

Significant therapy results when treating serious auto-immune conditions

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In medicine autoimmune disease is an umbrella term covering a range of disorders caused by an excessive reaction by the immune system to endogenous tissue. The immune system incorrectly identifies endogenous tissue as a foreign body to be eradicated. This leads to severe inflammatory reactions that can damage the affected organs.

Autoimmune disease can affect virtually all bodily organs and tissues, e.g. the skin (Lichen sclerosus, Alopecia areata), colon (Crohn's disease), small intestine (celiac disease), joints (rheumatic polyarthritis), thyroid gland (Hashimoto's thyroiditis), nervous system (multiple sclerosis), connective tissue (scleroderma), salivary glands (Sjogren's syndrome) and many others, to name but a few.

Definition

The immune system is generally responsible for identifying and defending the body against foreign substances, micro-organisms and viruses. T-cells play a vital role. These are trained in the thymus to tolerate endogenous structures. Unsuitable T-cells are eliminated.

This central immune tolerance is one of the measures employed by the immune system to defend itself and combat foreign bodies.

In the case of autoimmune disease, a group of T-cells display deviant behaviour and attack endogenous structures in the same way as they would foreign bodies whilst the body's repair mechanisms endeavour to replace damaged tissue. If left untreated, this process will completely destroy the organ system.

Aetiology

In orthodox medicine the cause of autoimmune disease has not been fully elucidated despite intensive research.

In natural medicine attempts are made to understand disease onset in terms of the interaction between man, his lifestyle and his environment. This begs the key question: *What has caused the affected bodily tissue to change such that it now views the body as foreign tissue and starts to destroy it?*

Harmful environmental toxins such as sprays, chemicals, antibiotics including medicines, environmental influences such as radiation exposure and electronic smog, etc. change our body tissue, irritate our immune system and trigger abnormal responses. Heavy metals, amongst other things, play a major role. These include mercury, lead, nickel and arsenic, aluminium and other substances that are directly stored in our nervous system as well as in glandular tissue such as the thyroid gland where they trigger chronic inflammatory reactions in the form of autoimmune diseases including multiple sclerosis and Hashimoto's thyroiditis. Chronic infections such as borrelia and viral infections in particular, mostly in conjunction with a destroyed body milieu due to over-acidification, lead to the onset of immune reactions.

Therapy

In orthodox medicine autoimmune diseases amongst others are treated with immunosuppressants. Conversely, in natural medicine, attempts are made to restabilise the damaged immune system by treating the actual cause of the condition.

TYPICAL CASES

Case 1 33 year-old male patient with autoimmune cholangitis (AIC)

Definition

AIC (autoimmune cholangitis) and PBC (primarily biliary cirrhosis) are autoimmune, cholestatic liver diseases with a chronic clinical course. Left untreated, liver cirrhosis will develop. Histologically, very similar, differing in terms of antibodies.

Case history

AIC was previously diagnosed at the University of Regensburg. Orthodox medicine: UDC, possibly liver transplantation.

- important fact: has worked in a plastics factory for many years

Symptoms

- Psoriasis (scalp)
- Extensive itching, all over the body
- Severe fatigue, exhaustion

Laboratory values

- Gamma-GT 580 U/l despite use of UDC
- Other liver values also elevated
- B12 and folic acid deficiency

Bioresonance testing

Heavy metal contamination
Contamination with plastic substances absorbed from the workplace and formaldehyde

- Chronic Candida infestation, borrelia infection, EBV infection, intestinal and liver parasites

Food intolerances (cow's milk, pork, wheat flour)

Treatment

Weekly BRT with elimination of chemical and infectious contamination. Liver programs 430, 311 and later liver program series 10093 were regularly used.

- Dietary changes
- UDC was continued

Result:

- Gamma-GT value fell to 98 after just 6 weeks
- No more itching, skin looks better
- General condition greatly improved, no longer problems with fatigue and exhaustion
- During subsequent course, only problems due to severe intolerance to chemical-based medication, e.g. agranulocytosis after Novalgin!

Case 2 16-year-old female patient with Lupus erythematosus

Definition

SLE (systemic Lupus erythematosus) is the most common autoimmune disease in the connective tissue disease category. Acute and chronic inflammation in numerous organs and tissues (skin, joints, muscles, heart, lungs and vessels amongst others).

Case history

- SLE had already been diagnosed
- Cortisone has proved ineffective to date
- Metal bed
- Tick bites during childhood — chronically sick since then

Symptoms

- Severe joint inflammation with swelling and pain, especially in the knee joints
- Barely able to get out of bed in the mornings

Laboratory values

- High inflammatory values
- Thrombocytopenia
- Elevated borrelia antibodies
- B12 and folic acid deficiency

Bioresonance testing

- Intolerance to wheat flour, cow's milk and pork
- Intestinal mycosis and parasites
- Borrelia infection and EBV infection
- Heavy metal contamination

Treatment

- Change bed (wooden bed)
- Alter diet, build up intestines with Bactoflor and MSM
- B12 and folic acid i.v.
- Weekly BRT with elimination of infectious and environmental contamination
- Elimination of cortisone using 999, later 998 and hormone regulation with 934, in channel 2: "Weak suprarenal gland" with BICOM optima
- Treatment of inflamed joints with programs 610 and 923 (channel 2: "Arthritis")

