

Treating bronchitis effectively with BICOM bioresonance therapy

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INTRODUCTION

Ladies and gentlemen,

It gives me great pleasure to speak to you today about treating bronchitis simply and effectively with the BICOM device. This disorder comes in many different forms: acute bronchitis, allergic bronchitis, chronic bronchitis, spastic bronchitis, psychosomatic bronchitis, barking cough and many more. To treat the condition speedily, simply and effectively, we therapists need the following:

a BICOM device, the 5 element test kit, appropriate electrodes, a little intuition and the courage to treat the patient. Then bronchitis, in all its forms, can be treated speedily with ease. Even inexperienced BICOM therapists can soon achieve a positive outcome using this method.

I should now like to demonstrate how quickly this can be done.

Up until a few years ago my practice concentrated on treating neurodermatitis. I was always looking for new ways of treating this disorder more swiftly, more simply and more effectively with the BICOM device and suspected each patient had an intolerance or allergy of some kind until the following happened.

A KEY CASE

A young mother came to my practice with her two children. I gave 4-year old Saskia her neurodermatitis treatment. While treating her, I noticed that her 6-week-old brother was breathing very heavily and kept coughing. I asked the mother if she had taken the little boy to the paediatrician but she just shook her head and started crying saying: *“If I go to the paediatrician, he’ll give my son antibiotics and then he’s bound to have problems with his skin as well. That’s how it all started with Saskia and I’m afraid of it happening to him too.”* The

mother’s next question was: *“Can’t you give Chris something so that he stops coughing. I’m worried in case he suffocates in the night.”*

That was my challenge to treat bronchitis, for I knew that I would have to get it right so that the baby would get better quickly. So I had my first acute case and began treating it. Initially I approached it in a very complicated way: I tested the baby thoroughly but didn’t find any intolerance or allergy. So I tried another route and began initially with basic therapy in double the time. The coughing was already a little better. I then fetched my 5 element test kit and placed the following substances in the input: lungs-bronchi, paranasal sinuses, lymph, throat-head-lymph and resistance. I applied program 192 for 10 minutes, then therapy type A and Ai in alternation, 3 minutes, with saliva in the input cup. Afterwards: input electrode on the chest, output electrode on the navel with the tested program. The total therapy lasted exactly 30 minutes.

The good thing was that it did not cause any side effects, did not hurt and little Chris was coughing much less violently and less often. I gave the mother a homeopathic complex drug for the night and told her to come back again the following morning. The next day a beaming mother came to me with a child who was barely coughing and reported: *“Chris slept really well and hardly coughed at all and, when he does, it’s much less violent and his breathing is calmer too.”*

We repeated the whole treatment twice more and, after four days, the little boy was completely free of his cough and healthy. The mother was very grateful and I was proud and happy for I had been given the motivation to apply my methods to the treatment of acute complaints as well.

This case made me realise that I often approached things in a very complicated way, yet the simple and direct method was very often swift and effective. Following the therapy procedure once again.

Therapy procedure:

1. Basic therapy
Therapy time: doubled
2. Input cup: ampoules from the 5-E test kit
 - lungs-bronchi
 - paranasal sinuses
 - lymph
 - throat-head-lymph
 - resistanceProgram: 192
Therapy time: 10 min
3. Input cup: saliva
Program: Therapy type A
Therapy time: 3 min, followed by
Program: Therapy type Ai
Therapy time: 3 min
4. Input electrode on the chest
Output electrode on the navel
Program: according to test.

Total therapy time: 30 min.

I keep using this procedure I have just described again and again, regardless which type of bronchitis I am dealing with, and the patient's condition always improves after the first session.

FURTHER CASES STUDIES

I would now like to give you a few case studies.

Case 1

Elderly male patient, aged 78, senile asthma and chronic bronchitis according to his family doctor.

Treatment program as described, total of 6 sessions, twice a week plus magnetic therapy.

End result: cough disappeared, no need to sleep sitting up and no dyspnoea. After the first treatment session he commented sceptically, *"if it helps, then I won't mind paying for it."* After the sixth session he said to me: *"Do you know, gold wouldn't be good enough for you and your box"* (he meant my BICOM device). That was the best reward I could have.

Case 2

Female patient, aged 60, always suffered from bronchitis and severe hacking cough between September and March. For several years she had felt weary and tired. Her symptoms disappeared in summer.

