

Evidence of the effectiveness of BRT by means of decoder dermatography

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INTRODUCTION

Dear Colleagues

I am delighted to be given this opportunity again to stand here and talk about the progress of our work in my Centre for Diagnosis and Therapy in Speyer am Rhein.

What causes a therapist to change a normal practice, primarily geared towards therapy, into a centre for diagnosis and therapy and at considerable financial expense?

Problem Patients and Patients' Problems

In my opinion, there is nothing worse for a therapist than finding that a proven therapy is not working for a particular patient. Tests and checks are carried out but nothing seems to work. This leads to questions such as „Is it actually possible to test on this patient?“, „Do my Bicom devices work?“, „Am I the right therapist for this patient?“

Patients' problems are just as bad, for example when they come to our practice with the following comments: „All the examinations my doctor has carried out have been inconclusive, but I don't feel well at all“, „My doctor said it was purely a psychological problem and that I would just have to live with it!“ or „At your age there is not much we can do“

What Does the Therapy Actually Do?

I have made a habit of always finding out exactly what the therapy entails so that I can use it to its full potential. Often we used to collect data regarding the status of organs, firstly in tabular form then schematically. It proved to be successful but took

up far too much time. Since at that time I was already working with 4 complete Bicom workstations, I was only able to run occasional checks on organ status. This was not sufficient to allow any real conclusions to be drawn from the analysis.

Quality Assurance for Therapy

Are the therapy programs which we have been using for over 10 years still as effective as they used to be? What has changed in the meantime? Are there other stresses which are having an effect on us and our patients?

Anyone treating patients with allergies 10 years ago knows how easy it was for us to treat patients back then when you compare today's situation.

Optimising Therapy

Another problem is responding to patient enquires in our practice. We could work a 15 to 18 hour day or alternatively refuse new patients, but when we see a small child with neurodermatitis, we cannot simply offer him an appointment in six months' time. We must act quickly, which therefore means squeezing another appointment into an already crowded schedule, much to the displeasure of the practice team.

We also endeavour to administer therapy to patients in such a way as to enable them to quickly re-regulate their bodies so that they no longer require our help. That way, everyone benefits.

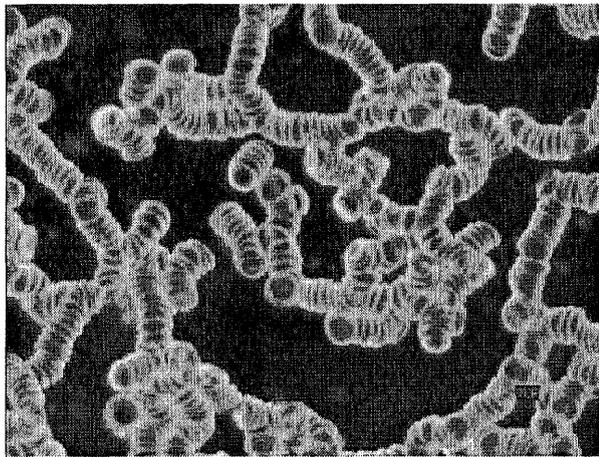
The patient requires fewer therapy sessions and therefore treatment costs are lower. This is also a good advert for the practice because the patient is proof of what we are capable of achieving and that we are able to keep costs at a reasonable level.

WHICH DIAGNOSIS PROCEDURE?

Investigating Stools in the Laboratory

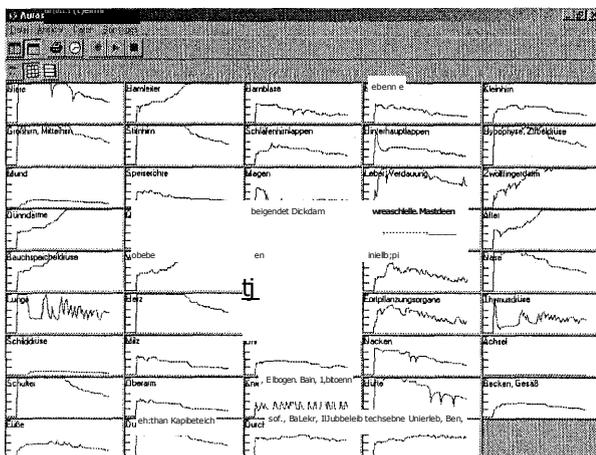
For all patients we request a mycological status. Depending on the clinical picture we examine patients for Helicobacter so that the organism is guaranteed access to all its components.

