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## Use of bioresonance therapy in ophthalmology

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### INTRODUCTION

The use of bioresonance therapy (BRT) in ophthalmology is not very widespread. This is all the more surprising since opportunities to use this technique exist in many different areas of ophthalmology due to the position and role of the eyes.

The eyes occupy a projecting position in the human body. They sit at one of the highest points in the human body. Six of the 12 cranial nerves (optic nerve to facial nerve) are directly associated with supplying the eyes, then there is the vestibulocochlear nerve and the connecting pathways with the labyrinthine system. Along with the nasal mucous membrane, the connective tissue membrane is the only mucous membrane which is permanently open and consequently represents a main area of attack for airborne pollen and allergens. The eyes' proximity to the paranasal sinuses and the upper jaw means that many inflammatory processes and especially amalgam contamination and foreign-body implants in the mouth manifest themselves first in the eyes. Finally, the eye is one of the main organs affected in a series of metabolic disorders, first and foremost diabetes mellitus

This all means that the use of BRT in ophthalmology is very diverse. I cannot describe all the possible uses in this lecture and consequently I will try to give a short systematic overview with examples. Many of you will have already been treating the disorders I describe for a long time and this lecture is particularly aimed at ophthalmology colleagues who, on the one hand, have been toying with the idea of buying a BRT device but, on the other hand, have been wondering how they can usefully integrate it into their practice.

I shall list the various areas of application in the order of frequency with which I treat them in my practice.

### TREATMENT OF ALLERGIES

The treatment of allergies and vernal conjunctivitis was the first group of disorders which I treated. A distinction should be made here between occurrence which is seasonally dependent and that which is not.

Treatment of pollen allergy in spring and summer is the main area of use for beginners. My first patients were also allergic to pollen. I treated them while I was still a "sceptic" straight after my introductory seminars. I explained to them that orthodox medicine had been unable to help them in the past and that I had a method of treatment at my fingertips but I did not know whether and how it worked. I had always been a technophile and a true follower of orthodox medicine and had set up an iridology centre in Wuppertal. I had actually only got involved in the BRT experiment to prove that it is all rubbish. I had also said this openly at the introductory seminar and kinesiological testing seemed ridiculous to me. You can imagine my surprise when I got my first kinesiological test results back and my first patient returned after 1 session and reported that they felt much better and had been able to sit out on the balcony under a chestnut tree for the first time in years. I was converted! I do not want to say much here about the actual treatment of allergies as Regumed already run a number of outstanding seminars on this topic. I should just like to mention here that, as a result of global warming and the blurring of the previously clear boundaries between the seasons, you should consider pollen allergy even in winter. This year once again we had temperatures of up to 15° C in December and January so that in December we were seeing plants flowering early and associated conjunctival irritation.

Caution is advisable in classifying a conjunctival allergy in October as non-allergic. For it is precisely at this time of year that large numbers of

dust allergies occur because the dust which has collected around the radiators during the course of the year is swirled up when the heating is turned on. This can also lead to pollen from the summer which has settled being swirled up in the air again. One of the most common disorders affecting the eyes, keratoconjunctivitis sicca, is, in my experience, very often based on a dust, or rather house dust allergy. In these cases, I have the patient bring a strip of sticky tape which has been hanging under the office desk or a thimble-full of dust from the household Hoover bag for testing.