We conducted my treatment and here too her problems disappeared after 8 sessions. This patient comes back each autumn for a check-up with the words: *"Once I've been to see you, then I'm fine."*

Case 3

Male patient, aged 66. Diagnosis: asbestosis and chronic bronchitis. He was due to be operated on but was extremely anxious about this surgery. He came to my practice beforehand saying: *"Try and see if you can help me as I'm not going under the knife and I'd actually like to live a bit longer."* Here too I used my BICOM device. I will not be able to cure this patient but we have been treating him every 4-6 weeks since February 2001 and his symptoms have not yet deteriorated. Quite the reverse: he feels fine, but says when he comes: *"It's that time again, I need your help."*

Case 4

Two sisters. Both girls had been coughing for 4 months. I tested them thoroughly, both girls reacted allergically to pollen. Here too we used our program and allergy therapy. After 4 sessions the girls were rid of their symptoms. The bigger of the two had severe bronchitis at Christmas. Her symptoms improved by 50 % after just one session. After a week her mother called and said: *"My daughter is fine."*

Case 5

3-year old boy, severe spastic bronchitis according to the paediatrician. Previous treatment: cortisone therapy, cough relieving preparations, embrocations, inhalations, etc. The parents had had enough after one year's treatment and came to my practice. The father was extremely sceptical and regardless of what I explained or said to him, his answer was always, *"let's just wait and see."* We treated the little boy and tested him thoroughly, for my feeling was that something allergic lay behind his condition. And that was just it. The little boy reacted to wheat flour. Following his successful treatment, the father is now my best and most satisfied patient. The real sceptic has become a great fan of BICOM therapy. No matter what is wrong with the boy, they come to my practice first.

Case 6

A two-year old boy came to my practice with neurodermatitis. We tested: allergy to cow's milk protein, nuts, moulds. We were able to treat him successfully as well. After one year the patient was symptom-free. Then he caught bronchitis which just would not go away. After 8 weeks, the father called me and asked if I knew a good remedy. His son had already taken all the antibiotics and cough syrups and his paediatrician did not know what to try next. I called the little boy into my practice, took a thorough patient history, tested him and began to treat him.

It is important, with patients who have been treated before, always to enquire whether anything has changed in their surroundings. In this child's case, it was a new bed with a horsehair underlay to which he reacted allergically. Following successful treatment we were able to discharge him in a healthy condition.

Before I come to my 7th case, I should like to explain to you briefly which substances you should **not** put into the input cup when treating bronchitis patients:

***With bronchitis,
yeast and mould not in the input cup!***

These almost always produce a deterioration in bronchitis patients.

The next case shows what can happen.

Case 7

Male patient, aged 40, had suffered from allergic asthma for over 10 years.

He came to my practice and I thought I would test him thoroughly for allergy, treat him and also use my bronchitis program. After the first session the patient felt fine. The second time I also treated the Candida revealed in testing with the BICOM device. Even during the treatment session he said: *"You're doing something different today, I feel pressure on my chest."* I could not explain it. At the 3rd session I did not put Candida in the input cup and the patient felt better again. At the 4th session I again put Candida in the input cup and again the patient complained of a tight feeling in his chest. Then I knew: no Candida in the input cup with bronchitis patients. It produces a severe worsening of their condition. Experiences like this

when treating patients should not throw you into a state of fear and panic, afraid to try things out. You must keep having a go as that is the only way we can get better.

PROBLEM CASES

I shall now come briefly to the problem cases with bronchitis. There are many patients who react to stress, agitation, the hectic pace of life, etc. with dyspnoea and coughing fits. We can treat these too and eliminate the somatic symptoms. The patient stands before you as if panic-stricken, he cannot breathe, is wheezing like an old express train and has the feeling of suffocating. Here too the first step is always basic therapy, a calming chat and, after a little while, you will notice the patient relaxing.

Then I complete the therapy procedure as given above.

I could talk to you for hours about instances of bronchitis I have treated successfully but I think the cases I have described are enough to show how easy it is to treat acute or even chronic bronchial disorders.

FINAL COMMENTS

Dear colleagues, allow me to end with a brief observation.

Again and again I realise that some colleagues are afraid of treating patients with the BICOM device or do not use it at all. It lies at home in the bedroom or I read in the classified ads in a specialist journal: BICOM device, hardly ever used, for sale at a good price. How can that be? We all once started small and inexperienced and now realise how wonderful it is to be successful and to experience this success every day in our work. Of course there are always patients who are impatient or give up their treatment but a good therapist should not be deterred by this and I know we are good. So my plea to you: do not make any promises to your patients about treatment periods, for each patient is unique and so needs a time scale and treatment appropriate to them. What you can promise though is that your therapy will be successful if the patient cooperates.

And now a word to those of you who are new to BICOM therapy. Keep trying things out! You

cannot do anything wrong and, before you get too frustrated, call on us old hands, for a colleague is not a true colleague if he is not prepared to help out a newcomer to the field.

This is the first time I have had the opportunity to present a paper here in Fulda and I should like to thank you all for listening so attentively. Many thanks.

