Chronic illness caused by the Varicella zoster virus

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The **Varicella zoster virus (VZV)** belongs to a group of eight Herpes viruses known to infect humans and is also known as Human herpes virus 3 (HHV-3). Besides the Herpes simplex viruses 1 and 2, VZV also belongs to the **alphaherpesviruses**, and is the smallest Herpes virus having a close structural and functional similarity to the Herpes simplex virus 1. These are **DNA viruses**, encased in a membrane, which contain double-stranded DNA (dsDNA) and and are very easily transmitted in humans as they are highly contagious. (1) According to the Robert Koch Institute, there is evidence that 95 % of the German population have antibodies against VZV.

Primary infection: The VZV penetrates the cell nucleus of the host cells and releases its viral DNA genome there. Subsequent replication of the virus occurs in several stages. Once the vesicle membrane has fused with the cell membrane, the mature virions then leave the host cell and disperse in their environment. The viruses spread from the epithelial cells of the mucous membrane to the regional lymph nodes where they reproduce causing a first viraemia. Further reproduction occurs in the cells of the reticuloendothelial system (RES), followed by a second viraemia through infection of the endothelial cells of the skin. VZV can also infect human T cells of the immune defence system and be spread by these in the organism. (1), (6)

Clinical picture: Primary infection with VZV causes **Varicella (chickenpox)**, which is a harmless condition in previously healthy children and brings life-long immunity. The incubation period is from 10 to 21 days and transmission is by droplet infection or skin lesions during the first 5-7 days after the occurrence of a vesicular exanthema. The disease starts with the prodromal stage with a high temperature, feeling unwell, head and abdominal pains approx. 24-48 hours before the rash appears. The exanthema begins on the head, face or body. The characteristic skin lesions consist of erythematous macules which develop into blisters filled with a clear fluid within a few hours, these usually being very itchy and surrounded by an erythematous border varying in size. After about 1 or 2 days the fluid decreases and the blisters begin to form a scab. The "Heubner star chart" is a term coined to describe the presence of papules, blisters and scabs all at different stages and resembling a starry night-time sky. The clinical picture occurs mainly in children but can also occur for the first time in adulthood. Severe disease progression and complications are rare among people with a healthy immune system and occur more often in immune-compromised patients. We should mention here primarily superinfections with beta-haemolytic streptococci and their sequelae, pneumonia, vasculitis and encephalitis (0.1-0.2 % of cases). Isolated cases of myocarditis, hepatitis or nephritis also occur. An infection in the first 20 weeks of pregnancy can lead to the rare condition of congenital varicella syndrome, which can result in damage to the eyes and central nervous system (CNS), limb hypoplasia and scarring of the skin, and carries a mortality rate of up to 30 %.

Pathogen persistence: A typical characteristic of all alphaherpesviruses is their ability to bind to the receptors of sensory nerve fibres by means of so-called ligands, thereby penetrating the axon through endocytosis and ascending intra-axonally into the relevant sensory spinal ganglia or ganglia of the cranial nerves (**virus ascent**) to remain there permanently.

After a resting phase spanning many years, a weakened immune system (e.g. stress, increasing age etc.) can lead to VZV being reactivated and reproducing once more. This may either result in no symptoms, or result in **Herpes zoster** (shingles) with or without (zoster sine herpete) blistering. The rapid increase in antibodies (boosting) means that, rather than in the whole organism, the virus reproduces only in one or a few ganglia where the pathogens can descend to the corresponding nerve segment (**virus descent**). (1, 2, 6)

Clinical course: The incidence of the disease in the total population is 2–4 cases in 1000 people. After a prodromal stage (approx. 1–4 days) where there is pain, tingling and paraesthesia, papules then appear a few days later, which develop into groups of clear blisters within hours or days with a "belt-shaped" rash typically on one side only and being limited to one skin segment/dermatome. At the same time neuralgia-type pain starts of varying intensity and severity, together with a temperature, swollen lymph nodes, lethargy and tiredness. The blisters become encrusted within 7–10 days and the exanthema dies down within 2–3 weeks.

