Aurasurgery – Medicine of the 21st century

By Dr. med. Mathias Künlen
IFA Institute for Aurasurgery AG
Principality of Liechtenstein

Introduction:
In a world in which only measurable, supposedly logically-rationally justifiable measurements fulfil the criterion of science, there is not much room for topics such as spiritual healing. Spiritual healing does not follow the biochemical principles, which are generally regarded as the basis of life processes. And yet, despite all uniformity in medical-scientific thinking, many orthodox medical practitioners also have a residual doubt: The doubt as to whether living organisms such as humans and animals are primarily organic-morphologic systems, which are correspondingly based on logically justifiable "materialistic" methods such as operations, pharmaceuticals etc., or whether humans and animals are not much more easily but rather energetically-informationally animated and thus spiritual beings, which do not necessarily follow logical-rational laws and in which morphology is subordinated to the mind.

Aurasurgery as one of many approaches to spiritual healing represents the step into the Medicine of the 21st century as great thinkers and scientists have predicted since a long time. It meets a deep longing for knowledge in the people: to understand the human soul, even to address it therapeutically in order to come to healing. Aurasurgery represents a subtle surgery in which operations are performed exclusively in the patient's energy body (aura) and thus extracorporeally. We also speak of "operations in the aura". Healing as the central task and goal of medical action takes place in the context of aurasurgery through the energetic-informational exchange between aurasurgeon and patient.

Aura:
The aura is the biophysical energy field penetrating and surrounding the organism, which cannot be proven according to school-medical-scientific criteria, but can be presented impressively and reproducibly in its effect e.g. in the asiatic martial arts as Qi. Aura can also be represented and measured by Non-Linear-System analysis (NLS analysis). The NLS is a computer program which, in contrast to X-ray or ultrasound examinations, does not provide morphological but energetic-informational findings. Due to possible energetic loads on corresponding organs, the aurasurgeon can check according to his experience which causalities lie behind corresponding energetic disturbances, whether these are miasmatic (acquired and/or epigenetically inherited information from microorganisms such as bacteria, viruses, protozoa etc.) and/or karmic (acquired and/or epigenetically inherited information from ancestors).

Resonance:
Aurasurgical treatments are carried out either directly in the aura of the patient and thus closely to his body or through the use of so-called surrogates such as anatomy atlases or anatomical models as energetic space holders for the patient. Furthermore the aurasurgeon uses commercially available
surgical instruments like in common operations. The fact that the aurasurgical treatment takes place extracorporeally in the energy body and thus without a direct connection to the morphological body of the patient is not an end in itself, but reveals a deeper meaning. Only by the extracorporal approach effects are set in motion, which would not be possible with a direct contact e.g. in the context of laying on of hands, a massage, an injection or an acupuncture treatment. Such "direct interventions" manipulate the patient or cover the subtle energetic information transfers between the aurasurgeon and the patient, which typically only occur when the patient focuses and reacts to his inner sensation in mindfulness and in inner peace without physical influence from outside. This principle of resonance formation (from Latin "resonare" = "resound") forms the basis of all aurasurgical action.

The aurasurgeon and the patient sit opposite to each other. The patient holds either an anatomical model or an anatomy atlas on his laps. As soon as the aurasurgeon presses with the surgical probe on the representation of the affected area, a so-called resonance formation occurs in approximately 80% of the cases: The patient feels the virtual pressure exerted by the aurasurgeon physically as pulling, tingling, stinging or light pressure pain on the diseased organ. This sensation is often very discreet, but in some cases even surprisingly clear. Resonance is not a suggestive effect or even imagination, but describes a quantum-physical entanglement that also works when the patient keeps his eyes closed or the aurasurgeon stands behind the patient. If resonance occurs, it means that the patient is ready for aurasurgery. If, on the other hand, there is no resonance, subsequent aurasurgery is not promising. Resonance is reproducible, i.e. if repeated pressure is applied to the image of the diseased area on the anatomy atlas, the patient will repeatedly describe the corresponding sensation. It is impressive to see how exactly patients can describe where the aurasurgeon works in the patient's aura thanks to the resonance. The patient feels the manipulation of the aurasurgeon physically. He does not have to "believe" that there is a disturbance at the examined site, but can feel it directly himself. This "initiative reversal" is essential and strengthens the acceptance of aurasurgery by the patients.

