
Practice study of Bicom 2000

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PRELIMINARY REMARKS

Start of the study: 30.12.1999
End of the study: 31.03.2000
Number of treatments: 400

On 31.12.1999 I started with the Bicom 2000 study. I had high expectations but at the same time felt a certain amount of scepticism.

I lost my scepticism after a very short time. It changed into a growing enthusiasm since my expectations were surpassed by far.

Until now, Bicom therapy had succeeded in only marginally improving the complaints of many chronically ill patients. However, a single treatment with the new Bicom 2000 clearly improved their symptoms. Since both traditional medical (scientific) treatment and a whole series of naturopathic treatment attempts previously proved unsuccessful for most of them, I found this reaction fascinating. During the treatment itself some of my patients with experience of the previous Bicom instrument noticed that they reacted quite differently and mentioned it to me immediately. I found this surprising, too. This new form of Bicom therapy opens up previously undreamed-of possibilities, especially for beginners, since the operation is even easier and the treatment is more effective.

THE MOST IMPORTANT ADVANTAGES IN KEYWORDS

- Very simple operation (therefore also suitable for beginners).
- Tests are easy to carry out
- Obvious improvement of all treatments or obviously improved efficiency of all treatment programmes.
- Fascinating improvement in case of amalgam

removal (without negative reactions to the removal).

- Significant breakthrough in the treatment of chronically ill patients who until now reacted very unsatisfactorily to traditional medical (scientific) treatment and also to different naturopathic treatments. And this happened within a very short time!
- Significant improvement of the treatment results in the case of mycoses and infections.
- Faster and more efficient allergy therapy.
- Easy to combine with other treatment methods like colon hydrotherapy, ozone therapy, Bicom cup treatment.
Spectacular improvement of chronic fatigue syndrome and chronic pain.
- Support of the Cross-linked Test Technique.

In order to illustrate what was said, I mention only a few case studies.

CASE STUDIES

Patient 1, aged 63

Anamnesis: Parkinson's disease, manic depression, under my care from 1996 to 1998. Came to me in January 2000 because of obvious deterioration of the clinical picture. The diseases manifested about 10 years ago.

Findings: The patient was somewhat manic, hyperactive and had extremely bad tremor of the right arm. The conductance was over 90.

Session 1: 17.1.2000

1. Damping-down dynamic micro-impulse bundles (DMI), intensity 6, 10 minutes
Bicom modulation mat on the chest/stomach during the entire treatment

Colloquium staged by the International Medical Working Group *BICOM* Resonance Therapy and the *BICOM* Resonanz-Therapie-Gesellschaft from 29 April to 1 May 2000 in Fulda

2. Basic therapy 131

(Ai, amplification sweep, frequency sweep + damping-down DMI + BicOm magnetic frequency patterns (BMF))

Input cup: saliva

Input: square flexible electrode on the upper thoracic vertebrae

Output: BicOm modulation mat as above

After this treatment the patient was considerably calmer, although only these two therapy steps were done.

Session 2: 31.1.2000

Conductance 90

1. Damping-down DMI, intensity 6, 10 minutes
2. Basic programme 131 (as during the first session) + damping-down DMI + BMF
3. Basic programme 105 (H, tested amplification 0.7) + damping-down DMI + BMF

Input cup: saliva

Electrode placement as during the first session.

The patient's condition clearly improves. The patient becomes calmer, the tremor in the right arm decreases visibly.

Session 3: 7.2.2000

Conductance normal!

1. Damping-down DMI, intensity 6, 10 minutes
2. Basic therapy 130 (H+Di, amplification sweep, frequency sweep + damping-down DMI + BMF)
3. Liver support programme 430 + damping-down DMI + BMF
4. Kidney support programme 480 + damping-down DMI + BMF

Input cup for all BicOm programmes: saliva

Electrode placement as in the first and second sessions.

The condition of the patient has stabilised. He is psychically balanced, the tremor of the right arm is almost unnoticeable. And this after only three treatment sessions and in a patient whose condition I struggled unsuccessfully to improve for two years! The BicOm 2000 instrument made success possible.

Patient 2, female, aged 77

Anamnesis: This patient has been in my care since 1995. Parkinson's disease (bradykinesia), general weakness, slight depression with fear states, osteoarthritis of both knee joints.

In the past years improvement of her condition

was only possible to a limited extent.

Findings: Conductance between 65 and 70

Treatment: 2.2.2000

1. Building-up DMI, intensity 6, 10 minutes BicOm modulation mat on the chest/stomach throughout the treatment
2. Basic programme 135 (H, amplification sweep, frequency sweep + building-up DMI + BMF)
Input cup: saliva
Input: square flexible electrode on the upper chest vertebrae
3. Cross-linked Test Technique
Brain stem, limbic system
programme 198 (A, amplification runthrough) + BMF

This treatment was repeated twice with an interval of two weeks.

Seven days after the last treatment the conductance was 80 (in the normal range). The weakness has been removed. Already during the treatment sessions I observed that the patient's pale cheeks gained colour and that her facial expression became livelier. The depression and fear states disappeared. The bradykinesia improved. And this happened to a patient of 77 after just three treatments. What I had not nearly achieved in five years of treatment, I now achieved I with so little trouble!

Patient 3, female, aged 25

Anamnesis: The patient had an increased γ -GT value (80) of uncertain origin.

Findings: Tested amalgam pollution (amalgam had been removed on 28.2.2000).

