

## Having the courage to treat advanced stages of cancer using the Bicom

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Dear colleagues,  
Dear friends of bioresonance therapy,

I first started using bioresonance therapy 4 years ago. I became curious after speaking to a medical sales representative who was a chain smoker and had given up smoking through bioresonance. At the time I saw use of the Bicom as being restricted to this type of treatment and also didn't have the time to learn more about other indication areas.

I bought a device with a colleague and, in addition to our work as doctors in the public health sector, we were also looking to work part-time in our general practice and use bioresonance as a smoking cessation treatment. But after a while we decided out of curiosity to attend further training courses offered by company representatives in Turkey. It soon became clear to us that this didn't just stop at smoking cessation. We decided to venture into treating allergies. This was followed by the huge range of rheumatic diseases and plenty of successful treatments for patients suffering pain. The number of satisfied patients increased and we bought a second device.

We still didn't trust ourselves to treat patients with cancer conditions, although we had attended the corresponding training courses. And then in 2008 came two strokes of fate that knocked my life and the lives of my entire family completely off course:

1. My 30-year-old sister, who was expecting her first child, was diagnosed with breast cancer. She was in her second trimester and, after several miscarriages, was looking forward to finally having a child.

2. A short time later my 57-year-old mother was diagnosed with peritonitis carcinomatosa. Because it had spread across the entire abdomen she was only given a few months to live.

You could say that it was fate that forced me to take a closer look into this field. My sister and mother both decided to undergo conventional treatment, which was offered at the university and were less than enthusiastic to begin with when I offered to treat them with bioresonance at the same time, perhaps because they considered me a novice when it came to bioresonance. I have to confess that I was less than convinced myself when I made my offer of help.

### **Summary of my family history**

#### My sister

Shortly after her diagnosis I began using bioresonance therapy on my sister. I used the remainder of her pregnancy until she gave birth in the 36th week of pregnancy to stabilise her immune system, to carry out local tissue treatments and to strengthen her organs for future toxin elimination and to carry out inverted treatments using the tumour tissue biopsy material. Immediately after the birth by c-section several courses of chemotherapy were carried out, initially to reduce the size of the tumour. I continued to support these treatments with bioresonance (eliminating medication, immune system, toxin elimination, tumour treatment with CTT, etc.). My sister tolerated the prescribed infusions very well. She never reported any side-effects to the drugs. In addition she received two PK<sup>1</sup> sessions from

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<sup>1</sup> Psycho-kinesiology after Dr. Klinghardt

an experienced therapist and we treated the Hamer foci in the left frontal lobe of the brain and uncoupled this from the tumour. The tumour had shrunk so much during this period that it could be operated on. After the operation we supported the healing of the wound and the immune system with bioresonance and applied the therapy schemes after Sissi Karz, which she always uses on cancer patients.

What was striking and extremely interesting was the fact that no cancer cells were evident in the removed breast (total mastectomy) and the axillary lymph nodes, despite previous evidence to the contrary in the biopsy preparation. It was also curious to note that it was only after the Hamer focus treatment with bioresonance and PK therapy that the CTT test set tested for degenerated cells.

I am happy to tell you that my sister has come through everything extremely well and that all check-ups show that so far she is in long-term remission.

### Now let's look at my mother's story

All the tumour markers (Ca 125, Ca 15-3, Ca 19-9), which were examined because radiology tests pointed to suspected peritonitis, were very high. The laparoscopy at the university hospital revealed suspected peritonitis carcinomatosa, but doctors wouldn't confirm this as the cause of the primary tumour. Histology reports pointed towards ovarian cancer.

I should mention in this context that my mother suffered a very similar fate to my sister. Shortly after giving birth to my sister 30 years ago she was diagnosed with breast cancer and underwent a full mastectomy.

I began with bioresonance therapy immediately after the diagnosis and carried out my program twice a week, even during the 6 chemotherapy treatments. As is customary after Sissi Karz, these contained shock therapy, stabilising the immune system, toxin elimination and CTT. My

mother also received Hamer focus treatments (right frontal lobes of the brain), PK sessions.

Finally she underwent an omentectomy and local lymph node dissection, with a biopsy taken from the peritoneum. According to the histology report, no cancer cells were evident. For over a year the tumour markers have been in the normal range and all radiology check-ups have proved normal too.

### What happened at the same time

While I experienced this series of events in my own family, the following happened:

- The university hospital became curious to know what I'd done with the two women. Against all expectations both were doing really well.
- My mother and sister got to know other cancer patients during their numerous visits to the university hospital, explained about what I did and the success I had experienced and they then wanted to be treated by me.
- Relatives, neighbours and acquaintances of these patients who also had tumours registered for an appointment at the practice.

And before I knew it, we had a bioresonance practice specialising in oncology. In order to be closer to the oncology clinic at the university hospital I went my separate way from my practice colleagues and made the decision to relocate my practice and my entire family from Alaşehir (population ca. 50,000) to Izmir (population 3.5 million).

My intention today is to encourage you and, hopefully, help you in the support you give to the many cancer patients out there, without of course having to go through the ordeal experienced by my family.

