

Bicom cupping therapy – available for diagnostic procedures too

Norbert Lindner, Naturopath, Zeuthen, Germany

Dear colleagues,

Dear Mr and Mrs Brügemann,

I would like to speak to you today about a cupping therapy option which I use in my practice, either to help make an initial diagnosis or to treat patients with blocked reactions.

In most cases I generally achieve very good results using bioresonance therapy and have no difficulties in finding the correct therapeutic approach to employ. I use the biotensor for testing in my practice, but just as often I use the stored program series based on indications and without prior testing.

As I'm sure you will also have experienced, I occasionally have patients for whom no therapeutic approach appears to bring about the desired results. These are what are known as patients with blocked reactions. Sometimes these patients have blocks which first need to be removed. Sometimes there will in addition be an organ stress present which has not yet been identified or revealed. This stress should be treated first of all.

In order to detect hidden organ stresses or to identify the treatment to be applied, I use Bicom cupping therapy as a diagnostic procedure. I will now show you in half an hour how simple it is to make stresses such as these visible using this method.

Since we will be hearing another presentation on cupping at this Congress, I will refrain from talking here about the

theoretical background and focus more on the practical application.

I would like to briefly point out that cupping therapy is more than 3300 years old. Hippocrates wrote extensively on cupping in around 400 B.C., but at that time treatment was only applied to the affected areas. Galen of Pergamon (renowned Greek physician, 129–201 A.D.) was the first to describe cupping of body regions situated away from the site of the disorder.

We are generally familiar with cupping therapy as an effective detoxification and elimination procedure in naturopathy. Before we take a closer look at the possibility of using it for diagnostic purposes, I would like to point out the contraindications to you.

Contraindications

- High temperature
- Advanced stage diabetes
- Anaemia and leukaemia
- Acute cardiac conditions with impaired physical fitness
- Extreme fatigue
- Pregnancy

What do we require?

The Bicom precision cupping electrode set with vacuum pump, manometer and four cupping glasses of 50 mm diameter. The set contains two cupping glasses and I would recommend that you acquire a further two glasses. We need a multi-plug (for nine cables), four black cables, the



large modulation mat and of course a Bicom running program 136.

Program 136 is the standard program for cupping applications and lasts three minutes. For best results, the modulation mat should be placed on the couch with a hand towel over it, allowing the patient to lie on their stomach with their upper body uncovered. Program 136 is then set on the Bicom and the multi-plug connected via a black cable with the input to the Bicom. Four black cables, which are connected to the cupping glasses, are now attached to the multi-plug.

Since we only administer dry cupping, we do not require any further accessories, such as disposable gloves, lancets or disinfectant spray.

Let's take a closer look at the cupping zones.