Treatment: 1.3.2000 (only treatment, since the patient left the country)

1. Toxic cleansing programme 970 + damping-down DMI + BMF
2. Liver support programme 430 + damping-down DMI + BMF
3. Kidney support programme 480 + damping-down DMI + BMF

In treatment steps 1, 2 and 3:

Input cup: saliva

Input: square flexible electrode

Output: BicOm modulation mat on the chest/stomach during the entire treatment

4. The patient's own amalgam in the input cup: (a) programme 998 (Ai 64x 3 minutes) + building-up DMI + BMF

(b) programme 1000 (Ai, stepwise increase, 60s)

(c) Ai, 0.025x amplification, 3 minutes + building-up DMI + BMF

Output: unchanged

The patient telephoned me 14 days later from overseas and told me that her y-GT value was under 50 at her last check-up. This was a surprising finding, since only one removal treatment was done, and keeping in mind that the body was subjected to toxin flooding after the amalgam removal such a short time before. During my long experience I have never observed anything like that.

Patient 4, aged 42

Anamnesis: Patient with recurring erysipelas on the left leg with simultaneous acute herpes simplex infection. In the past he was therefore often in hospital for several weeks and treated with massive dosages of antibiotics.

On 30.12.1999 the patient telephoned me. He was very afraid that he had to go into hospital again, since the erysipelas on the left leg and an acute herpes simplex infection on the face had flared up again. He asked me for help urgently.

Session 1: 30.12.1999

Input cup: saliva, herpes swab

Input: square flexible electrode on the transition between the cervical and thoracic vertebrae

Output: Bicom modulation mat on the left leg (all treatment programmes)

1. Metabolic therapy programme 530 + building-up DMI + BMF
2. Liver support programme 430 + building-up DMI + BMF
3. Kidney support programme 480 + building-up DMI + BMF

Thereafter, therapy according to Cross-linked Test Technique was done:

1. Input cup: herpes, programme 191, 10 minutes + building-up DMI + BMF
2. Input cup: erysipelas, programme 191, 10 minutes + BMF
3. Input cup: interferon, programme 192, 10 minutes + damping-down DMI + BMF
4. Input cup (from the 5-E test set): resistance,

lymph, neck and head lymph, paranasal sinuses, teeth, programme 192, 10 minutes + building-up DMI + BMF

Output: unchanged

After the first session the acute symptoms were much better.

Session 2: 5.1.2000

1. Building-up DMI, intensity 7, 10 minutes
2. Input cup: saliva, herpes swab
Input: square flexible electrode on the transition between the cervical and thoracic vertebrae
Output: Bicom modulation mat on the left leg (all treatment programmes)
Basic therapy according to conductance measurement + building-up DMI + BMF
3. Lymph programme 200 + building-up DMI + BMF
4. Liver support programme 430 + building-up DMI + BMF
5. Kidney support programme 480 + building-up DMI + BMF

Thereafter, therapy according to the Cross-linked Test Technique was done:

1. Input cup: herpes simplex, programme 191 + building-up DMI + BMF
2. Input cup: erysipelas, programme 191 + building-up DMI + BMF
3. Input cup: interferon
4. programme 192 + damping-down DMI + BMF
Duration: 10 minutes in each case

After this session the erysipelas had almost subsided, as had the herpes simplex infection. Such a fast healing reaction was expected neither by the patient nor by the therapist. Until now it had been impossible with Bicom therapy.

Two further treatments were done at an interval of 10 days with the following programmes:

1. Building-up DMI, intensity 8, 10 minutes
2. Input cup: saliva, herpes swab
Input: square flexible electrode on the transition between the neck and chest vertebrae
Output: BICOM modulation mat on the left leg (all treatment programmes)
Lymph programme 200 + building-up DMI + BMF

3. Liver support programme 430 + building-up
DMI + BMF
4. Kidney support programme 480 + building-up
DMI + BIVW

The erysipelas and the herpes simplex infection have healed completely. The patient was very thankful for the fast cure and that he needed neither hospitalisation of several weeks nor burdensome treatment with antibiotics. And I was enthusiastic about a new therapy method.

Patient 5, female, aged 70

Combination of ozone therapy and BICOM 2000 therapy

Anamnesis: Long-term diabetic, gangrene formation in a toe of the left foot. There was a danger of the amputation of the entire left foot.

After consultation with the treating doctor, a combination of ozone therapy and Bicom 2000 therapy was done (see RTI-Heft 23).

Treatment: 4.1.2000

1. Building-up DMI, intensity 6, time 8 minutes
Bicom modulation mat on the left leg during the entire session
2. Ozone therapy
During reinfusion of the blood:
programme 846 (improving biosynthesis) +
building-up DMI + BMF

Input: square flexible electrode on the upper chest vertebrae + reinfused blood through the colon-hydro clip on the infusion tube.

During the BicOm 2000 treatment there was acute pain in the affected toe, a sign that there was better oxygen supply in the toe immediately. As soon as the BiCOM 2000 therapy was interrupted and the ozone therapy ran alone, the pain disappeared but it reappeared when the Bicom 2000 instrument was switched on again.

Further treatments were given twice a week in the way described above.

The patient was hospitalised on 31.1.2000. The foot was saved and only the toe was amputated. Think of what this means for the rest of the patient's life.

FUTURE OUTLOOK

The discussed case studies are only a small part of my positive experiences with the Bicom 2000.

In conclusion I wish to state that all therapy steps were tested beforehand, usually kinesiologically. All patients without exception were stabilised by the addition of **DMI** or **BMF**.

I believe that these details explain why I am so enthusiastic about the new treatment possibilities and why I find the Bicom 2000 instrument indispensable in my practice.