Dark Field Microscopy



This shows us whether the blood is able to supply the organism and the organs adequately. This also helps us detect problems in individual organs.

Organ Screening



This allows us to see the condition that individual organs are in, how they function and how stable they are.

Decoder Dermography

... and this brings me to the main focus of my paper. This allows us to see whether the organism can be regulated at all; whether it has sufficient energy to perform specific tasks (through therapy). The therapist is quickly able to see whether the therapy is really working. Blocks, foci and interference fields can also be quickly identified.

In combination, these diagnosis systems allow us to give an accurate diagnosis for each patient.

Even patients who have been transferred to us for diagnosis can be treated by colleagues using the most suitable, targeted form of treatment. Colleagues are given the images and results and, if necessary, also with recommendations for therapy.

EXAMPLES

Case 1

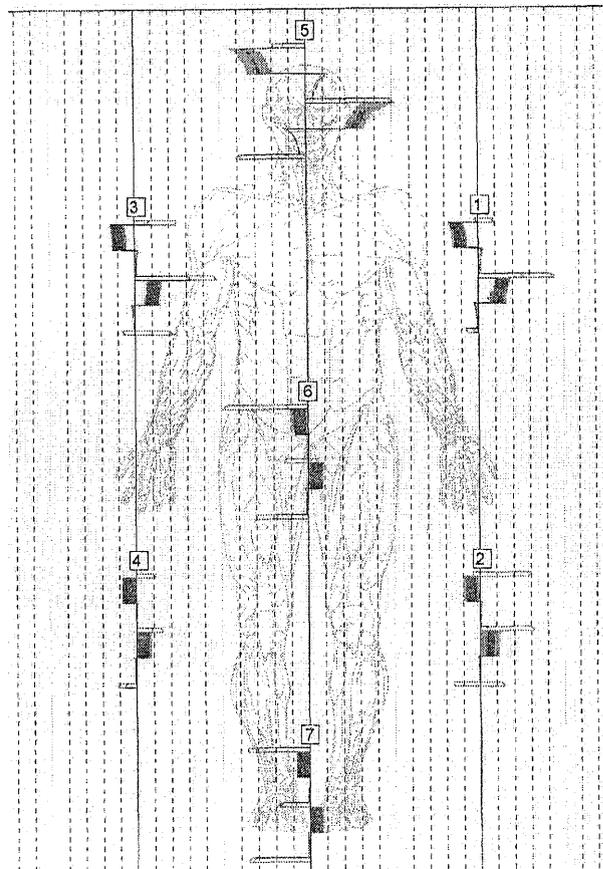


Fig. 1

Here we see a decoder dermography of a 4-year-old girl who was introduced to us because she was suffering from asthma. Since EAV testing

confirmed the suspicion that multiple allergies were involved, after the intestinal clean-up we began the proven strategy of using allergy therapy. The clinical picture did not change, however. Because she was only 4 years old we did not initially consider decoder dermatography. Once we had exhausted all options, we did, however, decide to try decoder dermatography. The child was as good as gold. The results can be seen in Fig. 1.

It was now clear to us that we could not successfully administer the therapy because the organism was not able to respond to the stimuli given by the therapy.