We have also been working with the Bicom optima for the past 6 months or so. The second channel and stored therapy programs and the lowest frequencies have

proven to be enormously beneficial compared with what was available previously. The therapy time is shorter, because all ampoules to be administered in the A program can be applied in parallel through the second channel. Stored substances (particularly Germanium in cancer patients and goodies [feel-good programs]) can also be treated and plenty more besides.

## My cancer treatments with the Bicom

I have statistically analysed 22 cases, where, in my opinion, almost all of the patients should in fact no longer be alive. A number of other patients have since been treated at our practice and receive monthly aftercare from us. These are relatively 'mild' cases and therefore do not appear in the table.

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The following stresses were tested (in percentage terms):

1. Geopathic stresses in the area where the patient sleeps	100%
2. Geopathic stresses in the area where the patient works	80%
3. Stresses caused by radio, mobile phone etc.	100%
4. Candida stress	89%
5. Cow's milk intolerance/allergy	70%
6. Wheat intolerance/allergy	46%
7. Hen's egg intolerance/allergy	37%
8. Heavy metal stresses (lead, mercury, aluminium ...)	100%
9. Stresses from parasites	100%
10. Stresses from bacteria	75%
11. Stresses from viruses, oncoviruses	94%
12. Stresses from chemical substances, toxins, pesticides	100%
13. Presence of Hamer focus/shock reaction	100%

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We treated these findings and stresses according to the following tried and tested schemata, even if many of these may appear quite unusual to you:

Points 1, 2 and 3 were treated with the Bicom programs radiation stress 10160 (3017.0, 701.1), geopathy compensation 700.3 and diffuse radiation stress 702.3. The following electrode positioning has been shown to work for these programs. Input plate electrode left foot, output plate electrode right foot and modulation mat on the back.

In addition, by changing the place where the patient sleeps (normally turning the bed 90 degrees is sufficient) and corresponding long-term changes to lifestyle habits (switching off the wireless-LAN during the night, changing from cordless to corded telephones) and reducing geopathic and electromagnetic stresses through Handy-

Safe and Geo-Safe, a lasting stability was achieved.

The Candida stress was treated with programs 971.0, 972.0, 978.1 and 998.1. An oral dose of Fungostatin (Nystatin preparation) and a strictly sugar-free diet supported the treatments. As a long-term dietary recommendation to supplement our treatments, all patients were advised to avoid sugar and animal proteins altogether (much to the annoyance of colleagues at the university hospitals).

For treatment of foodstuffs programs 11310 (963, 944, 998), 12310 (977) and 13310 (963, 944, 998) were primarily used. In the case of some patients these treatments unfortunately had to be repeated several times over. This is because diets were abandoned when patients were in hospital.

Points 8–12 were treated with the aid of CTT test sets, for which program 191.0 has proved ideal for pathological ampoules. Since we started using Bicom optima the pink ampoules in the test sets as well as the ampoules in the 5 element system have been applied via the second channel of the device, which has saved a considerable amount of time.

Last year Sissi Karz gave a workshop on cancer treatments at the Congress. She

introduced us to various therapy programs which she had tested using the Optima. We adopted a series of programs ourselves from these suggestions and saw how these programs helped our patients make great progress. They have been better able to tolerate chemotherapy. Their immune systems have recovered more quickly etc. Huge thanks must go to Sissi Karz for this.

We have taken the following programs from Sissi Karz's script:

