Skin and mucosa disorders. A search for clues …

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1. Introduction

Welcome

Dear colleagues, dear Mr Sinn and all the staff at REGUMED.

Paradigm shift

When I was asked to present at this Congress I knew immediately which topic I would like to discuss with you today. Over recent years we have all witnessed a change in the way we view diseases and how they develop. We have seen a particularly dramatic shift in the way causes are investigated from the point of view of intestinal microecology and, linked to this, how we view these causes. Although microecology and specific additional parameters have been looked at previously, microbiome research has significantly expanded our horizons.

With this in mind, I would like to present to you three cases from my practice. These all involve skin and mucosa disorders and include the respective intestinal examinations, as well as the various bioresonance programs used to complement the medical treatments.

2. Medical history data, problems encountered, establishing causes and treatment plans

Patient 1: 9-year-old boy

Caesarean section, breastfed for the first 10 months. Development slightly stunted, first significant cold at 2 months, followed by recurrent infections, including a middle ear infection (otitis media); paranasal sinuses were rarely clear. This resulted in altered speech and jaw development.

Potty trained at an early age. Still had cradle cap at the age of 3, which stunted hair growth.

Initial consultation in 2017: The boy's voice was nasal and his hearing was poor. He was brought to the practice because he regularly wet the bed at night and often wet himself during the day too. The questionnaire revealed that the boy had experienced pyelonephritis for the first time in 2016 and, prior to this, recurrent cystitis alternating with middle ear infection and paranasal sinus inflammations.

Previously treated with antibiotics, but with no lasting success. The children's hospital carried out a full range of test procedures to investigate the bedwetting, but confirmed that there was no evidence of disturbed function and suggested that the cause may be psychosomatic. As a result he was referred to a child psychologist. This only exacerbated the bedwetting at night and he continued wetting himself during the day. The

boy himself wanted to try a different type of treatment because he was feeling excluded at school. He couldn't go for sleep-overs at other children's houses and school trips were out of the question. This was placing an increasing psychological strain on the child.

A visit to an osteopath led to a short-term improvement and a suggestion too that the family might wish to consider a non-medical practitioner specialising in mucosa disorders.

The family were advised of the various diagnostic options that had not yet been fully investigated.

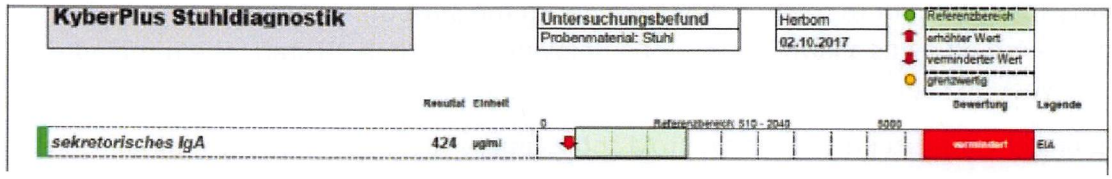
Testing took place using bioresonance: tissue block, stress from microorganisms and mucosa dystonia.

For this reason, I ordered a microecological report using a stool sample, with IgA supply at the mucous membranes as an additional parameter.

Excerpts from the report are as follows:

Significant reduction in the immunological colonising pathogens and an acute decline in protective flora and reduced mucous membrane protection through IgA. Not uncommon in children born by caesarean section.

