

Infectious diseases: acute, chronic, protracted or masked

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Dear colleagues,

It gives me great pleasure to be able to talk to you here today about a subject which is very close to my heart and which makes up about half of my daily workload. 50% of my patients are suffering from an infection, around 25% have allergies and about 25% consult me about other causes.

Today I would like to speak about different types of infection and to do so will describe four routine cases from my naturopathic practice: one case each of acute, of chronic, of prolonged and of masked infection. Routine might sound boring but I can assure you that this is not so here! These case studies are all spectacular in their own way and probably helpful for one or other of you.

Ever since I started practising as a naturopath, I have tried to find and treat the causes of disorders. Personally I do not consider it is sufficient to treat patients purely on a symptomatic basis. I wanted a form of therapy which can eliminate the causes and cover as broad a spectrum of disorders as possible. I decided on bioresonance and the Bicom 2000. I haven't regretted my decision in all these years and am an enthusiastic supporter of this form of therapy which made up around 90% of my treatments from the start. The remaining 10% is spread between ultrasound, laser and acupuncture treatment, either applied on their own or together with Bicom.

90% with just one form of therapy! For this to succeed you need a reliable diagnosis

focused on the causes! Bioresonance is a wonderful thing which, like all forms of therapy, only works however if the diagnosis is accurate and consistent.

I think that the energetic test methods are well suited to producing the correct findings quickly and accurately. I began with kinesiology, then Voll's electroacupuncture, then VEGA testing, biofield testing and the tensor. Now I combine several methods and have developed them further into ETK (Kiesele's energetic testing). All my patients run through a basic test in which I clarify 85 points. Depending on the result, more in-depth enquiries may be necessary. Consequently I set aside 90 minutes for each new patient. This is necessary so that I can test them thoroughly to find out the cause of a disorder and have sufficient time to take the patient's medical history and to discuss the results.

In order to be able to reproduce the cases I'm describing you will need an energetic test method, a Bicom 2000 or Bicom optima and possibly a relevant test set for infectious diseases. It is absolutely essential that you are able to master the test method you're using and the Bicom.

It is useful to have a means of distinguishing viruses, bacteria, parasites and viruses if you wish to work with exogenous information. This is provided with the CTT 5 element test set.

If you are working with the body's own information, an ampoule indicating the relevant infection is sufficient.

I should like to begin with the **acute case “Saving both hands”**.

This case is really clear from a diagnostic viewpoint, nonetheless not straightforward and consequently wrongly diagnosed and sounds a bit like a detective story.

Because of where my practice is situated near the border between Germany, France and Switzerland, I have a lot of foreign patients. One of them, in whom I was able to successfully treat a serious *Borrelia* infection, called me up and asked for help for her 45-year-old brother. A forestry worker, he had been in hospital for several months, was unable to work and was likely to lose both hands. One day he had lost all feeling in his hands and his fingers did not have sufficient strength to carry on in his job. Out-patient and hospital examinations had been unable to provide any information about the cause. Blood samples had even been sent to the tropical diseases institute and examined for infections with various exotic pathogens. In the end hospital clinicians agreed it was MRSA (multidrug-resistant *Staphylococcus aureus*). All previous conventional medical treatment had been to no avail, the hands were already tinged bluish black.

I wanted to fit him in immediately as an acute emergency. This wasn't possible as he couldn't leave the hospital that easily. Also he wasn't allowed to leave the country without beforehand having applied for written consent from the relevant social security authorities. Visits abroad are classed as holiday and are subject to authorisation for social welfare recipients, even those who are unfit for work.

We hadn't got time for this, as you can imagine. His sister collected him from the hospital on some pretext and “smuggled” him across the border.

When I saw his hands for the first time I had serious doubts as to whether we could save them. I estimated we had a 25% chance, at most. It was simply a case of too much

time having elapsed and the hospital had already scheduled a date for amputation for the coming week. I carried out my usual basic test which did not yield a positive result for *Staphylococcus aureus*. A different bacterium was responsible for the disease. Since the patient had already been given large quantities of antibiotics, this bacterium must also have been resistant.

Consequently, in similar cases, I prefer to talk about MRP (multi-resistant pathogens). Since my test set did not contain any appropriate pathogens, I took the information for the input of the Bicom device straight from the patient's hands using plate electrodes.