Result:

- Marked, very rapid improvement in general condition
- Rheumatic joint symptoms quickly subsided
- Inflammatory values in the blood and thrombocyte count returned to normal within a few weeks

Case 3.1 Two female patients with multiple sclerosis

Definition

- Inflammatory disorder affecting the nervous system
- Inflammatory foci triggered by autoimmune reactions in the myelin sheath of nerves
- Nerve conduction disorders lead to corresponding symptoms such as impaired sensitivity, paralytic disorders often accompanied by visual disturbances due to optic neuritis

Case 3.1 42-year-old female patient, exhibiting first signs of MS

Case history

- Known history of already chronic dermatitis of the lower leg — probably *Erythema chronicum migrans* due to borrelia infection and amalgam stress
- Initial episode of MS in 2009 — optic neuritis and discrete neurological symptoms in the lower leg

- 1000 mg i.v. cortisone recommended by the neurologist, possibly followed by interferon

Laboratory values

- Borrelia antibodies slightly raised
- Vitamin B12 and folic acid deficiency

Bioresonance testing

- Intolerance to wheat flour, cow's milk and pork
- Chronic infections due to borrelia, Candida, intestinal parasites and EBV
- Heavy metal contamination

Treatment

- High doses of vitamin C infusions, B vitamins administered via the i.v. route
- Initial dose of doxycyclin 200 mg over 14 days
- Dental clean-up initiated with amalgam removal
- Weekly bioresonance therapy over several months with elimination of heavy metals, treatment of chronic infections and whichever symptoms were current such as optic neuritis (non-specific eye therapy 418, inflammation 610 and 923)

Result:

- Optic neuritis quickly subsided, confirmed by ophthalmologist
- Marked improvement in general condition and chronic dermatitis
- Discrete neurological symptoms subsided
- Completely symptom-free to date without any further orthodox medical therapy

Case 3.2 25-year-old female patient, MS for almost 10 years

Case history

- MS since 15th birthday
- Manifesting initially through tinnitus and neurological symptoms such as numbness in the feet
- Diagnosed through unusual body fluid levels with increased inflammation values

Secondary finding: Evidence of borrelia bands, which was disregarded!
Acute deterioration at 20 years of age, onset of interferon therapy.
Christmas 2011/12 massive episode — hospital treatment with 6000 mg cortisone

Symptoms

- 5/2012 reduced general condition, Cushing's syndrome
- Fibromyalgia
 - Optic neuritis
 - Imbalance
 - Emotional symptoms, sub-depressive
 - Neurogenic bladder dysfunction
 - Chronic lumbar spine syndrome, Arthrosis of the knee joint (gonarthrosis)

Laboratory values

- Weakly positive borrelia bands in the immunoblot test
- Vitamin B12 deficiency, low vitamin D levels
- No abnormal routine laboratory values, no elevated inflammation values

Bioresonance testing

- Wheat flour, cow's milk, hen's eggs, pork and fructose intolerance
- Chronic infections due to borrelia, Candida, intestinal parasites and EBV
- Various forms of heavy metal contamination
- Reactions to formaldehyde and preservatives

Treatment

High doses of vitamin C infusions, additional i.v. vitamin B (B1, B6, B12 and folic acid)
High doses of vitamin D3 (at least 3000 IU daily)
Bioresonance therapy every week/every 2 weeks over a period of 1 year with cortisone elimination, hormone regulation, treatment of chronic infections, heavy metal elimination and concomitant treatment of respective symptoms, e.g.:

- o Non-specific eye therapy 418, including inflammation 610, 923
- o Arthrosis programs for the knee joint (e.g. 610, 923, 821 and 633)
- o Block and arthrosis programs, lumbar spine
- o Temporomandibular joint blockade
- o Irritable bladder
- o Energetic blockade 10027 via the bladder (channel 2: tension)
- o Depression program
- o MS program
- o Important: Removal of scar interference above navel (910 and 900)

Pathway

- Rapid improvement in acute symptoms, optic neuritis and weight loss subsided, hormone situation reverted to normal
 - Gradual improvement in back and joint pain as well as fibromyalgia
 - Winter 2012/13 repeat episode with inflammatory foci on MRI (image of neuroborrelia) possibly due to vitamin D deficiency?
 - With further BRT and 3 weeks of doxycyclin, all acute symptoms subsided quickly and completely, MRI check-up after 4 weeks did not reveal any anomalies.
 - Current findings: Very good general condition, patient has full performance capabilities, mentally stable, no longer any evidence of neurological symptoms, can practice sport. Main problem, still occasional bladder disorders and backache
- No further orthodox medical treatment, regular physiotherapy and bioresonance therapy every 4 weeks

Outcome

Autoimmune diseases can be treated extremely effectively with bioresonance therapy coupled with appropriate vigilance and caution (basic therapy 1270). It is important to understand the cause and related symptoms. Long-term therapy may be required in cases of chronic disease.