	Aerobe Indikatormikrobiota	Einheit	Resultat	Bewertung	Referenzbereich	Legende
I	*Escherichia coli*	KBE/g	3×10^{6}	✓	$>=1 \times 10^{8}$	KUL
P	*E. coli Biovare*	KBE/g	$<1 \times 10^{4}$	✓	$<1 \times 10^{4}$	KUL
P	*Proteus spp.*	KBE/g	$<1 \times 10^{4}$	✓	$<1 \times 10^{4}$	KUL
P	*Klebsiella spp.*	KBE/g	$<1 \times 10^{4}$	✓	$<1 \times 10^{4}$	KUL
P	*Pseudomonas spp.*	KBE/g	$<1 \times 10^{4}$	✓	$<1 \times 10^{4}$	KUL
P	*Enterobacter spp.*	KBE/g	$<1 \times 10^{4}$	✓	$<1 \times 10^{4}$	KUL
P	*Citrobacter spp.*	KBE/g	$<1 \times 10^{4}$	✓	$<1 \times 10^{4}$	KUL
I	*Enterococcus spp.*	KBE/g	$<1 \times 10^{4}$	↓↓↓	$>=1 \times 10^{8}$	KUL
	Anaerobe Indikatormikrobiota					
S	*Bifidobacterium spp.*	Kopien/g	5×10^{7}	↓	$>=1 \times 10^{8}$	PCR *
S	*Bacteroides spp.*	Kopien/g	2×10^{9}	✓	$>=1 \times 10^{9}$	PCR
S	*Lactobacillus spp.*	KBE/g	$<2 \times 10^{4}$	↓↓↓	$>=1 \times 10^{5}$	KUL *
S	*H_2O_2-Lactobacillus*	KBE/g	$<2 \times 10^{4}$	↓↓↓	$>=1 \times 10^{5}$	KUL *
P	*Clostridium spp.*	KBE/g	$<5 \times 10^{4}$	✓	$<1 \times 10^{5}$	KUL *
	Gesamtkeimzahl	Kopien/g	3×10^{11}	✓	$>=1 \times 10^{11}$	PCR



Bioresonance programs

a)	Bedwetting	980.1, 980.2,
b)	Bladder irritation	3018.0, 490.1
c)	Tissue block	3040.0, 951.1

d)	Release blocks (energetically)	918.0, 3084.0
e)	Stress from pathogens	3013.0, 950.1
f)	Inoculation stress	no result found

The programs were changed relatively quickly and tested again at each session. The scalp problem, as an elimination zone, cleared up after almost the first treatment. The accompanying treatment with medication was administered in parallel.

Treatment with medication

The medication was tested and changed frequently based on the bioresonance test results and programs.

Over the course of 6 treatments the following remedies were used:

Notakehl drops and Fortakehl drops with NaCl in inhaler

Arsenicum album C 30 and followed by C 200

Colibiogen children's drops

Mucozink powder

Berberis/Hypericum comp. globules

Other prescriptions

Because the nasal polyps were so large and there was no significant change as a result of therapy, the parents decided to go ahead with surgery.

This interim measure resulted in an improvement in the eustachian tube (tuba auditiva) and consequently improved air supply, improved hearing and led to a positive change in the progress of the therapy.

In terms of diet we were able to speak to the boy to agree some targets. He was not allowed sweet food after 4pm and this type of food was to be restricted at other times too. He was to avoid dairy products where possible and in the morning not leave the house without drinking a hot cup of tea.

Patient 2: male patient, 48-years-old

Sporty male, lives from the end of November to the start of April in his home in the Alps, where he owns a large ski school employing more than 20 staff. The remainder of the year he spends in Lower Saxony undertaking freelance office work.

Impaired hearing in his left ear due to a sports injury sustained at the age of 16.

Several episodes of sudden hearing loss. Neuronal pain symptoms in the facial nerve area generally at the end of the ski season.

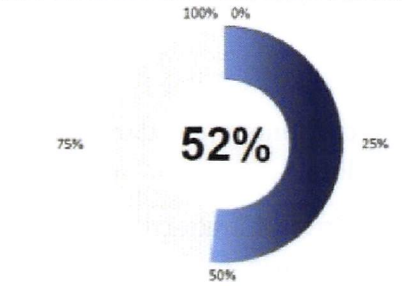
Visited the practice owing to increasing bouts of recurrent bronchitis in the winter months and also at the end of the ski season. For the past two years no full remission following his return to Lower Saxony.

In connection with this he increasingly suffered from **meteorism** and a change in stool colour (liver stress as part of leaky gut syndrome).

Stools progressively turned pulpy and were no longer well formed.