With conjunctival disorders which are not seasonally dependent, the cause may be pets or allergens at the workplace. Attempts to help these patients with eye drops are doomed to failure and patients often have a long history of this treatment and are only too familiar with virtually every type of anti-inflammatory eye drop. In such cases I get the patient to stop taking all their medication since they often react allergically to the preservatives in the eye drops themselves. By the time I come to test for allergens, these cases have generally cleared up of their own accord. If the patient still has symptoms at the time of testing, I first test them on the allergens they have brought with them, after conducting basic testing. Naturally very few people want to part with their pets and they are all the more grateful if we are able to solve the problems caused by their pets. I believe pets represent a difficult problem as we may be dealing with various causes of disease all at once. It may be the animal's hairs or feathers. In these cases we frequently find a positive response with the general test kits. Basically I get the patient to bring me hair and feathers from the actual animal and test these once again specifically. Often it is not the animals themselves but the parasites and faeces associated with them which cause the problem. It is helpful to ask the patient about how they usually play with and cuddle their pets. Bird lovers tend to cuddle their pets when they are sitting on their shoulders. I remember a patient who had a parrot with whom she liked to exchange kisses. She had severe oedema on the lips, asthma and her intestines tested strongly for parasites. She was allergic to virtually all food and reacted positively to her bird. After her basic allergy had been treated and she was feeling better, she suffered a relapse and the test for the bird was negative. So I got out the parasite test kit and, lo and behold, she also had severe aspergillosis and tested positive to *Aspergillus flavus* and *fumigatus*. We got this under control as well but I told her

that, in her state of health, it would be better to get rid of her parrot. Not because of the bird per se, but because of the germs associated with it.

#### TREATMENT OF NEUROLOGICAL DISORDERS

The neurological disorders which we ophthalmologists have to deal with can be divided into inflammatory diseases and paralytic symptoms in the eye region. Paralysis may be a general medical condition or occur following surgery.

Patients frequently come to my practice complaining of pain in the head. These are predominantly patients with trigeminal neuralgia and migraine. Trigeminal neuralgia often occurs in association with herpes zoster infection where the eyes may be directly affected as well. These two groups can be treated successfully and patients are extremely grateful as the pain is often resistant to therapy and is only treatable with very strong analgesics and centrally depressant medication such as Carbamazepin. Programs 910 and 911 are generally used here. Scar interference fields generally exist in the head area which must be tested as well (herpes zoster!). Testing with the viral test kit warrants particular attention here since other neurotropic viruses from the herpes virus family are often responsible for the pain. If patients show understanding, I recommend prophylactic treatment. An elderly couple came to my surgery, where first the husband and some time later the wife contracted shingles. As I had successfully rid the husband of his pain and the wife had seen how resistant to therapy the pain was, she had come for treatment at the first sign of pain and had remained largely unaffected by neuritis.

Other scar-induced pain stems from old head injuries and whiplash injuries which may have occurred years ago and which patients often may not recall and which they will only remember after much searching and questioning if, in testing, the same regions keep testing positive.

The most frequent paralysis in the facial area is facial paralysis. It either occurs idiopathically or following tumour surgery in the area of the salivary glands or inner ear. Patients come to an eye specialist because of lagophthalmos, which may or may not be pronounced, and keratoconjunctivitis sicca. I treat these patients with programs 910 and 911 as well. I have patients, whose tumour surgery was planned and who were expected to have postoperative problems, come to

me straight after surgery and apply the programs as post-operative treatment. It goes without saying that I carry out thorough basic therapy as the patients are physically exhausted.

Other forms of paralysis are direct ocular palsy and internal and external ophthalmoplegia. The same basic considerations apply here, while it should be stressed that the prognosis for abducens nerve palsy induced by diabetes mellitus is excellent and it generally recedes of its own accord raising the question whether it was really BRT which was responsible for recovery. This form typically improves very quickly and, after 6 weeks at the most, patients no longer have double vision. As these patients experience an improvement after just 2 weeks, it is easy to distinguish between those who will get better of their own accord and those who will probably not improve. If I have a patient who is showing no sign of improving even after 3 weeks, I would definitely recommend BRT.

#### **TREATMENT OF DISORDERS SPECIFICALLY AFFECTING THE EYES**

Eye diseases must be divided into diseases of the associated organs and of the eyes themselves.

For chronic eye diseases, a cure is not generally possible, and the best orthodox medicine can offer is to suppress the symptoms completely. All would generally be well until the next time the sensitive balance was upset, then the symptoms would reappear. This is particularly true of chronic blepharitis. Admittedly blepharitis can be suppressed to a certain extent with cortisone cream yet the lids are generally still red and do not look very attractive. It is usually a long-winded business treating this with BRT and you have to consider the whole spectrum of treatment for eczematous skin disease. This includes food allergies, first and foremost milk and wheat, fungal and amalgam contamination, etc. I refer you here to the appropriate seminars.

