

## Bioresonance an approach to the treatment of intrauterine fetal pathologies

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I am working in my private clinic in my country as a specialist in obstetrics and gynaecology. I have met Bicom bioresonance therapy method four years ago on the occasion of my mother's health problems. Then I began to use Bicom bioresonance method in my clinical practice.

I have shared my study about Dilated Cardiomyopathy with you last year. This year the topic of my presentation is about obstetric and gynaecologic problems. In the first part of presentation I will share my experiences the common problems that related to pregnancy; preterm labor, anaemia, and liver problems. In the second part, I will summarize the treatment of intrauterine fetal pathologies with bioresonance method.

### **1 Preterm Labor**

Preterm labor is the effacement or the dilation of the cervix between the 26th and 37th weeks of pregnancy with 2 contractions every 10 minutes or 3-4 contractions every 30 minutes with each contraction lasting at least 30 seconds.

The most important problem faced by obstetricians today is premature birth. The incidence of live births before the 37th week is reported to be 7-10% Yet 75% of the neonatal morbidity and mortality are observed within this group. Apart from the lethal congenital anomalies, premature birth is directly responsible for the 75-90% of the total neonatal mortality.

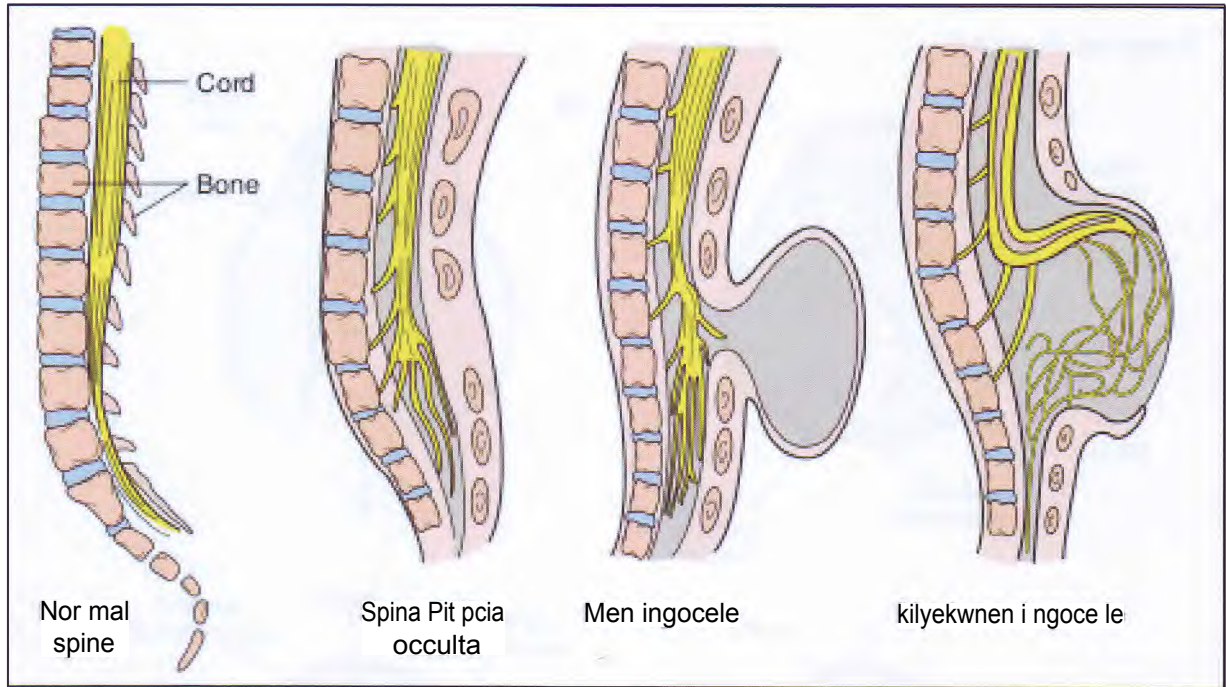
The most important health problems of the premature infants are due to the immaturity of the organs.

