

Treating skin disease effectively, particularly neurodermatitis and psoriasis

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INTRODUCTION

Dear colleagues,

My lecture today is primarily directed towards those BICOM users who, like me, do not yet consider themselves “old hands” and who are striving for greater effectiveness in treating two seemingly difficult clinical pictures, neurodermatitis and psoriasis.

SUMMARY

Since my early days with bioresonance I have repeatedly been able to identify similarities in case histories, above all with neurodermatitis. I shall devote the first part of my lecture to this.

Then, using case studies, I should like to discuss the most important therapy blocks and how to remove them.

PART 1

Disturbed intestinal bacterial flora

A large number of children who develop minimal forms of neurodermatitis in the newborn stage were delivered by caesarian section. In other cases, the mother or the child itself was treated with antibiotics before or after the birth. Unfortunately we also find a large number of babies were not breastfed or only for a short period of time and consequently were given babymilk formula, i. e. cow's milk.

In all these cases, either the intestinal mucosa were inadequately colonised or the intestinal flora were damaged. The intestine is unable to cope with its role as defensive organ and eczema and also mucosal infection follow. As a result, the intestine should be included in the treatment of skin disease at all times.

Hereditary transmission

Case histories frequently report a hereditary predisposition to allergic disorders. The parents of most people with skin disease either have skin disease themselves or react allergically in some other way.

Foods such as cow's milk and wheat which trigger allergies are fed to children early in life and often lead to eczema in children with an inherited condition. They represent one of the main stresses in bioresonance therapy.

Intestinal and dermatomycosis

I was able to test *Candida albicans* infestation in the intestines of all my skin patients. Unfortunately it is frequently the case that the body is allergic to this fungus and reacts with cutaneous eruptions. Consequently, in addition to restoring the intestinal flora, the allergy should also be treated.

In addition to intestinal fungi, the damaged skin is also colonised with cutaneous fungi. If this is overlooked, eczema appears resistant to therapy and incurable.

Amalgam and heavy metal contamination

If the skin still does not fundamentally recover following detailed allergy therapy and intestinal regulation, there is often amalgam or other heavy metal contamination present. Even babies who do not have any fillings of their own often exhibit high levels of heavy metal acquired mainly through breastfeeding. As amalgam consists of mercury (53 %) and a mixture of silver, tin, copper and zinc, clean-up is advisable in any case as this block often leads to underlying regulatory inhibition of the whole organism.

For amalgam elimination, I am using a method after Hülberg (see bibliography; see also paper by Dr. Maubach-Chandra).

Inoculations

Inoculations, especially the polio vaccination (also in the DPT vaccination), may trigger neurodermatitis. In addition, in my practice it is striking how often vaccinations and the first occurrence of skin disease overlap, especially in children with lowered resistance, those with an inherited condition and children who already exhibit a latent cutaneous manifestation such as cradle cap, for example. Children with protein intolerance react allergically to vaccinations as many vaccines are manufactured from egg white.

Food additives

Even supposedly harmless substances are hazardous for those with skin disease, as is the long list of colourings (E 102 – E 180), preservatives (E 210 – E 341, E 450), thickening and gelling agents (E 400 – E 412), nitrates (E 249 – E 252) and others (E 620 – E 625). I have not treated any cases which have not been affected by several of these additives.

PART 2

Therapy reports

Patient 1

Child, male, born 2000.

Diagnosis: neurodermatitis especially on the face, onset of bronchial asthma.

Case history: boy delivered by caesarian section in 34th week of pregnancy, neurodermatitis from 2 weeks old, treated with cortisone ointment. Asthmatic state for about a month.

The father suffers from severe pollinosis, the mother from migraine.

A dermatologist who was treating the child found allergy to house dust mite and pollen but not to food. The intestines were not examined.

Therapy: BICOM testing revealed cow's milk allergy, Candida mycosis of the intestine, contamination with mercury, chlorine and dermatophyte mix and food additives as well as polio.