Resonance is present or absent, thus following a binary principle. Resonance can only be found in diseased organs, healthy organs do not provide resonant feedback. The success rate in resonance formation is about 80%. This means: Of all patients with a clinically existing symptomatology, the aurasurgeon can successfully trigger a resonance in the aura of the corresponding organ in 80%, but not in 20%. These 20% non-responders are the subject of intensive research: There are numerous reasons for a lack of resonance formation, which the aurasurgeon must subsequently examine and treat if necessary. For example, vows of silence can be behind a non-resonance: As soon as this is resolved, the resonance still occurs in many cases.
Fig. 1: NLS analysis in a patient who does not resonate in the aurasurgical test: Numerous dark markings appear on the chomophilic adenocytes, a cell group in the area of the pituitary gland (top picture). The dark markings symbolize energetic disturbances, in this case triggered by a vow of silence. This is a 34-year-old patient who originally came to the clinic because of a shoulder problem. During the aurasurgical exploration, a very rare, but friendly, healthy young man appears, who answers only very scantily to asked questions. Which looks like a kind of coolness, turns out in the NLS analysis as a combination of several vows: vow of chastity (improvement of the energetic finding by 12%), vow of poverty (improvement of the energetic finding by 11%), vow of silence with an improvement of the energetic finding by 36% (picture down). After the dissolution procedure has been carried out, the NLS follow-up check shows a 62% improvement in the energetic findings. The patient smiles and says that his wife has been calling him names for years, that he always says so little. And in fact not only the measured result improves, but also the resonance in the aurasurgical examination.

Resonance can be influenced to some extent by the aurasurgeon through so called „Techniques of Consciousness“, derived from the Asian martial arts, but cannot be forced. Resonance is not dependent on the rational will of the patient, but correlates with the motivation of his subconsciousness, which the patient cannot influence voluntarily. Also, resonance formation does not depend on whether a patient believes in the method of aurasurgery or whether he is religious or even spiritual: There are patients who are more or less sent into aurasurgery practice by their partners against their own will and in whom resonance formation works right away. Especially such patients are highly successful in their treatment, because the deep motivation of their subconsciousness for healing outstrips their conscious rationality.
Resonance can be used as therapy control: If the aurasurgeon performs an operation in the aura, this operation is continued until the patient no longer feels any resonance in the follow-up. This effect is of great value in daily work because the patient's body consciousness signals to the aurasurgeon when the treatment can be terminated.

Karmic patterns:
An important and fascinating part of aurasurgery deals with so-called karmic patterns and their resolution. Karma is a spiritual concept according to which every action of a human being - physical as well as mental - inevitably has a consequence. This consequence does not necessarily have to become effective in the present life, but it may also manifest itself in a future life. On the other hand, karmic patterns do not necessarily have to originate from past life, but can also originate from the present existence. In the Eastern religions, karma is closely linked to the belief in samsara, the cycle of rebirths, and thus to the validity of the cause-and-effect principle on the spiritual level, even over several life spans. In Hinduism, Buddhism and Jainism, the term refers to the consequences of every action, the effects of actions and thoughts in every respect, especially the repercussions on the actor himself. Karma therefore arises through a regularity and not on the basis of an assessment by a world judge or God in the sense of an ecclesiastical moral institution. In the context of aurasurgery, karma describes the existence of persistent morphic fields that outlast the earthly life and lead to certain pathogenic consequences that have to be resolved by aurasurgery.