- I) Perinatal morbidity and mortality
  - Respiratory distress syndrome (RDS)
  - Bronchopulmonary dysplasia
  - Patent ductus arteriosus
  - Necrotizing enterocolitis
  - Hyperbilirubinemia
  - Intraventricular haemorrhage
  - Neonatal sepsis
  - Retinopathy
  - Leucomalacia
- II) Long-term sequel of preterm labor
  - Cerebral palsy
  - Hearing defects
  - Visual defects
  - Epilepsy
  - Mental retardation
  - Subnormal weight, height
  - Poor gross-motor function
  - Poor adaptive functioning
  - Behavioral problems
  - Attention deficit
  - Schooling problems

Changes of survival of preterm infants are primarily related to the birth weight and gestational age (Figures 1, 2).

### **Causes of premature birth**

The history of the patient's previous pregnancies is important for the prognosis of the actual pregnancy. If the patient has a history of premature birth the probability of premature termination of the next pregnancy is 14%



**Figure 4.1.5:** Neural tube defects

Prof. Dr. O.Z.:

"Severely opened meningocele. She may not live. In intrauterine term most probably baby will be lost. Severe cloaca anomaly is present. In case of the living of the baby, nutrition problems, complicated surgeries should be overcome."

**20.06.2012 (24W1D Pregnancy)**

USG: 23W1 D Fetus

- Sacral meningocele
- Hydroureteronephrosis on left kidney, pelviectasia (7mm / N: 5mm)
- Curved dilatation on left ureter (7.7 mm)
- Rectosigmoid dilatation
- Suspected genitalia? Cloacal anomaly (anal atresia?)

For karyotype and gender analysis, acetylcholine esterase analysis chorion villus sampling (CVS) and amniocentesis (AS) are planned. Patient was informed by Prof. Dr. A.Y.

Prof. Dr. A.Y.:

"Spina bifida opening which creates risk of paraplegia due to severe meningocele is taking place between below the thoracic

spine and above the lumbar spine. This may be due to suspected intersex genitalia."

After this depressing and shocking news, we were able to start on BRT on 6th week.

Informed consent was taken by the family. After detailed history, blood samples and basic tests bioresonance was planned.

#### History properties

Mrs. T.A. reported that they could not sleep comfortably at night, change their bed and wake up tired in the morning in their home, which they lived while in the period of blastogenesis.

She reported that she got teeth amalgam procedure on her 26th teeth during the blastogenesis (21 —28 day of gestation). According to teeth-organ connection system, 26th teeth treatment work on MP4 via number 700 geopathy program.

#### Blood test results

- Geopathy / E. smog
- Heavy metal loading: Mercury
- Major allergen: Yeast/Milk
- Virus: Herpes Simplex
- Fungus: Candida Albicans

Increased geopathy test results and geopathic exposure on the history make us think about geopathic aetiologies on OHS complex pathology.

BRT treatment procedure for fetal anomaly complex is started on the week of prenatal 27w3d, at 20.07.2012.

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## Suggested intrauterin bioresonance treatment procedure

### Basic Blockage Treatments

Geopathy / E. smog	700.3, 701.5, 702.2
Laterality	535.2
Spinal blockage	915.1, 581.1, 3031, 3041, 10184 (program series)
Sacrococcygeal blockage	211.2, 3065, 10091 (program series)
Clear deep blockage	3017

### Organ Meridian Programs

Kidney	380.1, 381.1, LDF Kidney 1 + 2*
Large intestine	220.1, 221.1, LDF Large intestine 1 + 2*
Bladder	390.1, 391.1, LDF Bladder 1 + 2*
Nerve	230.1, 231.1, LDF Nerve 1 + 2*

### Tissue regeneration program

Active vitality	900.1
Cell stimulation	839.2, 402.1, 10193 (program series)
Tissue blockage	927.4, 951.1, 701.4

### Organ treatment programs

Renal functional impairment	482.0, 3078, 3080, 10114 (program series)
Ureter problems	710.1, 381.5, 10064 (program series)

### - Miracle meridian treatment\*

From LU7 and KI6 key points, I applied number 211 and 381 programs.  
(It is very good program for the risk of preterm labor or miscarriage as my practice.)

\* According to Dr. Sabine Rauch

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Appropriate programs was elected the help of biotensor as kinesiologically from the suggested program modules above. After two session on 20.07.2012 and 27.07.2012. BRT treatment, Istanbul University, Medical Faculty Perinatology and Urology meeting results on 01.08.2012.

