

Traces in the face organ-related facelifts using bioresonance

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Dear colleagues,
Dear bioresonance therapy enthusiasts,
This year I have the honour of reporting to you on a highly unusual area of Bicom bioresonance therapy.
I am talking about the use of bioresonance in cosmetic medicine.

Background

At some point, when using bioresonance in my practice in Turkey, I noticed a certain general "rejuvenation" in my patients' faces. Initially those vital steps in the bioresonance therapy system - relief for the immune system and elimination of toxins and heavy metals - appeared to me to explain this phenomenon. The patients underwent a kind of purification treatment and that was reflected in a visible rejuvenation and general contentment.

Some time later I observed the following: the facial wrinkles of patients who underwent repeated meridian flushing (meridian start or end points in the face) were noticeably reduced.

I asked myself whether facial wrinkles have a deeper meaning than a natural sign of ageing and the inevitable gravitational pull. I researched pathophysiology in a number of books taken from the conventional medical world and also so-called facial diagnosis which you may be familiar with in the context of Schussler salts and made the following discoveries:

1. Authors such as Ohashi, Ferronato and a number of others (see bibliography) have compared protracted studies of the face with the specific disorders of the people examined and meticulously noted and catalogued the common factors.

2. This careful and responsible research which is still ongoing today enabled Natale Ferronato to develop his system of pathophysiology. This theory of organ- and function-specific signs in the face allows conclusions to be drawn regarding current or past disorders. Predisposition to disease, the generally congenital susceptibility to develop a disorder, can also be identified. The ability to decode these early signs of a potential disorder makes this system extremely valuable in preventive medicine. Intuitive sensitivity and empathy is essential alongside purely visual perception. To learn this reliable method of diagnosis it is necessary to practise this "sensitive way of seeing" as well as possess a thorough knowledge of anatomy and pathophysiology. It also enables the progress of treatment to be assessed: if the right therapy has been selected, the changes which can be identified pathophysiology improve and revert towards the norm. However if therapy is not optimal, the condition gets worse.

3. Omura examined people post mortem and noticed for the first time so-called malignant signs in the head area. The pathophysiology Bach compared photos of his patients and made some intriguing observations. The facial characteristics revealed the event long before the onset of the malignant process.

There were roughly defined, easily identified stigmas which had probably been overlooked simply on account of their plainness.

4. Traditional Chinese Medicine uses pathophysiology as a diagnostic instrument, referring to it as Bo Shin.

5. The technique of wrinkle reduction with acupuncture and so-called Shiatsu facial massage has been in existence for a number of years. Conventional needle techniques or tapping techniques have been used in some acupuncture practices for years.

Observations and thoughts

I found the drawings in Ferronato's book *Praxis der Pathophysiognomik* [Practical experience of *pathophysiognomics*], in particular, extremely clear and detailed. On closer consideration and on comparing these drawings with the Bo Shin method and Shiatsu facial massage, I realised that, when we flush the meridians with the Bicom method, we reduce wrinkles in a carefully targeted, albeit unknowing, manner.

Detailed inspection of the facial wrinkles of our Bicom patients who had initially undergone meridian flushing revealed the following:

1. The location and depth of the wrinkles and complexion and nature of the skin were in accord with Ferronato's drawings as regards the connections with existing disorders.

2. After a number of Bicom therapy sessions, especially meridian flushing and organ-specific therapies, the wrinkles in the face were noticeably reduced, particularly in the organ reflex zones.

3. Improvements in the metabolism could also be read, as it were, in the faces of patients with systemic metabolic disorders the signs of which were reflected in their faces.

I will give an example to explain this:

A female patient with type II diabetes had a raised area of skin in the middle of her face below the lower lip, a sign of a pancreatic disorder. Programs 301 (meridian program pancreas), 923 (chronic tissue processes) and 450 (diabetes) were applied using the Bicom device. The program amplification and therapy time were tested individually and selected. After just two therapy sessions the raised area below the lower lip had receded noticeably. The patient's blood-sugar levels were also noticeably improved.

Nevertheless the patient was obviously given further therapy aimed at improving her metabolism. For reference, the following common conditions/metabolic disorders and the appropriate Bicom programs deserve particular mention:

• Candida stress	978/191
• Carbohydrate metabolic disorder	10082
• Protein metabolism	590/910, 518, 960
• Lipid metabolism	10049/10050
• Liver metabolism	10093
• Renal metabolism	10114
• Wheat /cows' milk intolerance	11310, 12310, 13310
• Parasites (<i>Eurytrema pancreaticum</i> etc.)	978/191
• Viruses (EBV, herpes etc.)	978/191
• Heavy metals (mercury, lead etc.)	999/998

Our observations showed that the patient's metabolic situation could literally be read from the edge of her lower lip (Fig. 1, pancreatic zone 27, 28, 29).