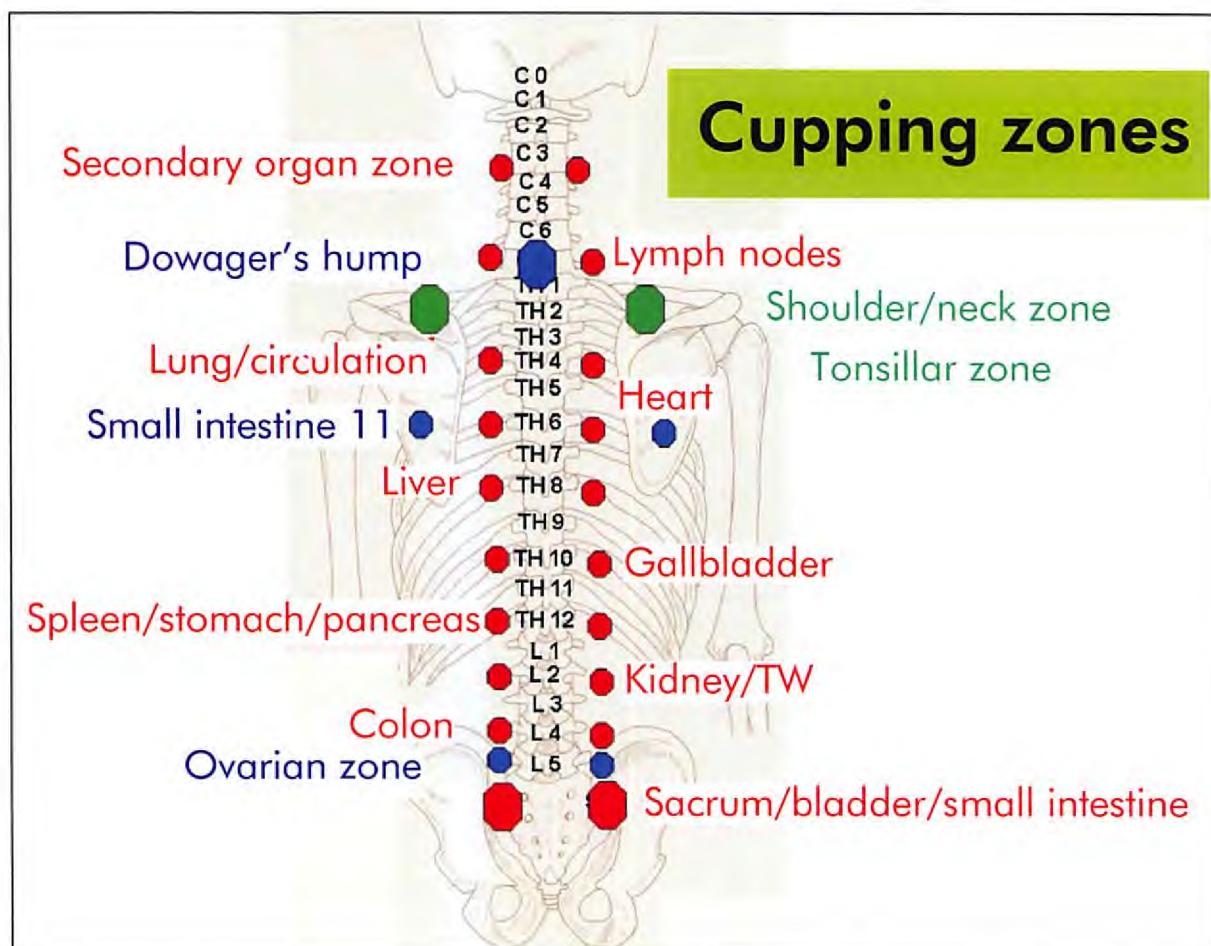
Head's zones

English neurologist Sir Henry Head, 1861 – 1940, discovered areas of the skin whose nerve supply could be assigned to a specific spinal cord segment. A relationship exists between the individual Head's zones and certain areas of the internal organs which are supplied by the same spinal cord segments. This means that pain sensations (pain) which come from the internal organs are projected onto the corresponding area of skin (transferred pain) as a result of the connectivity in the spinal cord.

In **TCM** these areas are known as Shu points or acceptance points. In the case of both chronic and acute occurrences, they are suitable for influencing congestion by

way of channelling, dispersing or sedating, as well as stimulating and toning affected organ systems in patients suffering from energy deficiency.

In the following table you can see the acupuncture points, the organ reference and the associated cupping zones on the back.



Acceptance point	Organ zone	Position / cupping zones
Bl 13	Lung	Th 4 (thoracic)
Bl 15	Heart	Th 6
Bl 18	Liver	Th 8
Bl 19	Gallbladder	Th 10
Bl 20	Spleen-pancreas	Th 11
Bl 21	Stomach	Th 12
Bl 22	Triple warmer	L 1 (lumbar)
Bl 23	Kidney	L 2
Bl 25	Colon	L 4
Bl 27	Small intestine	S 1 (sacral)
Bl 28	Bladder	S 2

Cupping takes place in two stages covering four areas of skin each time.