For the time being we would have to begin on another level. After the diagnosis had been made we began treatment using programs 105 „physically exhausted patient" and 570 „weak immunological response". Here are the results one week later:

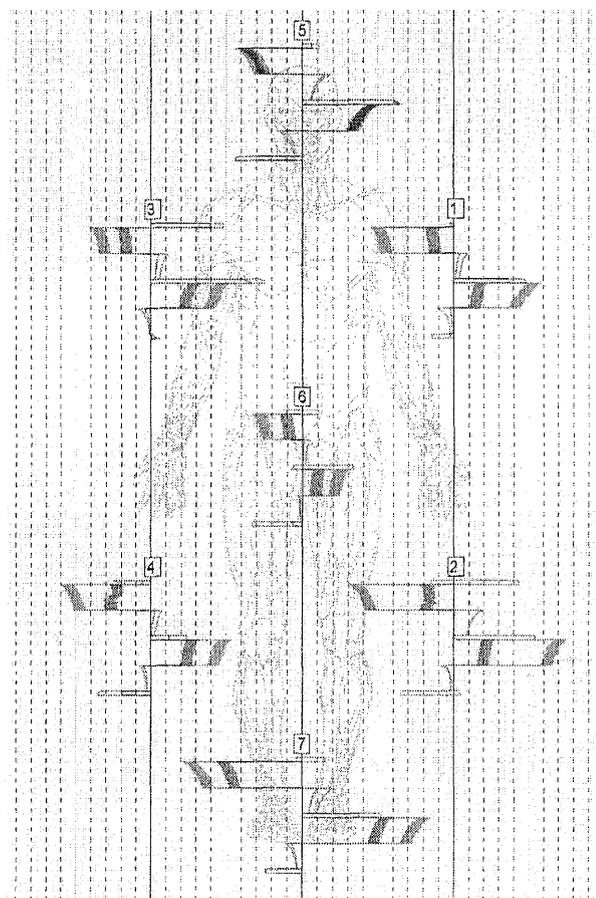


Fig. 2

Through therapy, an organism which could not previously be regulated began to regulate itself. The mother confirmed the results graphically by recording her peakflow measurements each day. A

Measurement point 1 shows normal regulation,

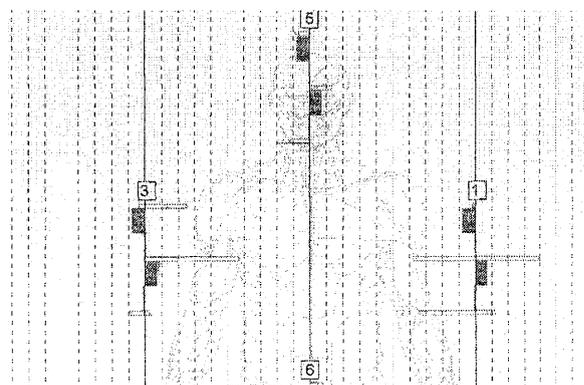
significant improvement could be seen the following morning.

This was another event which greatly influenced our thinking with regard to patients who were resistant to therapy. A great many tests been carried out subsequent to this case have proven that it was not just a one-off.

Case 2

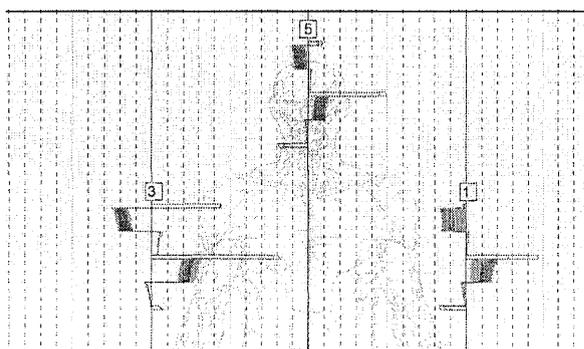
A female patient who complained of weak responses, problems with concentration, recurring infections, feelings of exhaustion and frequent headaches.

After the compulsory stool examination which showed up an absence of physiological intestinal flora, we started by building up the intestinal flora and we then ran a decoder dermatography with the following result:



In the upper thoracic area a total block could be seen. Without first removing this block, no therapy would have had any effect. We use the basic therapy program 100, removal of blocks and cell regeneration.