The virus can be transmitted from zoster patients to other people if they have never been infected with the virus before. The primary infection manifests as varicella (chickenpox). Pregnant women who have never had chickenpox should avoid contact with varicella zoster patients. (2), (6), (10)

Complications: The condition **Zoster ophthalmicus** manifests as inflammation of the connective tissue membrane, sclera, iris and cornea or as eye muscle paralysis (opthalmoplegia). If the nasocilliary nerve of the nose is affected, this is often an indication of possible concomitant involvement of the eyes. The less frequent **Zoster oticus** in the ear can be associated with facial paralysis and cause hardness of hearing or deafness (cochlear nerve) and balance disorders (vestibular nerve).

The condition **Zoster genitalis** affects the genital region. It extends over the whole genital region including the penis, labia, the clitoris and as far as the thighs. It is not uncommon to find activated lymph nodes in the lymph drainage region of the affected area of skin.

Where pain persists after 120 days after the rash (exanthema) has healed, this is known as **postherpetic neuralgia (PHN),** the likelihood of which increases in line with the patient's age and the severity of the original pain. Around 10 per cent of all patients with shingles develop neuralgia (Loeser 1986). The pain is often dull and stabbing and can last for several months or even years. The risk factors for complications or a difficult course are: Being over 50 years of age, having an immune deficiency (HIV, diabetes, bone marrow transplant, Hodgkin's or Non-Hodgkin's lymphoma), taking immune-suppressants, involvement of the head and neck or involvement of several skin segments. (7), (8)

Conventional medical treatment: Virostatic agents, painkillers, antidepressants, drying gels, shaking mixtures, and zinc oxide ointment.

Inoculations: Since 2004 the STIKO (Standing Committee on Vaccination) in Germany has recommended the vaccination of all children and young people **against varicella** while in the USA vaccination has been in use since 1995. Children under 13 years of age are given a single dose and adults and older adolescents are given 2 doses 6 weeks apart. More recent studies reveal conflicting information regarding the effectiveness and duration of efficacy of the vaccine. (3)

For some time now **vaccination against Herpes zoster** has been recommended in the USA for people over 60 years of age. Critics argue that it is not effective enough (around 50-60%) and there is a negative cost-benefit ratio (59 people have to be vaccinated in order to prevent one case of Herpes zoster and 363 people have to be vaccinated to prevent one case of postherpetic neuralgia). Up to now it is also not known how long protective immunity lasts following the zoster vaccination and whether booster injections might be necessary. (3), (4)

To maintain immunity against VZV it appears that regular contact with people with chickenpox (wild-type varicella) is very important. Adults who live with children or who have regular contact with children with chickenpox have a lower risk of contracting Herpes zoster. Nationwide vaccination against chickenpox carries with it the risk of a mass epidemic of Herpes zoster (Ogunjimi 2015). Recent studies from the USA show a **clear increase of Herpes zoster** in children and adults and an increase in complications (Zoster ophthalmicus) (Davies 2016, Chan 2015). The Robert Koch Institute concludes that there is already a steady decrease in the effective period of protection from vaccination and that because of the lack of contact with wild-type varicella, twice as many cases of disease in adults together with complications can be expected. In addition, for a few decades at least, there will be an increase in cases of shingles and in fatalities from chickenpox and shingles (RKI 2016) (4), (9), (10). We are already seeing evidence of this in our practices.

