It almost sounds like you are making the organism conscious.

**Rau:** Yes. As an orthodox-trained doctor, I asked myself: For which diseases are we noneffective? And as a rheumatologist or an internist, it is colitis, asthma, MS, and cancer. Today, I know that our orthodox-treatment thinking is wrong. It doesn't follow the dynamic pathways of the human being. But since I began properly following the different dynamic pathways in treatment, we are effective with these diseases. For example, with ulcerative colitis patients, they not only get better, 80% get completely well.

Chronic fatigue patients get well within 6 months to 1 year. We even have had some very bad chronic fatigue patients who were invalids and they got better. And the chronic chemical-sensitivity patients, who really can't live anywhere because they are so sensitive to everything, become stabilized within months.

**AT:** Tell me about chemical sensitivity. What do you do when a person comes to you who is chemically sensitive?

**Rau:** That disease is actually more rare in Europe, by the way. Many of our chronic chemical-sensitivity patients come from the United States.

But let's speak about chronic chemical sensitivity. Some patients are sensitive to everything and they are really disturbed fundamentally, so much so that they can't go outside. But we have to ask ourselves: Why do some patients react so badly while others who are exposed to the same chemical don't react at all? On the one side, there must be the bad chemicals that they are sensitive to, but on the other side, there must be some individual weakness that makes these patients susceptible.

So we have to work on 2 levels again. We have to work on the detoxification levels and bring out the toxins, the heavy

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metals. Those are simple to detoxify. But the organic toxins—the ones that bind to the organic substances in the organism, such as preservatives, fertilizers, and insecticides—they are very difficult to eliminate.

**AT:** Is it a different process?

**Rau:** It's a different process. Somehow these patients have metabolic pathways of detoxification that are blocked. So we work on detoxification and on the changed metabolic pathways, trying to rebuild the patients' detoxifying pathways. This is one track.

The other track is that we try to remove all the things that lower the ability to react and reduce the healing tendency in this patient. We try to change the individual situation of the patient that is making him get sick while others do not get sick from the same toxins. And that's very often due to totally different things, such as energetic imbalances or chronic viruses, which affect the reaction capacity of the patient, or trace-element deficiencies, mineral deficiencies, and so on.

Then there's another item, the meridian imbalance, which is whatever energy is not in balance in the patient. So we work on the individual energetic situation and on the detoxification pathways. And it's amazing. These patients get well or at least much better within 6 to 12 months.

So I take this individual and say to myself: Every cell will be renewed in 7 years. The important parts—liver cells, white blood cells, red blood cells, thymus, thyroid—all these organs that meddle with the chemical sensitivity patients or chronic fatigue patients, rebuild within 2 years normally. If there were no more rebuilding force in this patient, he would die now. So the fact that the patient is alive proves that there is still a rebuilding capacity. Every dynamic in the human being is based on rebuilding and renewing. But these patients renew more slowly or in a wrong way.

So we have to create better conditions for these cells, and we do this by giving trace elements, vitamins, and rebuilding forces. In the anthroposophical way of thinking, we try to give them whatever it is that makes the up-building forces. We try to give that back. And that force is based on internal bacteria, which are the rebuilding elements in the organism. You understand, the bacteria in the small intestine rebuild in 2 days, so they have a giant rebuilding force.

Very often we see that the rebuilding forces in the intestines and in the bacterial layers are diminished because of preservatives, because of antibiotics, because of antiviral substances, and so on. So this rebuilding strength and force has to be given to patients again.

**AT:** Let's go back to getting rid of toxins. You said that the body eliminates heavy-metal toxins easily, but that the organic ones bind and are harder to get rid of.

**Rau:** Heavy metals don't leave the organism unless you do a drainage treatment. I would say that nearly all chronic fatigue patients or chronic chemical-sensitivity patients have heavy-metal toxicity. Palladium, mercury, zinc—these metals can be drained, and it's not difficult. There are chelation agents, there are vita-

mins, and there are amino acids that bind with the heavy metals and eliminate them through stools and urine if you do it correctly.

