
Previously overlooked components of bioresonance therapy in physical and rehabilitative medicine

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Dear Mr. Briigemann,
Dear colleagues,
Dear ladies and gentlemen!

What has bioresonance therapy got to do with physical and rehabilitative medicine?

Since 1996, I have been a specialist in physical and rehabilitative medicine, at that time the first and only one in Hessen, in my own practice. Previously I was in general practice and used bioresonance therapy, by means of Bicom, mainly for allergy treatment.

Since becoming a specialist, however, I have used bioresonance therapy for my patients who are waiting for rehabilitation and who also receive other types of therapy included under physical therapy.

I imagine that at the moment not too many doctors in my field regularly make use of bioresonance therapy. I would like to report here on my observations.

First, however, I must say something about the expression „physical and rehabilitative medicine".

WHAT DOES PHYSICAL AND REHABILITATIVE MEDICINE MEAN?

Physical medicine is the doctrine of and research into the mode of action of physical methods in medicine. Thus, **physical therapy** is a form of treatment which uses physical methods:

1. Mechanics, in the form of chirotherapy, physiotherapy and massage,
2. Temperature, in the form of hot and cold therapy,
3. Optics, in the form of light therapy, e. g. UVB radiation therapy

4. Electricity, in the form of various power applications, such as
 - a) low frequency power, known as pulsed power,
 - b) moderate frequency power, known as e. g. Watt differential therapy (WaDiT) and
 - c) high frequency power, known as microwaves; and finally
5. Electromagnetic oscillations, in the form of e. g. bioresonance therapy.

This explains one half of the expression physical and rehabilitative medicine.

The second term was 'rehabilitative'. What does that mean?

Rehabilitation is an integrative approach to and treatment of individual functional disorders within an holistic framework, including psychic and social components.

Helpful in this regard are, on the one hand, targeted function improvements in the disturbed **individual body regions** and, on the other hand, forms of treatment which have an effect on the **whole organism** and regulate these in a particular way; for example

1. Ergotherapy, physiotherapy,
2. Coordination training or also, here
3. Bioresonance therapy.

Thus, we are dealing with two terms.

Physical therapy tends to include the methods of treatment, whereas **rehabilitative medicine** has the objective of reinstalling ordered regulation or homeostasis.

In what ways, then, can Bicom bioresonance therapy be of help?

USE OF BIORESONANCE THERAPY

As already explained, it can be used to treat individual functional deficiencies, but is used in particular and to a large extent in the context of **regulation improvement** in order to create the optimum conditions under which the individual body and functioning units can work together in harmony.

Before the introduction of the new upgraded Bicom 2000 model, I used only the generally effective Bicom programs such as basic therapy program, the meridian program or the energy deficiency and block removal programs, in addition to the other physical therapy measures, to improve **general regulation** and to have an effect on the entire organism.

To treat **individual functional problems**, I then applied the Bicom programs specified for that problem, such as for cervical or lumbar pain or knee and joint arthroses or other problems affecting the locomotor system.

Bicom 2000

Compared with conventional physical therapy measures, however, this achieved only limited success, and this held me back from using bioresonance therapy to any great extent in my surgery.

It was only when I started working with the new Bicom Version 4.4. and in particular the Bicom 2000 upgrade, that I began to see a clear improvement in results from bioresonance therapy in my patients.

When using the new upgraded Bicom 2000, I observed in particular an improvement in **general regulation effects** and, in combination with Cross-linked Test Technique, also an improvement in **specific regulation effects**.

I used bioresonance therapy for chronic patients and incidents of disease with a protracted prognosis such as for chronic vertebral column pain including intervertebral disc prolapses, hip and knee joint arthroses, persistent epicondylitis conditions and psychosomatic persistent general muscular tension.

For this purpose, I use the following procedure:

Using the 5-element set from Cross-linked Test Technique and diagnostic program 192, I first filter out the obvious organs and meridians in order to use these later for therapy with this same program 192.

Then I test out the various meridian programs which are suggested from the patient's medical his-

tory and localisation of the pain, while simultaneously testing for any acute or chronic-degenerative condition.

