Further aspects relating to hereditary toxic stresses for the successful treatment of chronic disorders

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INTRODUCTION

Dear colleagues,
Dear friends of BICOM resonance therapy,

During this colloquium I would like to share with you the experiences I have gained from my work which underline the significance of hereditary toxic stresses in current practice. I would like to build on current understanding of hereditary toxic stresses to help you achieve the best possible results for your own practice.

Hereditary toxic stresses sensitise the body from birth to slow and continual increases in function damage to organs and organ systems. The effect of your body's toxins is one of the key elements in the development of chronic disorders which will remain with you throughout your life.

Hereditary toxins are frequently responsible for resistance to therapy and the acuteness with which the disorder is felt not just at the start of treatment of a new patient but also in the case of successfully treated patients who develop symptoms in the short or long term which they believed to have disappeared.

This background must be recognised and treated in order to achieve long-term success in therapy.

HISTORICAL BACKGROUND

Samuel Hahnemann first recognised hereditary toxic stresses, which he termed "chronic miasms". They are disorders which are either inherited or which develop through infections and prevent other disorders from healing.

He differentiated between three miasms which pathologically alter the body's functions and described them as "self-regulation blocks" and "disturbances to vitality".

The physical and psychological symptoms of the three Hahnemann miasms are:

1. Psora (itch miasm)

The original form of latent stresses which are present in almost all of us. Hahnemann described this as being all forms of deficiency, inhibition, inferiority, handicap, fear and cold. According to Hahnemann, the main substance for Psora was sulphur. The nosode is psorinum.

2. Sycosis (gonorrheal miasm)

Hahnemann described this as being all forms of hypertrophy, hyperplasy, hyperkinesis, proliferation and increased productivity. According to Hahnemann, the main substance for Sycosis was thuja. The nosode is medorrhinum.

3. Syphilis

Hahnemann used this term to cover all types of destruction and degeneration, both from a somatic and a psychological point of view and he spoke of "total stasis", "indifference bordering on anarchy". The main substance was mercurius, the nosode is luesinum.

Hahnemann attributed all disorders and symptoms in patients to these three basic illnesses, 70 % of which were based on Psora.

At the time of his Psora theory, it was recognised that miasms could combine with each other and his successors, particularly J. H. Allen and S. Ortega, included the symptomatic picture of pseudo-Psora (tuberculinum) as a hybrid form of the miasm.

Evidence of hereditary toxic stresses was significantly backed up by the research carried out by Robert Koch, his senior physician Carl Spengler as well as Fontes, Vaudremer, Tissot and Enderlein.

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

Prof. A. Pondet and R. Leriche also published the results of their research on the link between a tuberculosis disorder and rheumatism, discovering a link to chronic joint inflammations due to sensitisation through "hereditary tuberculosis".

A clinical study at St. Vincents Hospital, New York by Dr. J. Hollos confirmed these previous findings. Hollos recognised that after tuberculosis has been clinically removed, a masked form may persist and be passed on through generations, leading to new chronic disorders and immune deficiencies which are hard to influence.

I refer you to the extensive literature available, in particular that of Allen, Barthel and Beuchelt.

GENERAL

Patients who consult our practices are mainly suffering from long-term, pronounced symptoms: They have weak immune systems, suffer from multiple allergies, have latent stomach and intestinal disorders, weak mucous membranes, display signs of acute skin disorders, suffer from asthma or chronic joint disorders, do not function as effectively and have a lower quality of life while at the same time experiencing increased psychological stress.

In the worst cases, an autoaggressive disorder or even a tumour may be present.

Whatever individual causes you may find for your patients' illnesses, never overlook the background stress resulting from an hereditary toxin as a key factor in the pathological process.

If a chronically ill patient is not checked for this, you may have therapeutic success in the short-term but it is only a question of time before the patient suffers another pathological development.

It is particularly important to recognise an hereditary toxin at an early stage in the development of children who are presenting in ever greater numbers in our practices suffering from multiple stresses. Early treatment of an hereditary basic stress does not only cure the current symptoms but also allows the child to enjoy their childhood, puberty and development knowing that they should remain healthy.