The **side effects of vaccination** besides chickenpox caused by immunisation (10 %), which is transmittable to anyone having contact, include shingles, pneumonia, thrombopenia, neurological complications, (meningitis, cerebellitis with ataxia, seizures, paraplegia, strokes in children and severe bacterial superinfections). "The specialist literature on Varivax and Varilix states for the occurrences listed there that there is no indication that they (the side effects) are any more frequent after vaccination than for contracting the disease from the wild-type varicella" (Arzneimittel-Telegramm, 2014). (9), (10)

In the last few years a further interesting discovery has come to light. In 1998 and 2002 researchers found two different new **mutations** of the VZV in North America, where vaccination against varicella has been carried out since 1995. The virus seems to have found new survival strategies ... (11).

What does this mean for us as **BICOM therapists**? We have been aware for some years now in our practices that there has been a general increase in illnesses caused by Herpes zoster, in particular amongst young people. An increase in Zoster ophthalmicus and Zoster sine herpete is evident too. What is more, with increasing regularity we are

seeing patients with herpes-type eczemas which do not conform to the classical picture of Herpes zoster but do exhibit similarities, as well as numerous neurological disorders (MS, Parkinson's, polyneuropathies, ALS, migraines, chronic pain syndrome of the peripheral nerves etc.) where we detect resonance with VZV. The question we need to ask is whether VZV could be a contributory factor in many chronic illnesses where at first glance we might not have expected this to be the case?

Bioenergetic diagnosis: In our practice we regularly test patients for viruses and other intra- and extracellular pathogens as well as concomitant stresses. To do this we use the CTT test kits. Our energetic diagnosis consists of:

- Case history
- Physical examination
- Testing eliminating organs and blocks
- Testing with the CTT 5-element test kit
- Testing with other CTT test kits (viruses and fungi, bacteria, vaccinations, metals and miscellaneous, parasites and environmental stresses, allergic stresses, hormones, orthomolecular test kit, teeth, and where necessary others too).
- Testing food supplements, vitamins etc.
- Additional laboratory tests where necessary

We find VZV in the "Viruses and fungi" test kit of the CTT under "**Varicella zoster viruses**". They frequently occur together with other intracellular pathogens . You usually find them in combination with other viruses of the **Herpes group** (CTT test kit viruses/ fungi: "**Alphaherpesviruses**", also "**Betaherpesviruses**" (Cytomegaly) and "**Gammaherpesviruses**" (Epstein Barr viruses). We also find resonance occurring with the superordinate ampoule "**Herpes viruses**"" from the virus test kit, frequently also with other virus ampoules such as "HPV strains". Other intracellular pathogens such as bacteria (Chlamydia, Mycoplasms, Borrelia etc.) and parasites or worms are often encountered in combination with the Varicella zoster virus (VZV) too. Please test the CTT test kits "Bacteria", "Parasites and environmental stresses" and "vaccinations", heavy metals and miscellaneous" **together** with the virus combinations already tested. Fungi are not so often found together with VZV, usually it is the ampoules such as "Aspergillus" or other moulds which show resonance.

It appears that these viruses take a liking to a particular **milieu** in the body and then join forces with other "like-minded" agents. In particular the simultaneous presence of **heavy metals** (amalgam, mercury, aluminium, cadmium, palladium, lead etc.), as well as **chemical substances** (formaldehyde, glyphosate, insecticides, herbicides, pesticides, PCP, PCB, fluoride, wood preservatives etc.) and **radiation or geopathic stresses** (e. g. electrosmog, radio waves/mobile networks, Bluetooth/WLAN/UMTS/DECT, radioactivity, earth radiation, water veins etc.) appears to create a "welcoming milieu". Here it is valid to test these stresses with the help of CTT and to detect the corresponding combinations which produce resonance. The viruses are then either treated together with these stresses (where resonance with these ampoules is found)

or else the stresses producing the "welcoming milieu" are treated separately from the viruses (usually beforehand).

The problem with intracellular pathogens such as viruses and therefore the VZ virus too is that these pathogens can **hide** as it were from the immune system, being able to penetrate the host cell and even attack the cells of the immune system itself (T cells). In addition they sometimes reside for years in a latent state in the nervous system, as already described. This makes our work difficult when making a diagnosis, so we need to be resourceful and adopt clever tactics.