The result 1 week later:

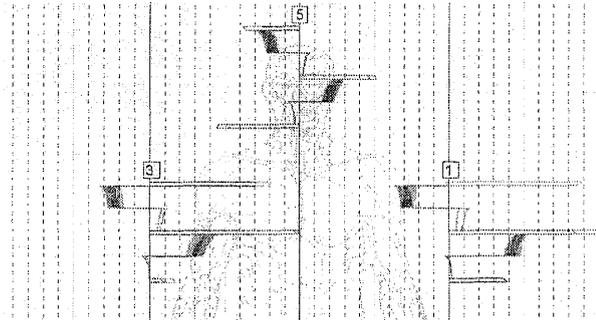


measurement point 3 shows continued poor regulation, however this is at a significantly higher energetic level. Measurement point 5 also shows re-

covered energy levels. We repeated the therapy with the same programs.

The patient confirmed to me that she felt a significantly lighter feeling around the head area and felt much more stable on the whole.

The following picture was recorded one week later:

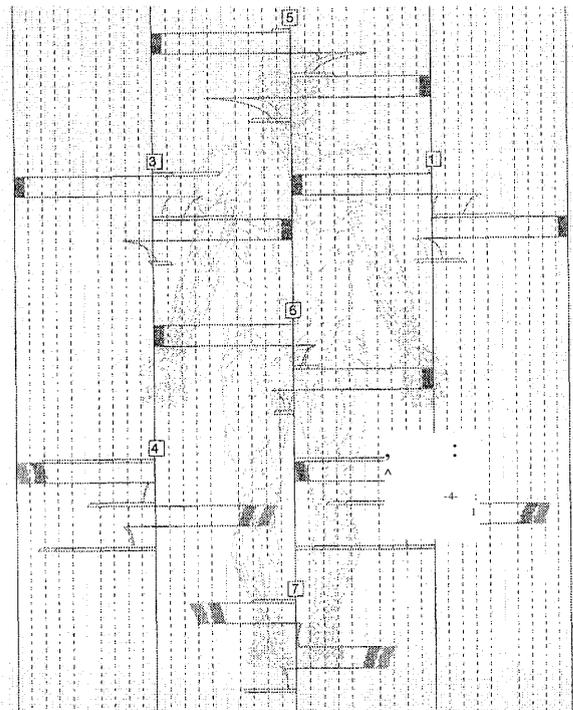


Energy levels had been restored and the organism was now able to regulate itself throughout.

This was my first experience of working with programs such as removal of blocks, cell regeneration, energy blocks etc. In the 11 years I had worked exclusively with Bicom devices, I had never used these programs. Through the decoder dermography I now saw the effects they had. Had I known this 11 years ago, I would certainly have been able to help many more patients more effectively.

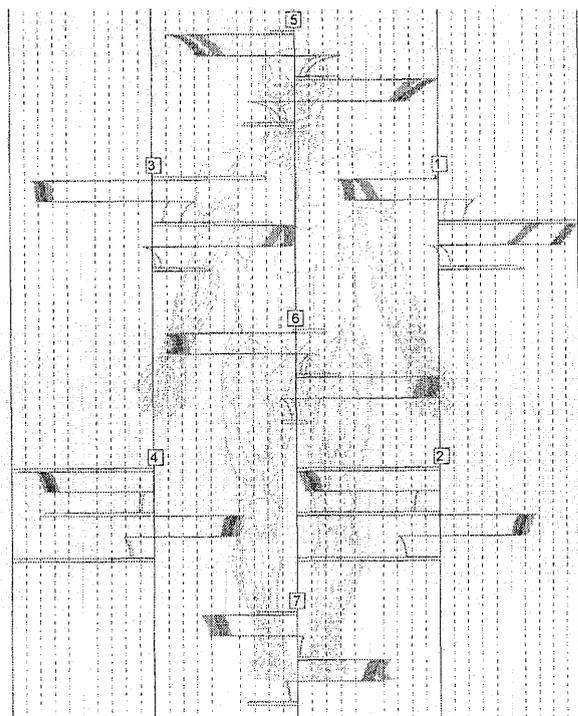
Case 3

These regulations work not just for hypoergic patients but for hyperergic patients too and the same programs can be used. Case 3 shows this: an asthmatic who had been treated for years with cortisone, inhaled on a daily basis.



The measuring distances of decoder dermography prove insufficient. In measurement points 1, 3, 5 and 6 the measuring bar hits the end of the field, making it impossible to assess. The organism has so much to do itself that its ability to respond to therapy stimuli is very limited.