### 01.08.2012 (31W Pregnancy)

USG: 30W Fetus

- Sacral closed meningocele
- Normal two kidneys
- Intestinal dilatation (Anal atresia?)
- No bladder is seen, defected abdominal anterior wall (bladder extrophia, persistent cloaca)

### OEIS complex?

Karyotype 46XX,  
acetylcholinesterase negative

After meeting, family is informed by Prof. Dr. H.K., she said to them:

*"Continuing for this pregnancy is ruining your life."*

Perinatologist Prof. Dr. A.Y.:

*"Regression of sacral meningocele and loss of pelvicalectasis on the kidneys are INTERESTING."*

Mrs. T.A. is received four session BRT until birth. So, six session had been given at total.

## 05.09.2012 (36 W Pregnant)

USG: 35w pregnancy

- Closed sacral meningocele on the fetus
- Both kidneys are normal
- Bladder extrophia, anal atresia?  
OEIS complex?

### Birth

On 15.09.2012, 35 + week pregnant Mrs T.A. gave birth to 2400 g / 43 cm girl with C-section.

- APGAR was 8/9
- No defect was found on external genitalia, closed spina bifida was found. Extrophia vesicae, anal atresia and OEIS complex were confirmed. No respiratory distress took place. She didn't need neonatal intensive care. Normally, in obstetrics practice, neonatal intensive care need is seen very commonly for the babies under 2500 grams. Even though they are 36th week, if they got C-section, they still need neonatal intensive care (NIC).

Baby is taken to surgery just two hours after birth.

Extrophia vesica is repaired, bilateral ureters are catheterized.

Blind ended colon was connected to in front of the wall of abdomen (colostomy).

### Postoperative term:

Extubated immediately end of the operation.

Ureters started to work after first day, colostomy started to work after second days of post operative term.

Oral intake was started after post op 5th day and tolerated.

No infection problem was occurred.

Discharged on post op 13 rd. day.

Postpartum baby N.A. is taken to the BRT program when she was 20 days old on 05.10.2012. She continued to receive eight session BRT until the spina bifida surgery on 25.12.2012 when she was four months old.

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## Postpartum and postoperative bioresonance treatment protocol

In addition to intrauterine protocol, following is the postpartum protocol:

Basic Treatment	130, 131, 132
Navel scar on the baby, uterine C-scar on the mother	900.2, 910.3
Shock therapy	241.4, 3094, 3095, 10147 (program series)
Detoxification of vaccination	428.1, 990.0, 991.2, 10075 (program series)
Major allergen elimination	963.1, 944.2, 977.2, 998.1, 11310, 12310, 13310 (program series)
- Candida therapy	191, 197, 978, 1002*, 1003*

\* According to Dr. Sabine Rauch

To treat baby's intrapartum shock, I applied brain LDF 1 + 2 programs and Bach remedies from second canal by testing with kinesiological method.

### Meridian therapies

- Large intestine 220.1, 221.1
- Nerve 230.1, 231.1
- Bladder 390.1, 391.1

Again additional Dr. Sabine Rauch's LDF programs were applied.

## Other specific treatment approaches

Pre and postoperative treatment	951.2, 920.0, 930.3, 931.3, 20005
Fatty tissue regulation (lipomeningomyelocele)	3038, 10174 (program series)
Adhesion, wound healing after surgery	927.1, 3124, 3125, 10175, 10187 (program series)
Blood circulation problems in the abdomen	504.0, 3031, 10042 (program series)
Nerve degeneration	231.3, 3074, 10111 (program series)
Stressed nervous system, nerves, to calm down, children	911.1, 3077, 10109 (program series)
Muscles, problems with coordination	931.1, 941.3, 3074, 10105 (program series)

## Spina bifida, Tethered Cord, Dura repair operation

On 25.12.2012, when baby was 3 month 10 days, operation is planned.  
Prof. Dr. M.O. described the case like that:

*"This is the second gross spina bifida case that I have ever seen. This is miracle that this baby is not paraplegic. I cannot say spinal cord to the structure that I saw during operation. It is like a fake spinal cord. There is rotational anomaly on sacrum and spinal cord. From L2 there is a nerve going to right leg whereas on left there is none."*

Postoperative day, when the doctors saw baby is moving her legs, he said:

*"DON'T ASK ME HOW THIS BABY MOVES HER LEGS I HAVE NO CLUE."*

Baby is discharged on post op day 4th without any complication. On physiotherapical examination there is no serious physical therapy need is found.