One condition, however, is continual diagnosis by means of a bioenergetic test procedure which we are able to carry out quickly and safely thanks to the BICOM combined test technique.

The most frequent form of hereditary toxic stress is tuberculinum. Experience shows that roughly 70 % of all woman and 40 % of all men carry this stress, the manifestation being predominantly mesodermal and entodermal, with general skin, mucous membrane and connective tissue weaknesses.

The gonoccocinum stress is found in approx. 20 % of women and in 10 % of men, predominantly in the form of ectodermal cotyledon of the skin, urogenital system and the nervous system.

The luetic stress is present in around 20 % of women and 10 % of men and is predominantly ectodermal, with the stress predominantly affecting the nervous system and uro-genital system.

We find further hereditary toxic stresses in the form of bacterial and viral stresses, toxic stresses and in particular, from vaccination toxification.

THE IMPORTANCE OF HEREDITARY TOXINS IN THE OVERALL THERAPY PLAN

Both primary hereditary toxic stresses and those which have been compensated will of course require therapy. A key factor is deciding when to target these hereditary toxins. Since they form part of the basic stresses and trigger factors in the pathological development, you must be clear that whenever you decide to deal with this situation, the body will react and will release background toxins.

This may cause a mesenchymal toxin push which cannot be compensated if there is insufficient capacity for elimination. Unfortunately, this occurs in the place of least resistance and exacerbates the symptoms further, leading in the worst instance to degenerative tendencies.

Stabilising the patient to begin with minimises the risk of uncontrolled overreaction:

- This requires a stable energetic situation within the 5 element theory, a stable metabolic situation for cells to generate energy, healthy vitamin and mineral balance as well as detoxification and elimination capability.
- Under no circumstances should the immune and lymphatic system be stressed by allergic reactions. In accordance with Dr. Hennecke's approach to therapy, any allergic diathesis should first be stabilised.
- The intestinal wall lymphatic system must be prepared for toxin elimination, be physiologically populated with eubionts and be free from mycosis and parasites.
- Secondary measures for the kidney/bladder and liver/gallbladder are obligatory and the skin should have a stable elimination capacity.

- Environmental toxins or heavy metals must be treated as a first measure as these will be flare up violently during treatment of an hereditary toxin.
- A constant viral stress or viral susceptibility of the body to infection should be stabilised.
- One significant form of treatment is that of focal stresses.
- The fundamental factor, however, is that the younger the patient is, the earlier the hereditary toxic stress can be treated.
- This worthwhile treatment can often be carried out at an early stage in children.

From experiences I have gained in my practice and experiences other colleagues have related to me, I would today like to report on further aspects of hereditary toxins which do not simply relate to the following examples but also to several cases I have come across at my practice.

CASE STUDIES

Case 1

A 5-year-old boy with latent susceptibility to infection since the third week of his life, in particular, bronchitis, sinusitis, otitis and nasal sinus infections. He had chicken pox and scarlet fever and suffered from recurring herpes labialis. His mother also confirmed that he had suffered severe reactions to vaccinations (fever, restlessness and skin reactions, particularly following vaccinations against diphtheria, whooping cough and tetanus) as well as intestinal problems.

There was also clear evidence of hyperkinetic syndrome, much to the dismay of the entire family.

Bio-energetic testing revealed a primary stress of the **earth** element (with the meridian stresses in the spleen/pancreas and nervous system) and **metal** with the meridian stress in the large intestine.

The traditional background stresses were evident: lacto protein allergy, acute Dysbiosis of the intestinal flora with putrefaction and multiple fungal stress, antibiotic stress, vaccine stress primarily through BCG, polio and whopping cough vaccinations as well as toxification through streptococcal toxins.

The viral stress I expected to show up in the EAP test surprisingly did not reveal herpes nosodes and instead he tested very clearly for the Epstein-Barr nosode.

When I asked the mother about Pfeiffer's disease she stated that the boy had never had it, which was also confirmed in extensive blood tests (as the son of parents who are both doctors, the boy had been diagnosed as such).