Interestingly, in the case of actual structural organ damage the corresponding organ ampoule also tests positive, whereas when testing the meridian programs, those meridians which run in the vicinity of the distressed body region show up as positive, for example in cases of knee joint arthroses:

positive testing organ ampoules (from the 5-element set):

- ligaments/tendons,
- element wood with
- large joints,
- small joints and
- vertebral column;

positive testing meridian programs:

- spleen/pancreas, progr. 300 or 301 and
- stomach, progr. 330 or 331.

Once I have tested for the best basic therapy, I first run this basic therapy followed by the meridian programs in sequence, placing the new Bicom 2000 electrode mat on the patient's back as the output and the large flexible electrode ventrally on the abdomen as the input, plus saliva in the input cup, and then apply oscillations from the tested organ and meridian ampoules from the 5-element set of Cross-linked Test Technique, continuing to apply the electromagnetic back electrode and therapy program 192 (A-oscillations). I perform this sequence of programs over 3 consecutive weeks, 1x per week each.

In addition, I treat the patient with conventional physical therapy measures locally, e. g. ultrasound for shoulder and knee pains or chirotherapy and perhaps neural therapy on the vertebral column or muscle stretching for corresponding shortened muscles.

Compared with results achieved before using the upgraded Bicom 2000, there is now a marked improvement in the healing process and quicker alleviation of pain is observed. Fewer repeated chirotherapeutic sessions are required than before because blocked vertebral column segments are released after a shorter time,

Also, activated knee joint arthroses or joint inflammation in the shoulders recede more rapidly and cervical migraine pains can be controlled more effectively.

I would also add that for stubborn cases I still prefer to perform cupping therapy as a local bio-resonance therapeutic action, using program 162, particularly with cervical conditions. Here again, most cases of persistent muscle tension and myogelosis generally benefit from such treatment.

Unfortunately, I do not yet have available sufficient objective data to be in a position to back up this subjective observation.

I think it would be interesting nonetheless to put present some thoughts on the physiological and theoretical background to these observations.

THOUGHTS ON THE PHYSIOLOGICAL AND THEORETICAL BACKGROUND

I am quite sure that the improvements observed with the upgraded Bicom 2000 may be attributed on the one hand to electrode localisation along the vertebral column and on the other to the mode of application in the form of an amplified information transfer system by means of the underlying electromagnetic field.

The following information systems may be influenced by applying the wide Bicom 2000 back electrode along the vertebral column:

1. Bladder meridian and governor vessel both by stabilising these **Yang meridians** (Fig. 1a) which run from the head to the feet/coccyx and by stimulating the **Shu points (meridian association points)**, all located on the inner bladder meridian (Fig. 1b);

