

## Integrating bioresonance therapy in an existing allopathic treatment

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Ladies and gentlemen,  
dear bioresonance therapy colleagues,

Today I would like to tell you about an option for integrating Bicom bioresonance therapy (BRT) in an existing allopathic treatment. For this I'll use a case study of one of my female patients.

### Case Study

The patient C.G., who is now 50 years old, first presented in my practice in May 2013. Ms G is approx. 165 cm tall and weighs 55 kg.

### Medical history

Juvenile rheumatoid arthritis at the age of 17 (affecting the hand, hip, knee and ankle joints)

Has had MS since first being diagnosed in 2005; the first episode started with optic neuritis (neuritis of the optic nerve), the diagnosis was confirmed by a lumbar puncture, neuroborreliosis was ruled out, treatment took the form of Copaxone (immunomodulator). During this time there were recurring small relapses, causing her doctors to question the effectiveness of the medication. In 2010 a severe episode (spinal MS affecting the left arm) occurred and since that episode the patient has been injecting interferon 3 times a week (**rebif 22 µg/ml**). This is an interferon beta-1a used to treat MS and severe viral infections.

Partial positional vertigo.

The patient had suffered with migraines, at times with aura, for some 25 years (probably hormonal → previously twice a month).

The patient felt that the migraines had definitely become more frequent again and also more severe since she had been injecting interferon.

As a child, chronic recurring tonsillitis

As a young adult, chronic recurring cystitis with subsequent vaginomycosis

→ The patient had been given a great many antibiotics.

### Reason for her visit to our practice

Sought improvement in her migraines as she was now experiencing these up to three times a week. After a time even the triptan tablets were no longer offering relief.

### Bioenergetic findings

Most disturbed element: water (supported by all other elements)

Diverse scar interference fields (forehead, teeth, tonsillectomy, and appendectomy)

Pathogenic stresses: (Candida + Geotrichum candidum), pork, leishmaniasis, mumps vaccination

Electrosmog stress

### Therapy

Between 29.05 – 18.07.2013 a total of eight BRT treatment sessions were carried out. The patient abstained from sugar, sweet fruit, wheat, white flour and pork. In the meantime the migraines only occurred every 4 – 6 weeks. The patient felt very fit, feeling more energetic than she had for years, and was very full of life. In that same year she came to see me for another two follow-up appointments followed by bioresonance therapy.

### Further therapy in 2014

In 2014 a control cranial MRI scan showed no changes in the MS lesions. In the meantime the migraines had increased again. The time between migraine attacks varied from ten days to four weeks but the patient did not always need to take a triptan tablet for each attack.

In 2014 the patient came eight times for BRT (bioresonance therapy), however it was not only the migraines that were priority but also cystitis and irregular bleeding despite the presence of an hormone-releasing IUD.

The urinary tract infections and hormonal imbalances were likewise treated with BRT.

During the course of the year the patient also displayed recurring poor liver values and low leukocyte values at  $2.6/\mu\text{l}$  (leukopenia). Almost every time this led to the patient succumbing to an influenza infection. That, like migraine, is a known side-effect of interferon medication.

Migraine attacks were now frequently occurring on the days after injecting rebif. The nature of the migraine also changed (in the patient's own words). The migraines gradually lessened in intensity.

### Neurologist's recommendation

With leukocyte values at  $2.6/\mu\text{l}$ , the neurologist treating the patient advised stopping the interferon medication completely for 14 days to allow the immune system, which is certainly suppressed by rebif, to recover.

The patient was somewhat surprised that this medication, which is meant to be injected three times a week, could simply be stopped for a period of 14 days.

### Simultaneous observations in my practice

At exactly this same time there were two other patients with MS coming to our practice who were also injecting the same medication at the same doses. One of the

other two patients was a man, mid to late 50's, height 160 cm and weighing 120 kg.

How is it possible, I asked, for two people of such different height and weight to be given exactly the same dose of interferon?

### Ideas and suggestions for the patient and the neurologist

It was suggested to the patient that we test out the frequency of the interferon medication using kinesiology. The patient was keen and agreed straight away. Kinesiology testing indicated that the patient should be injecting twice a week (Wednesday and Sunday) and should do this for a total of three weeks and then have a break for a week.

Of course this procedure could only take place with the agreement of the neurologist treating the patient.

The neurologist agreed and in fact thought it a rather good idea. Regular blood tests were carried out (every four weeks) in order to monitor leukocyte values and migraine symptoms.

### Further therapy in 2015

Since the end of 2014 the female patient has been coming for therapy at regular intervals. In 2015 Ms G visited our practice for treatment a total of seven times.

The treatment plan is now structured as follows:

1. Stabilisation of the liver using an indication-based program that resonated with the patient.
2. Hot roll in the region of the liver reflex zone
3. Cupping massage and both dry + wet cupping with approx. ten cupping electrodes in the region of the upper thoracic spine. Dry and wet cupping was also performed with Bicom bioresonance therapy and a liver program (after testing).

Rebif taken as described above.

In parallel with Bicom BRT, elimination drops are made from the interferon preparation using a second BICOM optima device.

For this we apply the **program series 10325 (Ai)** (3151, 157, 691) from expansion module 1.

Rebif is placed in the input cup, while in the output cup we place a drop of the patient's blood + drops. Channel 2 is applied depending on test results.

Rebif elimination drops are taken mornings and evenings (5 drops each time). Half an hour after injecting (Wednesdays and Sundays) the patient immediately takes 25 of these rebif elimination drops.

#### Development of symptoms

Leukocyte values have now levelled off at 4.3/ $\mu$ l. Migraines occur at most once every four weeks, with some symptom-free intervals of as much as eight weeks.

Frequently the migraine is in a considerably diminished form, linked to the patient's monthly cycle.

Often the patient is even able to do without

a triptan tablet (previously the migraine would often only disappear once a triptan tablet was taken). The dosage of the rebif application is maintained as tested out with kinesiology. Treatment intervals are now 6–8 weeks.

Overall, the patient is very pleased with the outcome and has already recommended our practice to a large number of other patients. She says that since she has been coming to us, her quality of life has improved considerably. The positional vertigo has also disappeared completely since we started cupping.

#### General comments on this therapeutic approach

We now have a lot of patients who rely on allopathic medication and who, because of the severity of their condition, have no choice but to take them.

We use this same approach for all such patients. And I can say that we, our patients and the clinicians treating them are more than satisfied with the outcomes achieved.