The way of thinking by the patient is another problem in this connection. Indoctrinated by a life-long experience with physicians, patients are thinking within the constraints of orthodox medicine and are often not able of a broader view. I remember a 63-year old patient, who had developed an eczema at the eye lid in the last two years. To me it was obvious that something must have changed in the circumstances of her life. The question for illnesses she answered negative.

In her mouth she neither had implants nor dentures, and she did not take any medications. After some more probing into her, she finally said: "I had two cancer operations. First breast, than kidney cancer. But that obviously has nothing to do with my eyes."

Another typical eye disease is the glaucoma. Today it is understood to be a degenerative change in the optic nerve which may, or may not, be accompanied by increased intra-ocular pressure. The old rule, still taught when I head my specialism education, "below 20 mm Hg good, higher values bad", today is no longer valid. There are eyes with a pressure of 25 mm Hg that need no treatment, and on the other hand there is low-pressure glaucoma with a pressure of 14 mm Hg and lower where the pressure is not the main concern. In those cases, practically all current medications fail. They very well can lower the pressure from 20 mm Hg to 15 mm Hg, but they fail to lower the pressure any further. Finally, there is the terminal glaucoma, that have produced high-degree damage to the optic nerve and where the state of papilla is further degrading inspite of perfect eye pressure lowering. Here programs to improve the blood circulation and to regenerate the nerves can be successfully used to stabilise the field of vision.

The only exception is secondary glaucoma resulting from an inflammation, which I have treated successfully. Secondary glaucoma frequently occurs in the wake of intra-ocular inflammations. This may either be in the course of iritis or an operation. I had a patient who developed high intra-ocular pressure following cataract surgery. I found a small residual fragment of lens in the anterior chamber which was responsible for the rise in pressure. Despite maximum therapy the pressure would not drop below 30 mm Hg and we were considering whether we should not open up the eye again and suck out the lens residue. Without consulting the patient further, I sat him at the Bicom 2000, put the electrode glasses on him and treated him on the water element using the 5 element test kit. Just 2 days later the pressure was already down to 24 ram Hg and it remained stable at this level. We saved ourselves a second operation.

At this point I should like to present two other cases of patients who I was able to help with BRT.

## Case 1

The first case is that of a 61-year old man with advanced open angle glaucoma in both eyes. Because of poor compliance and constant deterioration in the field of vision, we had decided to reduce the pressure with surgery, always a risky business where the optic nerves are badly damaged. Post-operatively the patient displayed afferent pupil impairment and a decline in visual acuity from 0.5 to 0.2. I immediately began BRT, using programs for nerve regeneration, elimination of scar interference and post-operative treatment. We had a session every 2 days. Within 2 weeks pupil impairment had receded and visual acuity had recovered to 0.5. The same happened with surgery on the other eye. Being sceptical, the patient initially did not want BRT, as he believed the first eye would still have improved without BRT. The deterioration in vision had been worse in the second eye (preoperative vision had been 0.7) and there was no sign of improvement after 2 weeks. After just 3 BRT sessions, visual acuity was restored.

## Case 2

I achieved my greatest success with BRT with a 28-year old diabetic. She had been diabetic since the age of 13, was totally dependent and still lived with her parents. Both eyes were now filled with blood and secondary glaucoma had developed with pressure in excess of 35 mm Hg. A vitrectomy was carried out at the local eye hospital. However, her eyes immediately filled with blood again and she was discharged completely blind with a pressure of over 35 mm Hg. She was told there was nothing more that could be done and she must come to terms with the fact that she would soon need a guide dog. I began treating her on 26 May 2003. The triple warmer and kidneys tested very weakly in electroacupuncture. Alongside basic therapy and program 910 I began stabilising the kidneys (program 480). In subsequent sessions I also carried out geopathy treatment and intensified therapy of the kidneys (480, 481, 482). After the 3<sup>rd</sup> session the patient reported that she could identify rough shapes again. After the 8th session she was able to tell the time on the kitchen clock once more. When therapy was completed, the intra-ocular pressure in the right eye was 18 mm Hg and 13 mm in the left eye. The change in her psychological state was also remarkable. She

had gained the courage to face life and said that

she wanted to live on her own again. 18 months have since passed. Her visual acuity is now 0.1 and is stable. Her intra-ocular pressure has not risen again either and she is living on her own.

