

In 124 cases of herniated discs: Bioresonance therapy instead of operating

Dr. Op. Özlem Kiran, Neurosurgical specialist, Istanbul, Turkey

For the past year I have been using bioresonance therapy in my practice. My work covers the entire spectrum of neurosurgery. I work in my own practice as well as in a local hospital in the Bakirköy district of Istanbul.

Since I started using the bioresonance method (BRM) the number of operations I have carried out relating to herniated discs has fallen considerably. You could say that before discovering bioresonance my team and I were often too quick to reach for the scalpel.

Between February 2006 and February 2007 I treated 124 patients with herniated lumbar and cervical discs using only the BRM. Of these 124 cases, 71 were cervical hernias and 53 lumbar hernias. Without exception all patients had been treated using conventional medicine and were referred to me by colleagues for surgery. Through medical imaging processes (e.g. MRI) all patients were given a clear diagnosis:

*'Herniated disc level 2-3'
with partial loss of neurological function.*

Treatment with the bioresonance method

When administering treatment with the BRM success is dependent on being able to recognise and treat therapy blockages.

Inasmuch the following therapy blockages were recognised before specific therapy was administered and treated as shown.

Mandibular blockages: Program 530
Liver: 430, 431, 970
Spinal blockages: 915

Energy blockages: 581
Sacral blockages: 211

The aforementioned obstacles to therapy were evident in almost all the patients. After removing the blockages (2-3 sessions) specific therapy was then carried out on the hernias:

Programs 440+341 as well as
Program 550

All patients were experiencing pain and were also stressed from enduring long periods of pain and were suffering tension within their back musculature.

In order to relieve the muscular stress I developed my own method with the BRM which I didn't find in any of the corresponding literature:

Program 570

Input: 1. hardened musculature
and
2. Electrode from mandibular joint to mandibular joint from back

Output: Modulation mat at front

During therapy the frequencies were stored on a chip and attached to the painful muscle areas.

Cupping therapy was also used which can help considerably in purifying the tissue.

Also used for the purposes of pain therapy:

Program 911
Program 918

If there was already evidence of loss of nerve function I used:

Program 271
Program 230
Program 231

To strengthen the musculature the following are recommended:

Program 931
Program 941

Without exception all patients responded to these programs. On average 12 sessions were needed per patient. Subsequently MRI images were produced for control purposes. In level 2 patients the herniated discs were no longer evident in radiological scans. In level 3 patients the extent of the hernias had been significantly reduced.

CASE STUDIES

Now I will present to you 4 special cases using MRI images (projection on screen) with their case history.

Case 1: Mr T. Y., 58 years old

Condition after 2 herniated disc operations, the last of which was 5 months previously. Referred to me by an orthopaedic specialist after a third operation had been refused. Left Lasègue test at 30°. Right foot plantarflexion – 3/5 muscle weakening. On the MRI images amplified granulation and small hernia.

The patient was treated with the following programs in just 3 sessions:

Basic therapy
900, 910 scar elimination
550 herniated disc

Neurological examinations proved completely normal after 3 treatments with no pain experienced.

Case 2: Mrs P. S., 77 years old

The patient was completely exhausted when she came to the practice because she had been unable to sleep for the past 3 weeks owing to the acute pain experienced in her

lumbar region and legs. The orthopaedic specialist treating her had prescribed physiotherapy but this made the pain worse.

There were compression fractures at levels Th11-12 and L1. As a result of these compression fractures extreme kyphoscoliosis had developed. There was also evidence of spondylosis and lumbar hernias were clearly visible on several levels.

After the first BRM session the pain had already started to significantly subside.

After 5 sessions with 440+341 as well as 550 the patient was completely free of pain and the programs tested as being no longer necessary according to the tensor test technique. Treatment was therefore discontinued.

Case 3: Ms F. A., 68 years old

For 2 years left foot drop and for 6 months right foot drop as a result of hernias L4-5 and L5-S1 experienced for 5 years. The patient should have had an urgent operation two years previously but she refused the operation despite her condition worsening. From a conventional medicine point of view and given this clinical picture the patient required an operation within 48 hours because this was an absolute neurosurgical emergency.

Knowing this and because the patient had been suffering for so long I didn't give the patient or myself much hope of a complete remission.

After the initial sessions the pain increased, against all expectations. For the therapist this is a good sign (it's working!) but for the pain-riddled patient this was seen as a further setback. I encouraged the patient to carry on with therapy. To increase the effect I also used the magnetic depth probe in later sessions. Overall she received treatment for 4 months.

Remission was 100% successful on both sides. The success of the treatment surprised even me.

Case 4: Ms Z. K., 60 years old

According to MRI images the patient required an operation on 3 levels of the lumbar region.

I carried out a neurological examination of the patient and discovered:

Lasèque test right 30°. 4/5 muscle strength when flexing and extending knee, reduced patellar and achilles tendon reflex on right. On my suggestion the patient agreed to try out the BRM as a last resort before undergoing surgery.

After the 2nd session she was already pain-free. After the 5th session she had recovered all lost neurological function and the weakness in her musculature was no longer evident such that programs 341+440 and 550 were no longer needed.

I can warmly recommend to all colleagues the use of the BRM for treating cervical and lumbar hernias.