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# **Auto-immune diseases as a result of increasing immune damage — status identification background burdens and a concept for a practically proven diagnosis and therapy system**

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## INTRODUCTION

Dear colleagues and friends of Bicom bioresonance therapy,

My subject today is one of the most serious clinical pictures with which we are confronted in our holistically orientated practices.

If I may refer to my experience of 15 years, one thing is very obvious: Fifteen years ago a patient usually consulted a holistic practitioner with one concrete clinical picture. When a patient sees me today, he comes with a marked multiple clinical picture. It is noticeable that individual clinical pictures become increasingly chronic and manifest because of a subsummation of multifactorial burdens. The patient of today is not like one of 15 years ago!

This shows the demand and the need for a truly consistent holistic diagnostic and therapeutic system.

## DEFINITIONS

For naturopathic therapists all kinds of auto-immune diseases are a special problem.

The reason lies within the nature of the auto-immune disease itself: The body's immune system suddenly „recognises" the body's own structures as enemies. The body is therefore sensitised to itself which results in a painful case history, since the picture of the enemy of the immune system causes destructive resistance functions up to complete dysregulation of the entire life of the patient.

Traditional medical logic on therapy of these

processes seems understandable at first: the only remaining measure is immune suppression.

Naturopathic therapy measures seem to be contraindicated because of the three important pillars of our therapeutic method, whose effective mechanisms I wish to define in short.

### 1. ACTIVATION OF THE IMMUNE SYSTEM

Any direct immunological activation will automatically foster the auto-immune tendency. Through this therapy measure, although it is usually generally applicable, the immune system gets more activity to force its supposedly correct resistance campaign. We therefore generally support the immunological method within the body of the patient.

### 2. DETOXIFICATION MEASURES

The classical naturopathic methods are used for general detoxification and contamination relief of the organism. They are to be welcomed as long as toxins are freed from the mesenchymal basic structure and are also able to really leave the organism. The release of toxins on its own is not necessarily the problem, but we must make sure that our methods result in the toxins really leaving the organism. If this does not happen, the released toxin will look for a new storage place in the sense of a regressive substitution in the humoral-pathological understanding of things.

This place is always the one with the least resistance and therefore exactly the site of the pathogenic event and course of an auto-immune tendency!

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### 3. INCREASED READINESS TO REACT

Through a series of naturopathic methods we support an increased reactive readiness for the stabilisation of reactive, regulatory and compensatory mechanisms of the entire organism.

Even this traditional pillar of our work supports the tendency to auto-immunity if the corresponding disposition is present in the patient.

#### PREREQUISITES FOR AN AUTO-IMMUNE DISEASE

Some years ago a statement by Mr Keymer impressed me, namely that an auto-immune disease is essentially one of the most unnecessary illnesses.

Even though this statement may seem banal, we must admit that a person's steady state has a chain of recognition, protection and resistance mechanisms which prevent that such a sensitisation occurs.

Autosensitisation in the sense of an auto-immune reaction is therefore a potentially allergic illness. Initially the auto-immune disease can be regarded as an allergy in combination with a very hyperergic reactive situation.

Furthermore, this disease is always highly individual and is often based on a quite personal history. We know that there are never two identical cases of multiple sclerosis or Crohn's disease.

Even if the symptoms and the clinical findings show similarities, the individual point of view of the patient is quite different. Consider for instance the age of the patient, the different previous illnesses, family history, personal habits and quite different noxes which may have affected him.

This raises questions about the individual background of the pathological energy of an auto-immune tendency. With this I mean that the mistakes of the immune system holds individual prerequisites and did not happen by chance.

The previous burdens should never be regarded as monocausal but always as multicausal. All burdens added in the course of life may in principle be a prerequisite for the auto-immune tendency.

#### BACKGROUND BURDENS

When we consider the possible background burdens, we must go far back, since auto-immune tendencies start in early childhood or even prenatally and even through genetic susceptibility.

This begins in the mothers who during the last

few decades had a higher poisoning rate than their own mothers had had. This means that a poisoning of the mother's mesenchyme may lay the foundations of a mesenchymal burden in the child.

Allow me to list the possible burdens:

#### 1. Hereditary toxicoses

e. g. tuberculinum (tuberculosis) and luesinum (syphilis) are hereditary individual weak points from birth onwards and may be a basic burden and general weakness throughout life.

