Background stresses and treatment for Multiple Sclerosis

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Dear colleagues,
Dear friends of the Bicom bioresonance method,

My paper today deals with a very serious clinical picture. Much is already known about this condition and I do not wish to give the impression that it is necessarily easy to treat MS. My experience and my successes (including some partial successes) have shown me that behind the MS are very typical types of stress which can be successfully treated.

In over 20 years of practice I have looked after numerous MS patients. I have been able to give a large number of them lasting stability and helped them to regain a good quality of life.

Stabilisation means fewer attacks at longer intervals (in terms of years) and, where an attack did occur, it would be significantly weaker than previous attacks, with fewer symptoms (either just eye symptoms or general physical weakness or mild ataxia) and often even without the need to prescribe cortisone treatment.

As I have seen over the years, these patients have gained a quality of life which quite clearly is not evident in other MS patients who have not had the benefit of our therapy options.

In order to achieve this, the patient's general stresses were carefully diagnosed and a well-thought out therapy plan subsequently drawn up. A further requirement was of course the ongoing cooperation, patience and stamina of the patient.

I tested some 120 MS patients over a period of almost 20 years. Half of them were referred to me by other therapists who sought help in establishing causal stresses. These patients then of course continued to be treated by their own therapists.

The types of stress were almost invariably very similar (with the usual statistical variations) enabling me to divide them into four groups of patients (based on stress type):

1. Primary heavy metal stress, mercury as the major component
2. Primary viral stress, Herpes viruses as the major component; frequently masked by a heavy metal stress
3. Relatively recent overreaction to an inoculation, mostly with a background heavy metal stress
4. Heavy metal stress, coupled with a latent viral stress and a coupled focal stress (root-treated teeth, retrotonsillar process, varying dental metals with high current and voltage potential in the mouth) and/or an overreaction to an inoculation.

Other possible stresses are poisonous substances found in the home, mainly solvents, but always and without exception coupled with the aforementioned stresses, with heavy metals as the major component.

Some 60 patients that I tested came directly to me as patients and I treated them myself over a prolonged period, drawing on my 20 years of experience.

I administer treatment by carrying out three therapies one week apart to stabilise the general condition of the patient, with

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treatment of the main energetic blocks. Following this, therapy is given at two-weekly intervals and a cautious but targeted approach is taken to treating the usual general stresses:

- Allergies
- Intestinal therapy/Candida stress
- Targeted stress, either viral therapy or heavy metals
- Treatment of any focal stress

After this, the intervals between therapy sessions are lengthened to around four weeks and, if the patient experiences a subjective improvement in their condition, to around 2 to 3 months for follow-up checks and observations.

Introduction

For us therapists working with naturopathic methods all forms of autoaggressive disease pose a particular problem.

This has its roots in the autoaggressive disease itself: the body's own immune system "recognises" the body's own structures as being hostile. As such, it develops a sensitization to itself, resulting in what is often a chronic and painful history of illness, in which the immune system takes on a destructive defensive role.

The logic used in conventional medicine for treating these processes appears clear at first glance: the only course of action is to suppress the immune system.

This would appear, then, to rule out naturopathic therapy because three important pillars of our therapeutic procedure can provoke an autoaggressive response.

1. Activation of the immune system

Using this generally accepted therapeutic measure, the immune system is activated in order to encourage the body to defend itself more effectively. In so doing we support in general the patient's own immunological competence. Any direct immunological activation may inevitably also encourage an autoaggressive response.

2. Detoxification measures

We use traditional naturopathic procedures as a means of general detoxification and relief for the organism. A pure toxin solution is not necessarily a problem, but we must be certain that our procedures result in complete elimination of the toxins from the organism. For if this does not happen, then in humoral pathology terms the dissolved toxin will seek out a new home as the symptoms of the original disease improve. This place is always the point of least resistance and also the place where the pathogenic activity is rooted and where an autoaggressive tendency develops.

