Eye-related conditions: Macular degeneration, impaired vision & herpes zoster ophthalmicus

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Dear Colleagues, Management, Mr Sinn and all employees in the company REGUMED. Upon the request for a presentation this year I quickly realised that I would very much like to introduce the subject of the EYE. I have had what have been for me two very impressive experiences here over a long period of time, which I would like to present to you with reference to two case studies.

1. Case presentation

I. Macular degeneration with impaired vision

Discourse

Forms of degeneration:

Age-related macular degeneration (AMD)

Deposits (drusen) under the macula are an early sign of dry-form macular degeneration.

With the wet form, weak blood vessels develop under the macula distorting vision and causing the retina to swell.

Diagnosis is made using, among other things, the Amsler grid test, which should be carried out with the patient wearing their usual visual aid (glasses or contact lenses).

The grid lines should be clearly recognisable.

a) Normal Image

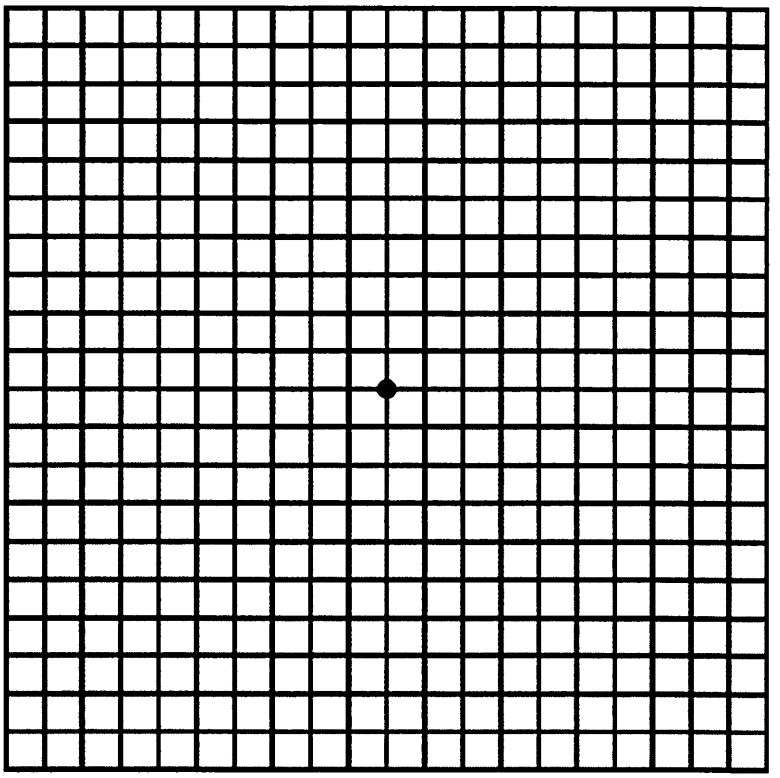
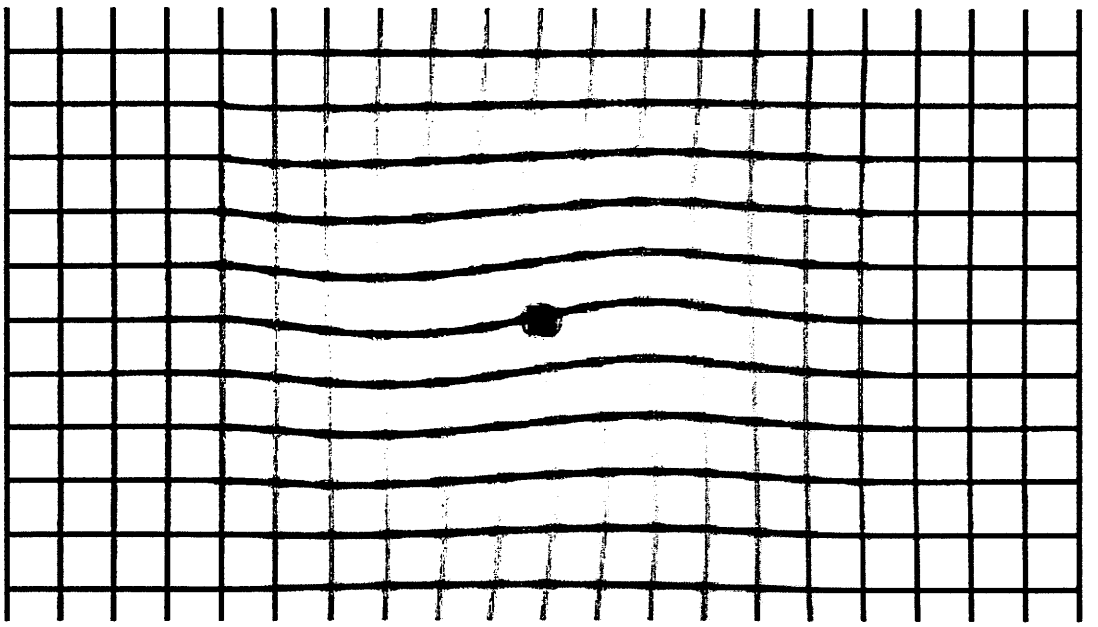