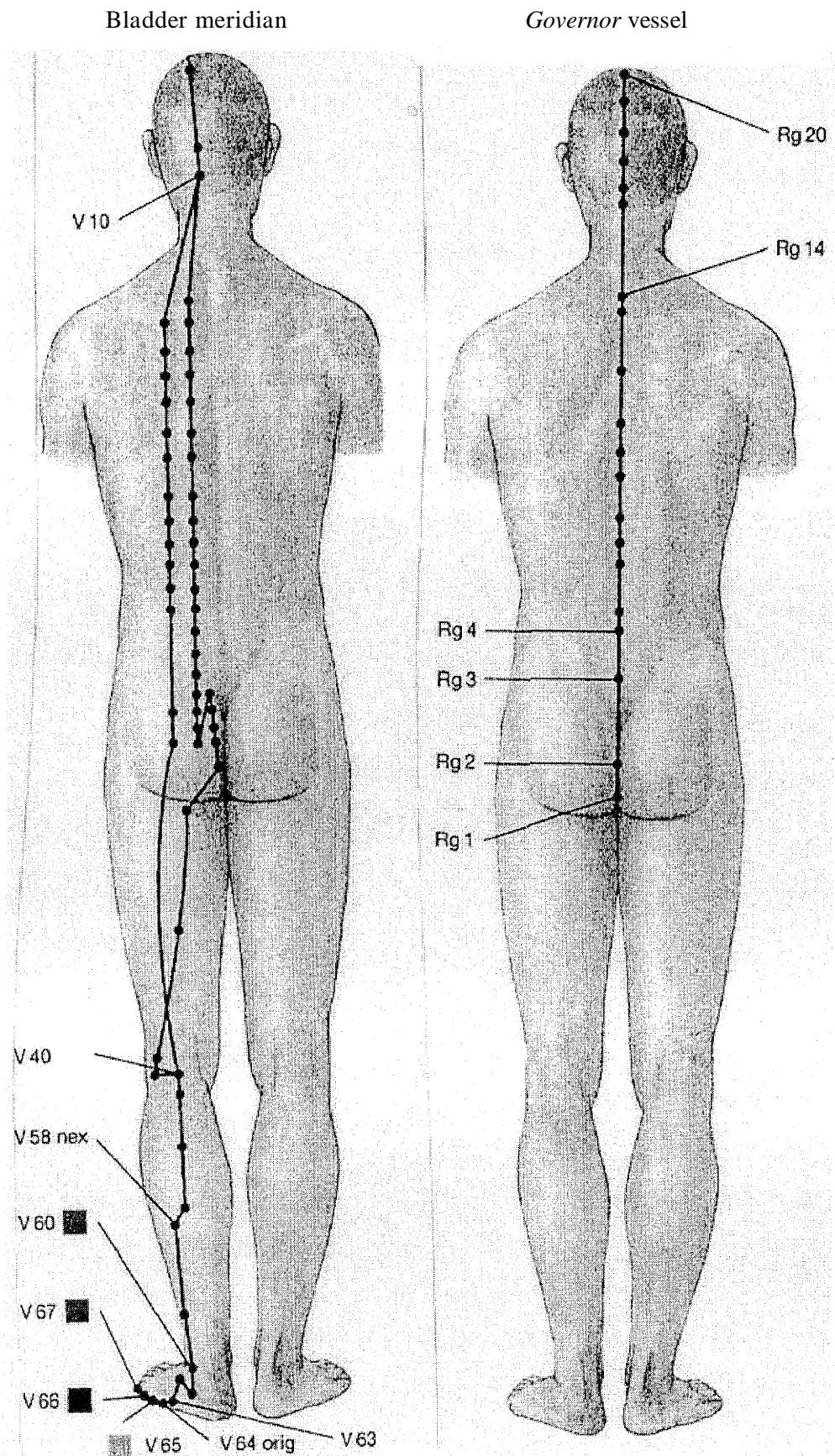
2. Autonomic nervous system via the autonomic

sympathetic **lateral ganglia** located next to the vertebral column including the sacral and abdominal **parasympathetic nervous plexus** (Fig. 2a) by harmonising these essentially antagonistic organ nervous systems (Fig. 2b) and thus compensating in particular for increased sympathetic system activity which often impedes the optimal passage of blood through the organ and distressed regions of the body; and

3. Integrative neurone switching between on the one hand the **autonomic** and **somatic** nervous systems and on the other hand between the **afferent** and **efferent** pathways at the vertebral and also at the diencephalic (hypothalamus area) and cerebral (limbic system and cerebral hemisphere) levels (Fig. 3).

In any case, there is still a lot of research required into bioresonance therapy. However, it is exciting and provides plenty of fun when tackling these sorts of considerations targeted at a variety of painful illnesses. For anyone working with naturopathic, holistic methods it is now difficult to imagine being able to operate without bioresonance therapy, particularly now that it has been refined still further.

I would urge you all to continue working creatively with bioresonance therapy and I thank you for listening.