1.) **Reveal cells** (ampoule and/or program):

- Use the program "intracellular stress" as the reveal cells program (Annex) prior to actually testing the viruses or
- use the ampoule "Reveal cells" from the "Degenerated cells" test kit, by treating the patient for approx. 3 minutes with program 192 and with this ampoule in the input cup (hand electrodes or mat as output). After this, test the viruses in the usual way.

2.) **Heavy metals** (amalgam, mercury): Use these ampoules to reveal cells so to speak, by using them in the input cup when you test with program 191 or 197, while testing the virus ampoules ("welcoming milieu").

2.) **Histamine:** Also histamine can be used to reveal cells. Very often, however, it should also be treated together with the virus stress if we find they resonate together. Use program 191 or 197 to test the virus ampoules, with the histamine ampoule from the "hormone test kit", the test kit "allergic stress" or "psychosomatic medicine, neurology" placed in the input cup.

3.) **Stress** The Stress ampoule from the "allergic stresses" or "psychosomatic medicine, neurology" test kit can also be used to reveal cells. This is an ampoule which we normally test and treat with an A program (192 or 198). However, when we use it as "provocation" during testing, i. e. with program 191 or 197, we can "expose" the virus. However, in a second step as it were for therapy purposes, the stress ampoule is then used with an A program to provide stabilisation following virus therapy.

Therapy:

Based on the results found we can then draw up a treatment plan according to priorities. Important here is to decide whether you are dealing with an **acute** or **chronic** viral stress. In principle, in the case of **chronic virus treatment,** following an appropriate blockade therapy and opening of the eliminating organs, initially we treat the **gut-associated immune system** (e. g. Candida and other fungal stresses, bacteria, parasites, allergies and if applicable in combination). The aim is to ensure that the immune system is sufficiently strengthened to cope with the stress from the virus. Only then is the VZ virus treated in combinations as described below (for cases of acute Varicella infection).

In cases of **acute varicella infection** (e. g. acute chickenpox, acute Herpes zoster etc.), on the other hand, the virus should be treated **without delay,** until such time that the acute symptoms disappear. Of course, here too blocks should be removed and the

eliminating organs opened. The VZ virus is tested together with other stresses (bacteria, fungi, viruses, parasites, heavy metals, chemical stresses, radiation stresses and environmental stresses) in order to determine the **individual combination appropriate to the patient being treated**. These combinations therefore mostly consist of viruses, bacteria, parasites, heavy metals, radiation stresses, chemical stresses and where applicable post-vaccination stresses.

A combination of CTT ampoules for therapy might for example look like this:

Varicella zoster viruses, herpes viruses, gammaherpesviruses, HP viruses, Chlamydia, Worms 10 (CNS), Aspergillus, mercury, histamine, formaldehyde, Bluetooth/WLAN/ UMTS/DECT.

This is just one example of a possible combination as we found in a female patient with recurring vaginitis, interstitial cystitis and sarcoidosis, and which you can treat in combination where they resonate together.

Of course, these combinations will vary from one patient to another and with different clinical pictures. You will also discover that these combinations quickly change during treatment in that individual elements of the original combination disappear meaning that after a few treatments only one or two pathogens will still remain, which you then continue to treat individually. This can take some time, however.

With **orthopaedic and neurological clinical pictures or patients with chronic pain** it has also proved worthwhile to test using the **orthopaedic test kit** too. We often find here ampoules such as "Vegetative nervous system", "Peripheral nervous system", "Acute nerve pain", Chronic nerve pain", "Concussion", "Pain" plus other ampoules which, if they resonate together with the virus combination, can be used together in treatment. These ampoules are also found in the new test kit "Psychosomatic medicine, Neurology". For patients who still have in situ amalgam, we use amalgam and mercury, not however for immediate therapy in combination with viruses in order to avoid initial deterioration, but with amalgam drops or we treat these stresses at a later point in time, once the patient's condition has stabilised.