Fig. 1a

b) Image with macular degeneration



Amsler- grid test: The result indicates a disease of the macula, © AMD-Netz NRW e.V.

Case history

Patient Ms K from Lower Saxony, born 1951

At the time of diagnosis in 2009 there were subtle beginnings of disease in the right eye.

She presented in the practice in **October 2012**

Findings by the ophthalmologist:

Dry age-related macular degeneration (AMD) with vision of only more than 30% in the left eye and fine macular pigment changes.

Prior illnesses: latent hypertension (no treatment with medication) which dropped considerably at night.

Mild hypothyroidism (no Hashimoto's disease), treatment with L-thyroxine 200 with ½ a tablet daily and stable thyroid gland values.

Testing

1. Basic program

2. Programs following respective testing with application of the eye electrodes

418.0	Non-specific eye therapy
3011.0	Eye problems
3012.0	Excessive eyestrain
3032.0	Circulatory disorders

Additionally an important substance complex in the 2nd channel: EYE- Macular degeneration

3. Via the honeycomb: LAMINA/Retina comp ampoule (from the company WALA)

Chip supplied to the patient plus the following oral medication from WALA GALENIT/Retina comp 3 x 7 globules daily.

Initially we saw a stabilisation i.e. there was no deterioration and so we worked on a 4-6 week cycle using different programs each time, following testing in each case. We also covered minor issues such as acute tonsillitis and bile duct gravel as these occurred. Ms K followed a diet of vital substances, used good light protection in the form of special sunglasses with corrected vision.

According to the ophthalmologist's findings from a follow-up examination in **October 2013** there was a measurable improvement. Visual acuity was now around 70 %. A respectable result in a very motivated patient.

We continued to work at longer intervals until June 2014.

Ms K was then diagnosed with breast cancer.

A breast-conserving operation took place with subsequent radiotherapy without chemotherapy.

As it was a case of a hormone dependent tumour, treatment took place as of **September 2014** with Tamoxifen (Group: Selective oestrogen receptor modulators (SERM).

Apart from mild mood swings and a slight rise in triglycerides, which are the most well-known side effects, Ms K appeared to tolerate the Tamoxifen well.

For me personally the use of Tamoxifen was problematic, as I had already had experience with eye-related side effects.

Around 4 weeks after the patient started taking the medication, I received a phone call saying that her vision had deteriorated considerably.

The follow-up visit, arranged for **October 2014**, brought objective ophthalmology results confirming that her vision had dropped to 25 %.

A shattering result. Her oncologist switched her medication to Anastrozole (Arimidex®).

The patient then came to see me every 2–3 weeks.

By shortening the periods between treatments, we were able to test programs individually again and again and extend her medications, oscillating these via the honeycomb and also supplying them for oral administration, in addition to treatment via chip.

During the first cycle: LAMINA/Retina comp. ampoule (company WALA) applied via the honeycomb and GALENIT/Retina comp. given orally, I also administered additionally SECALE/Retina comp. with 3 x 7 globules because of the deterioration.