As the patient was severely hyperergic at the first visit, we began with strict abstinence from all cow's milk products and relieving therapy (101, 530).

All the conditions were treated over the course of the total of four sessions. In addition to BICOM, lactic acid bacteria worked wonders on the intestine and also body oil which sulphur had been oscillated over.

No recurrence since therapy completed 1 year ago.

Patient 2

Young woman, born 1984, at school.

Diagnosis: neurodermatitis especially on arms and back of neck, itching attacks at night. Anaphylactic reaction on two occasions after eating fruit.

Case history: 18-year old school student, delivered via caesarian section, neurodermatitis since infancy. Treated with cortisone, visits to the Dead Sea, 2 visits to health resort, all without relevant improvement.

Father is asthmatic, mother suffers from migraine.

Therapy: testing revealed allergy to cow's milk, wheat, cats, egg white, pork, all fruit except bananas, all nuts, Candida mycosis, amalgam contamination, infestation of *Microsporium canis* and dermatophyte mix, polio and whooping cough active.

Following familiar allergy therapy and abstinence, constant episodes which were alleviated with metabolic programs and relieving programs (127, 580, 922, 530, 991). Patient tried fruit while at the practice and had to be attenuated several times as she ate it (127), afterwards no problems.

Apart from BICOM, the following were helpful: treatment with the patient's own urine and homeopathic sulphur (itching attacks), tuberculinum (repeated colds during therapy) and constitutional *Sepia*. Symptom-free after 12 months despite exam stress.

Patient 3

Young woman, born 1983, trainee.

Diagnosis: Neurodermatitis from age 5 (important note: wheat and cow's milk neurodermatitis usually begin in infancy), especially on abdomen and extensor surfaces of arms.

Case history: 19-year old with badly weeping, itching eczema on abdomen and arms, given corti-

son in the past, “could put up with” eczema until recently.

Mother is allergic to grass, father suffers from ulcers of the leg.

Therapy: testing revealed allergy to wheat, dogs, sugar, blackcurrants as well as Candida mycosis and severe infestation with Malassezia furfur.

Significant improvements were achieved after just 2 sessions by treating the dermatomycosis with oscillated oil.

In addition to BICOM therapy, cupping helped, afterwards no more weeping and homeopathic support. No symptoms for 1 year.

Patient 4

Man, born 1963, technician.

Diagnosis: Psoriasis vulgaris punctata for 15 years, particularly on legs and feet.

Case history: 39-year old with severely flaking psoriasis, previously treated by about 10 different practitioners, cortisone, visits to Dead Sea.

Both parents have skin disease.

Therapy: testing revealed allergy to wheat, cow’s milk, egg white, rice, Candida mycosis, heavy metal contamination, geopathic stress, strong interference from scar on head, cortisone stress, energy depleted.

Alongside familiar allergy therapy and intestinal regulation, break-through was achieved through amalgam and silver clean-up (patient had several silver fillings from GDR era) and repeated meridian flooding of kidney/bladder (390, 380). Cortisone was oscillated on body oil and potentised to D8, own urine helped.

Symptom-free after 24 months.

THERAPY PROGRAMS

(Mainly used with skin disease sufferers, apart from allergy therapy programs.)

Metabolic programs:	progr.
Cell stimulation	839
Metabolic therapy	530
Acid-base balance	812
Releasing blocks:	progr.
Medication	847, 941
Scars	900, 910
Geopathy	700

Detoxication programs:	progr.
Liver detoxication	430
Toxin elimination	970
Amalgam detoxication	999
Lymph activation	930, 830
Kidney support	480, 330
Activating programs:	progr.
Increasing powers of resistance	570
Harmonisation	127
Lack of energy	580
Tissue processes	922, 923

CONCLUSION

Skin diseases constitute a considerable challenge to naturopathy and can be wonderfully alleviated with bioresonance therapy. However, it is important to search thoroughly for the causes and great staying powers are required as setbacks tend to be the order of the day, particularly at the outset. Nevertheless, it is well worth persevering!