From an energetic point of view, the karmic patterns form the deepest layer of disease-causing processes in an organism, which ultimately subordinates and continuously influences all other energetic functional circles. Their dissolution is correspondingly important for a lasting recovery of the organism. Karmic patterns are often present when the patient discovers and/or is made aware by others that he
- reacts "irrationally" in certain situations or on certain topics and/or
- feels anxieties which he cannot explain and/or physical problems exist which appear "untreatable"
  or for which different diagnoses are made and/or
- develops symptoms that are not due to organic or functional disorders

Executions and tortures, especially executions of innocent people, remain stored in the sense of morphic fields and influence our behavior and well-being both physically and psychologically in this life. The resulting karmic patterns persisting in the universe run like as background programs in a computer and impair the affected person permanently in the daily life. It is not decisive whether these experiences were inherited as information from related or unrelated ancestors, whether they were carried out on one's own body in a past life or whether there were cruel scenes that took place directly in the life of ancestors or just were witnessed by them. Even when reading or watching executions on television, presentations of executions or wars create emotional resonances and karmic patterns in the aura. They can remain in the subconsciousness of a person affected as a tragic event. Psychology refers to observations of cruel scenes that are fixed in the subconsciousness as "indirect psychotrauma". The subconsciousness tries to dissolve these programs. However, since it cannot use
language with words, it seeks the path via the body as psychosomatic disorders to make the mind aware of these patterns so that they can ultimately be dissolved. Subconscious conflicts thus lead to somatic manifestations. For example, incompatibilities of electrosmog or electric current with inner restlessness, outbreaks of sweat, sleep disturbances and pulse accelerations after a person has seen the execution of a person in the electric chair in a movie are known. Chronic neck pain, recurrent inflammation of the tonsils, headache, tinnitus and a deep aversion against injustice refers to the karmic pattern of „Hanging“. Hemorrhoids and stabbing pain between the shoulder blades are found in the karmic pattern of „Impalement“. If the physician raises the patient symbolically from the stake with an aurasurgical maneuver, the symptoms of the hemorrhoids and the pain between the shoulder blades disappear.

Mental stress caused by karmic disorders can be measured by NLS analysis mentioned above. This analysis shows energetic disturbances in corresponding anatomic structures (hypothalamus, hippocampus, pituitary gland, epiphysis, cerebellum, brain stem etc.) in connection with guilt, oaths and vows, shock, craniocerebral trauma, intoxications, drugs and many more.

**Case study: Karmic pattern of impalement in previous life**

*Fig. 2: NLS analysis: The picture shows the aura image of a 57-year-old patient with the karmic pattern of impalement, before (left picture) and after (right picture) aurasurgical therapy. The patient has been suffering from haemorrhoids and stabbing pain between the shoulder blades for many years. Kinesiological testing shows instability in the karmic pattern of the impalement in previous life, after treatment the patient is stable in kinesiological testing, symptoms disappear permanently.*
Fig. 3: NLS analysis of the pelvic organs in sagittal section: A clear energetic disturbance in the area of the urinary bladder can be seen (picture above), triggered by the karmic pattern of impalement in previous life. When testing for impalement in previous life, the energetic findings improved significantly by 66% (picture below). NOTE: The inversion itself is not yet a therapy, but serves only diagnostic purposes, the karmic pattern must first be resolved by appropriate aurasurgical measures.

Case study: Karmic pattern of a shock by an unwanted pregnancy

Fig. 4: NLS (non-linear systems) analysis of the brain ventricle: A clear energetic disturbance is shown in the form of numerous dark markings in the brain ventricle in the upper left figure. Based on his experience, the aurasurgeon knows that shock experiences in the brain ventricle in particular can be represented well. In the present case, for example, it is a 54-year-old woman who claims to have unintentionally become pregnant as a 16-year-old schoolgirl, which had thrown her life completely off track at the time. That it concerns here actually a shock due to the unintentional pregnancy, can be eruiert in the NLS analysis in the so-called vegetotest: When "shock by unwanted pregnancy inverse"
is entered into the program, the computer calculates a second result which improves by 37% compared to the initial result. This can be interpreted as proof that this is indeed a shock caused by an unwanted pregnancy, which can still be proven after 38 years and which has been energetically weighing on the soul of the patient ever since. The treatment consists of programming the inverted information of the shock as so called Healing Codes (QR-codes, see at the end of this article) and the daily intake of the programmed water over 3 weeks. In the subsequent NLS re-measurement, not only the energetic disturbances disappeared, but also the mental stress: The patient states that she feels much freer and better.

