

Fidgety Philip and little dreamer: treatment of ADHS with the BICOM

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Dear colleagues,

I am delighted to be able to speak to you on the occasion of the 47th International Congress 2007 in Fulda about some of the experiences I have taken from my practice. My paper deals with the manifestation of ADD (Attention Deficit Disorder) with and without hyperactivity.

Disturbed or normal? In need of therapy or just going through a difficult phase? Ill or just spirited? Thousands of parents of nervous, unfocused and fidgety children are asking these very questions.

People are quick to assume or diagnose Attention Deficit Hyperactivity Disorder (AD(H)D for short). The children suffer from a lack of self-control and are unable to properly control their impulses. There are a whole range of symptoms associated with AD(H)D: excessive restlessness, learning difficulties, problems with concentration, lack of coordination, low self-esteem, a tendency to get frustrated and aggressive behaviour. AD(H)D children can seem such hard work that no one wants to deal with them. Children of their own age tease them, stressed teachers often write them off as hopeless social misfits. I could go on adding to the list of symptoms as all children are completely different.

For years *Ritalin* was the medication of choice. Methylphenidate, the reactive agent in Ritalin, was originally used as an appetite suppressant and antidepressant which actually made young patients quieter and better able to concentrate. The effect it has on the brain is similar to the reaction experienced with a number of illegal amphetamines. Unfortunately no long-term

studies have as yet been carried out to investigate the possibility of damage later in life or of any side effects.

In one journal I found a great quote which summed up exactly the problems surrounding the use of the preparation Ritalin: "Have you ever heard of the body having a Ritalin deficiency?"

When I refer to children in the rest of this paper I am also referring indirectly to adults. After all, every child eventually turns into an adult!

Cause

There has been much speculation as to the cause of AD(H)D. In my practice and particularly when referring to children I use the term 'metabolic disorder'. In my eyes these children are not ill! They have been made sick by the environment around them! A metabolic disorder can easily be treated with Bicom as I have seen from the number of successful treatments carried out! I often find inoculations, heavy metals, antibiotics, oxytocic drugs or food to be the cause! A lack of minerals and trace elements as well as a considerable vitamin deficiency are also key factors.

Since we are here at the Bicom Congress I will limit my explanations to treatment using bioresonance.

Diagnosis

The focus of my practice is working with all types of children with behavioural difficulties.

During the initial case history parents diagnose their child for me: "My child has AD(H)D."

The children have usually already been labelled by their environment and their parents – often unfairly! It's a child's cry for help! They aren't acting this way for no reason!

Testing

Testing for a metabolic disorder is extensive. At my practice the main causes of this manifestation have turned out to be as follows:

- ▶ Insufficient detoxication function of the liver, kidney, lymphs and intestine

Background knowledge: – During haemoglobin metabolism pyrroles arise as a result of physiological stress. They are catabolic products (not the body's reactive agents) which are excreted via/with bile acid. The pyrroles and bile acid are stored together and detoxify each other. In the case of a metabolic disorder the pyrroles bind with vit. B6 instead of bile acid. This forms a Schiff's base which in turn binds with zinc acting as a carrier. The end product is kryptopyrroles. This means that there is not only a strong vitamin B deficiency but also a zinc deficiency. An elevated urine test can be carried out to determine the amount of kryptopyrroles being excreted. This is one reason why it is important to detoxify the liver in particular!

- ▶ Blockages

Program	For the treatment of
700, 701, 702	Geopathy, radiation stress
535	Laterality
530	Temporomandibular joint
538	Sympathetic trunk
581 + 915	Spinal column
211	Sacrum
900 + 910	Scars
905	Narcotics
847	Medication
953 + 582	Immune blockages

- ▶ Inoculation blockages

Here I use the CTT test kit for inoculations and heavy metal stresses.

In my practice it turns out that inoculation blockages have such a strong effect on the entire metabolism of children that symptoms such as speech disorders, restlessness, lethargy, problems with concentration etc. occur. The logical consequence of these symptoms are "changes in behaviour" in children. Through Bicom therapy we as therapists are in a position to remove these blockages allowing energy to flow again!

- ▶ Food intolerances

Cow's milk, wheat and sugar form the most frequent stresses and blockages after inoculation blockages.

- ▶ Oxytocic drugs

Oxytocic drugs or labour-delaying agents, painkillers and medication test positive in 70% of the children.

- ▶ Heavy metals

Amalgam in the mother's teeth but also other things that are absorbed whilst eating.

- ▶ Ritalin

Is/was the child ever given Ritalin? NB for treatment!

Therapy

1st session:

1. Basic program
2. 430, 431 liver (test time)
3. 480, 330 kidney (test time)
4. 930 or 830 lymphs (test time)
5. 700 geopathy

2nd and following sessions:

1. Basic program
2. Liver, kidney, lymphs

3. Progr. 191, test time
4. IC: CTT ampoule inoculation and/or pathogen
5. Progr. 192, test time
6. IC: inoculation elimination, offset inoculation damage etc.

Therapy frequency: Once a week.

In 90% of cases patients feel a lot better after 3-4 treatments. Restlessness, concentration levels, tiredness, lethargic behaviour, motivation etc have all improved considerably too. If the blockages are removed, particularly inoculation blockages, I then treat one of the basic allergens (milk, sugar, wheat, egg) through abstinence.

Therapy assistance

You can remove manifestations which also have a blocking effect on the body.

Inducing or preventive agents:
Inoculations test kit, progr. 192,
IC: nosode, O: mat.

Depending on the availability of the drug,
progr. 998 may also be used in treatment,
IC: inducing agent.

Medication:

Progr. 847 tests positive indicating
antibiotics or other medication.

For antibiotics:

Inoculation test kit, progr. 192,
IC: antibiotics ampoule, O: mat. Test time.

For other medication:

Progr. 998, IC: medication, O: mat.

Activate left/right half of brain:

Progr. 572, 571

Activate metabolism:

General: Progr. 530

Improve carbohydrate metabolism:

Progr. 819/530/500/992

Improve protein metabolism:

Progr. 910 or 590 + 518/960/970

Improve fat metabolism:

Progr. 520/835/460/250, as described in
the handbook.

Ritalin:

Under no circumstances should this be
discontinued straightaway. First of all the
elimination organs need to be opened
several times.

Then slowly decrease the dosage and at
the same time eliminate with 998 and/or
999. IC: Ritalin preparation. (Caution:
naturopaths are not allowed to discontinue
use of the medication but parents can!)
Test time.

Conclusion

The disorder which is currently known as
AD(H)D is like any other disorder, i.e.
similar to a mirror which is held in front of
us and forces us to recognise ourselves and
therefore the causes and mistakes which
have led to these metabolic disorders.

I have already listed some of the causes.
There may be a number of other reasons,
however, which affect the normal
development of children. One thing is
certain though: the brain and the central
area of development is always affected! I
would like to encourage all therapists to
make use of the fantastic possibilities
offered by Bicom therapy for the benefit of
their patients, both young and old.

I wish you all every success in your work
with Bicom therapy!

Laboratory information is available from
me.