So that's not so difficult. It can be done with all patients, but sometimes it's very difficult to remove the organic toxins that bind deeply into the tissue.

**AT:** I'd like to go over the diagnostic technology used in biological medicine. What diagnostics do you use when patients come to your clinic?

**Rau:** We have to find out about the dynamics and regulation capacity and compensation capacity of an individual. Anatomic investigations like positron emission tomography (PET) scans and magnetic resonance imaging (MRI) don't work for functional diseases, for diseases that are based on a disturbance in the dynamic process of renewal. Orthodox medical diagnostic methods don't show this. It's like a fisherman who wants to catch sardines. He doesn't use a whale net. And that is what we do in medicine: we take the wrong nets to diagnose a disease. Since these diseases work on a totally different level, we have to have diagnostic methods that cover the other levels.

**AT:** What are some of those?

**Rau:** The main one that shows the dynamic processes is darkfield microscopy. We also have the dried-layer test that shows us about toxic products and the need for antioxidants. We have a special bioterrain assay that shows us the redux potentials, the membrane potentials, the vitality of fluids, and the amount of free electrons and protons. Then we have the thermal regulation test that shows us the disturbance foci and the disturbance fields in the organism and the connections between different organ systems.



For example, the meridian connections are very important in chronic diseases. In human beings, the thyroid and breast belong together, and the stomach and ovaries belong together, and these connections and their regulation capacity can be found in the thermal regulation test. So these are the main tests. And then we have a new test method for the autonomic nerve system.

Until now, orthodox medicine didn't get into these dimensions of autonomic regulations. Everything that regulates and that adapts itself internally couldn't be diagnosed until now. But now we have methods to diagnose the functions of the autonomic nerve system.

**AT:** How does that work?

**Rau:** The heart-rate-variability test is based on the rhythmic functions in an organism. While a patient is standing, we lower the temperature and give him small stimuli. Then we look at how the rhythmic regulation changes, at how well the organism can react to small stimuli. That is what we want to find out.

We are successful with prostate cancer and with the early stages of breast cancer, much more so than orthodox medicine. But we are not successful with pancreatic cancer, and we are only slightly successful with kidney cancer. Therefore, the only patients we try to attract to our clinic are those for which we are sure we can do better than orthodox medicine. That's chronic fatigue, chemical sensitivity, breast cancer, prostate cancer, colitis, Crohn's disease, asthma, and allergies. These are functional diseases that deal with a disturbed reaction ability.

**AT:** Here in the United States, if you have Crohn's disease, they remove your intestines.

**Rau:** That's the mechanical thinking of medicine. Of course, if you take the intestines out, then you don't have the disease.

**AT:** Tell me about darkfield microscopy—what does it do?

**Rau:** Darkfield microscopy shows a lot. We take 1 drop of blood and look at it under a very large-scale magnification. The blood is life under the glass. Once it's on the glass, there isn't oxygen or light or heat. This is a giant stress for the blood. So we see how, over a time, the blood reacts to this stress, and how the blood cells tolerate the stress. You can see the changes. So we take a drop of blood that represents the organism and put it under stress and look at how the cells react to the stress, and then we can see the tolerance and the resistiveness of these cells. Do they have a good cell-membrane face? Do they have good energetic behavior? Do they clot together? Is there a chance for degenerative diseases? Is there a cancerous tendency in this blood? We see tendencies. And that's what we are interested in, tendencies.

**AT:** If you saw a cancerous tendency, what would that look like?

**Rau:** Cancerous tendency is a change in the cells. They get rigid, so to say. They don't react very well.

**AT:** And how long does blood live outside the body?

**Rau:** It can live for several days. But after 1 hour, the blood is already seriously changed. For example, a leukemia patient came to my clinic for another disease. But when we did darkfield, I found the leukemia. We saw that his white blood cells were atypical. Look at this slide—the fact that there are so many white blood cells



together is absolutely unusual, and the fact that there are atypical white blood cells. This shows me that the patient has myeloid leukemia. The patient had been diagnosed as having rheumatoid lung pain, but it was absolutely not true. The real cause of his pain was an infiltration of the spinal bone by these lymphocytes.

