Oberon Biofeedback – Hormone Work Reference Guide

This reference guide organizes the key Oberon modules and topics relevant to hormonal balancing, endocrine regulation, detoxification, and cellular support. Use this structure to develop consistent protocols, support underlying physiology, and address root causes of imbalance.

1. Systems to Scan for Hormonal Work

General Meta- Therapy Systems

- Digestive System
- Endocrine System
- Nervous System
- Urinary System – Kidney

Items from Ultra micro scan system

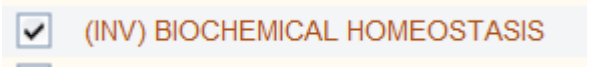
- Adipose Tissue
- Connective Tissue
- Muscle Cells
- Epidermis
- Mitochondria
- Cytoplasms (K and C)
- Cell Membrane / Cell Membrane K
- Inner Mitochondria
- Nucleus
- ATP

Genetic Level:

- DNA
- Chromosomes (Female chromosome when indicated)

2. Primary Topics for Hormone Evaluation

Hormonal Evaluation



Use these markers to map endocrine balance:

- Urine Ketosteroids
- Oxycorti 17-11
- Urine Sodium
- Urine Adrenalin
- Noreadrenalin (blood)
- Thyroglobulin
- Thyroxine Binding Globulin
- Free Thyroxine (FT4)
- Common Thyroxine (Total T4)
- Thyrotropic Hormone (TSH)
- Insulin
- Glucagon
- Testosterone
- Parathormone
- Calcitonin

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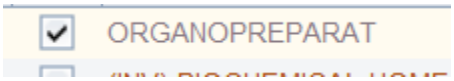
3. Gland Support Protocols

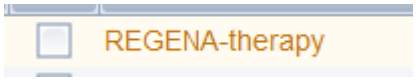


Support these endocrine-related organs:

- Liver
- Gallbladder

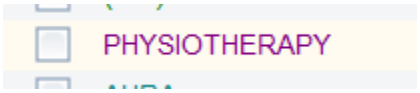
- Pituitary
- Hypophysis
- Pancreas
- Thyroid
- Adrenals
- Additional endocrine glands as indicated

Regena Topic



- Kidney

Physiotherapy Topic



- Liver
- Gallbladder

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4. Hormone-Specific Topics

Use these for targeted endocrine balancing:

- Adreno
- Adrenocortical
- Thyroid
- Pituitary
- Hypothalamus
- Epiphysis (Pineal)
- Thymus
- Cholesterol
- Glucose

- Total Hormones
- Male Hormone Panel
- Female Hormone Panel
- Voltage of Endocrine System

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5. Cellular Support Topics

These address the foundations of hormone receptor sensitivity, signaling, and energy:

- Neurotransmitters
- Fatty Acids
- Pentose Pathway
- Immune System & Inflammatory Mediators
- Nucleotides

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6. Detoxification Topics

Hormonal balance depends heavily on detox capacity.

- Detox & Nosodes
- Endotoxins
- Detox Female
- Detox Male

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7. Pathogen Evaluation

Chronic infections often disrupt hormonal pathways.

3D Bacteria Scan

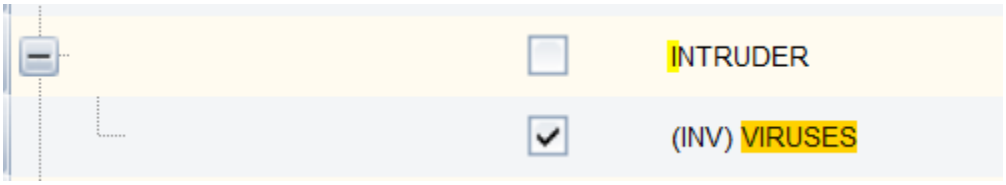
Viral Scan

- Epstein–Barr Virus
- Herpes Viruses

Intruder Topic

- Bacteria
- Viruses
- Fungus
- Parasites

Note: Intruder is the subgroup which carries topics for separate VIRUSUS, BACTERIA, etc. listed above.