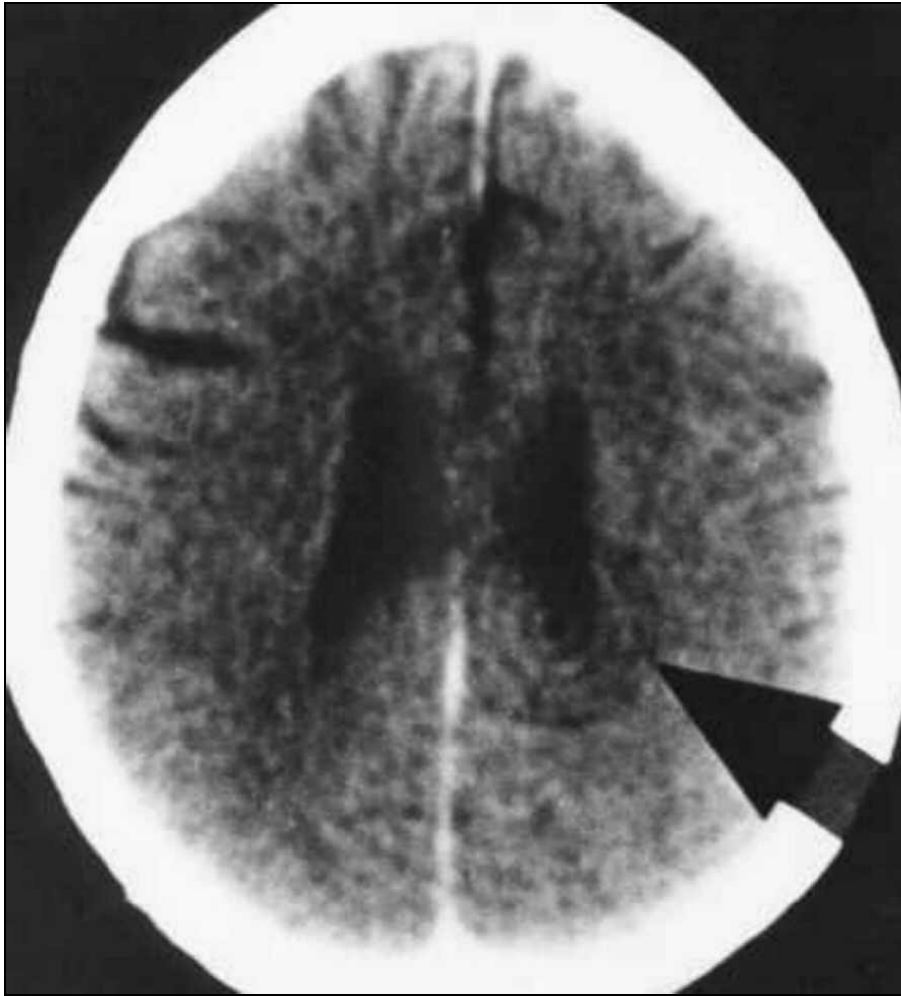
Program description	Bicom 2000	Bicom optima
Cancer after-care, supportive	828	10089
Releasing blocks, improving vital capacity	915	10178
Dazed state as a result of physical causes	431	431.2
Cancer after-care, supportive	926	926.0
Hormonal regulation via the foot	980+981	980.2+981.1
Shock therapy	241 (Di 6)	3021+3053
Tissue regeneration	925	10058
Tissue block	951	10026
Adhesions	927	10175
Lymph activation, tissue regeneration	830	3040
Tissue block, circulatory disturbances	951	3032
Improving oxygen intake, cell regeneration	802	3125
Nerve attenuation, lymph activation	911	3066
CNS disturbance, stress reduction, physical	940	3084
Releasing blocks, regulating detoxification	915	3036
Regulating adrenalin secretion, improving blood count	844	3021
Injuries of any kind, tissue block	630	10026
Connective tissue treatment, cell regeneration	340	3124
Wound healing	402	10187
Wound healing, post-operative cell regeneration	931	10192
Post-operative treatment	951	10122
Post-operative treatment, lymph activation	920	3066
Lymph activation	930	10097

I don't wish to try your patience too much, so I have left out the finer details.

Time may be short but I would like nonetheless to draw your attention to the Hamer foci (named after Dr. R. Geerd Hamer). These were found in all patients without exception. We now consider these foci to be so-called therapy blocks and test and treat them routinely at the start of each course of tumour treatment.

The Hamer foci are located in the patient's head. According to Dr. Hamer's theory a Hamer focus arises according to what is known as the "5th biological law: the iron rule of cancer." Years of investigations by Dr. Hamer revealed that cancer patients suffered a shock reaction long before cancer developed. Depending on the type of shock, these Hamer foci, which present as ring artefacts in radiology reports, are topographically assigned to the cerebral area.

Hamer Focus (HH) in ring form configuration at the beginning of the healing phase



For colleagues who are interested in this, I recommend the websites given below as a further source of literature.

We treated the Hamer foci as follows:

Program 998.1 (Ai program, 64-fold), input electrode: Hamer focus (depth probe), output electrode (appropriate flexible electrode) on degenerated organ, no modulation mat, input cup empty, output cup empty, no chip. Treatment period: 2–3 minutes (please test).

After this phase has been completed the input and output electrode are switched

and the treatment repeated.

For those colleagues present who use psycho-kinesiology (PK) after Dr. Klinghardt, our experience has been that it is better to treat the Hamer foci first and then the PK. Often only 1–2 PK sessions are necessary and patients feel a considerable improvement in their mental well-being, even without PK. Many experience a moment of enlightenment and are able to recognise for themselves the shock reaction that preceded the onset of cancer, and are prepared to work this through as part of a PK session.

## **Now for a brief summary of the table (2 pages back):**

Within a period of treatment and observation lasting 2 years and 3 months it was possible to make the following assessment for 22 patients, the majority of whom had advanced malignant tumours:

Complete remission and remission: 14 patients (63%), of which complete remission in 9 patients (41%)

Discontinuation of treatment: 5 patients (23%)

Deceased: 3 patients (14%)

All patients (17) who received chemotherapy tolerated it well or extremely well.

All patients who received radiation therapy (8) tolerated it extremely well.

None of the patients who underwent an operation (11) suffered post-operative complications.

None of the patients complained of side effects from the bioresonance therapy.

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Please note that most patients had only been given a minimal chance of survival using conventional medicine (max. 6 months). Considered from this angle I can only advise colleagues to use bioresonance with a clear conscience, even for advanced malignant conditions.

Thank you for listening.

## **Literature**

[www.neue-medizin.de](http://www.neue-medizin.de)

[www.newmedicine.ca](http://www.newmedicine.ca)

[www.germannewmedicine.ca](http://www.germannewmedicine.ca)

[www.pilhar.com/News/Presentation\\_E.pdf](http://www.pilhar.com/News/Presentation_E.pdf)