

Bioresonance in implantology

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Bicom – Framework treatment for implants in the field of dentistry

or

Where can I apply the bioresonance method when carrying out implant procedures?

Bioresonance is the resonating together of two material or non-material oscillating circuits.

By using the Bicom device I can therefore bring two distinct material connections together into one.

An implant consists of metal or ceramic non-living matter, whereas bone is made from bone cells etc. and is therefore living matter. So how can I bring non-living matter into harmony with living matter?

The solution is to oscillate the metal or ceramic implant with the body's specific frequency and to harmonise it with the living matter, which has its own genetically pre-programmed oscillation. Will that work in practice?

With the Bicom this is possible. I place a drop of blood on a slide into the input cup and oscillate this onto the material in the output cup. This means that I have transferred the patient's individual frequency. Effective healing is assured through good resonance with the bone cells.

(In rare cases, if the impact is likely to be too weak, we send a blood sample to a laboratory in order to obtain 'pure erythrocytes' (red blood cells) for treatment purposes.

In our experience, this procedure enhances the healing process).

The stages of treatment required for an implant can be roughly split into three stages:

1. Preparation of the implant area (bone) for insertion of the implant
2. Insertion of the implant
3. After-care, also in the case of potential complications in the healing process.

We will start with stage 1, namely preparation of the implant area:

Which options are available when using the Bicom to prepare the implant?

Using the bone-healing programs I allow the bone to heal up so that it is able to capable of regenerating. Scar elimination and regeneration are key. I am also able to eliminate any material and energetic blocks. Osseointegration of the bone area then allows the implant to take root.

If there is a loss of teeth or bone as a result of a pre-existing condition (for example periodontosis, cysts with osteomyelitis (bone dissolution)), a goody should be oscillated via channel 2 and the honeycomb. The antibiotic can also be oscillated in the same way as cortisone without the usual side-effects. The silver water frequency may prove useful too.

In the case of bone augmentations or sinus lifts these materials can also be oscillated with the blood's own frequency to ensure that they bed in more effectively.

We now turn to stage 2, namely insertion of the implant:

Which additional treatment options are available?

In principle any procedure on the body causes it stress and triggers a shock to the surrounding tissue, even if this may not necessarily be perceptible. This is why it is useful to employ anti-shock therapy before direct intervention. It minimises the stress on the surrounding tissue and increases the likelihood of successful integration. The patient's own frequency is applied to the material, which has been tested in advance. During the operation a nerve-related goody (energetic fitmaker) can be applied. It is also worthwhile ascertaining and balancing the conductance. If the patient is stable when tested, then the system is ready for the operation.

After the implant is inserted and fitted in accordance with appropriate dental standards, the bone should be protected additionally by means of an antibiotic oscillation, and likewise strong painkillers. A bone-healing program (e.g. stimulation of bone cells) and possibly the anti-stress program (after therapy) can be used to support this. Once the patient has been treated, a check-up should be carried out on the following day and the healing program used, any blocks removed and energy balanced via the conductance reading.

The more well-balanced the patient, the better the healing process.

Now turning to stage 3:

After-care

First of all, conductance is measured and bone healing activated.

This is followed by scar elimination and removal of blockages, which stimulate tissue blood flow. Potential traumas are tested and removed as appropriate.

In this way you will help ensure that the implant is able to heal effectively. Pain therapy can likewise be administered using medication: add Ibuprofen, Chlorphen and a broad-spectrum antibiotic (e.g. Tetracycline) to the honeycomb, as well as an energetic fitmaker. I also use grape sugar.

Should there be any problems with post-implant bleeding, stitches will be required.

If there is any evidence of inflammation and the possibility that the implant could be lost, as well as antibiotics and painkillers oscillated via bioresonance therapy, Tetracycline should also be applied and material treatment carried out.

If you are uncertain which therapy is required, then ask the system by testing accordingly. After one week the stitches are removed and the scar elimination program is carried out. Normally within 14 days it can be determined whether the implant has worked. Sometimes the first implant is unsuccessful (assuming also a period for the body to get used to the implant), and the implant needs to be inserted for a second time. 80% of second insertions heal without any complications.

Conclusion

During the implant process Bicom therapy provides not only reliable assistance but also supporting treatment. It is also a valuable source of assistance for many subsidiary issues. Used appropriately it can complement and support traditional dental treatment.