Borreliosis treatment in veterinary medicine with parallels to human medicine

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INTRODUCTION

Dear colleagues,

It gives me great pleasure to share some practical experiences from my work at this 46th International BICOM Congress in Fulda in 2006.

Borreliosis, an infectious disease occurring worldwide and caused by the corkscrew-shaped bacteria Borrelia burgdorferi (after its discoverer Wilhelm Burgdorfer in Lyme, USA), represents a particular threat to animals and humans in Alpine countries. The disease is transferred to animals and humans by ticks infected with Borrelia. The pathogen lives in the tick's intestine and is transferred through saliva. Up to 60% of ticks in Alpine valleys have Borrelia in their intestines which obviously represents a big potential threat.

The disease usually progresses through three stages, the first of which, local reddening (Erythema migrans), can easily be overlooked in animals. Subsequent symptoms such as fatigue, loss of appetite and feverish outbreaks with temperatures of between 39.5 and 40.5° C are accompanied by painful arthritis, affecting the knee and elbow joint in particular. The third stage can occur months or years after an infection with the clinical picture again characterised by widely varying arthritis with painful swellings. This well developed arthrosis sometimes leads to extreme restriction of movement which conventional medical therapies are rarely able to help.

DIAGNOSIS

A tentative clinical diagnosis can be made after a tick bite with local skin symptoms and subsequent general symptoms accompanied by arthritis. Specific Borrelia antibodies cannot usually be detected in the blood for eight weeks. Bodily fluid must be examined in the case of neurological symptoms in the later stages of Lyme disease.

THERAPY

Antibiotic treatment is usually successful at the acute stage. However, residual pathogens always survive in the body and can provoke chronic damage to the nervous system and the joints.

A vaccination has been available for dogs since 1999. Antibodies prevent the Borrelia migrating from the tick's intestines into the salivary glands. Experience from several veterinary practices however shows major problems which can occur after Borrelia vaccination. A particularly striking example is total malfunction in the face of chronic disease, which would have been satisfactorily overcome prior to vaccination (chronic diarrhoea, lung disease, disorders of the central nervous system and naturally paralysis).

CASE STUDY

Diagnosis and treatment of Borrelia infection with bioresonance and homoeopathy based on a case study.

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"Bruno", a Golden Retriever dog born in October 2002, was brought to me by his owner (a GP) in May 2005 with the following preliminary report.

The dog had been vaccinated as usual as a pup with the standard vaccines and had not shown any particular reaction. "Bruno" was vaccinated against Borrelia infection at four months. About a fortnight later the young dog began limping slightly in the right shoulder joint. The second rabies and Borrelia vaccination was given in March 2003 with the pain increasing dramatically within five weeks. An X-ray in May 2003 revealed osteochondrosis which was treated with antibiotics and painkillers for a fortnight. The subsequent months brought variable progress. The joint problems were treated with several doses of Phosphorus C30 in 2004 which led to the animal's general state stabilising considerably. In January 2005 the vet recommended a 10-day course of ZEEL. The dog's condition deteriorated as a result and "Bruno" also developed bursitis in the right elbow. From March 2005 movement increasingly limited despite intensive pain and laser therapy and weals. In April 2005 the dog's general state became worse and worse, swollen lymph nodes on both sides of the neck. A diagnosis of Borrelia infection was made from the blood test. Antibiotic treatment for two weeks, treatment with a second preparation for a further three weeks, however an abscess formed in the neck beneath the left ear.

In this phase in May 2005 I tested out "Bruno" with the BICOM device. Using the Combined Test Technique I tested significant impairment in the wood element (large and small joints). Joints, bones and muscles also tested with the orthopaedics test kit. The Borrelia infection ampoule in the veterinary test kit tested very strongly.

Therapy

During the period between 23 May 2005 and 29 August 2005 I performed five treatments with the BICOM 2000, always selecting program 133 as basic therapy, followed by toxin elimination with program 970, then Borrelia elimination with 191 (amplification up to 48 depending on testing), the relevant ampoules from the orthopaedics test kit with programs 191 or 192. As a rule I test out amplification and time with all therapies. Alongside BICOM therapy, I also administered Silicea C12 for five days to heal the abscess. In addition, I treated the severe arthrosis with Hekla Lava C6 twice daily for 5 weeks.

The problems in the joints completely disappeared in July 2005. Since then, "Bruno" has been a happy dog once more as in the first four months of his life. A blood test in December 2005 yielded a negative Borrelia titre which accords with the animal's good clinical progress.

This case taught me to treasure the BICOM device and the many different possibilities it offers. Since Borrelia infection's chronic development causes many problems in human and veterinary medicine, this therapeutic approach provides unbelievable opportunities.

Finally, I should like to encourage all congress participants to use the fantastic opportunities afforded by BICOM therapy for the benefit of patients. Thank you for your attention and interest.