F i g . 1 a
from: dtv-Atlas zur Akupunktur [dtv-Atlas of Acupuncture]

The stimulation points for the main pathway in the functional circuit »bladder«

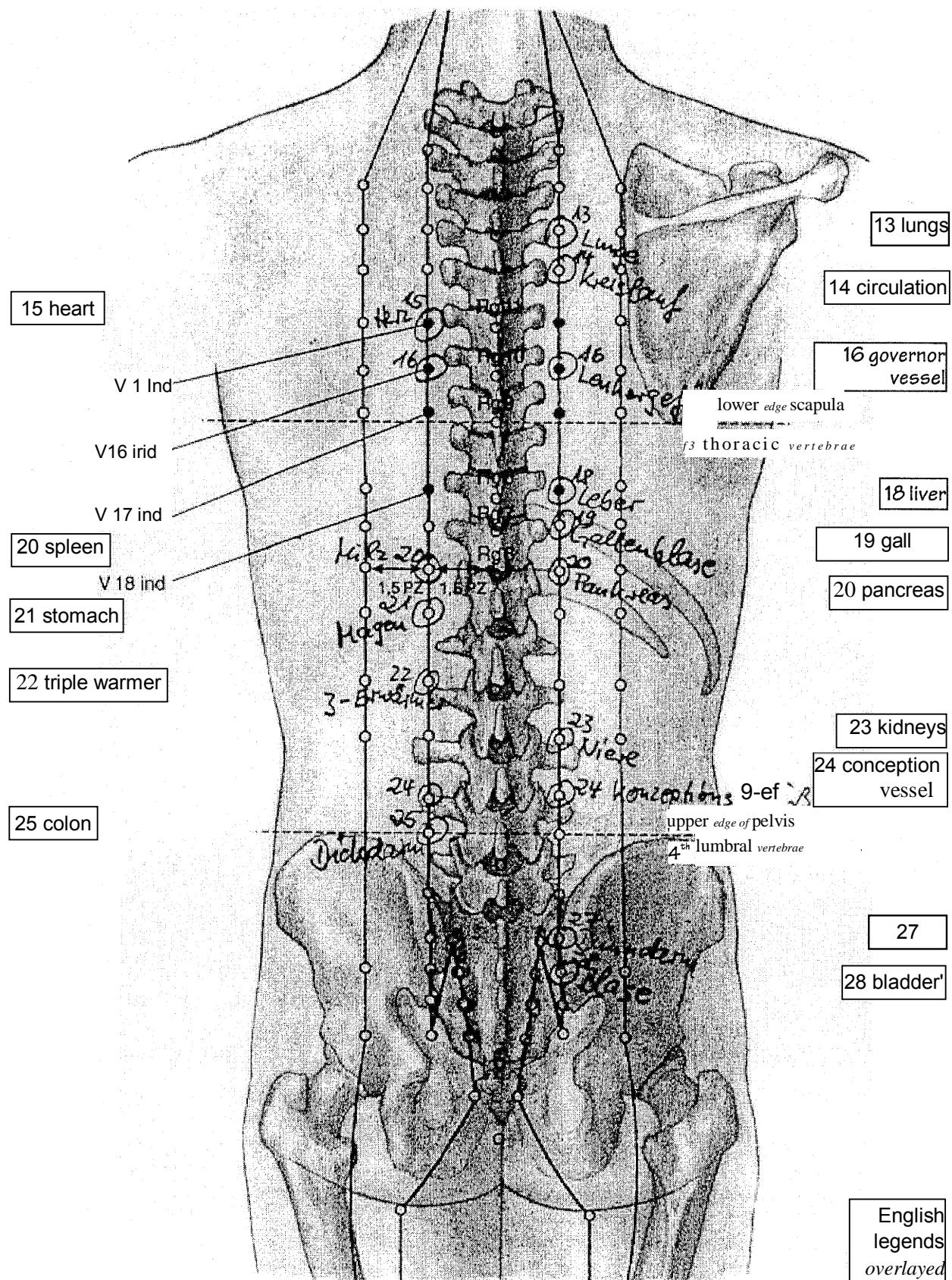


Fig. 1b

from: dtv-Atlas zur Akupunktur [dtv-Atlas of Acupuncture]

