

## Successful treatment with the BICOM 2000 supported with dark field images

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### INTRODUCTION

Dear colleagues,  
dear users of BICOM resonance therapy,

Many of you will already know me as I have been an enthusiastic user of bioresonance therapy for nearly 20 years through several generations of the device and have also presented papers at a number of colloquia.

I have been in practice in Cologne for 25 years specialising in allergy and pain therapy and it is very rare for my treatment not to include bioresonance therapy; in fact, this therapy has become the mainstay of our applications. I have also been working with the new BICOM 2000 for a year, in two separate consulting areas to avoid long delays.

Today I am going to report on my experience with this new device with 4 different patients. All 4 had previously been largely resistant to therapy and it is precisely this point that I should like to report on.

### CASE STUDIES

#### Case 1

Patient no. 1 was born in the Netherlands in 1974. Despite being 1.85 m tall and obese, he appeared very tired and languid with pronounced hyperhidrosis. His kidneys were only functioning to a limited extent. He stated he was only able to pass water once or twice each day in small quantities. His medical records indicated only 50 % liver function and also confirmed reflux, disturbed absorption and intestinal mycoses.

These symptoms were accompanied by constant tiredness and frequent nausea.

A laparoscopy confirmed too much iron in the hepatic tissue.

The case history we took at our practice immediately revealed an important clue: the patient worked for a cleaning firm.

Our tests for environmental toxins yielded severe contamination with formaldehyde and DDT. Stomach, spleen, large intestine, liver and bile ducts tested positive with the 5 element theory test set.

Laboratory values:

GOT (AST)	123	norm: M: < 19
GPT (ALT)	192	norm: M: < 23
gamma GT	96	norm: up to 28 in men

We began treatment on 28.08.01.

Basic therapy according to conductivity reading. We then carried out the meridian programs, liver no. 311 (chronic-degenerative) and kidney no. 381 (chronic-degenerative), once each week.

At this stage toxin elimination was only performed orally with reduced intensity, namely:

Asparagus P (Plantina) 3 x 3 tabl. daily

Phönix Lymphophön 3 x 20 drops

Phönix Solidago 3 x 30 drops

Phönix Antitox 3x 10 drops

changing every 3 days

We did not prescribe Phönhepan at this point as we did not want to encourage elimination via the damaged liver.

On 29.08.01 we repeated the BICOM therapy as above.

The patient already felt somewhat better on 03.09.01. The outbreaks of sweating had diminished slightly and the patient was passing urine 3 x daily.

On 11.09.01 basic program no. 130, toxin elimination no. 970 with urine in input and program no. 481 renal functional impairment, input = flexible

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Colloquium staged by the International Medical Working Group BICOM Resonance Therapy and BICOM Resonanz-Therapie-Gesellschaft from 3 to 5 May 2002 in Fulda

electrode kidney, output mat on abdomen. There was no change in liver values but the patient's general state of health had already improved.

On 18.09.01 same therapy as on 11.09.

On 25.09.01 general condition noticeably better, had begun fitness training, no outbreaks of sweating, micturition several times daily without any problems.

On 04.10.01 we started BICOM liver detoxication program no. 430 and metabolic therapy no. 530 as well as lymph activation no. 930. Oral therapy with Phönix detoxification was continued and we were able to increase the number of drops.

On 17.10.01 same therapy as on 04.10.

On 07.11.01 same therapy as on 04.10.

Final examination:

The patient felt very well.

5 element test normal,

toxins (formaldehyde, DDT) negative

Laboratory tests carried out by the family doctor were, in his words, "amazingly good". Unfortunately I have not yet received the individual readings.

The patient called me in January 2002. He is symptom-free and is getting married soon.

And one final comment: if we had had the BICOM cupping electrode set at that time, we would obviously have included it in our treatment plan to optimise the elimination process. Today BICOM cupping therapy is an important part of our therapeutic procedures, both for elimination and to provide information on the blood and lymph.