**AT:** Yours is one of the few clinics that integrates dentistry with medicine. Would you talk about that?

**Rau:** Toxic dental materials are the main factors for decreased regulation. The materials that are used for dentistry for replacement and for root canals create a large amount of toxicity. The most common and best known is the mercury in amalgam fillings. This knowledge is now established in the medical world. It has been proven that mercury is very toxic. But there are other materials, such as tin and copper and palladium, that are used in many filling and crown materials. Even titanium, which is used for implants, is oxidating and can make a lymphocyte transformation and be the cause of autoimmune diseases. Another point is that when you root-canal a tooth, it dies off, but this dead organic material is still inside the canal of the roots and can decay. And this can be the culture for bacterial overgrowth. So in the apex and the bone around root-canaled teeth, you always find toxic material. And this material can create other diseases.

There is very interesting book by George Meinig called *Root Canal Cover-up*. He talks about all the research around this. So, from this viewpoint, I said to myself: I can't create a holistic or biological medicine and honestly detoxify the patient if I don't integrate biological dentistry.

It's amazing, but not a single MS patient—and I have more than 100 MS patients in my care—not a single one was ever tested for toxicity. Parkinson's patients and ALS patients and patients with neuralgias or polyneuropathy, all these patients were never tested for dental electricity, for dental focus-disturbance fields, or dental toxicity. And in many cases it was the major cause of their disease.

For instance, we have many neuralgia patients, and when we remove these disturbing factors—for example, a toxic root canal—the trigeminal neuralgia goes away. But we don't do miracles. We just do other approaches.

So in the Switzerland clinic, we have 5 dentists who work with our patients. They are not only taking out fillings and teeth.

They are testing if the teeth are disturbing the regulative capacity of the patient or if the teeth release toxins. And then if there are these toxins, they remove the filling or the tooth or whatever is needed.

The biological dentist is an important instrument. After the toxins are released from the person's body, I can better work to rebuild the dynamics of the metabolic pathways.

**AT:** When you talk about patient regulation, what do you mean?

**Rau:** I will give you an example. You have an inside temperature of 37°C. When you are in the desert and it is much hotter outside, then you have to cool down to maintain your inside temperature. When you are in the arctic and it's very cold outside, you

have to heat up to maintain this internal temperature. So what makes you recognize if you have to heat or cool to maintain the inner temperature? This only a very simple example, but it shows how you have to recognize the needs of your organism and be able to react. The relationship from outside to inside, we call this adaption, and the reaction, we call regulation.

Another example: Who tells you that you don't have enough water and that you need to retain fluids or that you have to produce urine? What tells the organism what to detoxify and how to detoxify to maintain the internal

milieu? That is what we call regulation—the capacity to adapt to the needs of your organism.

Now comes the important point: there are agents that lower this regulation capacity—for example, heavy metals, hyperacidity, or overproteinization, which block the lymphatic flow, and other toxins, such as preservatives from food. Of course, our psychological backgrounds, our life backgrounds, can lower the capacity for regulation. And also very important, electromagnetic disturbances or loads from portable phones or television can lower the capacity. All these things can be tested for, and we can then begin to take away all the factors that block the regulation.

So we look to see how much blocking the patient has and what is it that fills the barrel of disease so that one day the patient will no longer have any regulative capacity. Then, as much as possible, we begin to remove these regulation blockages.

We never treat diagnoses. We never treat against symptoms. We always treat to make the regulation capacity better.

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**AT:** It seems like what you're doing is simply getting everything out of the way so the body can heal itself.

**Rau:** Yes. It's a way of bringing back the organism to a state in which it compensates and regulates itself.

**AT:** Can you give me a case history of a cancer patient?

**Rau:** I have about 150 breast cancer patients in my permanent care. And if they come early enough after the diagnosis, we can nearly always stop the development of the cancer.