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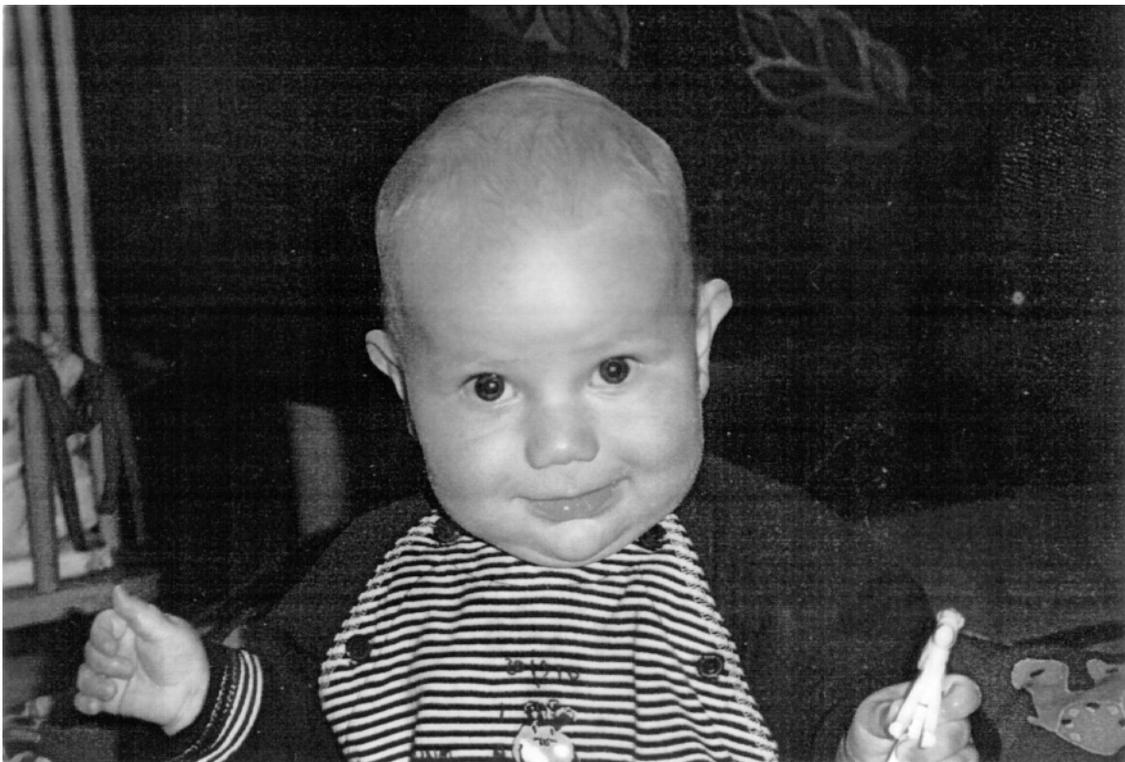
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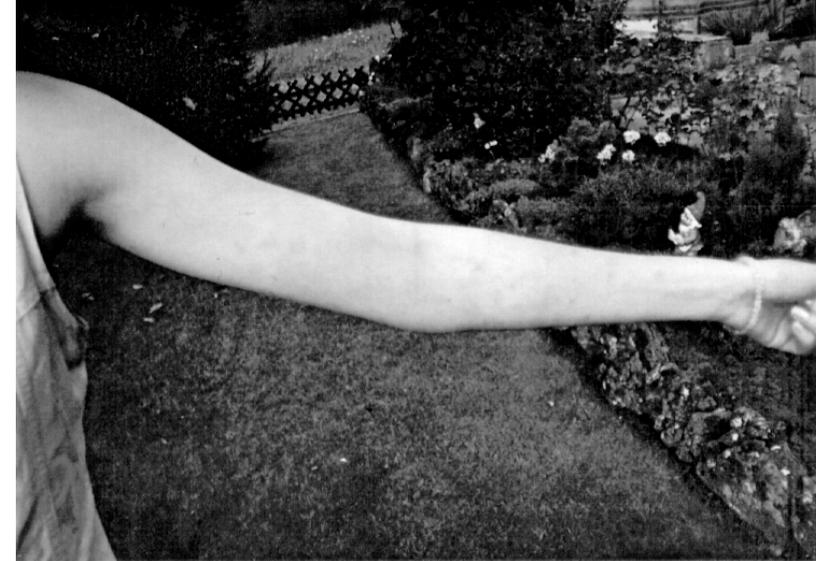
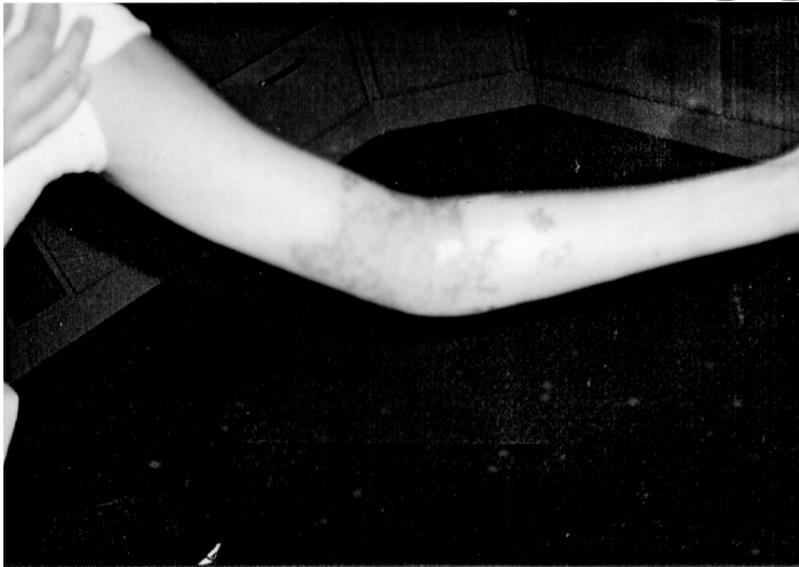
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Patient 1: “before” (top) – “after” (bottom)