Autonomic nervous system

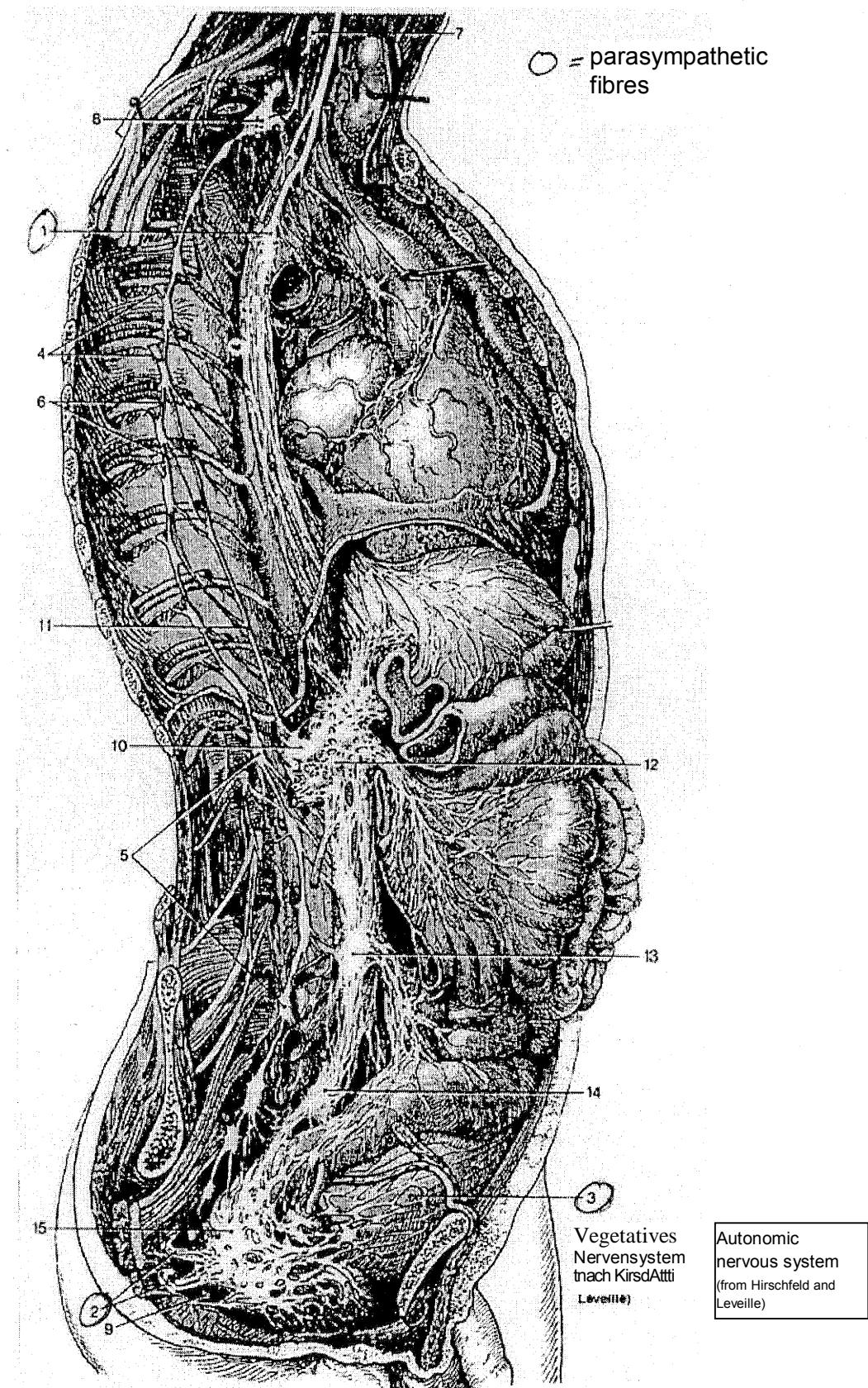