I refer you to my paper of May 1997, published in RTI-Heft 20.

#### 2. Vaccination noxes

form an aggressive immunological prerequisite, i. a. because of the large number of vaccination shots in addition to the burdening through repeated vaccinations, not least because of the accompanying substances within the vaccines.

I refer you to my paper of May 1998, published in RTI-Heft 22.

#### 3. Bacterial burdens

especially chronic ones through recurring streptococcus infections with latent toxin scattering via the tonsils or the paranasal sinuses.

#### 4. Viral burdens

especially multiple burdens or those which develop a long-term effect, e. g. herpes viruses, Cocksackie viruses or the Epstein-Barr virus.

As a worst-case scenario multiple burdens will additionally develop out of a latent viral burden.

#### 5. Retoxic burdens

contain the danger of previous damage of specific tissues, on the one hand through the experienced infection itself and on the other through mesenchymal poisoning by bacterial and/or viral breakdown products as well as by medication with a reotoxic effect.

The result is a reduction of the metabolic activity in the sense of the basic regulation according to Prof. Pischinger, and especially through the reotoxic treatment the tissue weakness constitutes a

resonance basis for later bacterial and/or viral infections.

We must consider the classical childhood illnesses in this connection. They are possibly experienced more than once and are sometimes treated with useless prescriptions of anti-substances. The result is that further immune weaknesses are programmed in advance, as is the development of a latent dysbacterial burden. Weak excretion and mucous membranes are therefore added to the immune weakness.

If we consider the retoxically treated childhood illnesses in combination with the large number of vaccinations, we can understand that according to humoral pathology toxic storage in the mesenchyme follows almost automatically, with long-term impairment of the cellular metabolism and especially of the metabolism of free radicals.

## 6. Focal burdens

e. g. foci in the area of the teeth or jaw or a tonsillary abscess sensitise the immune system subliminally but in the long term the result is a latent overburdening.

## 7. Poisoning by metabolic waste products

especially latent fermentation and putrefaction processes in the intestines, overburden important metabolic organs like the liver and the nervous system with amyl alcohols and protein decay products. Liver toxicity, neurotoxicity but in addition also the retoxic burden on the intestinal immune system paralyse up to 80 % of the immune activity of the entire organism in the long term.

I refer you to my paper of last year, published in RTI-Heft 23.

## 8. Wrong diet

generally results in a deficient metabolic situation with a resulting decrease in vitality and reduction of the immune activity. This may be a deficient diet or a one-sided diet, especially in the case of „fast food". The increase in allergies illustrates this problem in practice, and the continuing immunity decrease of the intestinal lymphaticum results in further mycotic and parasitic burdens, which also lead to a decrease in vitality and immunity.

## 9. Burdens by environmental toxins

especially heavy metals, but also solvents, insecticides, herbicides, hydrocarbons, nitrogen oxides, dioxides etc. which are increasingly found even in drinking water, have a toxicological affinity for the blood producing system, the nervous and immune systems. This is well-known.

## 10. Permanent stress on the vegetative system

through geopathic interference fields, electrosmog, ionising radiation and radioactivity affects the steady state of the entire organism continually.

## 11. Psychosomatic burdens

are often resulting burdens of the causes listed above, but may act as promoter of an auto-immune tendency in the case of isolated psychic irritation.

Consider the term „auto-immunity" here. It contains within itself the unusual relationship to the self which is the nature of the disease.

Even in young people we see increased psychic imbalance with increased aggression as an expression of stress compensation, as well as poor performance in school and education. This results in wrong development like addiction to drugs or a protesting attitude which is partially understandable:

To be „switched off" is also a form of stress compensation.

I want to show with this list that the energetic fine regulation in a patient's steady state is increasingly affected. It is often only a question of time before accumulating systemic burdens within this fine regulation develop into autoimmunity.

Since this happens on several fronts (mucous membranes, lymphatic system, blood producing system, hormonal system and nervous system, if the detoxification organs are overtaxed) the way is opened up for all-embracing reactions, since the listed background burdens usually have a cumulative effect. Against this background the development of auto-immune tendencies is understandable and comprehensible. The organism defines a part of its body as a weak point and the immune system is put under increasing stress.