Besides the customary CTT programs (191, 197) there are now one or two new therapy programs available, details of which you will find in the Annex. You can of course also use other virus programs, which you already know. The underlying principle is that we proceed according to the classical therapy regime which you will have been taught in the basic seminars and CTT seminars.

1. Basic therapy (if still necessary)
2. Follow-up therapy: Programs for blocks, open eliminating organs, indication-specific programs
3. Virus combination (e. g. with 191 or 197 or the new programs)
4. Elimination of virus (combination) (A program, e. g. 192 or 198 or the new programs)
5. Stabilisation with the 5 elements (CTT) (e. g. program 192 or 198)
6. If necessary attenuation (5 elements CTT)

Additionally, for virus therapies we run the program **"intracellular stresses"** before the actual virus programs themselves. (The program is found in the new BICOM optima

saved under number 3136.0.) If you would like to use it yourself, you will find the parameters together with the new programs set out in the Annex to this presentation. You can also use the other programs which you were given during the seminar "Viruses and intracellular pathogens - hidden cause of chronic diseases".

For point 4 above, **Elimination of virus (combination),** in the input cup we use the "Anti-Virus" ampoule from the CTT viruses test kit plus if applicable the "Interferon"-ampoule and other pink ampoules following testing, or from other test kits e.g. "intracellular elimination" (CTT: "Vaccinations, Metals and Miscellaneous"), "Anti-parasite" (CTT: parasite test kits), pink elimination ampoules from the bacteria and fungi test kits and where applicable the pink ampoules from the "**Degenerated cells**" test kit, provided you find common resonance. In this connection we have also often found the ampoule "ATP Adenosine triphosphate" from the hormone test kit and used it in therapy.

With the following **clinical pictures** we found in our practice a resonance with "**Varicella zoster,** either individually or in combination with other ampoules:

- Herpes zoster, Zoster ophthalmicus and herpetiform skin diseases
- Psoriasis/neurodermatitis
- Zoster sine herpete, neuralgias (e. g. trigeminal neuralgia etc.)
  Post zoster neuralgia
- Chronic pain syndromes, migraines
- Frozen shoulder
- Chronic recurring temporomandibular joint block
- Tinnitus, sudden loss of hearing
- Facial paralysis
- Toothache of uncertain origin
- Neurological diseases (e.g. multiple sclerosis, Parkinson's, amyotrophic lateral sclerosis, epilepsy etc.)
- Borreliosis/neuroborreliosis
- Disorders of the autonomic/vegetative nervous system
- Diabetic neuropathy, polyneuropathy
- Burning sensations, paraesthesia
- Pruritis of unclear origin (especially at night)
- Vaginitis, colpitis
- Interstitial cystitis
- Anxiety states, restlessness, nervousness, lack of motivation, exhaustion, chronic fatigue syndrome, depression
- Adrenal fatigue
- Fibromyalgia

- Autoimmune diseases (e. g. Hashimoto's thyroiditis, myasthenia gravis, sarcoidosis, rheumatic diseases etc.)
- Ulcerative colitis
- Tumours

Treating a chronic VZV infection is always a protracted process, yet if we consider that VZV is often found in connection with a great many chronic conditions, autoimmune diseases and also tumours, therapy becomes an absolutely necessity in my view. When applying therapy it is important not only to 'combat' the virus itself, but also create a milieu where these viruses no longer feel comfortable. This means strengthening the gut-associated immune system and minimising and/or removing stresses resulting from chemicals, heavy metals and geopathic and radiation stresses. We can achieve this not only through BICOM therapy but also with appropriate nutrition, balancing the acid-base relationship, food supplements, enough exercise and oxygen supply (breathing exercises), mindfulness and where appropriate Yoga.