Arrangement of a **microbiome** test with the following selected results:

	Resultat	Einheit	Bewertung	Referenz-Bereich
Escherichia coli	$9x10^{3}$	KBE/g	↓ leicht vermindert	>=$1x10^{6}$
Enterococcus spp.	$<1x10^{4}$	KBE/g	↓↓↓ stark vermindert	>=$1x10^{6}$
Bacteroides spp.	$3x10^{9}$	Kopien/g	✓ normal	>=$1x10^{9}$
Bifidobacterium spp.	$2x10^{8}$	Kopien/g	✓ normal	>=$1x10^{8}$
Lactobacillus spp.	$2x10^{6}$	KBE/g	✓ normal	>=$1x10^{5}$
H_2O_2-Lactobacillus	$2x10^{6}$	KBE/g	✓ normal	>=$1x10^{5}$
Faecalibacterium prausnitzii	$2x10^{8}$	Kopien/g	↓ leicht vermindert	>=$1x10^{9}$
Akkermansia muciniphila	$<1x10^{4}$	Kopien/g	↓↓↓ stark vermindert	>=$1x10^{8}$
Bifidobacterium adolescentis	$1x10^{6}$	Kopien/g	↓ vermindert	>=$1x10^{9}$
Ruminococcus bromii	$9x10^{7}$	Kopien/g	↓ vermindert	>=$1x10^{8}$
Bifidobacterium adolescentis	$1x10^{6}$	Kopien/g	↓ vermindert	>=$1x10^{8}$
Lactobacillus plantarum	N		nicht nachweisbar	
E. coli Biovare	$<1x10^{4}$	KBE/g	✓ normal	<$1x10^{4}$



Resilience Index

The Resilience Index records the ecological status of the microbiota and their ability to absorb disturbances. If the index is high the microbiota can maintain essential structures and functions during phases of change. With a low Resilience Index the ecology of the microbiota is disturbed and unfavourable factors can quickly lead to clinical symptoms.

FODMAP-Typ 2

FODMAPs are types of sugar and polyols. The FODMAP type is only significant if the patient presents with unclear abdominal/irritable bowel symptoms. Favourable factors can quickly lead to clinical symptoms.

Microbiome parts presented using a traffic lights system:

Immuno-modulating microbiota		Immuno-modulating microbiota are jointly responsible for a powerful immune system and appropriate immune tolerance.
Protective microbiota		Protective microbiota sustain colonisation resistance in the gut and prevent colonisation by undesirable pathogens.
Muco-nutritive microbiota		Muco-nutritive microbiota feed the gut mucosa with butyric acid, promote its integrity and stimulate new formation of intestinal mucous.
Fibre-degrading microbiota		Fibre-degrading microbiota support the muco-nutritive microbiota by breaking up complex fibres. At the same time they stimulate other types of bacteria to break down fibre.
Neuro-active microbiota		Neuro-active microbiota produce gamma-aminobutyric acid (GABA), which acts via intestinal receptors on the gut-brain axis, the immune system and visceral pain sensation.
Proteolytic microbiota		Proteolytic microbiota break down proteins and help form metabolic products that can disrupt digestion, stress the liver and have a carcinogenic effect.
Yeasts/moulds		Yeasts and moulds can increase susceptibility to allergy and cause digestive symptoms when cells are present in large numbers.
Total bacteria count		Total bacteria count is the number of all bacteria present in the stool. A high total bacteria count stabilises gut health.

These foods are considered low in FODMAPs and should be consumed in order to provide the necessary muco-nutritive and protective microbiota.

Fruit	Pineapple, banana, clementine, strawberries, blueberries, raspberries, honeydew melon, kiwi, lime, mandarin, melon, orange, papaya, cranberries, star fruit, grapes, lemon
Dairy products	Hard cheese (e.g. cheddar, parmesan), soft cheese (e.g. brie, camembert, mozzarella), feta, lactose-free milk, lactose-free yoghurt
Vegetables	Alfalfa, aubergines, bamboo shoots, leaf salad, Chinese cabbage, green beans, cucumber, Hokkaido pumpkin, ginger, carrot, potatoes, celeriac, pumpkin, chard, daucus (carrots), olives, pak choi, parsnips, parsley, radicchio, radishes, soya bean sprouts, spinach, sweet potatoes, tomato, courgette
Wheat	Buckwheat, oats, millet, gluten-free pasta, corn flour, rice
Beverages	Coconut milk, almond milk, tea, water, wine (dry)
Meat/fish	All types of meat and fish
Other	Maple or rice syrup, butter, chia seeds, eggs, ginger, all oils, quinoa, pine nuts, sesame seeds, sunflower seeds, stevia sweetener, glucose

Remember that foods are seasonal!