3. Improved responsiveness

Using a range of naturopathic procedures we support better responsiveness in order to stabilise the organism's general compensatory mechanism (programs to combat energetic blocks as well as metabolism and vitality programs). Depending on the patient's disposition, this traditional cornerstone of naturopathic work can also promote an autoaggressive tendency.

Factors behind an autoaggressive disease

An autoaggressive disease is in principle one of the "most unnecessary disorders"!

As banal as it may sound, we have to acknowledge that through their system of homeostatic regulation human beings possess a series of recognition and defence mechanisms which prevent such sensitization from occurring.

Sensitization to oneself in the sense of autoaggression is a potentially allergic disorder. In its early stages autoaggression should be seen as an allergic response, but coupled with an extreme hyperergic reaction.

Furthermore, this disorder is always highly individual and often based on entirely personal circumstances which are usually multi-causal. We know only too well that no two cases of Multiple Sclerosis or Crohn's disease are the same.

Even where symptoms and clinical test results concur, the patient's own way of looking at things will always be different. You only have to think in terms of the age of the patient, their previous conditions, family medical history, personal habits and any number of substances they will have come into contact with.

Any of the stresses which have amassed in the course of a patient's lifetime may in principle trigger an autoaggressive tendency and this certainly does not come about through sheer coincidence.

Case study

In autumn 2005 a 46-year-old patient visited me for the first time and, when revealing her case history, told me that she had recently been diagnosed with MS and her initial symptoms had started exactly one year previously.

A year earlier (on a walking holiday in the Alps) she quite suddenly developed sensitivity problems in both legs with a feeling of numbness, particularly in the lower right leg and right foot. The result of this was slight ataxia which improved throughout the day as she increased her activity, but which lasted for almost four weeks to varying degrees and levels of intensity. She saw a general improvement up to the autumn but with an increasing number of headaches, particularly behind her eyes and her visual acuity was generally worse. (Several) orthopaedic and neurological examinations failed to come up with a diagnosis.

In early summer of that year she had experienced the symptoms in her legs and feet again, but at the same time she also started suffering from prolonged headaches and visual problems. A detailed neurological examination revealed that she was suffering from MS.

Since then the patient had been symptom-free for almost a year and also in the past these symptoms had not reappeared. Even in the past few months these types of symptoms were no longer evident, except for a slightly increased propensity to develop headaches. She wanted to find out whether there was a specific stress behind her symptoms and which options naturopathic therapy could offer in supporting and treating recently diagnosed MS in the long term.

My bioenergetic testing revealed that, as well as a herpes stress already described in the patient's case history, there was a clear cause for the sudden appearance of symptoms in both years: the patient was given a precautionary tick-borne encephalitis (TBE) inoculation in both 2004 and 2005 before her summer holidays in Austria, just a few days before the initial reactions appeared.

I had thus found one of the fairly typical stresses associated with MS which you will frequently come across when carefully testing your patients. I'll come back to the treatment of my patient later in the paper!

Background stresses

When looking at possible background stresses, now and again we have to trace a long way back, for autoaggressive tendencies often start in early childhood.

1. Hereditary toxicoses

such as Tuberculinum and Luesinum are individual weaknesses inherited from birth and act as a guide for basic stress and general weakness throughout the patient's entire life.

Here I would refer you to my paper dated May 1997, published in RTI volume 20.

2. Harmful inoculation substances

are an aggressive immunological factor, partly because they frequently occur when inoculations are given, coupled with the stress caused by multiple vaccinations and not least also through accompanying substances found within inoculation serums.

Here I would refer you to my paper dated May 1998, published in RTI volume 22.

With reference to my aforementioned patient, I would point out that it was not just the TBE inoculation that provoked a stress but in principle any inoculation.

The six-in-one vaccine developed a few years ago was taken off the market in France two years after it was introduced. There were two main arguments for this:

1. increase in number of deaths among small children
2. 2000 more MS cases diagnosed than the statistical norm (a number of these patients were awarded financial damages).

MS symptoms are among the most frequently cited symptoms shortly after receiving the Twinrix vaccine (refer to the homepage of the Paul-Ehrlich-Institut [PEI]).