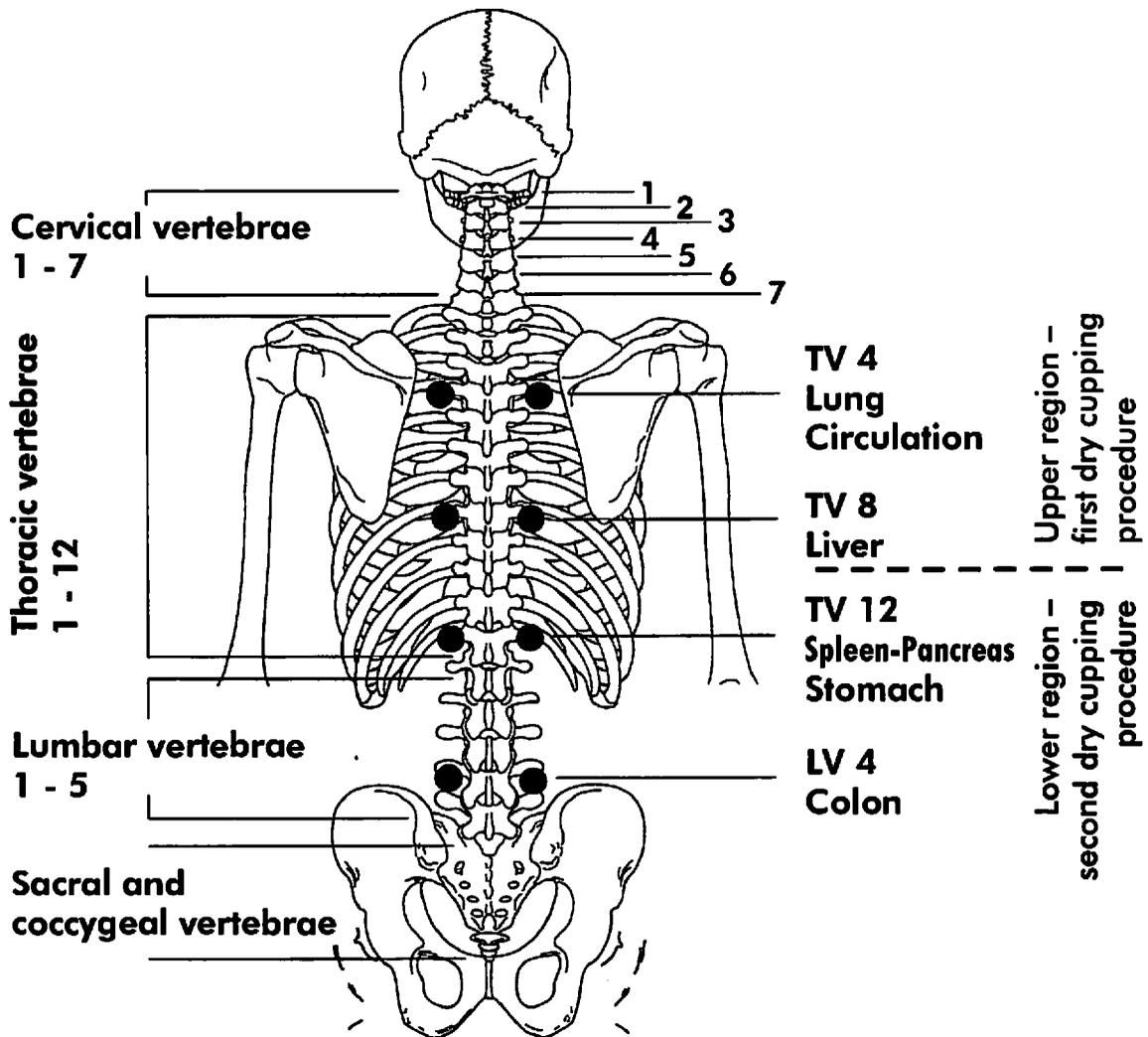
The first stage covers the following:

Lung	TV 4
Liver	TV 8
Spleen/stomach/pancreas	TV 12
Colon	LV 4

The second stage covers:

Heart	TV 6
Gallbladder	TV 10
Kidney	LV 2
Small intestine/bladder	S 1 / S 2

Basic therapy I



Copyright (c) 2000 Institut für Regulative Medizin

First Stage

Positioning the Bicom cupping glasses



We start with the first cupping glass and take the lung point at the fourth thoracic vertebra, placing the cupping glass on the cupping area, then attaching the vacuum nozzle to the cupping electrode tap and pushing it over the tap with the sealing ring as far as it will go.