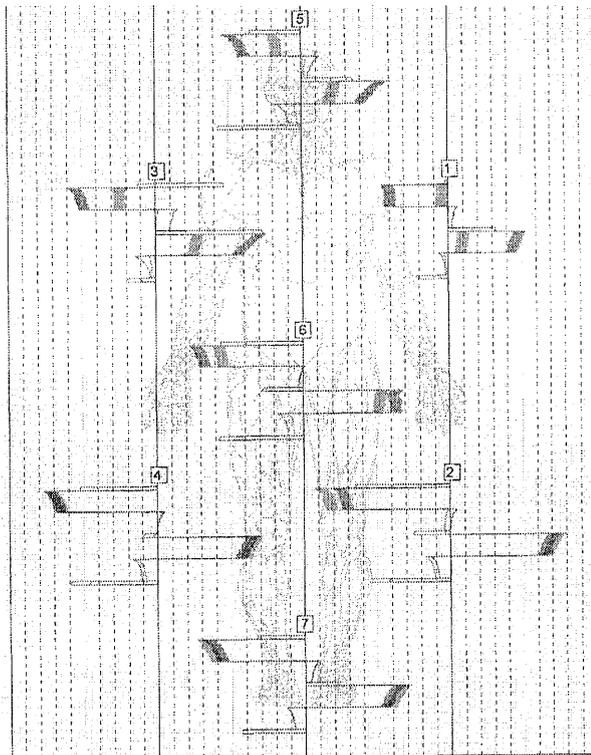
We administered therapy using our emergency programs 100, removing blocks and cell regeneration and this was the result:



We started the therapy in the upper half of the body. Ball electrodes at the input, Bicom 2000 back electrode at the output, DMI attenuating.

Measurement points 1, 5, 3 and 6 indicated reduced energy levels and could be regulated spontaneously. The energetic level of the other measuring points also improved.

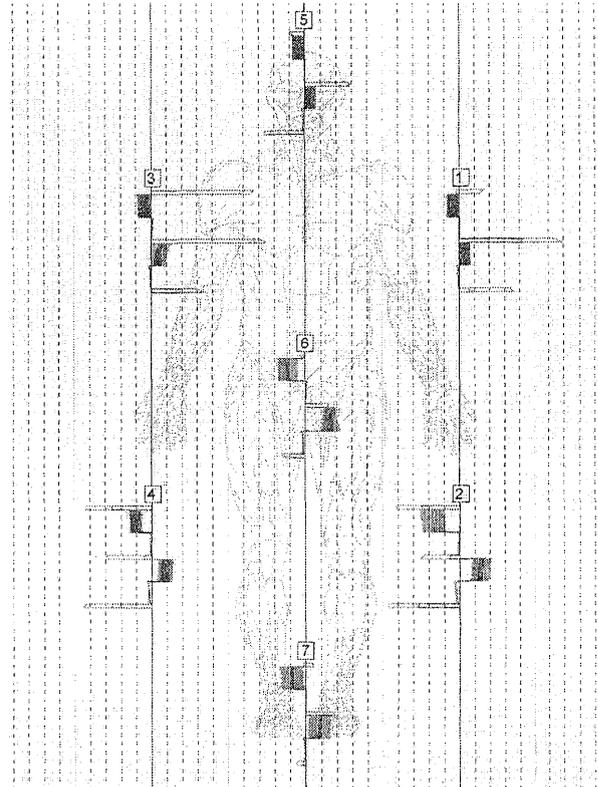
We applied therapy again with the same programs and here are the results one week later:



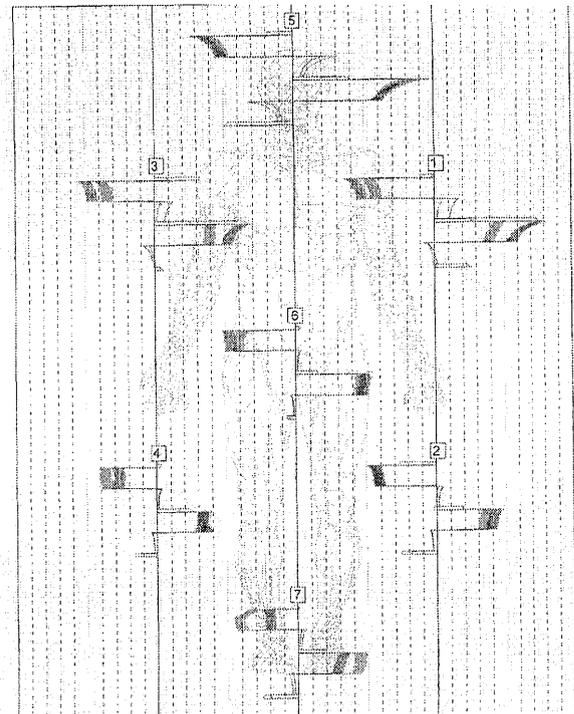
We had now brought the patient up to a level where he was able to respond most effectively to other measures such as allergy and detoxication therapy.

Case 4

A pollinosis patient who had already been treated with BRT which had only been successful for a short period. The decoder dermatography gave us information as to why:



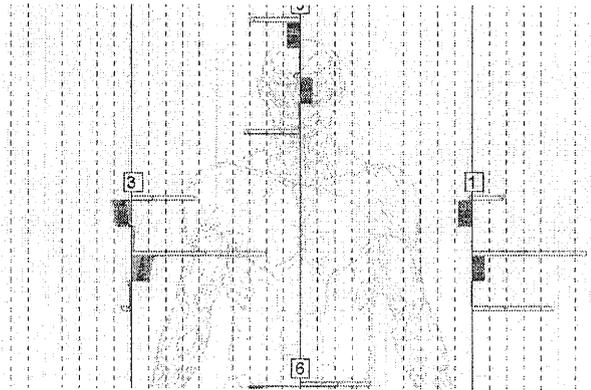
The organism was not able to utilise the therapy impulses given during earlier treatment. We started off with a basic program and one week later:



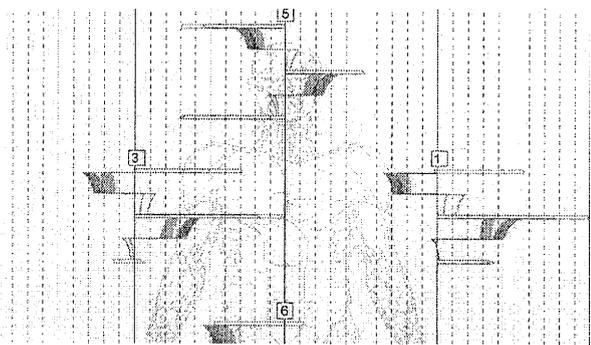
Clear regulation followed by a very good response to subsequent therapy sessions.

Case 5

A young mother of two, completely exhausted, frequent headaches, system deficiencies and weak immunological response. The decoder dermatography confirmed her complaints:



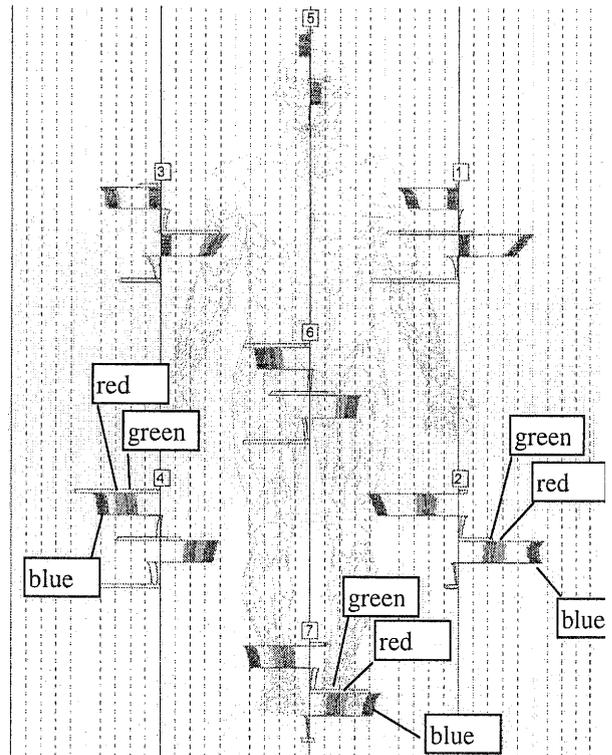
We used our now customary therapy and here are her results after just 2 days;



Now here are another 2 cases in which we ran a decoder dermatography immediately after therapy for control purposes.