Nutrition: The following foods should be omitted especially in the context of autoimmune disease, and always in the case of leaky gut syndrome or if testing for an intolerance or allergy: gluten, milk, wheat, soya, sugar, where applicable yeast. Please also test salicylic acid, histamine and other intolerances to other types of cereal, nuts, the nightshade family etc. and treat these with the BICOM.

Food supplements: We always test the orthomolecular test kit and also preparations, which we use frequently in our practice and which we have found worthwhile in the case of stress from VZV:

- L-lysine
- Vitamin C
- B vitamins (particularly vitamin B12, and vitamin B6/niacin)
- Samento
- Vitamin D
- Zinc
- Selenium
- Omega 3 fatty acids (EPA and DHA)
- Magnesium
- MSM
- Vitamin E

These food supplements are tested individually for each patient. Depending on testing of course, and on a case-by-case basis, other vitamins/trace elements or amino acids can be selected and then applied both by BICOM and given in material form.

In some cases we supplement therapy further by treating the corresponding points with orthomolecular therapy according to Sissi Karz.

We use the following programs regularly in our practice when treating VZV. Please do not forget also to use programs for blocks, as with all treatments, (also please remember, besides the usual programs for blocks, the shock programs, the hormonal programs, metabolic programs, programs for acid-base balance, Chakra therapy, extraordinary meridians etc.), and to regularly treat the eliminating organs. In the case of very exhausted patients we also like using the new Prana therapy from S. Maquinay and Dr. Hennecke, which was introduced to you at last year's Congress. With chronically ill patients please do not forget to treat the adrenal gland, because many of these patients suffer from a form of adrenal fatigue.

Therapy for a chronic varicella zoster infection requires patience on the part of the therapist and patient. Whether we ever completely manage to make the virus disappear, remains to be seen. What we can achieve however is an improvement in the milieu, stabilisation of the immune system and freedom from symptoms in many patients and a prevention of delayed damage. Of course this is not just achieved through BICOM therapy but by a change in the patient's life circumstances (diet, stress management, avoidance of harmful substances etc.). (12)

Therapy programs for treating intracellular pathogens and viral conditions

ND Nervous system meridian 1 H+Di, low-deep frequency, select bandpass, 1.9 Hz, Wobble = yes, sym. amplification, H 6.40 Di 0.25, sweep rate 25 sec, therapy time = 4 min Electrode positioning: Crown of head

ND Nervous system meridian 2 H+Di, low-deep frequency, select bandpass, 6.8 Hz, Wobble
= yes, sym. amplification, H 5.20, Di 1.20, sweep rate 25 sec, therapy time = 4 min
Electrode positioning: Crown of head

Brain 1 Di, low-deep frequency, select bandpass, 3.6 Hz, Wobble = yes, sym. amplification H 6.20 Di 0.45, sweep rate 25 sec, therapy time = 4 min Electrode positioning: Forehead

Brain 2 H+Di, low-deep frequency, select bandpass, 10.2 Hz, wobble= yes, sym. amplification, H 4.20 Di 1.90; sweep rate 25 sec, therapy time = 4 min Electrode positioning: Forehead

Program "intracellular stresses" (BICOM optima 3136)

H+Di, low-deep frequency, Bandpass 3.6 Hz, wobble = yes, interval = no, symmetric amplification sweep, amplification H 3.2 Di 15.0; sweep speed 50 sec, therapy time = 8 min

Input cup: Saliva, where applicable blood
Input: Solar plexus
Output: mat

In Channel 2: Ampoule "Stress" from the "allergic stresses" test kit, alternatively: Substance complex neurology/stress

You can also use this program to **"reveal cells",** by running it before your test, adjust therapy time to 3 min

H+Di, low-deep frequency, Bandpass 3.6 Hz, wobble = yes, symmetric amplification sweep, amplification H 3.2, Di 15.0; sweep speed 50 sec, therapy time = 3 min