### Case 2

This 79-year-old patient is the wife of a colleague who has a massage and chirotherapy practice. He had therefore been able to give her physiotherapy before she visited us.

She had sustained a femoral neck fracture in an accident on 30.09.01, for which she underwent surgery on 08.10. (titanium pins, screws). She also had diabetes mellitus (insulin-dependent) and osteoarthritis in the right knee joint. The patient was brought to us in a wheelchair, unable to walk with severe pain, especially in both thighs. She also suffered from vertigo and had been taking Marcumar since the accident. She described her quality of life as severely impaired.

We treated her with the BICOM 2000:

On 04.01.02

basic therapy,

no. 650 post-traumatic ostalgia

no. 221 alternating with no. 620 hip joint problems

no. 900 activating zest for life

input handplate, output mat, restorative.

On 09.01.02 as on 04.01.02.

On 16.01.02 as on 04.01.02.

On 23.01.02 as on 04.01.02 with a sensational development: she came down the 12 steps to my surgery on foot with just a stick to help her! She did not need a wheelchair at home either and the pain was now barely noticeable.

On 30.01.02 therapy as before with the BICOM 2000.

On 06.02.02 therapy as before with the BICOM 2000. The patient only takes a stick with her "for reassurance", she feels no pain and is full of praise for our therapy. She was treated using only BICOM therapy. No medication was prescribed.

### Case 3

Male patient, born in 1952, treated by us since 10.07.01. "Allergy problems" for a number of years, apparent in burning eyes, contracted bronchi, pains in the joints and bouts of exhaustion. Medical examination revealed a normal blood count which, consequently, was not treated. He was consulting a chiropractor for his back pain and taking various vitamin preparations.

The case history we took at our practice revealed that he had had hepatitis while a soldier and had suffered from various fungal infections for several years. He always felt extremely tired after eating several foods which he was not able to tolerate.

The 5 element test revealed:

circulation, small intestine, central nervous system, organ degeneration, large intestine, paranasal sinuses, teeth, large and small joints, spinal column and allergy I to III positive.

Viruses:

mumps and hepatitis C positive.

Environmental toxins:

tobacco, DDT, lindane, methoxychlor, dichlorvos positive.

**Bacteria:**

proteus and salmonella positive.

**Geopathy:**

stress from low frequency

Our therapy with the BICOM 2000 once a week from 10.07.01 to date.

Basic program according to conductivity, generally no. 135, then no. 581 spinal block and no. 915. Input hand electrode, output mat, BMF, (always) building up DMI.

Viral therapy only introduced after a few weeks, mumps in the input, followed by hepatitis C (not on the same day!).

The eliminating organs were strengthened and then the environmental toxins eliminated using toxin elimination program no. 970.

At this point (November 2001), we conducted a laboratory test using Enderlein's dark field diagnosis: clear evidence of erythrocytes clumped together in roll formation, much intracellular bacterial residue, too few leucocytes, all inferior.

We then used the tested bacteria in program no. 978. The patient also underwent intestinal clean-up, both dietary and through oral therapy using a treatment plan based on Sanum preparations.

At first foods which the patient was unable to tolerate in tests were omitted. However, this year we were also able to introduce the so-called food allergy program, program no. 977.

The patient is still currently undergoing treatment, however there have already been a number of marked improvements. The bouts of tiredness occur much less frequently and are far less intense, the pains in his joints have almost completely disappeared and are only noticeable with extreme weather changes. He is able to sleep through the night again and has no difficulty in breathing. He is fit for work and able to exercise again although "not to the extent that he would like".

The repeat images taken to check the earlier dark field images revealed minimal intracellular, but instead increased extracellular load. This means that the blocked cells are relieved and what is still present at the extracellular level will be much easier to eliminate.

He is currently taking enzymes, Gelum drops and Rephalysin C tablets. The tested teeth are no longer positive. This demonstrates that it is true that, not only do the teeth influence the organs, but the organs also influence the relevant teeth which can be overcome successfully with cleansing.