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8. Clinical Concepts for Hormone Work

- Support **glands**, not just hormones.
- Address **conversion**, receptors, and **cellular signaling**. Below are some examples:

Types of cell surface/membrane receptors

- **GPCRs (G-protein coupled receptors)**
  Most common receptor type
  Used by: thyroid-stimulating hormone, LH, FSH, ACTH, adrenaline
- **Tyrosine kinase receptors**
  Used by: **insulin**, IGF-1
- **Cytokine receptors**
  Used by: growth hormone, prolactin
- These receptors depend heavily on **cell membrane integrity**, which is why fatty acid and cellular membrane support is vital.

Intracellular Receptors (Nuclear / Cytoplasmic)

Used by **fat-soluble hormones**:

- Thyroid hormones (T3, T4)
- Steroid hormones:

    - Cortisol
    - Estrogen
    - Progesterone
    - Testosterone
    - DHEA
    - Aldosterone
    - Vitamin D
- T4 → T3 conversion occurs mainly in **liver/gallbladder (≈80%)** and kidney.
- Insulin overload, fatty liver, and poor bile flow impair thyroid conversion.
- Immune dysfunction and toxicity disrupt adrenal and gonadal balance.
- Mitochondrial weakness reduces hormone responsiveness and ATP-based signaling.

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9. General Protocol Structure

1. **Scan** relevant systems
2. **Identify** priority glands: thyroid, adrenals, pituitary, pancreas, gonads/ovaries.
3. **Support** gland health with organopreparations and physiotherapy modules.
4. **Address detox & liver/gallbladder function** for hormone conversion.
5. **Rebalance cellular function** (nucleotides, fatty acids, neurotransmitters).
6. **Address pathogenic load** when relevant.
7. **RF Frequency Range**: Start **1200–5000 Hz** depending on protocol intensity.

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10. Simplified Hormone Protocol Approach

Day 1 – Gland Support (Meta) + Hormone Topics

- Use **organopreparations** for key glands
  (thyroid, adrenals, pituitary, pancreas, liver, gallbladder).
- Run **hormone-specific topics** (thyroid, adrenal, pituitary, male/female hormones).
- Purpose: **Activate and stabilize endocrine glands** before deeper work.

Day 2 – Cellular Support (Meta) + Detox

- Run topics for:
    - Neurotransmitters
    - Fatty acids
    - Pentose cycle
    - Nucleotides
    - Immune mediators
- Add **detox topics** (endotoxins, male/female detox, nosodes).
- Purpose: **Improve receptors, cellular signaling, and clean-up pathways** so hormones can work properly.

Day 3 – Physiotherapy + Hormone Topics

- Run **physiotherapy** for liver and gallbladder.
- Then repeat selected **hormone topics**.
- Purpose:
    - Support **T4→T3 conversion**,
    - Improve bile flow and liver detox,
    - Reinforce endocrine balance.

Adjustments and Variations

1. **Use More Meth When You Want to Focus Deeply (x20)**

- Choose only **1–3 topics** for a precision session.
  Example:
    - Adrenal hormones
    - Thyroid hormones
    - Pentose Cycle
- Purpose: **Intensive correction on a small number of priority issues.**

2. Use Fewer Meth When Doing Broad System Support (x1)

- Use all main topics and run RF around 1000.
- Purpose: General balancing and full endocrine alignment.

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3. Condition-Specific Approach

If Working on Thyroid Issues

1. Start with thyroid hormone topics (T4, T3, TSH).
2. Always also support the liver and gallbladder
   (because ~80% of thyroid hormone activation happens there).

If Working on Adrenal Issues

1. Start with adrenal hormone topics (cortisol, adrenaline).
2. Combine with pancreas or thyroid support, depending on coefficients and metabolic indicators.