

## Effective pain therapy instead of painkillers

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Hello, ladies and gentleman, colleagues,

Effective pain therapy instead of painkillers.

I am delighted to be able to speak to you here today in Fulda on the subject of pain.

When I started working with the bioresonance method 12 years ago my focus at that time was on allergy but after a while I realised that you could apply the therapy in other areas too. And so I tried this type of treatment on patients who were suffering from pain and was surprised how quickly I got results.

### **1. What is pain exactly?**

Pain is a complex sensory feeling often involving strong emotional components. It requires the presence of pain receptors and for signals to be passed on uninterrupted to the central nervous system.

Normal pain is caused by stimulation of the pain receptors through tissue-damaging stimuli. Pathological pain, on the other hand, occurs when these pain receptors are stimulated by inflammation processes in the body or the pain is triggered by direct damage to nerve structures.

### **2. Differentiating between acute and chronic pain**

Acute pain is a common phenomenon experienced by us all. It is a reaction of the human body and occurs when we have injuries or inflammations. Acute pains are a necessary, sometimes lifesaving warning sign. Acute pains tend to be passing in nature and the root cause can be easily and successfully treated.

We speak of chronic pain if the pain lasts

for longer than three to six months.

Chronic pain no longer works as a warning sign because the pain has become independent and no longer serves a purpose. Frequently even the original cause of the pain has disappeared. Chronic pain is based either on acute pain which has become permanent, i.e. chronic as a result of processing errors in the brain, or on nerve damage or injury.

### **3. Which types of pain have I been able to treat successfully using bioresonance?**

We use the bioresonance method in our practice for every kind of pain. Admittedly in cases where there is an ankle fracture, for example, this of course needs resetting, putting in plaster or perhaps even an operation. Where there is still subsequent pain I can successfully treat it.

I have put together some statistics for you which relate to my practice.

98 pain patients:

- 70% Free from pain
- 20% Major improvement
- 5% Slight improvement
- 5% No change in intensity of pain

I find that the big advantage for pain sufferers is that our treatment does not have any side effects and works very quickly.

Here are some pain-related disorders which can be treated very successfully with the bioresonance method: Tennis elbow, golfer's elbow, trigeminal neuralgia, Herpes zoster, shoulder-arm syndrome, ischialgia, earache, pain in the motor apparatus, pain following calf cramps,

joint pain etc. I won't give you a complete list now otherwise I'll run out of time. But using examples you can see how multifaceted the bioresonance method is in the treatment of pain.

My pain patients come twice a week to the practice and most patients' symptoms have significantly eased after the first treatment. In rare cases the pain gets worse following the initial treatment. After three sessions at the most the pain has eased off in 90% of patients. In our practice we have a general rule of thumb: If after the third treatment there is absolutely no change in the pain the patient can decide for themselves whether or not we should continue with treatment.

Before I treat a pain patient a thorough examination is carried out and the patient's case history taken and then only after eliciting more details, such as "When did the pain occur for the first time? What preceded this?" etc can I treat the patient successfully. And even where symptoms are unclear treatment can work well.

#### An example:

In our practice a patient presented with acute ischialgia which caused her problems when walking. She used a walking aid and but this had an adverse effect on the healthy side of her body. As a result of the cramping she felt when walking she experienced strong pains under her shoulder blade and had trouble breathing properly. I placed an electrode exactly on the spot where the pain occurred, repeated this twice and the patient was then free of pain.

#### **4. Where and how do I apply the electrodes. Which program do I use?**

Input electrode: on painful area, output: modulation mat. If the patient has several areas of pain, I treat these together and place an input electrode on each separate area.

During kinesiological testing I use the following programs: 911, 918, 433, 922, 133, 425, 426. If the first three programs test positive I continue treatment using these and then test DMI for packets with building-up or damping-down effect (see Bicom 2000 Operation Manual). I start treatment using the basic therapy and then follow the corresponding pain programs.

If there none of preset programs proves suitable I test out individual programs.

#### An additional tip for dentists:

After a tooth extraction, particularly in the case of wisdom teeth, there is a very good therapy program available:

My patients bring the extracted tooth with them to the practice. This is then placed in the input cup, the roll electrode linked to the input cable and the area affected is rolled using programs 911, 918, 433. Modulation mat as the output. The area is then cooled and the patient given cool pouches (3 or 4) but not allowed to lie down for 8 hours.

All patients so far have been very happy with this and have not suffered any swelling in their face or pain.