3. Bacterial and viral stresses

through, for example, recurring streptococcal infections with a latent scattering of toxins via the tonsils or paranasal sinuses. Furthermore, herpes viruses, coxsackie viruses or the Epstein-Barr virus, which is particularly dangerous in terms of its long-term effect as an intracellular stress.

4. Retoxic stresses

always involve the risk of initial damage to particular tissues; firstly through the infection itself and secondly through mesenchymal intoxication. The latter relates to bacterial and/or viral decomposition products on the one hand and the retoxifying drug on the other.

This results in a reduction in metabolic activity within the basic regulation system after Prof. Pischinger, and retoxic treatment in particular leads to the tissue damage becoming a focal point for subsequent bacterial and/or viral infection.

In this context we also need to consider the classic childhood diseases, which may be experienced several times over and treated with often ridiculously high doses of "curative drugs".

If we then consider retoxically treated childhood illnesses together with the high number of inoculations given, it becomes clear that, in humoral pathology terms, toxin deposition in the mesenchyme is almost inevitable. A consequence of this is reduced immune response with long-term disturbance to cell metabolism.

5. Focal stresses

such as foci in the maxillodental area or a retrotonsillar process sensitise the immune system subliminally, but permanently, which results in a latent stress.

6. Environmental toxin stresses

particularly from heavy metals, but also from solvents, insecticides, herbicides, hydrocarbons, nitric oxide, dioxins and various other agents which we find increasingly in drinking water, all have a number of toxicological affinities with the blood-forming system, nervous system and immune system.

7. Sustained stress of the autonomic nervous system

through geopathic interference fields, electrosmog, ionising radiation and radioactivity have a sustained effect on the homeostatic regulation of the entire organism which explains why psychosomatic and somatopsychic stresses are also frequently follow-up stresses to the causes previously cited.

The patient's ability to fine-tune energy flow within homeostatic regulation comes under sustained pressure. Often it is only a matter of how long it takes for the effects to be felt before these increasing, systemic stresses within the fine-tuning system result in an autoaggressive condition.

The fact that this occurs on many different levels (mucous membrane, lymph system, blood-forming system, hormonal system and nervous system through overstress of the detoxification organs) opens the way for comprehensive reactions, especially so given that the aforementioned background stresses often act in combination.

Against this background, the development of autoaggressive tendencies is understandable.

Sub-regions of the immune system suffer from sustained stress while other areas of the immune system can only work at reduced capacity.

Despite the contradiction of an immune system derailed in this way, our field of bioenergetic medicine nevertheless offers opportunities to give the patient a new start in life by using his body's own regulatory control mechanisms.

The diagnostic system

Such a multipotent clinical picture cannot be determined from case history and conventional diagnosis alone.

We need to turn instead to bioenergetic diagnosis which will help

1. determine the patient's particular, individual stress and
2. at the same time, focus attention on which therapy options are available.

After taking a detailed case history, backed up with lab tests (haemotological and biochemical status, diagnostic imaging, leukocytes test after Prof. Pischinger and bio-electronics after Prof. Vincent) each patient is tested thoroughly during an initial examination.

In my practice I prioritise EAV testing with the option of the stimulation test after Dr. Schimmel as well as testing relevant additional measurement points.

Following the test results, I then test the ampoules in the 5 element ampoules test set for the Combined Test Technique. They define the meridian or organ regions of the patient that are primarily affected and highlight energetic interactions between the meridians.

These ampoules are tested with Bicom program 192.

This enables us to define the method to use for the following therapy sessions in order to gear the patient towards a targeted, stabilising treatment.

For example, while Multiple Sclerosis has its organic weak point in the nervous system, bioenergetic testing also shows up weak points in other areas of the organism too, e.g. stress on the lymphatic system or a focal stress or suspected toxin deposits in connective tissue.

Subsequently I test the possible pathogenic background stresses in systematic fashion, here too using ampoules from the Combined Test Technique. These test ampoules provide me with a comprehensive picture of the primary stresses. I look at the tested substances in relation to the test values and the individual symptoms displayed by the patient.