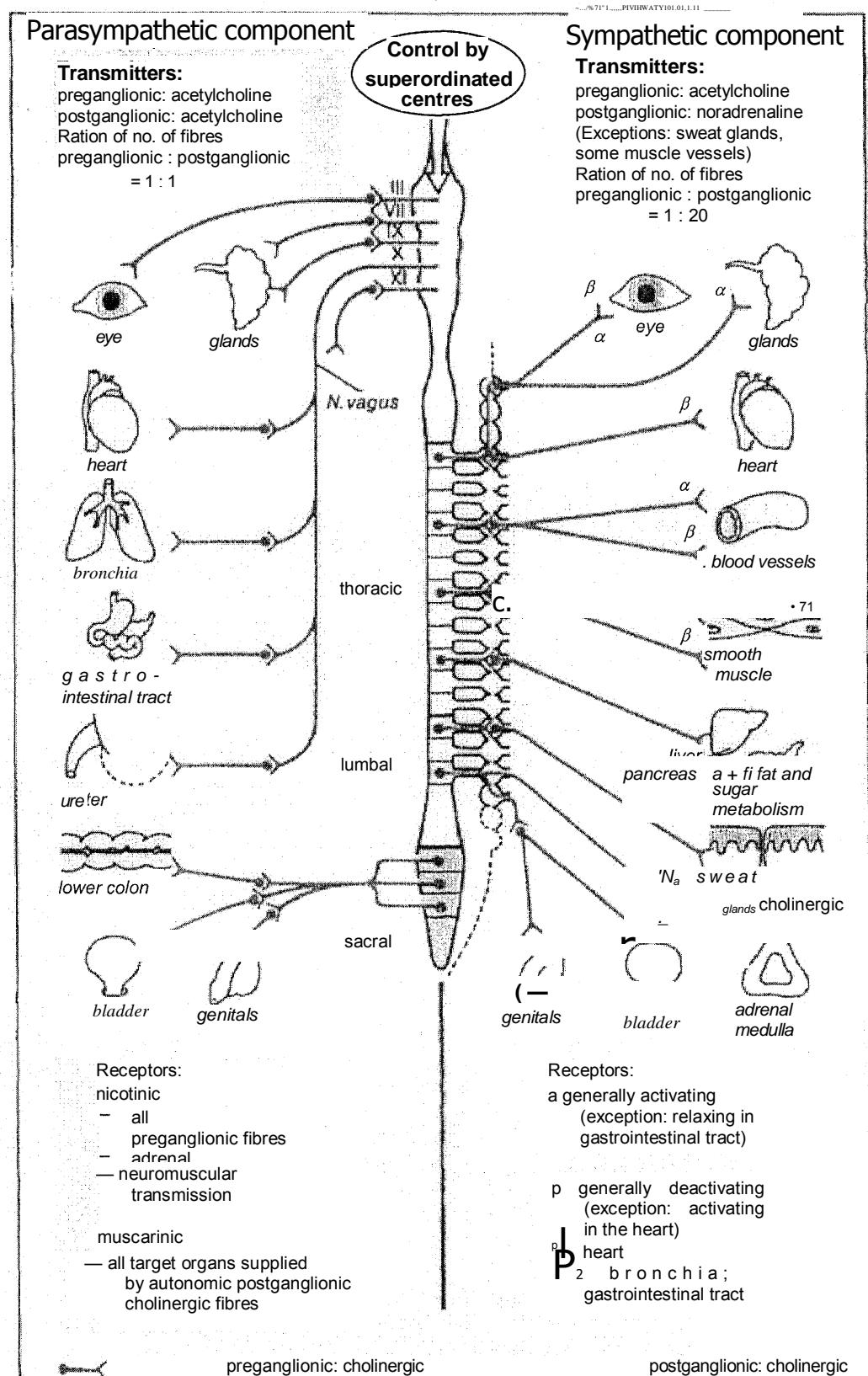