By pressing the foot pedal we start the vacuum pump and can read the degree of evacuation on the manometer. In the case of sensitive patients susceptible to pain the degree of evacuation is around 0.4. It is crucial to use the same degree of evacuation for the same patient for all cupping glasses. By ensuring precisely the same degree of evacuation, the discolouration of the skin can be compared and the diagnosis will be more accurate than would otherwise be the case with uncontrolled evacuation. It is possible to work with a vacuum of up to 0.6.

After the first pair of cupping electrodes are placed at TV 4, the next pair are positioned at TV 8 for the liver. Once the four cupping glasses are in position, the multi-plug with the black cables is placed on the sacrum and the cupping electrodes connected. The information received from the cupping electrodes is fed into the Bicom device and the therapy information is transferred to the stomach via the modulation mat.

The Bicom device is now started. A therapy time of three minutes for the first stage of Bicom cupping electrode therapy has proven to be effective. After this time, firstly the cable is removed from the cupping electrodes and then the cupping electrodes themselves.

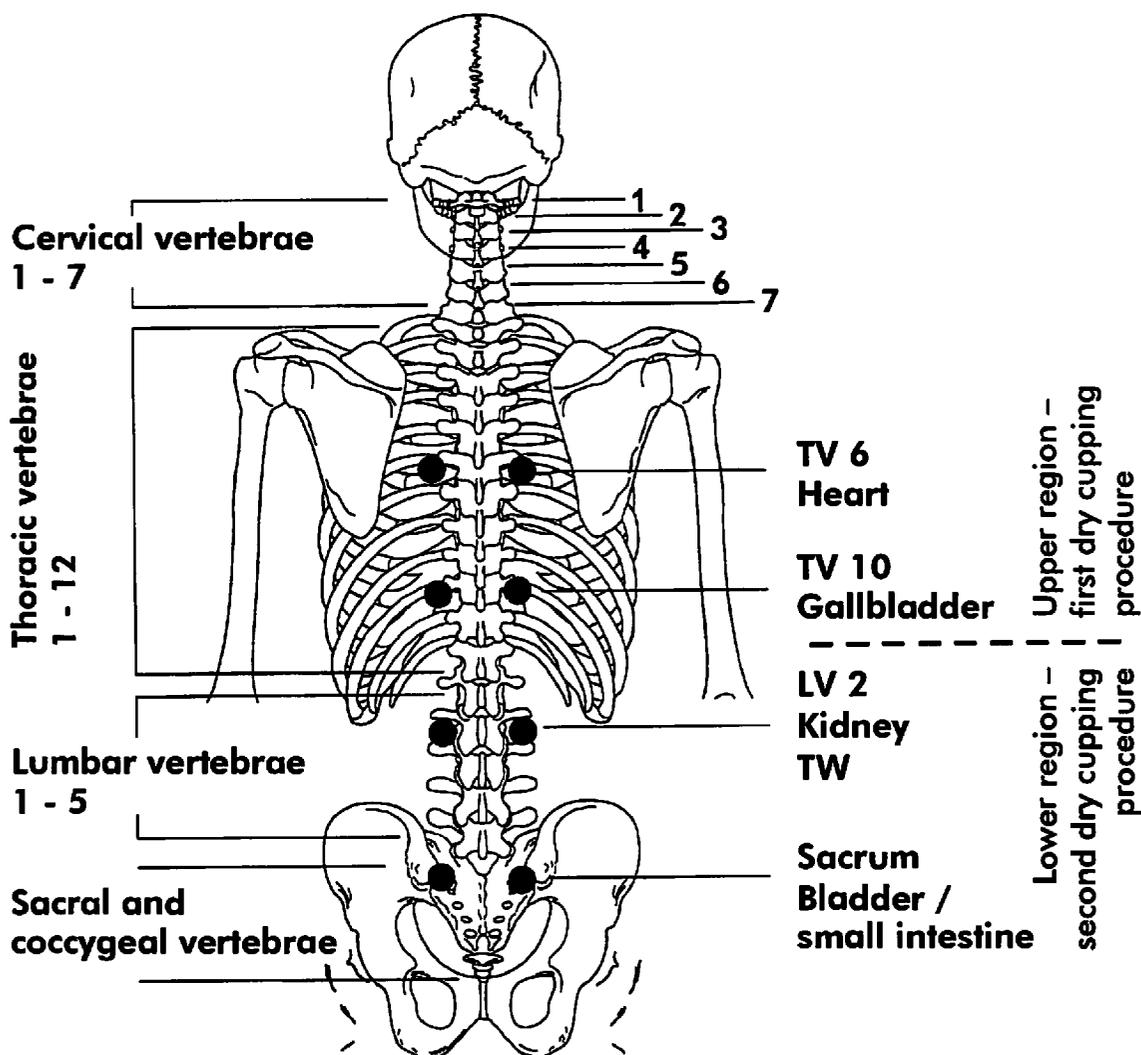
The pressure valve pin on the cupping electrodes is lightly pressed with the finger. This enables the vacuum to be filled and