We look at why the cell degenerated, why the cell began to produce new cells in a wrong way. First, we remove the causes—free radicals, heavy metals, toxins, and so on. Cancer cells have a different metabolism from normal cells because cancer cells, as with all degenerative cells, have a low membrane potential. Their surface load is different, it's lower, and therefore the cell can't change or interact with its surroundings. That's why cancer gets a node and only reacts to itself and not to the needs of the organism. It loses contact with the surrounding region. But we can work on this changed metabolism by increasing the cancer cell's membrane potential. And we try to put the cells back to a normal stage of membrane potential. We do this by changing the redox potential through an electrode treatment called local hyperthermia that builds up the membrane potential of the cancer cells so that they interact with the surrounding region again.

We do local hyperthermia on cancer cells. These cancer cells are thermally labile, so they don't support heat as well as healthy cells. When we heat them locally, they fall apart. But the healthy cells around them don't fall apart.

We also use different methods—vitamins and antioxidants, for example—and we have special mistletoe preparations that work even better if combined with catalysts from citric acid.

Now, here is something very interesting. I made a study of breast cancer patients and I found that over 98% had a disturbance on the stomach meridian. (The breast belongs to the stomach meridian.) These patients have a typical psychological background pattern and they have disturbances of their stomach meridian. In about 150 cases of women with breast cancer, we only had 3 patients who did not have a root canal in a tooth that belongs to the stomach meridian. You see, each tooth belongs to a meridian, and over 97% had a root canal on the same meridian that belongs to the breast. It's very interesting.

Of course, when I brought this up in a medical congress, they simply said, "Well, in this day and age, all women have root canals." So we did a study of women in the same age range without breast cancer, without chronic diseases, and only 30% of that group had root canals. It's a significant difference.

I'm not saying that root canals cause breast cancer, but if you have breast cancer and you don't remove your root canals and the other toxic elements that bother the breast tissue, then you have a lower chance to heal.

**AT:** Are these meridians that you're talking about from Chinese medicine?

**Rau:** Yes. They are the acupuncture meridians from Chinese medicine, but I don't think you can heal breast cancer with acupuncture. It's only about the correlations of meridians. It's about the organs that belong together. The thyroid belongs to the breast and the upper molars belong to the breast, too. So do the ovaries. That's why so many breast cancers are hormonally related.

**AT:** So you're using Chinese philosophy to help you diagnose, but you're not treating with it. Do you do acupuncture at your clinic?

**Rau:** Yes, we do acupuncture, but it's only 1 minor instrument in the whole process. The mistake that is made in the biological field is that there are many practitioners who use 1 instrument. But you have to use several instruments, and you have to add them to one another very individually. There is no single method in biological medicine. There is no single remedy that works against this or that chronic disease. There is no cancer remedy. It's only an individual combination that works well against a disease.

So if you really want to do biological medicine, you have to get away from this materialistic thinking of organs and of single treatment.

**AT:** You said you had studied anthroposophy. Do you also work with patients spiritually?

**Rau:** I am a spiritual doctor and I have some healing capacities. I feel what is wrong with the patient. That's my gift. So yes, I work with them spiritually, but there are also 2 healers in our clinic who do the same thing. I can't explain with an intellectual explanation what we do on a spiritual level, but I can feel it. When I see a patient and I interact with him in the examination, I simply can feel what the patient has and on which meridians I need to work. That's my healing gift. But I can't put it into words.

A healer just knows what patients have wrong with them. Nobody understands why he knows things that you didn't tell him. Why does he know about your mother or what happened to you 5 years before? He just knows, and nobody can explain it. But getting things out of the unconscious into the consciousness is, in itself, a healing act.

But a healer alone can't make a chronic disease heal. This might have been possible 50 or 100 years ago, but today, the healing capacity, the reaction capacity, is so decreased by toxins and different regulation blockages that we have to combine the healer's healing forces with detoxification and up-building of the regulation. A healer can only heal a person who is still able to react. We can't heal a stone.

*For information on treatment with or training in biological medicine, contact Dr Rau at The Marion Foundation, phone, (508) 748-0816; fax, (508) 748-1976; Web site, <http://www.marionfoundation.org>. Dr Rau may also be contacted at the Paracelus Klinik, CH-9062, Lustmühle, Switzerland; phone, +41-71-335-7171.*