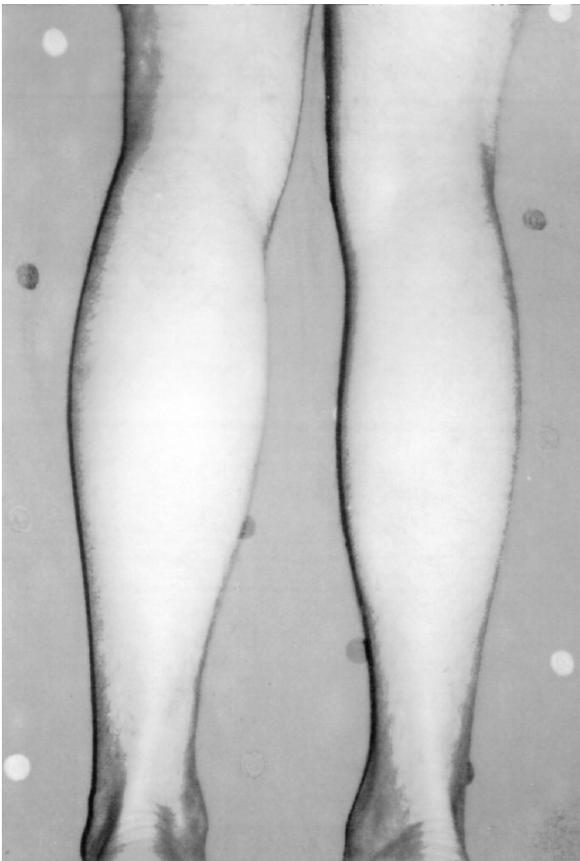
Patient 2: “before” (left) – “after” (right)



left: before therapy

Patient 3

right: improvement after 2nd treatment



Patient 4: “before” (top) – “after” (bottom)