Bioresonance programs

a)	Improve intestinal flora	3013.0, 3028.0, 562.0
b)	Mucosal regulation	3089.0
c)	Liver-gallbladder regulation	3064.0, 3063.0, 430.2
d)	Stressed nervous system	3077.0
e)	Bronchial system	423.1, 240.3

Treatment with medication

Treatment administered in sequence according to the development of symptoms and results of tests:

Colibiogen drops

Mucozink powder

OmniBiotic Power drink pouch

SymbioIntest drink pouch

Metacare Griffonia + capsules

Hepatodoron tablets, alternated with Taraxacum comp. drops (Ceres)

Other prescriptions

Low FODMAP diet

(FODMAP is the abbreviation for "Fermentable oligo-, di- and monosaccharides and polyols". These are a group of carbohydrates and sugar alcohols which are present in many foods and poorly absorbed in the small intestine. This results in what are known as "silent inflammations".)

Patient 3: Baby born in February 2018

Initial medical history at 4 months

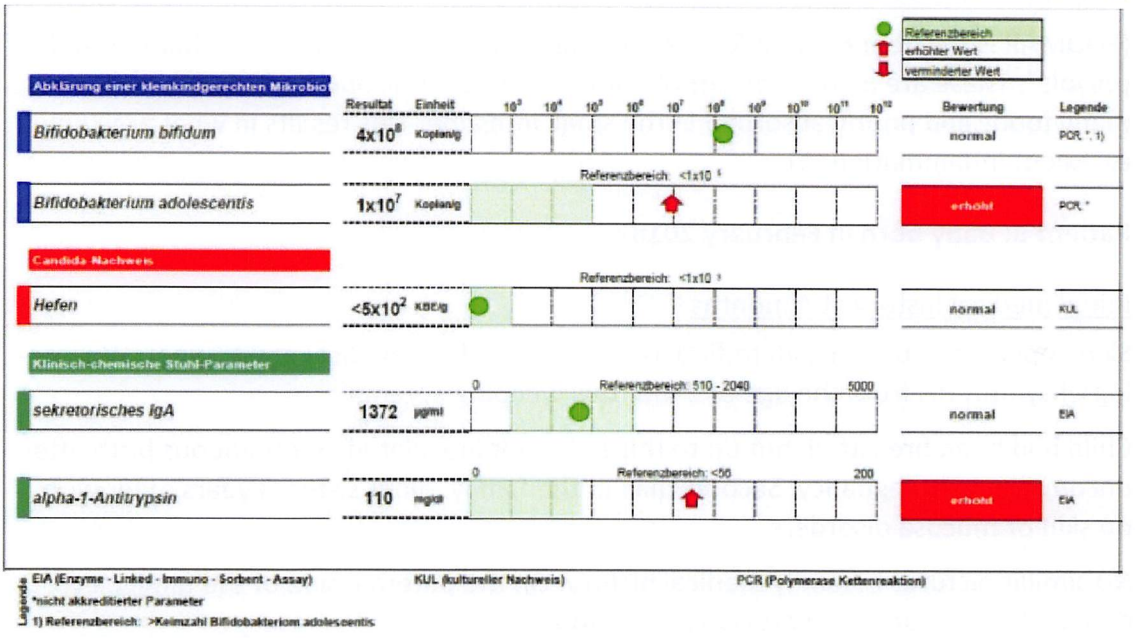
Skin appearance blotchy, identified as "baby acne" by a medical practitioner. Worsening of symptoms from the age of 2 months: weeping eczema.

Child had been breastfed, but up to this point not inoculated. Spontaneous birth after uncomplicated pregnancy. Second child in the family, older sister, 3 years older with no skin or mucosa disorders.

No similar pictures in family medical history. On the paternal side of the family, evidence of mild psoriasis in previous generations.