No need for neurological functional rehabilitation.

Post operatively BRT is started in second month. Since 23.02.2013 to 25.10.2013 in which anal atresia & colostomy closing operation took place there were 25 session BRT administered to the baby.

## After Spina bifida operation treatment procedure

In this process 26.04.2013 post-op 4th month (baby 7 month old) dropped foot is formed on the left.

So I used additionally these programs:

Laterality problems	535.2
- Active vitality, eliminate scar	900.2, 910.3
- Tissue process	923.2
- Nerve meridian	230.1, 231.1
- Bladder meridian	390.1, 391.1

She was completely recovered after two session with the program.  
Dropped foot was not observed again.

## **Anal atresia repair and closing of colostomy operations**

As baby was 13 month old, anal atresia repair and colostomy closing is planned. Following issues were emphasized during the postoperative family information session.

The process of the surgery is dependent on intraoperative results.

Anus cannot be formed if perianal muscle structures are not strong enough.

If intestinal system is not developed appropriately, colostomy may be remained open.

Conclusion, surgery may be ended as it started.

As baby get out from the surgery after two hours.

- Colostomy was closed.
- Anus was formed.

Quotes from the surgeon Prof. Dr. F.G.:

*"Intestinal blood supply was fine, intestinal length was enough for her, closing of the colostomy, perianal muscle tonus was found good and anus can be formed easily."*

No infection was taken place on baby N.A. Only 2nd day, she had a fever which ended without using any antibiotics so she is discharged on postop day 7th.

Prof. Dr. F.G. stated: "One year is required for fecal continence."

She was taken to BRT program, after one week from discharge on 8.11.2013.

Severe dermatitis formed due to urinary and fecal incontinence.

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## **Suggested BRT procedure after anal atresia repair and closing colostomy operations**

I used these programs to treat severe perineal dermatitis and anal sphincter deficiency:

Acid-base balance	812.1
Intestinal flora	562.0, 3028, 3013, 10038 (program series)
Candida loading	939.0, 191, 197, 978.1, 1002, 1003
Abrasion and stimulate wound healing, general	931.2, 3096, 10185 (program series)
Wound healing after surgery	927.2, 3124, 10187 (program series)
Boils	527.1, 440.2, 522.5, 930.5, 10056 (program series)
Lymphedema	3036, 3126, 10098 (program series)
- Perineal infection	191, 197, 978.1
Skin diseases, lymph problems	930.2, 3041, 10066 (program series)
- Skin meridian	350.1, 351.1
- Adhesions	927.1, 3125, 10175 (program series)
Muscles, problems with coordination	931.1, 941.5, 3074, 10105 (program series)
Nerve treatment (reflex)	271.2, 230.5, 231.3
Bed wetting	980.1, 981.2

\* According to Dr. Sabine Rauch

Anal sphincter control is established on post op 10th day. As baby N.A. started defecating two times a day on post op 2nd month and dermatitis quickly resolved.

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## Discussion

- ✓ When we analyzed national and international literature for OEIS we could not find OEIS case series. Publications generally prenatal diagnostic clinics, radiology and embryology and couple of pediatric surgical clinics.
- ✓ Most of them are lost intrauterine period and spontaneously, others termed with bad prognosis.
- ✓ I would like to share with you some photos and videos from them who were lucky enough to be born and treated in USA ([andrusfamilyadvantures.blogspot.com](http://andrusfamilyadvantures.blogspot.com), [ajourneyinhope.blogspot.com](http://ajourneyinhope.blogspot.com), [isaacsinspiration.blogspot.com](http://isaacsinspiration.blogspot.com)) to be able to compare.
- ✓ When compared to them baby N.A. has magnificent treatment process.
- ✓ You may ask this baby N.A. was already in good condition then I should share with you the comments of the doctors who are following the patient.

## 5 Conclusion

- Bioresonance may bring a new perspective to the aetiology of intrauterine pathologies.
- There is no risk for baby and mother at BRT therapy during the prenatal period.
- It can be applied on postpartum fetal treatments securely. It effects clinical process positively.
- Therefore, it can find a secure and efficient place for itself in multi-disciplinary studies.
- Bioresonance therapy may be use in the treatment of systemic diseases appearing in pregnancy and obstetrical problems safely and effectively.