**Case 4**

Female child, born 20.04.01, brought to my surgery on 29.06.01.

The case history revealed that the mother almost aborted in the 3<sup>rd</sup> and 5<sup>th</sup> month of pregnancy as a result of her becoming extremely distressed. It was a difficult delivery, 10 days late, by caesarean section. The umbilical cord was wrapped round the baby's neck and the heart sounds had stopped twice. The amniotic fluid was green and contained excrement (meconium). Severe bronchial pneumonia was diagnosed immediately after the birth. The infant had to be intubated and spent 3 weeks in intensive care. In the early period she also suffered from nightmares, kept being startled from her sleep and cried a lot.

At first we treated only with H, program no. 105 (patient in exhausted state), manually set to 0.2 amplification, all frequencies, continuous operation, 2 minutes as tested. Then program no. 432 shock therapy, 2 minutes, normal setting.

Oral therapy: Colocynthis LMVI, three globules every 2 days due to problems during pregnancy and birth.

BICOM therapy was carried out once a week, four times in all. The child was visibly much improved as a result. She was able to sleep peacefully, no longer cried a lot and her general development was most satisfactory.

On 15 November the child had diarrhoea. Dr Hauss' laboratory findings stated: escherichia coli positive and overall abnormal colonisation of the intestine (disturbed bacterial flora). She also had a high temperature briefly.

We carried out the basic program for younger patients no. 101 and intestine program no. 561, both for 2 minutes each, using the small flexible electrode rather than the magnetic electrode. We used the biotensor to determine the therapy time.

We repeated this procedure once a week until the patient was completely symptom-free.

By mid January 2002 the child, now 8 months old, was extremely happy, lively and strong. The parents took her on a long car journey to Italy where she sustained a pulmonary disorder as a result of hypothermia. After their return I was called by the mother during the night as the child had a temperature of 39.5. We began therapy immediate-

ly, program no. 101 as the basis for 2 minutes and no. 423 inflammation of the lungs.

Oral therapy: Pascotox at the infant dosage of 3 drops hourly and homeopathic belladonna and camomile. Wet compresses were used around the lower legs as needed and depending on the child's temperature.

We treated her 7 times in all at 2-day intervals. The mother refused to allow the child to be given antibiotics although I believe they are justified with pneumonia. The child is healthy once again and enjoys bioresonance therapy so much that we have difficulty removing the hand and ball electrodes from her hands. You can see this for yourselves in the following two slides.

I have chosen her as an example typical of many children because she really did have a difficult start in life and, despite many problems, is now a happy child who is developing normally.

#### **A special case**

Finally, two more slides to make you smile:

This cat was brought from Greece by a couple who are patients of mine and still looked pitiful months later. It had already lost several teeth due to constant inflammation of the gums and suffered from bloody, sticky salivation. Its whole coat smelt of this saliva and it was also very thin. Three vets

had already treated it with large quantities of antibiotics and cortisone, but without success.

I carried out a number of tests on the animal (using the biotensor and Regumed test sets which you are all familiar with). These tests were positive for dental fistula as well as gingivitis and herpes. Only the fourth vet believed our diagnosis of "dental fistula" which he was able to confirm through emergency surgery. Even the jawbones had become suppurative and had developed necrosis. I treated the cat 16 times with different BICOM programs before and after the operation: basic program no. 101, program no. 996 viral therapy, no. 511 and no. 542 gum and dental root disease and no. 931 wound healing.

After much suffering, she is now a healthy cat. Her gums are no longer inflamed, she does not salivate excessively and her mouth and coat no longer smell. As she can now eat without pain, her body has also reached a normal weight.

I do not normally treat animals. However, now and then, I am very happy to help my human patients' pets when they are in need.

I will leave you with two pictures of Shiva

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and thank you all for listening.