Case study: Increased intraocular pressure by the karmic pattern of dazzle in previous life

Anamnesis: The 70-year-old patient comes to the practice and reports on her increased intraocular pressure values for 30 years. The therapy has been carried out once in the evening for 15 years with Travatan drops. This has resulted in a reduction from 32 mmHg to currently 25 mmHg. According to the patient, mechanical pressure damage to the optic nerve has already occurred and there is a risk of blindness to glaucoma in the medium term.

Aurasurgery: In aurasurgical exploration, the karmic pattern of „Dazzle in previous life“ can be found. As soon as the aurasurgeon pulls a virtual rod in front of the eye and moves it in and out, the patient goes into resonance and describes that she can feel this movement in her eye. When the aurasurgeon pulls the rod out of the eye and then tries to trigger the resonance again, the sensation has disappeared.

Fig. 5: Sensory cells of the eye: Energetic weakness, with inversion of "Dazzle in previous life" the energetic findings improve by 41%.
Comment: The combination of clientic findings, aurasurgical testing and NLS analysis results in the aurasurgical diagnosis of a "Dazzle in the past", according to the pressure values measured by the ophthalmologist. Therapeutically the aurasurgeon pulls the rod from the eyes, until the resonance disappears. And indeed: Three weeks after the aurasurgical treatment, the intraocular pressure values are measured again by the ophthalmologist: On the left eye the value has been reduced to 18 mmHg and on the right eye to 19 mmHg, with unchanged medication with Travatan. After a further month the intraocular pressure on both sides is no less than 14 mmHg and the medication can be gradually reduced and finally even completely discontinued. This case is not an isolated one in my aurasurgical practice, but stands exemplary for numerous patients with increased intraocular pressure and the danger of blindness. As inexplicable as such approaches are for an ophthalmologist and also for me as a trained orthodox physician, so impressive are the findings that the human being is ultimately not a morphological, but a spiritual being, in which the morphologies seem to be subordinated to the energetic-informational functions of the soul, and that aurasurgery is able to have a positive influence on these mental functions.

Case study: Karmic pattern of a shock through kidney transplantation

Anamnesis: The 48-year-old patient comes to the practice because of her kidney problems. She suffered from kidney failure 18 years ago, which resulted in a kidney transplant on the right. Since 3 months there is more protein in the urine. The loss of protein indicates that the kidney is gradually ceasing to function and there is a risk of rejection.
Fig. 7: Median view of the left cerebrum, energetic weakness, testing of “shock due to transplantation” leads to an improvement of 22%. In the brain of the organ recipient there is a subtle shock resulting from the transplantation 18 years ago.

Fig. 8: Urinary organs, energetic weakness, testing of “shock due to transplantation” leads to an improvement of 46%, clearly visible on the right kidney transplanted at the time. The subtle shock is not only found on the brain of the patient, but also locally on the transplanted kidney.
Fig. 9: Median view left cerebrum, energetic weakness, testing of "shock for the donor due to transplantation" leads to an improvement of 39%. This finding is downright shocking: Not only the recipient has suffered a shock, but obviously also the donor, still 18 years after the operation.

Fig. 10: Median view right cerebrum, energetic weakness, testing of "guilt of all kinds" leads to an improvement of 22%. This finding is also remarkable, as there is not only a subtle shock, but also a clear burden of guilt.