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## Literature

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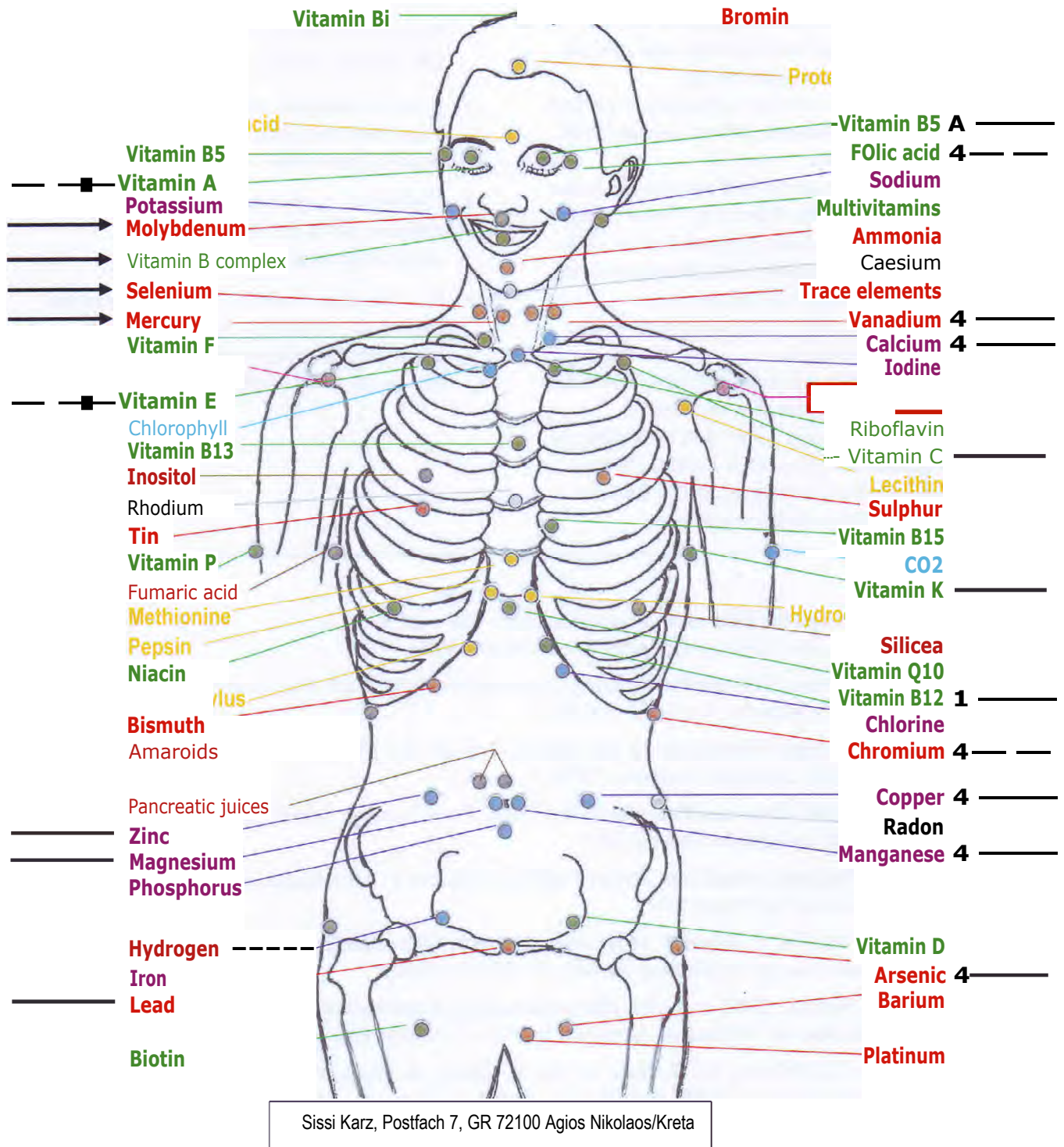
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## Appendix

### NUTRIENT POINT SYSTEM ACCORDING TO SISSI KARZ



The points indicated by an arrow tested weak and were treated with the corresponding program numbers (see program manual).

Output: = button electrode on nutrient point

Input: = hand electrode in contralateral hand