She herself had suffered from Pfeiffer's disease both in her childhood when she was 6 and again at the age of 25 (she was 34 years old when she gave birth to her son).

Therapy

To begin with, treatment focused on allergies and this involved abstinence from foods such as milk products, sugar, white flour and pork. There was a smooth transition into antimycotic treatment and then elimination therapy against the antibiotics, streptococcal toxins and vaccine stresses through the BICOM combined test technique.

In addition to these steps, other medicinal support was provided in the form of intestinal symbionts, lymphatics, immune stimulants and orthomolecular therapy.

The individual therapy steps used in the BICOM combined test technique were as follows:

1. Basic therapy
- The patient is connected to the input and the output of the BICOM device.
- Any additional secretions or excretions from the patient are placed in the input cup.

2. Meridian-related and/or indication-related follow-up programs
- The patient is connected to the input and the output of the BICOM device.
- Any additional secretions or excretions from the patient are placed in the input cup.

3. Pathogen stress
- The patient is connected only to the output of the BICOM device.
- The tested ampoule of the pathogen stress to be eliminated during that day's treatment (e. g. Candida or streptococcus) is placed in the input cup
- Treatment is carried out using an Ai program.
- Always test amplification and time!

4. Stabilisation
- The patient is connected only to the output of the BICOM device.
- The stabilising ampoules from the 5E test set are placed in the input cup.
- They are placed next to each other in the input cup and treated using an A program:

- The primarily disturbed element is treated first (where necessary).
- The primarily disturbed meridians are then treated.
- Always test amplification and time!

The boy's symptoms noticeably improved, in particular his susceptibility to infection; the herpes blisters appeared much less frequently and his intestinal problems stabilised.

His general concentration and awareness improved but the hyperkinetic syndrome still remained in evidence.

The therapeutic breakthrough, an actual change in the boy's character, took place after two treatments with the Epstein-Barr nosode in the input of the BICOM device.

This stress, not revealed by anamnesis but one which could be tested bioenergetically, provided the breakthrough in the therapy which will ensure the long-term stability of the child, who is now 11 years old.

I am convinced that what we treated here was an hereditary immunological weakness passed on by the mother as a "conduit" for the manifestation of chronic stresses.

Case 2

A 6-year-old girl with allergic diathesis with hayfever and skin irritation, recurring bronchitis with asthmatoids (but no susceptibility to infection) and pronounced Attention Deficit Disorder (ADD).

Bio-energetic testing revealed a primary stress of the lymph, allergy and small intestine meridians.

The background stresses were various allergies and latent intolerances to food and a vaccine stress through an immunological mucous membrane weakness to the polio, measles, mumps vaccines and in particular to the BCG vaccine.

When explaining the therapy steps to the parents, the mother said: "my daughter was not given the BCG vaccination" which was confirmed when checking for an entry for BCG in the vaccination records.

I was, of course, extremely shocked to discover my "testing error".

We went through the usual therapy steps (food abstinence, allergy therapy and BICOM therapy through the combined test technique, as described in Case 1).

At the start of individual treatments I tested the individual therapy steps, in particular the vaccine stresses which tested repeatedly for the BCG vaccine.

The mother was vaccinated against tuberculosis and she also mentioned the acute local reactions she had experienced to a tuberculosis test (tine test) carried out on her years earlier.

When I carried out treatment with the BCG nosode the girl had an acute reaction to the therapy.

Her skin was inflamed for several days, she had problems with breathing at night and displayed signs of hyperactive behaviour. I was quite certain of my test results now.

These reactions to therapy subsided after a few days and did not reappear in this form once further treatment was carried out. The child's condition had completely stabilised with no signs of the earlier symptoms.

I am convinced that in this case too I treated an hereditary immunological weakness passed on by the mother in the form of a background stress.

Case 3

A 4-year-old girl suffering from disturbed sleep since birth. She always slept fitfully, woke up all the time and later developed a fear of going to bed altogether.