The ampoules of the pathogen stresses are tested with Bicom program 191.

The sequence for testing is roughly as follows:

- Food allergens and pseudo-allergic stresses
- Intestinal situation, mycosis and parasites

- Environmental toxins and pharmacotoxins
- Focal toxic stresses
- Viruses and bacteria
- Retoxic childhood diseases
- Inoculation stresses
- Hereditary toxin stresses
- Therapy blocks (scar interference fields, geopathy, e-smog etc.). These are tested using the well known Bicom therapy programs.

The overall testing process can be carried out in around one hour and is particularly suitable for patients with complex symptoms.

The therapeutic system

Based on your bioenergetic testing, you will recognise your patient's energetic starting point and individual stresses and know what the aims of the therapy are, e.g. an antiviral therapy or focal clean-up.

The key now is how each individual therapeutic approach is carried out.

Completing a therapy step, such as a dental foci clean-up, too early could push the patient into an autoaggressive phase.

Plan a long-term course of therapy with your patient from the outset and allow yourself more time in order to avoid reactions due to initial exacerbation.

In a therapy session use fewer but more specific therapy programs and also the period between individual therapy sessions should be generous to allow the patient time to react fully!

As part of the therapy sessions I always carry out basic therapy with one or even several follow-up programs. I test the basic therapies by entering three possible basic programs and, using the start button and the top cursor, I move from program to program and test which program offers the best prospects for success.

By way of example, I would like to stabilise the patient using a build-up program and enter programs 120, 126 and 130 into the display where I can very quickly test what the patient reacts to.

In the case of a more hyperergic reaction which I wish to attenuate, I like to select basic programs 131, 122 and 123.

The follow-up programs depend on the patient's current symptoms. I prefer to select the meridian-related follow-up therapies in this case (programs 200 to 391) and/or another appropriate program from our broad range of therapy programs. The following programs are particularly important, especially in the initial therapy sessions, and should provide you with a selection to choose from.

Particular attention should be given to the programs used to combat energetic blocks:

- Scar interference fields (programs 910 and 927)
- Geopathy, e-smog, radioactivity (programs 700, 701, 702)
- Blocks due to drugs (programs 847 and 941)
- Autoregulation disorders (program 432, but also 915, 951)
- Tissue process, acute/chronic (programs 922, 923)
- Chakra therapies (programs 970, 962, 940)
- Metabolism therapies (programs 530, 802, 812, 839)
- Spinal block (programs 581, 582, 211)
- Indication-related supporting programs (e.g. program 570 for MS)

After basic therapy and individual follow-up programs the patient is then only connected to the output cables or modulation mat and stabilised using the ampoules from the 5-element test set in the input cup.

Select program 192 (analogous to 198) and test amplification and therapy time.

This is the way in which to test the new starting position of the patient from appointment to appointment so that they can be given specific treatment in order to start using the anti-allergy therapy after Dr. Hennecke as soon as possible, since almost all of these patients have a hidden allergic diathesis.

At the same time as the anti-allergic therapy is being administered, test the effects of allopathics used to suppress the immune system, which patients take as a rule. You can counteract their side-effects by selecting a lower amplification of an A-inverse program (e.g. 999) or an H+Di program (e.g. 123). Ideally this Ai or H+Di allopathics therapy should be given to the patient in Bicom oil and Bicom drops too.

After anti-allergy therapy (taking into account the basic therapies and follow-up programs and always taking into account possible energetic blocks and metabolism programs) you will see improvements in the patient if therapy is going well and you can now move on to further targeted therapy steps.

Examples would be an antimycotic therapy and stabilisation of the intestine, taking into consideration the patient's immune system, or an environmental toxins elimination therapy. Among the toxins we frequently find in MS patients are solvents in the form of poisonous substances found in the home (e.g. formaldehyde or PCP) or solvents in the form of work materials (e.g. Xylol, Toluol, PCB).