Input cup: Saliva, where applicable blood
input: Solar plexus
output: mat

In Channel 2: Ampoule "Reveal cells" from the "Degenerated cells" test kit

Program: Stress reduction

H+Di, low-deep frequency, Bandpass 4.3 Hz, wobble = yes, symmetric amplification sweep, amplification H 5.30, Di = 1.10, sweep speed 10 sec, therapy time = 7 min

Input cup: Saliva, where applicable blood
Input: Solar plexus
Output: mat

In Channel 2: "Stress" ampoule from the test kit "allergic stresses" (alternatively substance complex "Neurology/Stress") plus the ampoule of the element showing most disturbance (relatively frequently also the "Water" ampoule).

Caution: When inputting these programs please only set the level of Di, there is no need to set H specifically, since we are dealing with a reciprocal amplification sweep, which is already specified.

Stress from parasites

Ai, low-deep frequency, bandpass 12.3 Hz, wobble = no, symmetric amplification sweep, amplification Ai = 50, amplification sweep rate 50 sec., therapy time = 15 min

Input cup: Parasite ampoule (if applicable several) Output: Modulation mat

Following this program I proceed with the usual CTT regimen and treat, depending on testing, with program 192 or 198 and the ampoule "Anti-Parasite" in the input cup. In addition, you can also apply Samento or Papain via the second channel, or even together in the first channel with the aforementioned ampoule.

Besides the already known programs for viruses and the programs, which I introduced at the seminar "Viruses and other intracellular pathogens – the hidden cause of chronic disorders", there are a few other new programs for the Varicella zoster viruses (VZV) and their corresponding virus combinations:

Program "Intracellular pathogens 4"

Ai, low-deep frequency, Bandpass 2.4 Hz, wobble = yes, amplification increase, Ai 6.0, time/stage 60 sec, interval = no, therapy time = 8 min

Program "Intracellular pathogens 5"

Di, normal range, bandpass 74.0 kHz, wobble = yes, decreasing amplification sweep, Di 4.0, amplification sweep rate 300 sec., therapy time = 5 min

Program "Intracellular pathogens 6"

Ai, normal range, bandpass 112 kHz, wobble = yes, decreasing amplification sweep, Ai 40.0 sweep rate 300 sec, therapy time = 12 min

With these programs, the virus ampoule or the tested combination of pathogens is placed in the input cup. Please test whether additionally the patient's blood should also be placed in the input cup (even if you are working with CTT ampoules). This is in fact the case with a good many patients.

An input electrode is only used where a positive test result is obtained, and then depending on the tested location (usually the location of symptoms).

Output: Modulation mat

The second channel can run in parallel either with a tested substance complex, a tested orthomolecular substance from the orthomolecular test kit, or substances of your choice which have an antiviral action or support the immune system such as L-lysine, Engystol, Samento, Wobenzym, Boswellia, curcurmin, Rhus toxicodendron etc.

Please test out at each session 1-2 of these programs for the patient. Always test whether the therapy time and amplification are appropriate. You can also apply the new programs which were set out in the seminar "Viruses and other intracellular pathogens – the hidden cause of chronic disorders".

Virus elimination program

A, low-deep frequency, bandpass sweep, 120 sec, symmetric amplification sweep, A 10.0 sweep rate 50 sec., therapy time = 12 min

Input cup: "Anti-virus" ampoule and/or "Interferon" (both CTT virus test kits), and/or "intracellular elimination" (CTT vaccinations, heavy metals and miscellaneous) and/or "ATP" (hormone test kits), and/or "Stress" (CTT "allergic stresses")

No input electrode, output: mat

I also use the tried and tested programs **192 or 198** from the CTT with the aforementioned ampoules in the input cup. Test which of these 3 programs is most appropriate for your patient and test out the amplification and therapy time individually.

I would recommend also that you oscillate the therapy information on to a chip or drops/globules.

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