Comment: The patient suffers from psychological stress resulting from the transplantation of the kidney 18 years ago. Corresponding patterns of impairment are found in the NLS analysis in several anatomical structures, both in the area of the cerebrum and of the urogenital tract of the patient. The energetic disturbances do not only originate from the shock to the recipient, but also from the shock to the donor of the organ. It becomes obvious that the donor suffered a shock at the time of explantation, which raises the often discussed question of how "dead" a donor actually is at the time of the medical
determination of the time of death by brain death diagnostics. In the sense of aurasurgery, the transferred kidney possesses an independent consciousness, which represents the mental stress of the explanted person and is transferred to the organ recipient. This means that not only the brain is the carrier of consciousness, as postulated by modern brain research, but that consciousness is found in all organs and cell structures. In 75% of the cases, people who are diagnosed as brain dead and who are explanted, develop spontaneous defensive movements with arms and legs. This Lazarus reflex is described by neurologists as a purely peripheral and thus interconnected involuntary reflex arc at the spinal cord level. During an explantation the blood pressure and the heart rate rise, which is why muscle relaxants are administered to the donor during the operation. There are different approaches to the administration of anesthesia when organs are removed. The guidelines of the German Endowment for Organ Transplantation state that anesthesia is not necessary, but that it makes sense to relax the organ donor and prevent an increase in blood pressure and heart rate. The aim of an aurasurgical treatment is to reduce cardiac stress in order to increase kidney secretion and reduce protein loss. The dissolution of guilt of all kinds offers the largest success prospects.

Aurasurgical operations:
Both functional complaints without corresponding objectifiable organic manifestations as well as organic diseases with manifest measurable findings in the imaging procedures such as X-rays or sonography can be successfully treated with aurasurgery. The operations are performed without touching the patient, without bleeding, without scars or any postoperative complications like pain or infection, purely by reprogramming the cell consciousness of the organ structures concerned through symbolic surgical interventions with the aid of surgical instruments such as scissors, scalpel, spreader, tweezers, syringes and much more. Tendons are tightened, nerve structures connected, cartilage substances injected, bones screwed together, all in the aura of the patient. Through the use of surgical instruments, the aurasurgeon focuses his attention with maximum energy on the area to be treated and thus generates maximum attention and therapeutic effect, according to the motto: Energy follows attention. By working on energetic surrogates, the aurasurgeon does not have to make any incisions or cause collateral damage to the tissue. The patient also does not receive a general anaesthetic, as is the case in conventional operations, but can continuously give feedback via the resonance as to whether he feels the operation physically. If there is a resonance, the aurasurgeon knows that he works in the correct structure. If the resonance disappears, this is the sign for the therapist that the treatment is complete and the operation can be finished.
Gall bladders are operated with the same indication as in orthodox medicine, but with organ preservation. First, resonance is sought (see picture), if resonance is present, the bile duct is pinched off, the gall bladder is incised lengthwise with a scalpel, the wound edges are pulled apart with tweezers, the gallstones are scraped out and removed with a syringe. Then the gall bladder is sutured, welded with a laser, disinfected with an alcohol cotton swab and finally the clasp on the bile duct is removed. The resonance has disappeared in the follow-up, which is proof to the aurasurgeon that the treatment can thus be completed.

Case study: Cyst on the spinal column

Anamnesis: The 69-year-old patient has been complaining for a year about back pain in the lower lumbar region and pain on the back of the thigh with numbness and numbness. The date with a physiotherapist with the attempt of the correcting of the spinal column worsens the clinical symptomatology substantially, the pain becomes almost unbearable and forms only after three weeks bed rest gradually again back.

Aurasurgery: In the kinesiological testing the karmic pattern of a failed escape can be found. The patient describes his dreams about curse and persecution since childhood, which proves that this is an energetic-informative burden on his soul. The karmic pattern is dissolved according to the aurasurgical standard procedures. When the aurasurgeon examines the spine model by inserting the surgical probe into the intervertebral joints, the patient goes into resonance. The patient can precisely specify the segment and side on which the aurasurgeon is currently working. The patient even describes a pain shooting into the leg in segment L5/S1 on the right. In addition, there is an increase in sensory disturbances on the back of the thigh when pressure is applied to the cyst with the probe in the MRI image.
Fig. 12: MRT of the spinal column with spinal cord in the contrast medium representation, the spinal cord is shown in white. There is a cystic tumor on the right (marked by an arrow) at L5/S1 height of 4*1.5 cm, with bleeding (white hem at the edge of the cyst). The cyst is triggered by an arthrosis of the intervertebral joint between the 5th lumbar vertebra and the 1st sacral vertebra, which complicates the point of exit of the spinal nerve.

