

Effectiveness of Bicom therapy proven with dark-field photographs of three different cases

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INTRODUCTION

Dear colleagues

At the last colloquium last year I reported my attempts to prove the effects of bioresonance therapy with dark-field microscopy tests.

I became a bioresonance therapist 18 years ago but I only started using the method of Prof. Enderlein and Dr von Brehmer in my own laboratory two years ago. I never questioned the effect of Bicom resonance therapy. After all, I was able to treat thousands of patients successfully in this time. It was therefore not a necessary proof, but rather an academic interest to produce complementary dark-field photographs until the results were so astounding that I also showed the photographs to my patients. I often use them as a therapy control, especially in problematic cases.

Slide 1

You see how we built up our equipment. The dark-field microscope is connected to a camera which transfers the photograph to a screen.

Here we can observe the processes in the blood for about 10 minutes, analyse them and explain them to the patient. Using a colour printer connected to the equipment, we print out selected pictures in colour for documentation and also as accompanying findings for referring colleagues.

A further drop of blood is prepared according to the dyeing instructions of Dr Brehmer. In addition to producing permanent preparations (lasting longer than 30 years), we can see different inclusions in the erythrocytes in different forms clearly.

This dyeing method also indicates the parasites

clearly, also in other substrates like biopsy specimens, tissue sections, tumour material, etc.

Before looking at findings from patients before and after treatment with Bicom resonance therapy, I will show you several pictures of what healthy blood looks like.

Slides 2, 3 and 4

WHAT DID PROF. ENDERLEIN AND HIS PUPIL DR BREHMER RESEARCH?

The most important thing which Prof. Enderlein discovered is the bacterial nucleus, the difference between sexual and asexual increase of bacteria and their developmental results caused by the milieu, from ultramicroscopic viruses to highly developed shoot formations. He also made further discoveries on the subject of blood parasitology and cancer research.

Prof. Enderlein was the first to recognise the importance of microbes in the blood, which are inseparably connected with our destiny. According to his and Dr Brehmer's method we can already at an early stage gain insight into microbiological events and intervene as a preventative measure to change some developments for the better via a milieu change.

This is not the place to discuss this subject in more detail. I would rather leave this to someone with more experience in this special field of research.

I refer you to the books in the bibliography (see also the appendix at the end of this volume) in which this subject is comprehensibly and fully discussed. The author also presents excellent seminars. She was my first teacher.

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

VISIBLE IMPROVEMENTS AFTER BICOM RESONANCE THERAPY

And now my observations of different patients with different indications and a visible improvement after Bicom resonance therapy.

Case 1

Female patient born in 1969. She first came to us in 1998 because of a pollen allergy. We also tested several food allergies and treated them successfully one after the other.

She came in September 1999 with new complaints, i. a. inexplicable long-term exhaustion (she is 30 years old!), pain in the pectoral girdle, recurring attacks of headaches, recurring tonsillitis.

According to the 5 elements test, iridodiagnosis and the dark-field blood findings, the following diagnosis was made: rheumatic burdens (also running in the family), second-degree dyscrasia according to Enderlein, oxygen deficiency because of serious endobiotic burdening of the erythrocytes, „money roll formation" with the accompanying impaired circulation.

Slides 5 and 6

(Dark-field photograph before Bicom therapy)

We did the following therapy steps once or twice a week according to the testing:

Basic therapy

802 improvement of oxygen assimilation

Input: blood

970 Toxin removal

Input cup: saliva (blood not together with urine, therefore saliva!)

580 Lack of energy

423 Pain between the shoulder blades

570 Weakened resistance

Check-up after 7 months:

Slides 7 and 8

The dark-field photograph shows a clear improvement in the general condition. The patient feels more able to take stress and no longer has problems with tiredness. The massing of the erythrocytes has improved to a large extent, head and shoulder pain is no longer present. The endobiotic burden decreased markedly too and can now be classed as a dyscrasia of the first degree. The plas-

ma is almost clear now because of the successful toxin removal. We still treat the patient. A further check-up will be done in about 4 months.

Case 2

Patient born in 1940, under my care since November 1999. Problems at work, since he must often work with synthetic materials which cause dramatic allergic reactions in him. Even printer's ink tested positively, i. e. he cannot even pick up the papers to read them. Furthermore, adhesives, colorants, building materials, preservatives, etc. also tested positively.