The test and first treatment session lasted 45 minutes. Lengthier treatment would have overtaxed the patient. An improvement was already visible two days later with the result that the hospital decided not to amputate the hands. Two fingers were removed however. The patient came to me again two weeks later and we were able to treat him for 60 minutes. After this consultation the infection was eliminated, the hands were healed and the patient is now able to work once more.

Although we are all thrilled that the therapy progressed so quickly and successfully, he still lost two fingers. These could probably have been saved had the patient come to me sooner.

Now we come to the **chronic case “Free from dialysis”**.

A 16-year-old patient came to me with her mother to find out whether it would be possible to help her. She had been diagnosed with Wegener's granulomatosis and acute renal failure and had already been on dialysis for 6 months. In cases like this the deciding factor is what is affecting the kidneys. My test revealed infection with *Fasciolopsis buski* (giant intestinal fluke) and 15% energetic renal functionality. A clear distinction should be made here between organic functionality of the organs and the energetic supply I tested.

Experience has shown that an organ requires around 25% energetic functionality to have a chance of regeneration. In addition, infection with *Fasciolopsis buski* is always problematical since, in my experience, it is always particularly destructive. However, since the patient was young and she was otherwise healthy, I felt there was a chance of treating her successfully. We needed five sessions before the parasites no longer tested. I had to proceed cautiously though since she could not be prescribed medication. A period of convalescence followed which I estimated would be about 6–12 months. After around nine months the patient told me that she no longer needed dialysis.

This case clearly shows the benefit of bioresonance therapy as no, or very little, medication is needed. Patients on dialysis are only allowed medication, if at all, with the consent of the responsible doctor. But, in cases like this, even the preferred method of elimination using BRT should only be carried out after due consideration and under constant supervision.

This same patient referred another young woman from Scotland to come to see me with the same problem. She had a viral infection which had already been detected by conventional medicine, however, and treated with interferon. She had been diagnosed with stage 5 kidney failure treated with interferon.

Unfortunately, I was unable to help her as her kidneys were already damaged irreparably.

Next case:

Prolonged case “Regeneration of earlier bouts of flu dating back to 1976”

The subject of this case is standing right in front of you. In my “previous life” I was frequently ill and each year had to contend with repeated flu or flu-like infections. I was

treated with the normal flu remedy at that time which helped me continue working. Yet over the years it got worse and worse. Finally I reached a point when I’d had enough! I switched careers and began my “new life”! I’m probably not the only one either here in this room who began training as a naturopath as a result of personal experience.

When testing myself I discovered things which nobody had ever found before. The main factor was parasitic infestation of the heart with resulting decrease in vitality and physical ability with impairment of the immune system. I still remember going to my GP at 16 because my resting pulse was 90 bpm. He and many others after him couldn’t find anything and all agreed that these things happen from time to time. ECG and blood count were normal. After tackling the parasites myself 16 years later with BRT, I was able to reduce my resting pulse to 80. I couldn’t do any better than that though, far too much time had passed and the damage to the heart was too great. Through further tests with an infection test kit I was able to trace my life in flu terms back to the late 70s. Each flu season had left its mark on me! This was probably due to the flu remedy which only cleared up the symptoms. This remedy (I can’t remember the name now) was taken off the market incidentally, but its successor is still available. Once I had tackled all the prolonged flu years in my body and eliminated the pathogens, I quickly got better. I was like an onion where the layers of skin are peeled off one by one till you reach the middle. Starting with the 90s, then the 80s and finally the 70s.

I have since been able to help a lot of patients by applying this onion skin principle

The common factor in all these cases is the chronic decrease in vitality and physical ability and general susceptibility to rhino and influenza viruses.

Finally the
masked case “Sidestep”.

Masked cases are those where the actual causes are hidden or something else is superimposed over them.

A patient phoned for an appointment but was very concerned however as to whether she would actually be able to make it since she was extremely sensitive to everything especially consulting rooms. She had been diagnosed with MCS (multiple chemical sensitivity). She brought her own hand towels with her which she placed on the patient’s chair and treatment couch. She wore a surgical mask over her mouth and nose and cotton gloves on her hands. Yet she did not react in any way to or in my consulting room even though it is fitted with the usual equipment. I use certain essential oils which are dispersed in the air via pump dispensers. She was able to dispense with covering her hands and mouth after that.