The cyst is cut out with a scalpel, the cyst contents are sucked out with a syringe and the remaining tissue is obliterated with a red laser. By placing a 432 Hz tuning fork, healing energy is sent into the surgical site. Next, the aurasurgeon stabilizes the spinal column at L5/S1 level and in the segments above using a so-called energetic rope ladder on the spinal column model. The patient then gets up and notices that the pain in the spinal column has now moved upwards, to the level of L1/L2. Accordingly, the energetic rope ladder is extended to these segments. When walking again and actively moving the spine, the patient indicates that the pain has disappeared. However, there is still pain and hypaesthesia in the area of the back of the thigh, and there is still no sensitivity in the area of the seat bones. This is followed by treatment of vertebral joint arthrosis with injection of cartilage substance and hardening of the injected cartilage with green laser light. Next, the sciatic nerve is loosened on the back in the buttock area, using a corresponding image in the anatomy atlas. In fact, there is a bottleneck syndrome of the nerve, which is compressed by the corresponding muscles (musculi gemelli and musculus piriformis). The point of penetration is spread and widened with tweezers, the muscles are acupunctured at their painful trigger points in the aura.

**Result:** The result is impressive. Even during the current treatment session, the clinical symptoms improve significantly, both when sitting and walking, and in complex movements of the spine. The pain in the back has completely disappeared. The numbness in the area of the seat hump has clearly improved, and the patient states that he has felt something in this area for the first time in months. After eight weeks a renewed investigation of the patient takes place, the clinical symptomatology is further clearly improved.
Fig. 13: Another MRT examination four months after the aurasurgical operation, the cyst has completely disappeared, there are no more complaints. Six months after the operation, the patient is back on his usual high alpine ski tours without any problems.

Fig. 14: NLS analysis of the spinal cord in a cross-section: On the right, in line with the clinic and the MRT findings, an energetic deficit (picture above) is observed, which is hardly present at the follow-up one month after aurasurgical treatment (picture below), improvement by 32%.

Conclusion:
C.G. Jung, the world famous Swiss psychiatrist, writes: "I believe that healing by non-material means, through spiritual methods, has a future of undreamt-of possibilities. And I believe that their field will gradually grow beyond what we today, rightly or wrongly, call functional, and will encompass all that is organic. I see the red in the morning of a new era before me, in which certain surgical interventions, e.g. on internal plants, will be seen as mere mending, full of disappointment that such limited
knowledge of healing methods has ever existed. Then there will be hardly any room left for traditional remedies. It is far from my intention to somehow belittle modern medicine and surgery, on the contrary, I have great admiration for both. But I have been allowed to look into the monstrous energies inherent in the personality itself and those outside sources which flow through it under certain conditions and which I cannot otherwise call divine. Forces that can not only heal functional disturbances, but also organic ones, which turned out to be mere accompaniments of mental-spiritual disturbances.”

Aurasurgery is characterized by a methodical concreteness that can be implemented effectively in daily medical practice. It offers the basis for a new and time cost-saving medicine, which captivates by humanity, effectiveness, simplicity, precision and the missing of side effects. Aurasurgery sees itself as a supplement to established systems such as conventional or complementary medicine. It makes no explicit claim to exclusiveness and should always be weighed up in a comparative manner with regard to its indication and used as a supplement under certain circumstances.

Healing Codes:
The IFA Institute for Aurasurgery AG offers remote NLS-analyses without the need of the patient to be personally present. Furthermore IFA develops so called Healing Codes, which can be used additionally or instead of a personal aurasurgical treatment. www.healing-codes.com is an Internet portal, which is aimed at all people who seek relief from their discomfort and healing. The treatment is carried out in an energetic-informational way by means of QR codes (quick response codes) with information encoded therein that is taken over water (bioprogramming via informed water). QR codes are not a substitute for medical consultation and may be used in addition to conventional therapies.

Contact:
For contacting IFA Institute for Aurasurgery AG please study the Webpage www.aurasurgery.net or send an e-mail to info@aurasurgery.net.