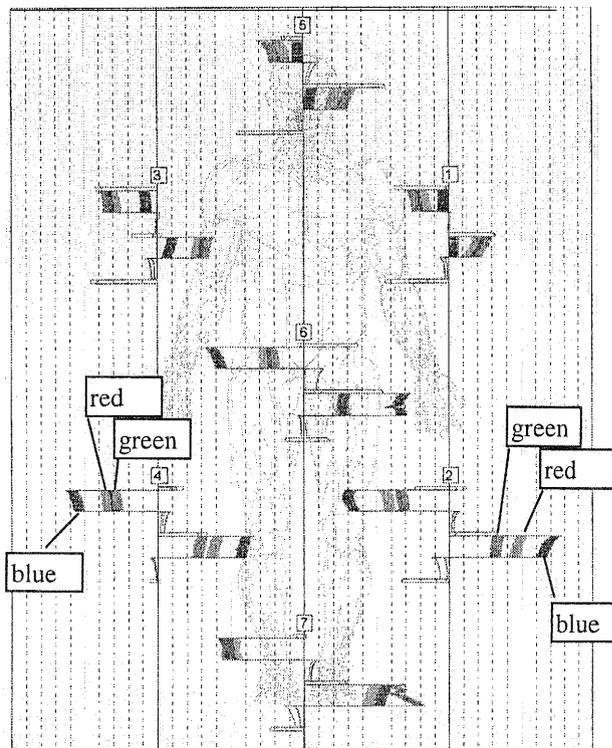
Case 6

The initial reading (graph at right column, top, red and green curves) clearly shows a block in measurement points 1 and 5, normal regulation at a low level in measurement points 3, 6 and 4 and poor regulation in points 2 and 7.



After therapy (graph above, blue), regulative performance was significantly improved in measurement points 1, 2, 4, 6 and 7.

Case 7



After the initial reading had been taken (graph on page 100, right column, bottom, red and green curves), measurement points 1, 5 and 3 were in regulation but at a very low energy level. Points 2, 4 and 6 showed poor regulation and there was normal regulation at point 7.

Following therapy (blue curves) it was clear that the process of regulation in the organism focuses directly on those measurements showing poor regulation: regulation was reduced in points which were previously regulated and there was a clear improvement in points showing poor regulation

Outlook

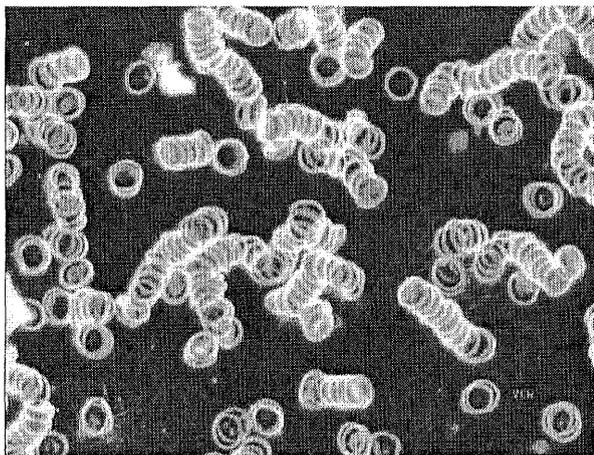
From my experience of working with decoder dermatography I learnt that I can only become a better therapist if I am able to give better diagnoses. This persuaded me to introduce dark field microscopy and organ screening as additional diagnostic tools.