the cupping heads can be gently removed from the body.

After the first two areas have been completed, we repeat the process for the spleen/stomach/pancreas TV 12 and colon LV 4.

If you have eight cupping glasses and are adept at using them, you can also cup the four areas in just one stage. **Please note that for a clear diagnostic result both the level of evacuation and the cupping time must be identical for all cupping glasses.** I myself prefer to use four cupping glasses at a time and a vacuum of 0.4.

Basic therapy II



Copyright (c) 2000 Institut für Regulative Medizin

Second Stage

As in the first stage, we now divide up the four remaining areas and first of all cup the heart TV 6 and gallbladder TV 10, followed by the kidney LV 2 and small intestine/bladder S 2.

Please note that for every cupping process an impulse is sent to the corresponding organ. For very sensitive patients it is recommended that a week be left between the first and second stage. This is recommended for all patients undergoing wet cupping. When cupping for purely diagnostic purposes and for dry cupping, it is possible to cup the eight areas of skin in one session.

The results appear as follows:



This photo shows a follow-up examination during treatment. There is little evidence of discoloration. The gallbladder, kidney and colon only manifest slight stresses.

When considering the cupped areas of skin a clear differentiation in discoloration of the skin can be seen. This can be very different on the same patient. There are usually two or three areas which discolour particularly badly. In cases of toxic stress, the area of skin related to the corresponding organs reacts with dark discoloration. The degree of skin discoloration from brown-red to blue is a



very good indicator of stress. A diseased organ will not necessarily react in a particularly striking way during cupping electrode therapy. Different organ areas may in fact react more strongly. This is beneficial because it provides an immediate indication of the priority in which the organs need to be treated. This means that the energetic links, for example those identified in five element theory, are automatically taken into account in this process.

The more distinct the discoloration, the greater the organ stress.

Case 1: Cardiac arrhythmia

It is also recommended that the back be examined after one day and after one week. Take a look at the following series of photos.



After cupping ...



After eight hours ...



After one week

This patient experienced pain in the kidney area as well as cardiac arrhythmia. There was also evidence of a stress in the gallbladder and colon. After one week all areas of haematoma had healed except for the kidney and colon. In the heart area there is only minimal discoloration present. The kidney stress is therefore identified as the primary area for treatment, followed by building up the intestines and then stabilisation of the heart.

Case 2: Migraine



A young patient came to my practice with a severe headache. I carried out the cupping diagnosis over a period of two weeks, because of the acute level of pain she was experiencing.

You can quite clearly see the 'old' haematomas and can identify the stress in all areas from the first stage of treatment. However, following the second stage a kidney stress is clearly in evidence. Following some probing on my part, the patient admitted drinking more than five litres of fluid (primarily water) per day.

My recommendation not to drink more than 3 litres spread across the day was enough to reduce the headaches by more than half. The follow-up treatment involved detoxification of the liver, addressing her dietary habits and building up the intestines.

Case 3: Chronic sinusitis



From the two photos in the lower half of the previous page it is easy to identify the main stress. All areas apart from the lungs and liver are showing a high level of stress. However, it is the heart that shows the greatest stress. Since this patient is very impetuous, we tried first of all to remove this 'fire'.

Afterwards, we continued working as usual with bioresonance therapy, focusing on

detoxification. Unfortunately the patient only comes to the practice very sporadically. I would have liked to have documented the results of the treatment with a further session of cupping therapy.

I hope that I have been able to persuade you about the benefits of taking case histories in this way and would like to thank you for listening.