In addition I give patients Arnica C30 globules to take on the day of dental treatment and for three days afterwards.

## **CASE STUDIES**

### **Case 1: Female patient, 59 years old**

*Inflamed tendon in right wrist since December 2005.*

First treatment took place on 27.03.06, the second on 30.03.06 using programs 133, 911, 918, 192, with ligaments and tendons from the 5 element kit, DMI building-up. Operation scheduled for 21.04.06 was cancelled, no symptoms experienced, only a slight ache when the weather changes. Further treatment on 23.08.06 and 05.12.06 because of slight ache in wrist.

*After treatment, no further symptoms.*

### **Case 2: Female patient, 48 years old**

*Acute inflammation of the pleura and breathing problems, November 2006.*

Three treatments on three consecutive days with programs 911, 918, 433, DMI damping-down.

*On the third day the patient was able to breathe properly and displayed no symptoms.*

### **Case 3: Female patient, 67 years old**

*Serious prolapse with discharge into the spinal canal, May 2005.*

*Feelings of numbness in legs, sometimes uses a wheelchair, gets around with a rollator, acute pain in the lumbar spine region and in the legs.*

10 treatments, twice a week plus light chiropractic, programs 130, 911, 918, 433, DMI building-up.

*After five treatments 50% improvement. After 10 treatments 80% improvement. No pain in back and numbness no longer felt. Wheelchair stored away and all this without the need for an operation.*

### **Case 4: Male patient, 70 years old**

*Acute calf cramps during the night causing permanent pain, feelings of numbness in toes. Has trouble walking. Problems started roughly 6 weeks earlier.*

Four treatments, programs 130, 700, 910, 421, 500, DMI building-up, input on calf, output on sole of foot and modulation mat.

*After third treatment, no more pain or calf cramps.*

### **Case 5: Male patient, 72 years old**

*Acute pain in chest region with coughing and phlegm discharge following stenting procedure in Summer 2006.*

After treatment with programs 130, 540, 911, 918 and 192, DMI building-up.

*No more pain.*

### **Case 6: Female patient, 49 years old**

*Auditory canal eczema with trigeminal neuralgia.*

After two treatments with programs 911, 918, 433, 522, DMI damping-down.

*Pain free.*

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You have now briefly heard about six cases from my practice and I could go on for hours describing other cases. For all those colleagues who are not yet familiar with pain treatments using the bioresonance - method I urge you to give it a go - your patients will thank you for it.

### **Limits to pain therapy**

There are of course limits to pain therapy otherwise we would have found a miracle cure. We haven't, of course, but what we do have is a very good therapy device.

If you have patients who take strong cortisone preparations and medication containing morphine etc. this may lead to blockages and the pain therapy will have no effect. Patients who thrive on their pain will also feel no effect. You are also not in

a position to heal an end-stage cancer patient on strong medication but you may at least be able to alleviate their symptoms. And every type of pain which can be alleviated should be viewed as a success for you as a therapist and for your patients.

I would like to now tell you about a case in which I was unsuccessful.

## **Case 7: Young man, 27 years old**

*An allergy patient in our practice for several months. One day he told me about a large, red, painful blotch he had in his right armpit. His doctor diagnosed a skin fungus.*

*However, it did not look like a fungus or an allergy and the area was the size of the palm, hot and dark red.*

I tried a pain treatment which seemed to respond very well. For three days there was no heat in the skin and he was practically free of pain. Three days later the hot, dark red and painful blotch reappeared. He asked me if I could apply the plate to the area again because he had a very important meeting the following day. I had a funny feeling about this though and was unable to give a clear diagnosis so I sent him to a specialist in internal medicine. After several examinations it turned out that he had Hodgkin's disease. And that served as a reminder to me to observe my patients

very closely. And if something improves and then reverts to the original condition, this needs to be explained for the good of the patient.

*Today he is grateful that I refused him further treatment and sent him to a specialist.*

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To finish with I would like to give you the following advice to take away with you:

In every chronic pain patient the basic system is mixed up and we can help restore some sort of order to this system using the bioresonance method. You will have all come across the system of basic regulation in the introductory seminar and if you take a closer look at it, many of the interrelationships will become clearer.

I wish you every success in treating pain and hope you have many satisfied and pain-free patients.

One last thought from me:

*I am delighted when any patient presents with pain at my practice because I know how quickly I can bring this patient relief thanks to bioresonance.*

Thank you for listening.