Fig. 2a Autonomic nervous system
from: dtv-Taschenatlas der Anatomie [dtv-Pocket Atlas of Anatomy]

Autonomic nervous system



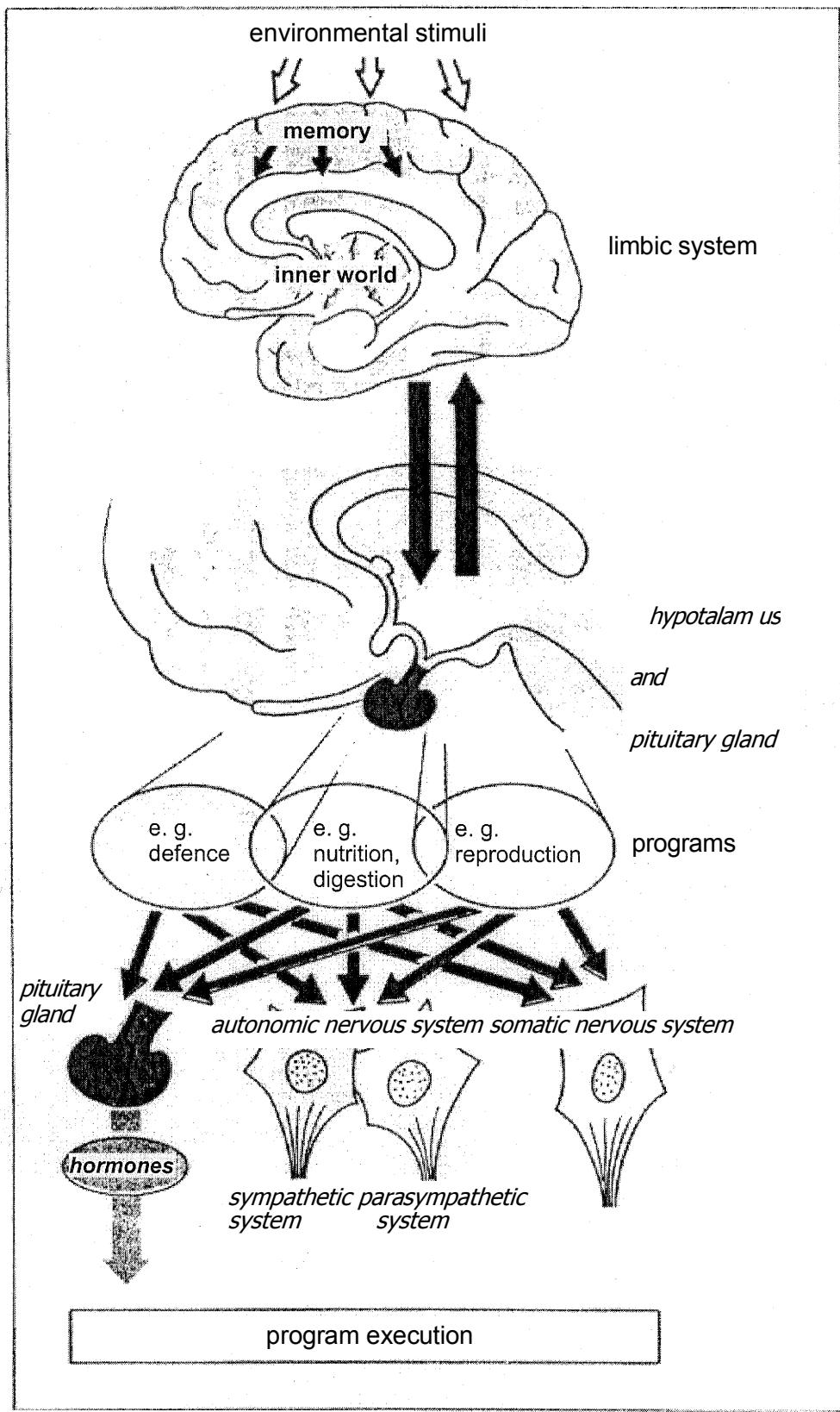
A. Autonomic (vegetative) nervous system (schematic overview)

Fig. 2b from: dtv-Taschenatlas der Physiologie

[dtv-Pocket Atlas of Physiology; English legends overlaid]

lower colon

Central nervous system and sensory organs



A. Limbic system and hypothalamus

Fig. 3 from: dtv-Taschenatlas der Physiologie
[dtv-Pocket Atlas of Physiology; English legends overlayed]

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