The child was otherwise a quiet and lovely child, without any particular physical or mental problems. In general, she was possibly a little too quiet and introverted, but not to the extent that it worried doctors or therapists.

I knew the family well, since the mother had undergone intensive therapy at my practice more than 10 years earlier (dental focal clean-up with removal of affected teeth and amalgam elimination).

Bio-energetic testing of the 5 element meridians revealed just the "vegetative nervous system" as a primary stress.

I tested the girl again taking into consideration all possible test ampoules in order to find a possible background stress causing the insomnia.

I tested among other things the metabolic nosodes, potential allergens, bacteria and viruses, vaccine nosodes, environmental toxins, focal stresses, the traditional hereditary nosodes and also the possible medicament stress passed on by the mother during the birth of the child (inducing drugs, painkillers) etc.

The result was a welcome one, but not particularly satisfactory: I did not find a single matching test nosode!

I discussed the test result with the mother and asked her if she had experienced any possible mercury stress some years ago. A possible amalgam stress was something I had not previously considered, especially as the mother's treatment was more than 10 years ago and was 6 years before the birth of her daughter.

When I then tested this, almost all meridian points displayed a test value of 50 with "oscillations"!

Therapy

We twice carried out treatment following the plan in case 1:

1. Basic therapy (program 123)
2. Follow-up programs
   First treatment: program 970 and 911,
   second treatment: program 970 and 900.
3. Amalgam in the input cup, program 191, stepwise increase of amplification
4. Stabilisation of the "nervous system" meridian from the 5-E test set, program 192

Following this, the girl slept through the night without waking up and to this day appears much more lively and alert!

Case 4

A 1-year-old boy who I wanted to prepare for his first tetanus jab (as a single jab). He had never been ill, nor was there any contraindication to the proposed vaccination.

I tested the vaccine nosodes using a tensor and observed the behaviour of the tensor when resonating. Tests were carried out using program 192 since the vaccine nosodes should be used as a "provocation" to prepare the child's body for the vaccination.

No form of resonance was evident using the usual vaccine serums against tetanus, but the tensor resonated when the vaccine serum against diphtheria/tetanus was used.

We therefore decided to vaccinate the boy against both tetanus and diphtheria since the organism was in resonance with the test nosode.

A few hours after the therapy the boy became tired and sleepy, his face was flushed and his body temperature rose quickly. In the night he developed a fever of 41 degrees and was restless as a result.

The following day he was feverish again but this did start to fade. He was very lacklustre, sleepy and clingy.

The day after he was fine again.

What had happened?

Without question this was some kind of reaction to the vaccine, which is what I had hoped to avoid through careful BICOM therapy by oscillating in the vaccine serum.

What I had completely overlooked was that the tensor resonance was resonance coming from the child based on the information available in his body!

The mother explained to me when I asked that her grandmother and two aunts had suffered diphtheria in their youth. The diphtheria was an hereditary stress on the mother's side of the family!

I have to confess that this should have occurred to me during testing, since the tensor started resonating on one nosode. In my haste to carry out a well-intentioned vaccine preparation, I had overlooked this altogether.

Dear colleagues, I hope that the case studies I have outlined have given you the encouragement you need to look not just at the primary background stresses to symptoms which can be tested but also to look at the hidden background stresses.

The assumption being, of course, that you already work with test nosodes!

DIAGNOSTIC TESTING

During a patient's initial examination the aim should be to discover the extent to which hereditary toxins are affecting the pathological processes in the organism.

We distinguish between the greater significance of the stress which is the primary cause of the pathological process and to which any further stresses can be added, and a subliminal, compensated stress which plays a secondary role in the pathological process and prevents symptoms healing completely.

Diagnosing hereditary toxins is the same as diagnosing allergic diathesis, bacterial or viral basic stress, toxification, interference field diagnosis, etc.

We test this using the BICOM combined test technique with the frequency run at 3 sec. for a 10-fold amplification with the aim of stabilising the reading during the EAV test clearly towards 50 on the scale and using kinesiology to achieve stable

muscle reflexes and biotensor tests to achieve a positive reaction.