Both these factors are the true prerequisites for an auto-immune tendency, and they accumulate to a fatal derailment, since parts of the immune sys-

tern are under permanent attack and others can only work at a reduced level.

As paradoxical as this derailment of the immune system is, we have ways in our area of bioenergetic medicine to enable the patient to make a new start in life within the framework of his own body's regulatory mechanisms if we use a structured method.

### DIAGNOSTIC SYSTEM

It is obvious within the framework of our holistic viewpoint that such a complex clinical picture cannot be identified through anamnesis and traditional diagnosis alone.

A bioenergetic diagnostic concept is needed that can survey the patient's specific individual burdens, and that already implies the therapeutic conclusions.

The instrument of choice in my practice is electroacupuncture according to Dr Voll. It enables me to recognise the total situation of the patient, also auto-immune tendencies, even in advance of a disease. An ideal extension of classical EAV is offered by the technology of the BicOm instrument. It is not only used for therapy but also as a diagnostic instrument to give clear and exhaustive results via the Cross-linked Test Technique.

Apart from EAV, testing by tensor, kinesiology and the RAC test are excellent diagnostic means that can indicate the correct treatment. Because of my experience I can only suggest that you learn a bioenergetic test method, or perhaps even two, since they may ideally complement each other in diagnosis and treatment.

Starting with careful anamnesis, augmented by laboratory tests (haematological and biochemical status, leukocyte test according to Prof. Pischinger and Bio-Electronic according to Prof. Vincent), each patient is fully tested at the initial consultation.

Since I mainly use EAV testing, I use the possibility of the irritation test according to Dr Schimmel. I also test some additional relevant points:

After testing all terminal points, an energetic „irritation" of 2x 2 minutes follows via Bicom programme 196. At first the hands are connected to the input and the feet to the output for 2 minutes, and then both feet are connected to the input and both hands to the output for a further 2 minutes.

Then all terminal points are tested again to rec-

ognise the regulatory ability of the entire organism, especially its blockages and insufficiencies.

This is the special diagnostic ability of EAV.

After the test results, checking of the ampoules of the „5 elements" test set follows. They define the primary affected meridian or organ areas of the patient and present energetic interrelations of the meridians to each other, i. e. disturbances within the theory of 5 elements and the „rule of

### **These ampoules are tested with Bicoivi programme 192.**

This already defines the method for the next therapy session for orientating the patient to a specific treatment to stabilise the functional, reactive, regulatory and compensatory mechanisms.

**Example:** If multiple sclerosis has its organic weak point in the nervous system, bioenergetic testing also shows other weak points in the organism, e. g. focal burdens or suspected toxin stores in the connective tissue.

Then I test the possible pathogenic background burdens in a structured way using the Cross-linked Test Technique, since this gives a comprehensive picture of the primary but also of the accompanying burdens. The tested substances are checked for the written test values and with a view to the individual symptoms of the patient.

### **All ampoules of the pathogenic burdens are tested with Bicom programme 191.**

The order of testing is as follows:

- food allergens and pseudo-allergic burdens
- intestinal situation (fermentation and putrefaction dyspepsia), mycoses and parasites
- environmental toxins and pharmaceutical toxins
- focal toxic burdens
- viruses and bacteria
- reotoxic childhood diseases and vaccinatorial burdens
- hereditary toxic burdens
- catalysts of the central regulation (psycho-somatic or somato-psyche correlations) with regard to the ampoules tested in the „5-E". Note that these ampoules are tested using programme 192.
- possibly therapy blockages (scar interference fields, geopathy, electrosmog, etc.)

We test these with the BICOM therapy programmes.

The entire testing process can be done within an hour and is especially suitable for difficult clinical pictures.

Of course some experience is necessary, but the specific training of the Institute for Regulative Medicine makes it possible to gain this experience, and I wish to motivate you to learn a bioenergetic test method. This opens up the possibilities of Bicom resonance therapy, a comprehensive therapeutic method with effects on the entire organism.

#### THERAPY SYSTEM

Based on your bioenergetic testing you know the energetic starting position of your patient, his burdens, and you know what therapy goals are planned, e. g. a dental treatment or antiviral therapy.

