

---

## Your back, your fate?

Werner M. Wehmann, non-medical practitioner, Bremen

### INTRODUCTION

During the past years several papers were delivered on the subject of the spinal column.

Today I speak to you as a chiropractor with 15 years of experience (as well as a BRT therapist), because it is important to me to tell you that skeletal shifts cause blockages with a static as well as a reflexive component. The therapist should not only rely on his chiropractic ability, but do each individual case justice.

This means that he should also apply other, additive treatment methods in combination with chiropractic. I speak of the possibilities of acupuncture and bioresonance therapy, two methods which proved very effective and complementary to chiropractic in my practice.

### DIAGNOSIS

Your back, your fate? — This sounds threatening, but is not, since the question mark at the end of the statement points to the possibility of successful therapy.

Our bone structure used to be equipped for a life span of about 45 years. The path of suffering from good health to death was relatively short, but so was life in general.

Today we are in a position to reach a high age thanks to the discoveries of modern dietary science, the conquest of infectious diseases, advanced high-technology medicine and last but not least also alternative — or rather additional — medicine. To enjoy a high quality of life while growing old requires excellent, preventative medicine.

In the case of adults this certainly requires an annual check-up of the entire skeletal system by an experienced chiropractor to recognise a shift of the neck, chest or lumbar vertebrae in time and to correct it.

For children such an examination is especially important because 40-60 percent of children have acquired skeletal shifts and are therefore destined to have sciatica or lumbago in later life.

A check-up should preferably be done every six months.

Many orthopaedic surgeons prescribe cortisones and pain medication for acquired skeletal shifts — but these are unfortunately not Diclofenac deficiency syndromes. Of course they achieve momentary alleviation but the complaints are not solved at the root and reappear later.

Here the patient should be treated from scratch and with this I mean the spinal column should be carefully checked from the pelvis to the head and corrected if necessary. This takes time and money and also requires a special bench which should be narrow with an opening at the head section so that one can work well on the patient.

In addition we have the advantage that medication is used prudently and this saves money.

Many people suffer pain when they walk, stand or sit — sometimes even when they lie down. They lose their joie de vivre — here, an absolutely certain diagnosis is demanded of us. Of course knowledge is power, but one must also be able to treat the patient!

The human pelvis is not always equal to the burdens which it must deal with in the course of life. However, the correct pelvic position is a necessary prerequisite for the sequence of flawless biological functions in the body.

A shifted pelvis may cause problems with the lumbar vertebrae, the chest vertebrae, and especially the neck vertebrae and may even affect the jaw and teeth, too. Almost all problems which manifest after the age of 20 originate in the time from birth to the age of 14.

Each vertebra is connected to certain organs and also to other parts of the spinal column. This

---

Colloquium staged by the International Medical Working Group *BICOM* Resonance Therapy and the *BICOM* Resonanz-Therapie-Gesellschaft from 29 April to 1 May 2000 in Fulda