- **We test primary hereditary toxic stresses with Ai, i. e. program 191.**
- **We test subliminal hereditary toxic stresses with A, i. e. program 192.**

"**Ai"** (= A-inverse) signifies the removal of any primary pathogen oscillations present and **"A"** signifies an amplification of the pathogen oscillations present with the result that the body's own immune mechanisms are activated, thus relieving the symptoms.

THERAPEUTIC SYSTEM

As soon as you are ready to begin treatment, test the hereditary toxins using A inverse and if the test signal is positive you should of course treat with A-inverse.

It is imperative that amplification and length of therapy are tested, for which the minimal amplification which can be tested should be used for the shortest period possible.

As a follow-up during this treatment, stabilise using the 5-element and meridian ampoules.

You should also test the requirement for orthomolecular substances, in particular to integrate free radicals and stabilise any increased capacity to eliminate toxins through the intestine, liver/gall bladder, kidney/bladder and skin.

Where necessary, prescribe lymphatics, liver or kidney preparations and of course, the orthomolecular substances you have tested, e. g. vitamin C (Super C), ß-glutathion, selenium, zinc, ß-carotene and so on.

The stabilising impulses treated using A (element and meridian ampoules) should be oscillated onto BRT minerals and BRT oil and given to the patient to help ease the reactions.

The hereditary toxins treated using A inverse should **under no circumstances** be oscillated onto BRT minerals or BRT oil.

Normally, checks will be carried out at least three to four weeks later. Give your patient plenty of rest time to cope with reactions, do not intervene too early in any reactions still taking place so not to overstretch their reaction, regulation and compensation system.

In the case of an excessive reaction check the 5 element theory using the meridian ampoules and check also toxin elimination capacity.

After adjusting the described therapy steps, test for the hereditary toxic stress initially using A-inverse. If it is still present, treat further with A-inverse until no amplification is present. Only then should you test using A and if there is a positive test signal, treat using A in order to start the detoxification process moving again, checking the steps described for A inverse.

Remember that afterwards, it is possible to test again for an A inverse stress which must then be treated accordingly and then tested with A.

With A inverse therapy the pathogen information is broken down, i. e. the stress in question is broken down into its pathogenic oscillation frequency. This may, but does not have to, result in mesenchymal elimination.

With A therapy the remaining mesenchymal structures are provoked into elimination.

Do not test hereditary toxins with either A-inverse or A, allow the accompanying medication to run its course gradually and check all test parameters after a period of two to three months.

Normally you will need just two to three appointments, but if using targeted therapy beforehand you may get by with just one session. In some cases this may of course take longer, particularly if alternating between A inverse and A treatments.

Try also using program 133, alternating between A-inverse and A!

If you succeed in stabilising this long-term pathological condition you will have not only improved the patient's symptoms in the short term, you will also be contributing to their health in the longer term.

CONCLUDING REMARKS

I wish you every success and personal satisfaction in your work with this diagnosis and therapy system.

I would be pleased to hear of your own findings, particularly with regard to hereditary toxins of a viral nature, problems surrounding hereditary toxins and vaccination and also your experience with borreliosis!

I hope we all enjoy a most successful conference.

LITERATURE

Allen, J. H.: Die chronischen Miasmen [Chronic Miasms

Barthel, H.: Miasmatisches Symptomenlexikon, [Miasmatic Symptoms Dictionary]

Beuchelt, H.: Homöopathische Konstitutionstypen [Homeopathic Constitution Categories]

Hahnemann, S.: Die chronischen Krankheiten [Chronic Disorders]

Ortega, S.: Anmerkungen zu den Miasmen im Sinne Hahnemanns [Remarks on Miasms after Hahnemann]

Ritter, H.: Homöopathische Propädeutik [Homeopathic Preparatory Course]

Reckeweg, H. H.: Homöopathia antihomotoxika [Homeopathic Antihomotoxics]

von Grauvogl: Lehrbuch der Homöopathie [Homeopathic Textbook]

SANUM-Post, Schriftenreihe der SANUM-Kehlbeck [SANUM Series, Kehlbeck]