During this fascinating observation period I developed a specific plan from a

combination of Bicom programs known to reduce wrinkles (913, 914) and the selective acupuncture program 113 by involving meridian programs from the Bicom therapy system. We initially tried out the various stages of the program within

the team. The resulting success then encouraged us to apply this therapy on eleven patients free of charge. They were treated a total of ten times at weekly intervals. We took photos prior to the start of the test and after ten sessions for subsequent documentation.

The practicalities of performing organ-specific wrinkle therapy with the Bicom method

- The patients signed a declaration of consent which, amongst other things, included permission for the photos to be published.
- Therapy lasted 32 minutes in total plus basic therapy.
- During therapy patients followed a sketch (Fig. 2), which indicated the points in the face which had to be stimulated with the roller electrode. Care was taken that all the points were treated consistently with gentle pressure. Selective therapy was not intended in this case. There is no specific sequence for treating points using the roller electrode. What is important is that all the points are covered. This then ensures that all the meridians are treated. In my experience it is sufficient

to treat with the roller electrode just once.

- To ensure a "short circuit" between the Du Mai and the Ren Mai, the tongue had to be pressed against the palate during the entire therapy session. For, according to acupuncture theory, these special meridians are capable of creating an energy (chi) balance in the area of all 12 main meridians (Fig. 3). In this way the relatively brief therapy sessions would produce the maximum possible effect on all the meridians.
- During therapy the therapy oscillations were applied to a small bottle of Bicom oil (or drops). The patients were recommended to apply this to their face and neck at the end of the evening after cleaning their facial skin .
- 1-2 chips were imprinted during therapy. These were to be applied to the part of the body previously tested individually until the next therapy session.
- To make things easier for the assistant, the individual programs were saved as program series in the BICOM optima (see next page).

Bicom was actually applied as follows:

Bicom program	Input cup	Input electrode	Output cup	Output electrode	MM	Chip	DMI
Basic therapy	Sputum/ blood	one hand		one hand	Back	---	?
40002 (20 mins)	Sputum/ blood	Roller electrode Face/neck	Oil/drops		Back	yes	?
40001 (6 mins)	Sputum/ blood	Plate electrode one hand + plate electrode one foot	Oil/drops	Roller electrode right half of face and neck	Back	yes	?
40001 (6 mins)	Sputum/ blood	Plate electrode one hand + plate electrode one foot	Oil/drops	Roller electrode left half of face and neck	Back	yes	?

MM = modulation mat (explanations continued on next page)

Program series saved in the BICOM optima (new program numbers 40001 and 40002 are randomly selected):

- 40002 = 913, 914 each for 10 minutes
 - 40001 = 113, 291, 331, 271, 391, 371, each for 1 minute
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Case studies and results

Case 1 Frau Sinem I., 42 years old, teacher

Main diagnosis: overweight, BMI 32, underactive thyroid

Despite intensive Bicom therapy and the patient adhering to a healthy dietary plan, the result as regards weight loss was unfortunately frustrating. Only after checking the thyroid parameters twice was an underactive thyroid finally detected. During the period when her weight had stagnated the patient learnt while in the waiting room that we wanted to conduct a series of face lifting tests. Although she was not a good candidate for the free treatment as she had no wrinkles on her face, she asked us to treat her double chin.

The before and after photos demonstrate how successful this was. The patient was satisfied with the result.

The patient only treated her neck with the roller electrode according to the table above. No other Bicom therapies were administered during this time. (Unfortunately) her weight remained stable the whole time.

Case 2 Frau Melek S., 43 years old, estate agent

Main diagnosis: 2010 intraductal papilloma right breast, classified as T2N1M0F0 under TNM classification, mastectomy right breast, status post chemotherapy and radiotherapy.

Patient has been treated by us since 2010 and completion of abovementioned therapy. Good patient compliance from the outset. We have now actually exhausted all the treatment options for Frau Melek. The university hospital in Aydin is currently carrying out regular check-ups. For our

part, we are carrying out tests and therapy with the Bicom at monthly intervals. This includes testing the CTT panels, making particular use of the "Degenerated cells" test set. The immune system is also being supported (Bicom programs 10005, 428 etc.) and current symptoms of ill health are swiftly identified and treated with Bicom. The patient was particularly concerned about her tired facial expression and tear sacs. After the 2nd face lifting session she reported that, independently of one another, friends and acquaintances asked her if she had been on holiday as she looked so refreshed and relaxed.