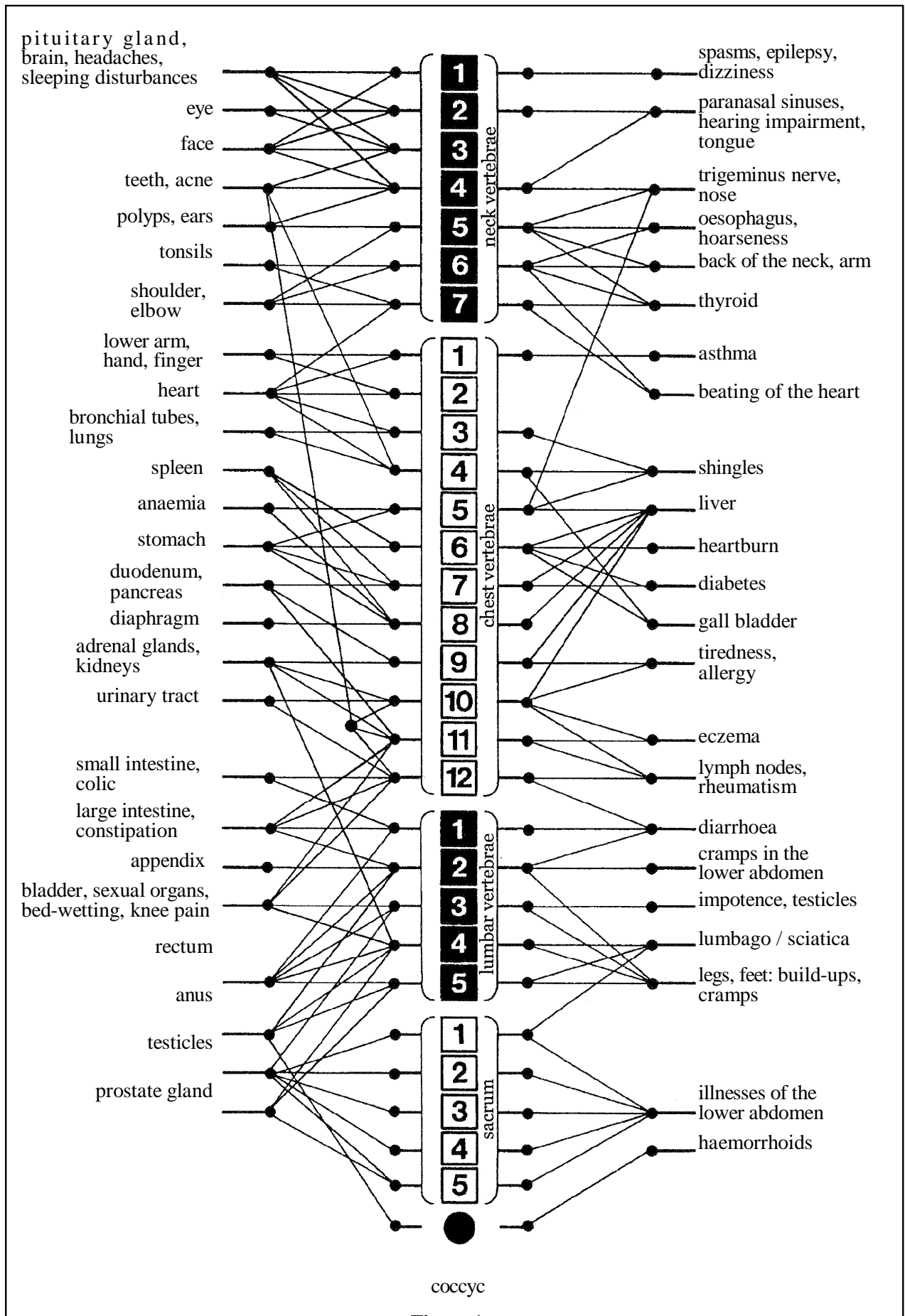


Figure 1

is a very complex situation. The correlations are presented in **figure 1**.

How can I recognise whether something in my patient's spinal column is wrong when I am not a trained chiropractor?

I do not wish to present a course in chiropractic, but I do want to give you a few useful tips on obvious wrong positions:

The patient stands barefoot in front of you, with his back to you.

1. Does the head bend to the front or the back without problems?
2. Does the head turn as easily to the right as to the left?
3. Are both hip bones (spinae illiacaе) on the same level?

The patient lies on his stomach on the bench with his head in a cut-out hollow.

1. Are both heels on the same level, i. e. are the legs the same length?
2. Are the gluteal folds on the same level and is the anal fold straight?

If this is not the case we have a pelvic shift. This is to the right in 80 % of cases because only about 20 % of people are left-handed. Why this shift takes place is not the subject of today's paper — but it is worthwhile to ask about it: a wrong way of sitting, standing, driving, lifting, a cold (draught) or a psychic load which can no longer be dealt with.

I limit myself purposely to pelvic problems, since a spinal column which is corrected in the pelvis slowly affects all vertebrae up to the cranial ones, as soon as the correct basic structure is present.

## BUT NOW, HOW TO PROCEED?

In every case one should proceed carefully — and there are excellent methods via acupuncture and/or BRT:

Put simply, acupuncture causes the sending of signals from the acupuncture point to the organ or organs inside the body. It is therefore a treatment which deals with the solving of blockages in the widest sense in order to bring about energy balance.

In principle BRT works the same by doing a basic therapy before the real treatment. I. e. it unblocks the cells in order to enable them to assimilate the stimuli of the following treatments.

Because of the long-term lopsided position of the body its own resistance reacted. We should not irritate the already irritated nerves paths through violent manipulation of the skeletal system. It is also possible that the opposite is true, namely that sick organs are responsible for the shift of the vertebrae.

The so-called 20/30/40/60 rule is the first technique which I as an acupuncturist consider, and which also offers simple solutions for the less experienced therapist:

20 refers to the governing vessel (Du). The point is called Bai Hui (point of 100 unions), approximately in the middle of the skull (figure 2). 30 refers to the gall-bladder meridian. The point is called Huan Tiao (to jump into the hoop. It lies 2/3 along the connecting line between the trojanter major and the upper end of the anal fold (figure 3). A 15 cm long needle is used. lies on the bladder meridian in the hollow of the knee (Weizhong; figure 4).

also lies on the bladder meridian between the ankle bone and the achilles tendon (Kunlun; figure 5).

A heat lamp (e. g. Unisol) may be used to loosen muscle tension while the patient lies comfortably on his stomach.

Thereafter an injection of Rhus tox OPLX and Berberis OPLX with Lidocain 0.5 % or Procaïn 1.0 % is recommended if the patient does not react with an allergy. It is given at the pain points in the pelvic region (size 20 needle, as urtication).