Shortly before initial medical history was taken, 3-way vaccine led to acute exacerbation in symptoms. Photo from when the child was first brought to the practice:

Gut profile – Allergy risk for small children	**Examination report**	Herborn
	Test material: stool	28.06.2018



Bioresonance programs

a) Eliminate vaccine: appropriate vaccine ampoules
   Added to honeycomb: Thuja C 30/C200
b) Allergy therapy: 999.1, 250.4, 251.3
c) Tissue regeneration 3040.0

Treatment with medication

Sequence of medication, sometimes combined or alternated daily.

All ointments prescribed to date were discontinued.

Omni-Biotic Panda

Fortakehl drops percutaneously

Spagyric therapy after Krauss (Ku 3, Lf 1, Sx 3, Gw 3)

SymbioIntest powder

Other prescriptions

While breastfeeding the mother's diet should be free of animal protein for as long as possible. Food intake increased with addition of a new foodstuff.

Changes as a result of treatment:

Affected skin slowly healed.

His face improved from session to session.

Skin and mucosa disorders often require some clever detective work and in the majority of cases these can be linked to the gut.

Research in this area is now much broader and I was amazed to see how the gut-head-brain axis was being investigated in a French clinic as part of a large microbiome study looking into degenerative conditions such as Parkinson's disease.

The question posed covered a number of different fields.

I would like to end with a statement from a presentation that I found extremely apposite: "There are 2 pathways into or out of the body and there are 4 pathways from the gut to the brain."

Thank you for listening and I hope this has given you some impetus to explore and research this topic further, to build up experience and to share this with colleagues!

Hidden bacteria – diagnosis and treatment of mycoplasma

T.a.v. Dhr. Ron Havenaar, HP Best, Netherlands

Introduction

Dear Colleges,

my name is Ron Havenaar, living in the south of Holland near Eindhoven, where I have my practice. I work with the BICOM since 2009 when my sister got breast cancer. At that time I got my degree in Natural Science at the Open University Netherlands, with a section of interest in Nutrition and Toxicology. Because I studied also acupuncture and electro-acupuncture since the 1980's I decided to buy an electro-acupuncture machine to help my sister. Not knowing what machine to buy I went to several introduction meetings and eventually got notice of the BICOM. One of the visitors said to me that he was an acupuncturist and was there to pick up his third Bicom machine, because of the immense effectiveness of the treatments with that device. Every few years he had to organize an extra treatment room. So I did not hesitate any longer and immediately ordered a secondhand BICOM 2000 inclusive BICOMmultisoft. A few years later I ordered my new BICOM optima.

What then happened was unbelievable for us. My sister and I went together to the oncologist after her second operation and he said to her to put a nylon stocking on her arm because he needed to remove all her lymph glands from her armpit. She would develop (according to him) lymph edema in her arm. Earlier that week I got my first BICOM delivered, so I took my sister to our home and started with all the programs for scars, lymph stimulation, thymus and vitality listed in the handbook. That was all the information I got at that time. Later I followed all the seminars that were available. At the return visit 2 months later in the hospital her oncologist stared at her arm and asked her: "Did I remove all you glands in your armpit?" "Yes, you did." "Did I tell you that you should develop edema in your arm?" "Yes, you did tell me so." "Strange ... this is the first time to see that someone did not get a swollen arm." I punched her in the side and said to my sister: "Don't tell him, he won't believe it." After her double OP she got 6 month of chemo and 35 radiation sessions in 5 weeks in the hospital. We agreed, because at that moment I had absolutely no experience with the results of the BICOM.

After the course for BICOMmultisoft and the EAV testing method (still the only method I practice) we could confirm the diagnose of the hospital: Mamma CA intraductal (intrakanikulär). I did use the combination Prog. Thymus 428, Ai, amp. 18x, together with Multisoft Mamma CA in channel 1. After 5 minutes of treatment she suddenly cried and said: „I got an electrical shock from my left breast to my hand." Since that moment I never have been able to test Mamma CA again. Because of the chemo therapy she was completely out of energy, lost all her hair and became deeply depressed. She felt nearly dead. But after three months of weekly therapy with the BICOM she was able to do her work again for 50 % and after 6 months regained normal strength. After 5 years