In general we usually detect mercury among the toxins present in MS patients. Either still present in amalgam fillings in the teeth, which inevitably means systemic intoxication too. This makes dental clean-up essential.

Or even, in cases where the amalgam has been removed some years before, in the form of mercury ion intoxication of the mesenchyma in different tissues, particularly with accompanying stress of the nervous system. In which case an elimination process must be started.

In more than 20 years of running my own practice I have hardly ever tested MS patients who did not have a predominant or at least accompanying mercury stress! An experience which has been confirmed to me by all colleagues who have worked as Bicom therapists over a number of years.

Clean-up of root-treated teeth, jaw osteitis, chronic pulpitis and so on may stress the immunity of the entire organism and should only be carried out once the patient's general condition has stabilised.

An antiviral therapy is very often another important form of therapy for MS patients. Of prime importance here is the Epstein-Barr virus or also a combination of herpes viruses which require targeted therapy.

By this I mean that you track the viral stress over longer intervals, but in a series of several therapy sessions, starting with lower amplifications and later with increasingly higher amplifications and also with potentiation programs. In my seminars I like to say: Chase the virus!

It is equally important to administer therapy if necessary to treat an overreaction to inoculations.

The case study from my practice

My patient was happily not in a chronically weakened state and had, unlike many of my MS patients, no mercury stress. I was therefore able to quickly plan a course of therapy. She still had a latent intolerance to milk protein, a chronic recurring herpes stress as well as a hormonal weakness within the adrenal cortex.

We began with the anti-allergy therapy in three therapy sessions one week apart and the patient abstained from milk during this time. After the basic therapies came the follow-up programs, which were

specifically aimed at detoxification and elimination as well as specific indication programs to balance both halves of the brain, to combat spinal blocks and to stabilise the hormones.

From the fourth therapy session I eliminated the TBE vaccine stress using the corresponding ampoule* of the Combined Test Technique (CTT). To start with there were two therapy sessions two weeks apart, then later these were once a month and, to head off any problems, we now have check-ups every six months.

For the first inoculation elimination I selected therapy program 191, with an amplification below 1. One reaction from the treatment was a slight headache for two days and feeling of coldness in both feet for almost a week. After the second inoculation elimination I increased the amplification to 2, but let the therapy program run in the amplification sweep (program 197).

The reaction to the therapy in this case was acute drowsiness over several days and slightly impaired vision causing flickering in front of the eyes and problems with close-up vision.

Therefore for the third elimination therapy I selected a potentiation program. From the series of A-inverse potentiations I oscillated the D30 program on to Bicom drops. The patient took three drops of this once a day for two weeks.

She did not experience any kind of reaction, which meant that in the following therapy sessions it was possible to very carefully but gradually increase the amplifications until the patient could be treated with program 197, 64-fold amplification.

Overall treatment comprised 16 therapy sessions, and the intervals between sessions became much greater by the end.

Therapy sessions to treat the herpes stress were also fitted in, but only during those sessions where the inoculation was not being treated.

The patient has been completely free from any symptoms since the third therapy session. A herpes blister still appears every now and then, but is much less pronounced.

A CT scan taken at the start of this year showed a dramatic reduction in the shadows around the brain area which had previously been clearly visible. The neurologist spoke of "possible spontaneous healing" and "possible misinterpretation" of the earlier scans, which had been very clear when taken!

Concluding remarks

At this point we need to point out of course that we will not always be successful in our efforts, but it is important to fully motivate the patient with the choice between giving in to their condition or to keep fighting it.

It also requires a lot of work, skill in guiding the patient and decision-making on your part to carry out the individual measures at the right time and in the correct order. Continue to administer treatment by using conventional therapy to suppress the immune system, for you will only have lost the battle if the organism as a whole is no longer able to regulate itself.

You will find many more patients in your practice who have autoaggressive tendencies than actual manifest autoaggressive conditions!

Simply by guiding these patients away from their overall stress, you can have a beneficial effect and you will achieve a great improvement in manifest disorders too.

Thank you for your attention.

* „FSME Impfung" = "TBE vaccination"