## BIORESONANCE THERAPY

Please note that acupuncture — like all types of therapy — has limits. It is no monomanie therapy and should therefore be accompanied by other therapies.

This brings us to BRT. It is a wonderful method to help a patient suffering from pain. I usually apply acupuncture first and then I treat the warmed-up and less tense patient while he lies with one (only one) further therapy consisting of 3 articulated magnetic probes connected together to cover the whole back.

It is important not to apply a further basic therapy, since acupuncture has already caused regulation to take place.

When I as therapist do not wish to use acupuncture for whatever reason, I can reach the same goal by initially applying a basic therapy instead of acu

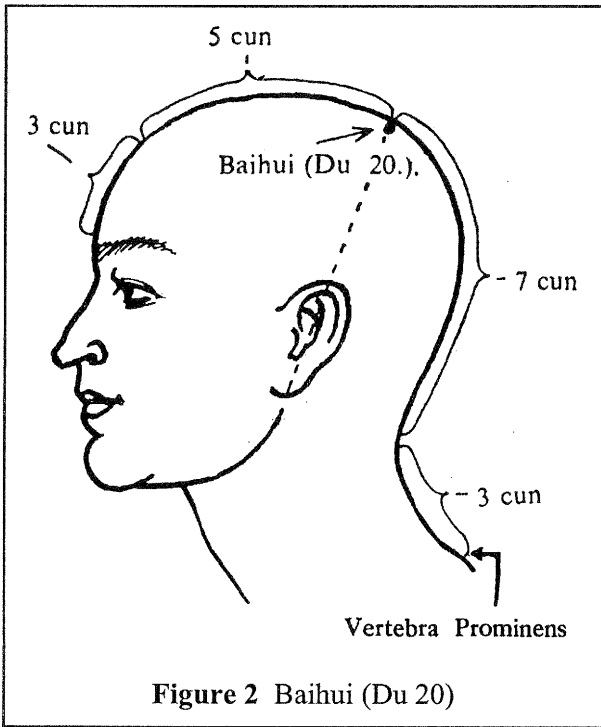


Figure 2 Baihui (Du 20)

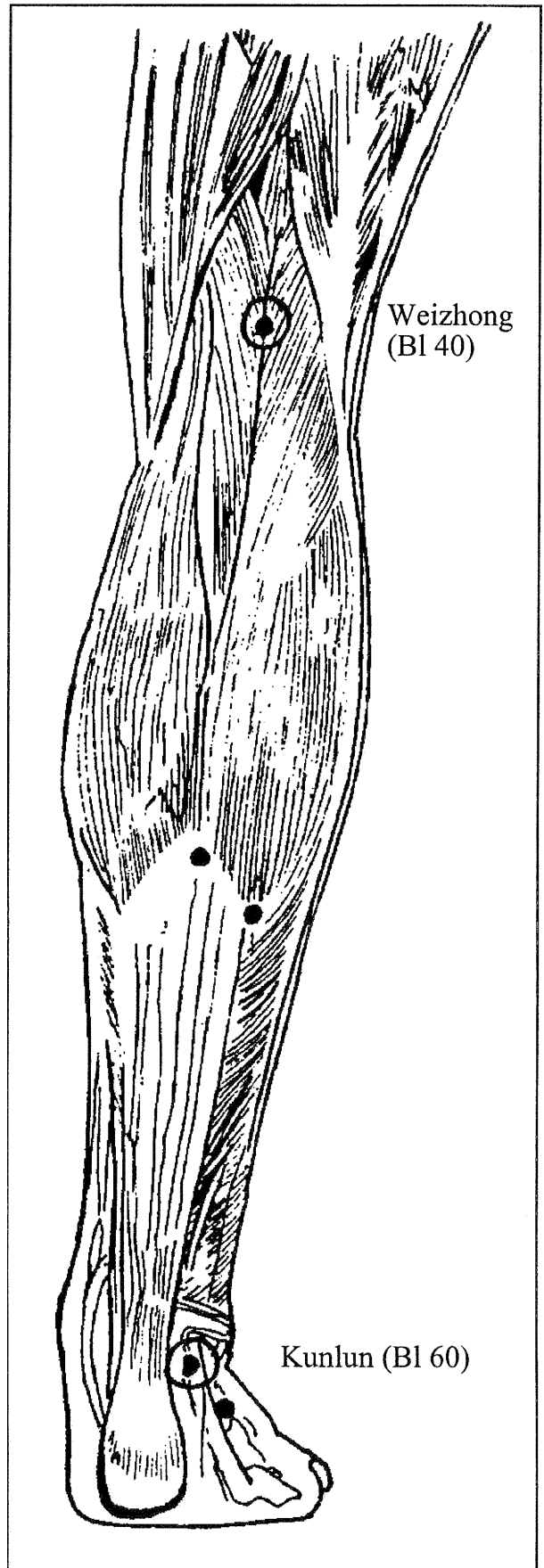


Fig. 4 Weizhong (Bl 40) and Kunlun (Bl 60)