The individual therapy steps are important, since some premature therapy steps like a dental treatment may immediately cause an auto-immune attack within the patient. Plan a long-term treatment together with the patient and take more time to avoid an initial deterioration in symptoms. During a therapy session for this kind of clinical picture „less is definitely more" and the interval between sessions should also be greater so that the patient can finish reacting. This is in contrast to other clinical pictures.

The basis of the Therapeutic House is more important than for other kinds of patients:

Always check the dietary starting point and the intestinal flora situation, since about 84 % of the performance of the immune system is associated with the intestines. Note the acid-base balance, orthomolecular medication, paraffin free skin care and especially drinking of very pure water (reverse osmosis).

Since I will now make suggestions on the therapy method, I ask you to keep in mind that these are mainly based on Bicom version 4.4. As I have said previously, this is one of the most difficult clinical pictures within a practice. It requires a comprehensive therapy concept. Since using Bicom version 4.4 I was able to make clear progress in auto-immune tendencies.

Within the framework of the therapy sessions I always do a basic therapy followed by one or more subsequent programmes.

The basic therapies are tested by entering three possible basic programmes. I use the start button and the up arrow button to jump from programme to programme and test which one hits the optimal

resonance basis.

Example: I want to stabilise the patient with a „conditioning programme" and enter programmes 120, 126 and 130 on the display. I can easily test which programme the patient responds to. Especially programme 130 in BicoM version 4.4 is a big improvement within the framework of basic treatments.

In case of a hyperergic reactive state that I want to inhibit, I choose between basic programmes 122, 123 and 124.

I must mention programmes 133 and 433 with **A and A inverse in alternation**. They are not necessarily suitable for the first few sessions, but are almost always used later in these cases.

On the one hand the subsequent programmes are suitable for actual symptoms of the patients. I like choosing the „meridian-based subsequent therapies" (programmes 200 to 391) or another suitable programme from the large collection.

On the other hand the therapy blockages should be kept in mind. They must always be checked:

- scar interference fields (programmes 910 and 951 but also 931)
- geopathy, electrosmog, radioactivity (programmes 700, 701, 702)
- medication blockages (programmes 847 and 941)
- autoregulatory disturbances (programme 432, but also 915, 951 and 133)
- tissue events, acute/chronic (programmes 922, 923)
- chakra therapies (programmes 970, 962, 940)
- metabolic therapies (programmes 530, 802, 812, 839)
- blockage of the spinal column (programmes 580, 581, 582, 211)
- supporting programmes according to indications (e. g. programme 570 in the case of multiple sclerosis (MS)).

The programmes listed above are especially important during the first few therapy sessions and form a possible range from which one can choose.

I recommend that you attend a course on „Therapy with the patient's own frequencies" presented by Dr and Mrs Will.

After the basic therapy and the individual subsequent programmes the patient is connected only to the output cables with the electrodes and stabilised with the ampoules from the „5-element-

theory" test set and the meridian ampoules, possibly amplified by the ampoules of the organ subsets.

In this way you get to the ordering principles of the theory of 5 elements.

For this you choose programme 192 (analogue 198) and test the amplification and the therapy time.

In addition, but only if the test shows that this is necessary, the ampoules for „inhibition“, „chakras“ and „catalysts of the central regulation“ are applied.

Here too, programme 192 or 198 is used for treatment.

You should not do more during the first few therapy sessions, in order not to overtreat the patient, to give enough time for reactions. You should never start specific treatment steps too soon.

The new starting position of the patient is tested at each session so that each patient can be treated very individually. The goal is to start the **anti-allergic therapy** according to Dr Hennecke as soon as possible, since almost all of these patients have an allergic tendency.

Parallel to the anti-allergic therapy, please test the **effects of immune suppressive allopathic medication** which the patient usually takes, in order to intercept their side effects through careful amplification of an Ai programme. Ideally one transfers the information via Ai therapy from the allopathic medication onto BRT oil or BRT minerals and gives these to the patient to use at home.

A reduction in or even stopping the use of immune suppressors is probably not possible at this stage. It will take place rather late in the treatment plan by specific testing of the medication and with specific accompanying therapy. The allopathic medication is put in the input cup and treated during the „weaning phase“ with Ai therapy while testing the exact amplification and time. Here the potency levels have proven effective especially when deciding whether the allopathic medication should be treated with Ai or H+Di oscillations.