This is a topic for future seminars, but here is a brief preview:

In the first diagram we see evidence of marked „roll formation" in the erythrocytes. Normally in such cases drugs from a well-known pharmaceutical company would be administered over the course of weeks and months. We treated the patients once a week for 4 weeks with programs 430, 970 and 480 with the following results:

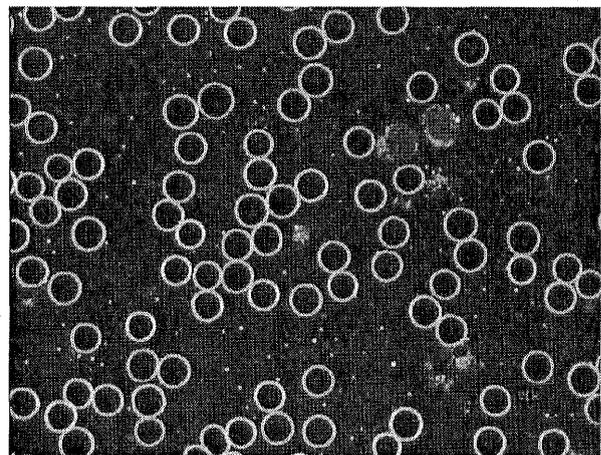
Patient 1

Before



In the diagram above we can clearly see how the erythrocytes have joined in so-called „roll formations". When we consider that the smallest capillary in the body is only one quarter the size of an erythrocyte it is clear that it is not possible to maintain adequate oxygen supply in the body. There is also an increased risk of blockages.

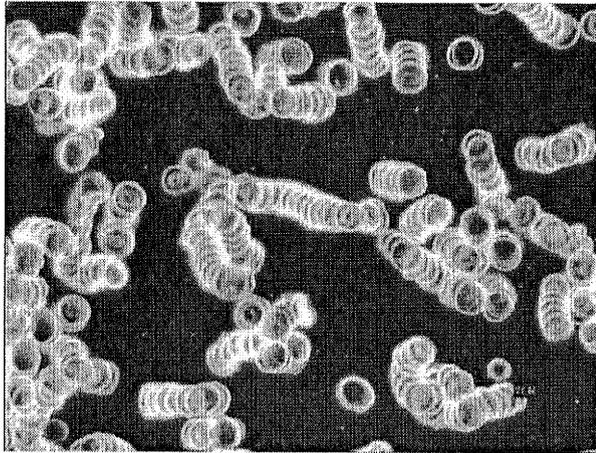
After



Here we can see the results following an intestinal build-up and Bicom 2000 therapy: individual erythrocytes are able to flow and the risk of thrombosis is greatly reduced.

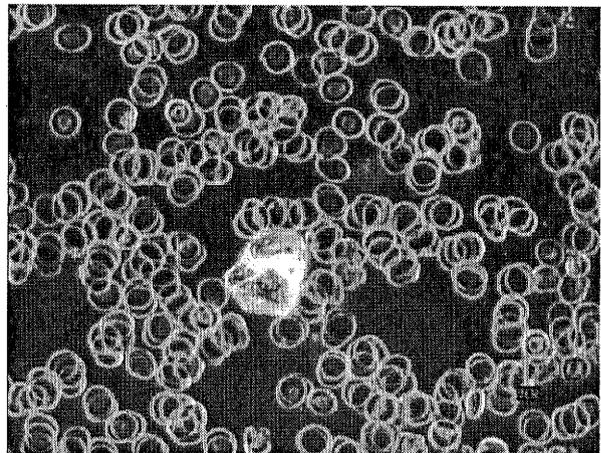
Patient 2

Before



As in the previous diagram, here too evidence of roll formation and clear improvement following therapy. from problem patients.

After



Summary: With the opportunities offered to us by the Bicom 2000, we need no longer shy away from problem patients. With the correct diagnosis and effective therapy we are in a position to help these patients too.

CONCLUDING REMARKS

With the opportunities offered to us by the BiCom 2000, we need no longer shy away from problem patients. With the correct diagnosis and effective therapy we are in a position to help these patients too.

I would be grateful for any feedback you may have on this paper and thank you for listening. I hope this colloquium will help you all become more accomplished therapists.