## TREATMENT OF PROBLEMS RESULTING FROM SURGERY

Colleagues who carry out cosmetic corrective eyelid surgery can benefit enormously from BRT. Nothing is worse than carrying out perfect surgery and the patient then developing thick cicatricial keloid. In the explanatory discussion I ask all my patients how their scars heal and whether they have ever noticed exuberant scar formation in the past. When they report that they have had thick scars on several occasions in the past, I carry out pre- and post-operative treatment using the removed tissue. Although it is said that the development of cicatricial keloid is an endogenous predisposition and thick scarring can be expected in virtually all operations, none of the patients I have so far treated has displayed such a reaction.

## TREATMENT OF GENERAL DISORDERS

When you have been dealing with patients for some time, you find that they tell you more and more about themselves and their problems. You are no longer just an ophthalmologist, you increasingly become a family doctor. Patients you have treated previously for some particular dysfunction relating to the eye frequently ask if you can help cure one or other ailment. Then there's my large circle of friends and relations.

Here are some of the diseases which I have treated and which have nothing to do with the eye (brief, incomplete list):

- neurodermatitis
- back and shoulder pain
- heartburn
- phantom limb pain in amputated joints.

Added to this there are psychogenic disorders and depression, in some cases going back to childhood during the second world war. Chakra therapy is particularly useful here.

I had an interesting case of a little Kurdish boy with abdominal pain. His father explained in broken German that the little boy cried continuously

because he had abdominal pain. I took a look at the child. He was small and his physical growth was retarded compared with other children. I immediately thought of lactose intolerance and surrogate testing confirmed my suspicion. In addition to BRT with toxin elimination and strengthening the intestine (meridian flooding), I suggested the patient keep off dairy products for the initial period of treatment. I recommended soya milk as a milk substitute. Just one week later the child was much better. Unfortunately the parents were not very understanding and admitted they had continued giving the child cows' milk. After a further 4 sessions, the child had reached the stage that he was no longer in any pain and I ended the treatment, impressing upon the parents that he should also keep off dairy products in the future if possible. Some time later I received an angry call from a paediatrician who was treating the child. The child was suffering from Hirschsprung's disease, in which the ganglion cells in the intestine which are responsible for normal peristalsis have not formed properly. He complained asking how I could try to treat this disease when everyone knew that therapy was hopeless. — The interesting thing for me was that, so long as we carried out BRT and the child kept to simple behavioural measures like lactose abstinence, he was much better and free of symptoms!

#### SUMMARY

To sum up, I should like to say that there is no limit to the use of BRT in ophthalmology. Apart from age-related manifestations such as grey cataracts, there are hardly any diseases which cannot be treated. In the treatment of chronic diseases, in particular, it is superior to orthodox medicine which often merely suppresses, but very rarely truly heals, the condition. It is helpful to tell the patient this.

I should like to say to ophthalmologists who are toying with the idea of incorporating BRT into their practices that they are crossing a dangerous boundary. The time when all you needed to do was examine a patient's eyes is long gone. Taking the patient's history automatically becomes more thorough and you are amazed how quickly patients pour out their hearts. The time when you could "treat" a patient in 5 minutes or less is long gone. You must also expect colleagues to hand out side-swipes.

Unfortunately you find that it is often the patients who are the most needy who are the ones who can least afford it as chronic disease has frequently restricted their ability to work. This is the point at which your job becomes a vocation and you have to become a Samaritan. The reward is the awareness that you have really helped another person. A feeling I would not want to miss out on.