Shortly before traditional medication is stopped, allopathic medication is prepared with A-therapy in order to keep up its effect as long as possible even in low dosages as resonance base so that there is no „attack“-like phase.

So much for the treatment of immune suppressors, but let us know deal with the general therapy system.

After the anti-allergic therapy (keeping in mind

the basic therapy, the subsequent programmes and possible blockages), you can already recognise an improvement in the patient if the therapy progress runs optimally. Further specific therapy steps are taken now.

Now the time has come for **antiparasitic and antimycotic therapy** according to the guidelines of the therapy systems of Mr Keymer and Mr Baklayan (M. Keymer on mycosis therapy in RTI-Heft 13; M. Keymer and A. Baklayan in RTI-Heft 22 and RTI-Heft 23).

Give special attention to the flood of **toxins** which must be treated via drainage, e. g. using **Bicom cup electrode therapy**.

At the start of our naturopathic training we learn of the classical removal methods, and especially of cup therapy. Luckily we have the possibility to extend this therapy form via Bicom resonance therapy. Especially colleagues who usually treat toxically contaminated patients report on this.

Also environmental toxins are massively released, so that an accompanying or following therapy must be started to remove these toxins.

We do this via BicOm cup electrode therapy but also by supporting the excretory and detoxifying organs through accompanying medication for the lymphatic system, liver/gall-bladder, kidneys/bladder and the intestines.

Finally preparations for **symbiotic regulation** are given at this point at the latest.

Thereafter you must ask whether the patient is willing to undergo a **dental treatment**, which is always connected to the release and removal of dental material. Also the treatment of root-treated teeth, jaw osteitis, chronic pulpitis etc. will burden the immunity of the entire organism.

After dental treatment comes the optimal time to treat a **latent viral burden**. Not only the occurrence of an acute viral burden (e. g. Herpes lab. or Pfeiffer's glandular fever characterise the immunological weakness, but the latent viral burden is a long-term burden on the immune system and needs treatment as described by Mr Keymer in RTI-Heft 14.

Finally the only remaining treatments of the entire organism is the **retoxically experienced childhood diseases**, the vaccinatorial burdens and the hereditary toxins in this order. As pathways of

early weaknesses, they influence the whole life of the patient and are important in the cure of the entire organism.

The time is relatively late in the structured therapy plan in order to avoid overstressing the patient.

Ladies and Gentlemen, I can only give you the basics for structured therapy here. However, I wish to stress our further training courses, where we discuss these therapy methods in detail with the attendees.

Especially the treatment of serious clinical pictures with Bicom resonance therapy requires advanced training. It is given by the Regumed Institute. You should make use of this opportunity.

Especially the use of the pathogenic nosode preparation using Bicom version 4.4 (with the reciprocal amplification sweep and the potency levels as well as the latest programmes) should encourage you to attend our courses.

#### FINAL REMARKS

I must say that we will not have total success, but it is important to motivate the patient fully. He must decide whether he wants to give in to the disease or whether he wants to fight it permanently, also to overcome the psychosomatic aspects of the illness.

You will need a lot of commitment, skill in counselling patients and decisiveness to take

the individual treatment steps at the right time and in the right order. You should also treat the patient while he is taking immune suppressants and getting traditional treatment in order to remove the background burdens and stabilise the weak organs, because you have only lost when the total organism afterwards finds no way back to autoregulation.

In your practice you will more often see patients with auto-immune tendencies than with manifested auto-immune diseases. This is especially evident through EAV diagnosis. If you are only able to lead these patients away from total overburdening of their organism, you can do much good. Even in the case of manifested diseases one can get a high degree of improvement.

I hope that I was able to convey to you that we can treat cases with a serious clinical picture in the sense of the Therapeutic House using specific Bicom resonance therapy in combination with other colleagues (dentists, chiropractors, etc.).

I hope that you will ask about this sector, get information and go for further training. I myself am thankful for the many training courses and suggestions which I was able to use for years. Especially Bicom resonance therapy copes with the increased demands in daily practise.

It is truly the therapy for the new millennium!

Enjoy the rest of the colloquium. Thank you for your attention.