From experience I assumed that multiple stresses were affecting the patient. Perhaps you remember the helpful picture of the barrel in the Bicom patient leaflet? Yet, when I tested the patient, I discovered that it was not the harmful substances and allergies which were causing the problem but an infection!

When I found out which pathogen was involved, it became rather complicated and delicate. This pathogen is usually transmitted through sexual intercourse. In response to my enquiries, the patient informed me that four years ago, and so around 6 months before the appearance of the symptoms, she had an inflammation in the genital area with a purulent discharge which was treated with antibiotics. She could still clearly remember making the link between this inflammation and her partner. The bacteria I found is the pathogen for syphilis, *Treponema pallidum*. A blood test arranged through her GP was negative. I had expected this result as at this point I was already assuming that we were

dealing with a masked pathogen. In my experience, no or very few antibodies are found in the blood in such cases. The patient decided to come to me for treatment despite strong resistance from her GP and husband. Both were apparently of the opinion that I was a quack or worse. After four sessions treating *Treponema pallidum* we were successful. The patient was no longer hypersensitive to her environment.

She made her husband have a blood test which turned out to be positive even though he showed no symptoms of syphilis. For understandable reasons he went elsewhere to receive treatment!

As you can see from these case studies, it is important to always consider and diagnose each patient individually. Symptoms can be deceptive and possibly divert you from the actual cause or be completely absent.

I treated all the cases described solely with bioresonance. Plant or animal preparations were also used to protect individual organs and functional groups or to intensify the effect.

Many foreign patients come to my practice travelling some distance. Over the years I have therefore developed a bioresonance plan that usually allows one hour’s treatment per appointment for infectious diseases and modifies the duration and strength of the standard programs. The programs pre-loaded in the Bicom devices can be used unreservedly, however, although the times I have indicated in the case studies described will probably not be achievable.

What form does treatment of such cases take?

As mentioned earlier, I use a basic test that I have developed for myself to get an overview of the patient. Here I routinely enquire about 85 separate points.

If, for example, “infection” tests positive, I need to know what kind. If “viruses” then

test positive, for example, I then look for the particular virus and if "parasites" test, then I look for the specific parasite.

You can use a test set like the CTT test sets, for example, or the Multisoft software for this.

The test procedure you use will depend on your system.

I pay particular attention to the state of the organs, especially the eliminating organs (liver, kidneys, intestines, skin, lungs, lymph, etc.). These must be supported and/or protected depending on the findings.

There are appropriate items in the standard Bicom programs which you can input to support the patient.

I also like to work with relevant plant or homeopathic preparations. This ensures the patient becomes more involved in their treatment, including at home.

Measuring conductance is also a good way of seeing whether the patient needs fortifying medication.

Program 978 is a good infection program. There are also often tissue blocks which make therapy harder. I have found program 610 to be helpful here.

Another important point is the patient's situation as regards vitamins, minerals and trace elements and also their daily fluid intake.

In summary:

1. Energetic testing of your choice using test ampoules
2. Conductance measurement with subsequent correction program and medication
3. Support and protection for the organs by means of appropriate standard programs and medication

4. Elimination of possible tissue blocks by means of appropriate standard programs (e.g. 610) and medication
5. Compensation of any deficiencies, e.g. vitamins, minerals, etc.
6. Treatment of the pathogens found by means of appropriate pathogen ampoule and program 978, for example

For your own protection it is very important that you observe the statutory guidelines as regards the Law to protect against infections (Infektionsschutzgesetz) and other regulations. This applies in particular to those of us working as naturopaths.

Naturopaths are forbidden from treating MRSA, influenza viruses and *Treponema pallidum*!

It is in your own interest to be very careful if you belong to this professional group! On the one hand, patients like those described here need competent help and as a therapist I feel obliged to help if I am able to do so and yet, on the other hand, there are guidelines which I have to follow. The two often stand in conflict.

In the cases I have described I did not treat MRSA. Lab tests and conventional medicine ruled out infection with *Treponema pallidum*. Consequently I was able to treat the pathogen without breaking the law. I treated myself as a private person and not as a therapist.

Be creative and imaginative. In bioresonance you have a powerful form of therapy which is capable of achieving astonishing results. You can, for example, work with the patient's own oscillations, which is recommended anyway where no suitable pathogen test set is available.

My parting tip from years of experience:

if you have ten patients with the same symptoms, you will also have ten patients with different causes!

Thank you very much for your attention.