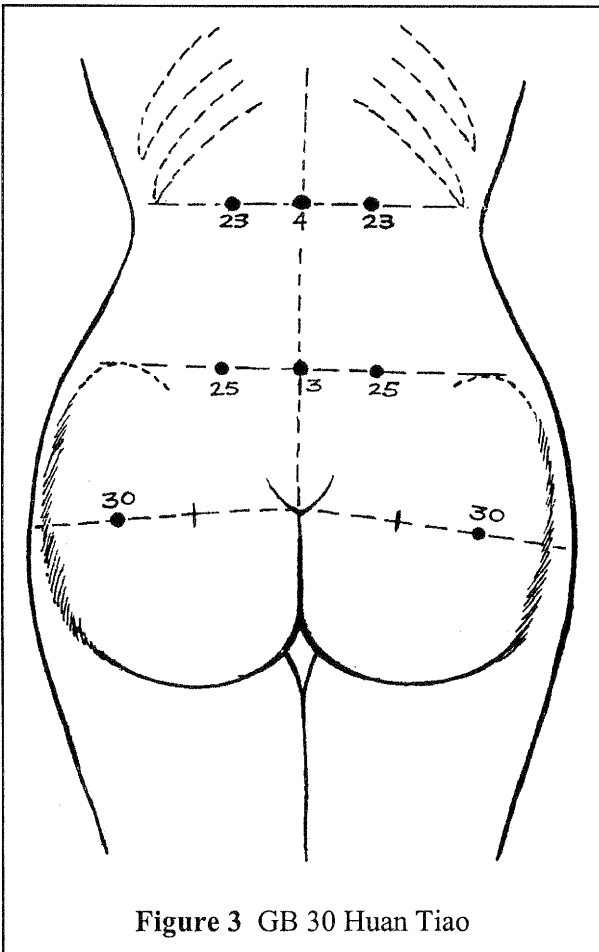


Figure 3 GB 30 Huan Tiao

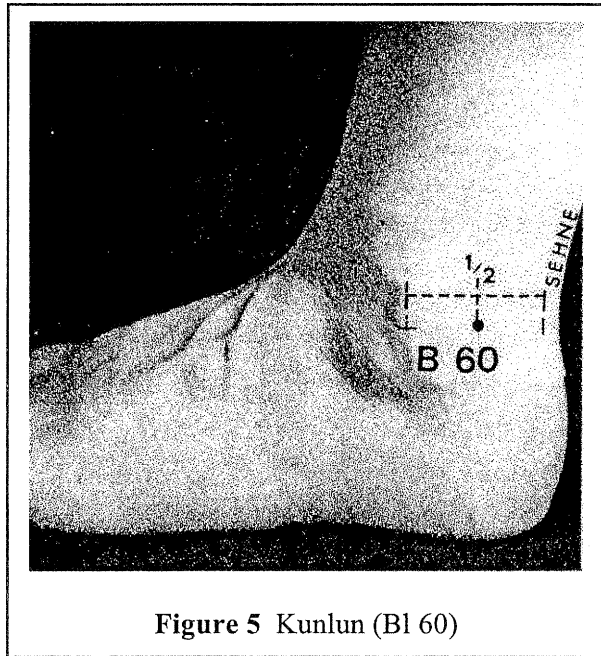


Figure 5 Kunlun (Bl 60)

puncture. But then it is important that the patient is well warmed up.

Programme 560 pain in the area of the lumbar vertebrae

Input articulated magnetic probe on the painful side of the spinal column

Output hand or foot on the other side  
The amplification and time should be tested.

When a slipped disc is suspected, one can work supportively using programme 440, if the

prolapse is not a true one, but rather a protusion. But it is important, as in all cases of skeletal shift, to be aware of the limited use of chiropractic, acupuncture and BRT. True protusions should be referred to doctors — if in doubt X-rays or a CT should be done. In such cases we can only give supportive treatment. The same is true of root compression, and pain made worse by coughing, laughing or pressure and when the pain is perceived as an electrical shock, or when the Le Segue test is positive under 45° and also in case where a tumour is suspected.

Further programmes to be applied are:

- 620 hip joint problems
- 211 blockages of the sacrum/coccyx

The chiropractor can then take comparative measurements to see whether the treatment was effective.

As conclusion to the treatment one should always remember to tell patients to rest, drink much in order to wash out dissolved wastes (2-3 litres) and possibly also to add on a toxin removal via programme 970.

We as therapists have only one task, namely to help patients. It does not matter which method we