Case 3 Frau Aysegul A., 50 years old, self-employed business woman working in the marble industry

Main diagnosis: reactive depression following the sudden death of her husband in a car accident. Hashimoto's thyroiditis, metabolic syndrome.

We have been treating the patient with her daughter for three years. She has been able to stop all her medication (anti-depressants and thyroid preparations). Her biochemical metabolic parameters and thyroid antibodies have been within the normal range for a long time. However monthly Bicom sessions are regarded as a preventive measure against infection, jet lag following long flights, etc.

Frau Aysegul was concerned about her deep nasolabial wrinkles and her tired facial expression. After the 6th session her two grown-up children asked her if she had secretly been having Botox injections. We incorporated the face lifting program into her monthly treatment. She has recommended us to other people. However, since we are not currently taking

on any new patients, we referred them to a local colleague who is familiar with our therapy regime and has been using it successfully.

Case 4 Frau Hatice U., 65 years old, pensioner

Main diagnosis: Status post hip replacement surgery due to coxarthrosis of right joint, seronegative rheumatoid arthritis, osteoporosis, Brucella infection.

We have known the patient since 2006. She was then a heavy smoker (for 36 years/ 40 cigarettes a day, equivalent to 72 pack years) and actually came to us because of the pain in her hips. She gave up smoking through Bicom therapy and to this day has not smoked since. The osteoarthritis in her hips was already well advanced in 2006. Following intensive therapy on our part, the surgery scheduled for 2006 was delayed to 2012. Frau Hatice experienced pain only on extreme exertion. However the severe degree of joint destruction was causing a significant difference in the patient's leg length which, in turn, was having an adverse structural effect on the spine with the patient developing scoliosis. Ultimately hip replacement surgery was performed. Bicom was used for pre- and post-operative treatment.

The patient is still undergoing monthly therapy to stabilise her metabolism.

Since the patient's face was suffering from premature ageing, presumably due to the prolonged action of toxins, we wanted to see if face lifting would also be effective on advanced wrinkles. Improvements around the eyes (dark drooping tear sacs) and reduction in depth of the wrinkles around the top lip were particularly evident in this patient. The patient is very pleased with the results and is continuing the treatment at monthly intervals.

Results:

In this trial **11** female patients were treated free of charge with the above-mentioned method.

3 patients did not continue the weekly therapy to the end due to time constraints and were therefore not included in the following survey (next page).

Summary

Bioresonance has proved extremely effective in many areas of human, dental and animal medicine. Our work shows that in future it can be of value in the cosmetic field too.

Thanks to our satisfied patients, word has already spread around the local area that, in our practice, we have successfully reduced wrinkles using the Bicom method without causing any pain or subsequent side effects. Consequently there is strong demand which we are currently unfortunately unable to meet due to lack of time.

In conventional Bicom therapy for other indications, the patient's state of health and the degree of success of the therapy can also be assessed through the pathophysiology of the face, if the therapist trains their eyes and learns to observe closely.

In the hope that I have encouraged you to spend some time on pathophysiology and to use bioresonance in cosmetic medicine, I wish all those present much enjoyment and pleasure with this approach.

You can request before/after photos of the patients by post from us if you would like to compare these at home at your leisure and in better light conditions.

Thank you for your attention.

Survey to assess the results of therapy from the viewpoint of the eight patients

1. Were you satisfied with the results of face lifting treatment with the Bicom method?	
Satisfied:	7
Unable to judge:	1
Not satisfied:	0
2. Would you recommend Bicom face lifting to others?	
Yes:	7
Don't know (yet):	1
No:	0
3. Would you want to continue once a month even if there was a charge for therapy?	
Yes:	4
Possibly later:	2
No:	2 (Please state reason: 1 x insufficient time, 1 x insufficient funds)
4. Will you continue applying Bicom drops/oil after the 10 treatments?	
Yes	8 (until the drops / oil are used up)
No:	0
5. Have people commented about your face looking different? If yes, what did they say?	
Yes:	7
Of these:	
"You look rested and relaxed. Have you been on holiday?"	4
"Have you had Botox?"	2
"Have you been in the sauna/steam bath?"	1
No:	1

All the patients stated they had felt a tingling and stretching of the skin the evening of their Bicom treatment.

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