The first dark-field examination was done on 17.11.99.

Slides 9 and 10

Strong massing of erythrocytes. 95 % of the cell membranes had changed. Seriously affected blood, filled with spores and sporangia, obvious praecancerosis. The thorn-apple shaped membrane indicates an oxygen deficiency in the erythrocytes.

The dyed photograph shows fat spores and sporangia typical of focal toxicoses.

We treated him as follows:

Basic therapy (conductance under 60)

970 toxin removal alternating with

951 tissue blockages

802 improvement of oxygen assimilation

Input cup: blood

Later **tested nosodes** were put in the input cup during treatment with the toxin removal programme:

Methanol comp. / solvents

Acid. nitr. comp. / chem. industry

Plumbum metal!. comp. / petrochemicals industry

Supporting oral therapy:

Phonohepan, Solidago, Antitox, Lymphophon.

The general condition has clearly improved, but at home he still reacts to unidentified substances. We suggested a thorough testing of the house, which he is still considering. I do not understand his reluctance.

I suspect possible geopathic disturbances as well as likely „electrosmog". According to my tests even the plaster on the walls is contaminated.

The blood picture has already changed, but is not yet perfect. The oxygen assimilation and the condition of the membranes have at least improved as shown in the last photograph.

Case 3

Female patient, born in 1939, osteoarthritis in both hands, as well as in the shoulder, knee and foot joints.

She has been in my care since 1998. Before that she was in the care of a rheumatologist for a long period. In spite of using medication with many side effects she saw no improvements.

According to the doctrine of 5 elements the spleen, pancreas, organ degeneration, large intestine, sinuses, kidneys, connective tissue, ligaments and tendons tested positively.

Then an allergy test according to Dr Schumacher indicated the following allergies: several grains, meat, fruit and nuts as well as sheeps' wool, mildew fungi and candida albicans (03.06.98).

The first dark-field photographs were taken on 22.09.99.

Slides 11 and 12

Findings: Dyscrasia in the second degree, much massing of the erythrocytes, the plasma is filled with uric acid crystals, and the many bright final nuclei in the plasma and the erythrocytes indicate serious focal toxicoses. The crystalline deposits are the result of metabolic impairment.

We could alleviate the pain with treatment lasting several months with toxin removal (970), therapy of the focal toxicoses (e. g. the sinuses, dental foci; **500**), repair of troubling scars (910).

In addition, an accompanying pain treatment was done every time, i. a. programme 631 (rheumatic pain).

On days without pain we deleted individual allergens, also over several months. In addition, the treatment sessions were concluded with programme **195** while the thymus ampoules were in the input cup. Oral applications were also prescribed.

Amalgam and several heavy metals were only removed after obvious improvement of the original complaints. Each time a test was done to determine which excretory organ could be used (liver, kidneys, skin, lymph).

Derivatio H was used in support both orally and as injection.

The last dark-field photographs were produced on 18.02.2000 in order to do a check up of the progress.

Slides 13 and 14

You can see the changed mobility of the erythrocytes, the absence of money roll formation, normal condition of the membranes, a few spores, sporangia are no longer intracellular, although some erythrocytes are still „bright". This is a clue that the events are considerably reduced but still latent.

The finger joints are no longer swollen, the other joints no longer react with pain on examination, and the mobility has clearly improved.

SUMMARY

I discussed only three cases out of hundreds. For the past 18 years Bicom resonance therapy has been important in my practice for therapeutic success. We use Bicom resonance therapy for every patient in some form or another. There are several advantages to being able to document therapy success with dark-field diagnosis, as I have done for the past 2 years.

1. I can explain their burdens to patients more easily, and the motivation for possible longer therapy cycles is therefore present.
2. Furthermore I am better able to examine and document the progress of treatment.

The effectiveness of Bicom resonance therapy has by now been proven by many scientists, but any progress control presents our opponents with substantiated findings in addition to improvement of symptoms and the health of our patients.

I ask all colleagues doing dark-field diagnosis to use this as documentation of Bicom resonance therapy. I would like to exchange experiences with other colleagues.

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