Also check the following programs:

3036.0	Regulate detoxication
3063.0	Liver detoxication
3064.0	Liver-gallbladder regulation
900.2/927.3/341.4	Eliminate scar interference

In summary

After just 3 treatments her vision improved once again. Check-ups with the ophthalmologist were now scheduled for every 3 months.

By **October 2015** we had reached 70 % visual acuity once again and we have been able to maintain this level up to the present time.

Ms K is now on a 7-10 week treatment regime.

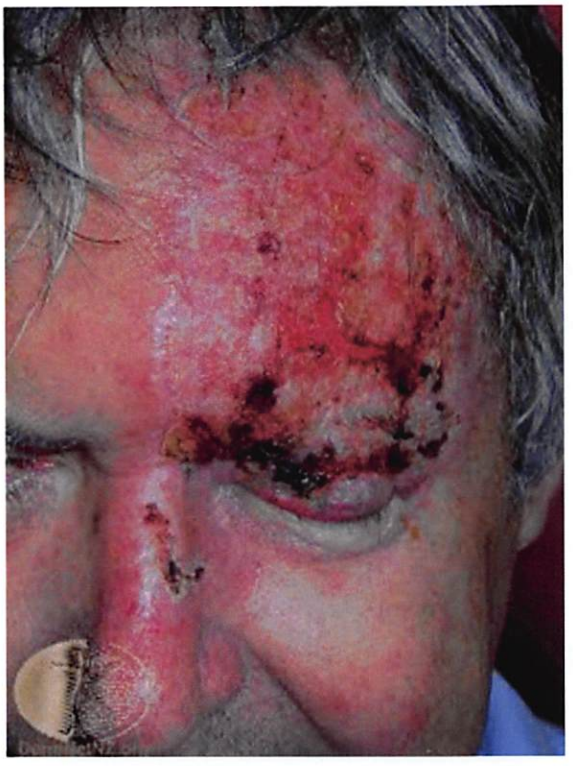
I have also been treating the liver, in particular, for she will continue with the Aromatase inhibitor for some time yet.

II. Herpes Zoster ophthalmicus with trigeminal neuralgia

Patient Mr B from Lower Saxony, born 1964

Hospital admission following disease progression while taking Aciclovir 800 mg 4 x daily and Anaesthesulf lotion (doctor's prescription, outpatient).

The deterioration in the V1 division left side manifested on the one hand in an increase in erythematous papules and vesicles up to the hair line and on the other hand by an increase in symptoms of trigeminal neuralgia.



Deximed
Deutsche Experteninformation Medizin Fig. 2

<u>In the hospital the following medications were administered.</u>

Aciclovir 375 mg i. v. 3 x daily (in total 15 administrations).

Local Acic eye ointment 3 x daily and Visc Ophtal 5 x daily for the left eye.

Change to Virgan gel 4 x daily, which brought about a change to the cornea in the form of increased blurred vision. As a result, Acic eye ointment was discontinued.

The patient was given Novalgin drops, 30 drops 4 x daily to combat the pain.

After discharge from the clinic, the patient received the following medication:

For the exanthema:

Lavosorb compresses 20 min 1 x daily

Xeroform (Lotio alba) 20 min 1 x daily

Once the exanthema had dried out, Fucidine cream 2 x daily

For the eyes:

Visc Ophtal 4 x daily

Virgan gel 4 x daily

The exanthema healed without scars, however neuralgic paraesthesia persisted.

Two attempts to discontinue the local eye treatment were unsuccessful.

At this point in time Mr B. came to my practice, in **October 2014**.

Ophthalmology findings showed that slight scar formation had already occurred and the patient no longer had clear vision in the affected eye.

1. Basic program
2. Alternating programs after testing with the eye electrode and small electrode on the back of the head:

978.1	Exposure to pathogens, alternating with
996.0	Virus therapy, alternating with
978.2	Reaction to pathogens
911.1	Nervous problems, calming
3077.0	Stressed nervous system (toxins, pathogens)
3011.0	Eye problems, alternating with
3012.0	Excessive eyestrain
910.3/927.3/341.4	Eliminate scar interference, alternating (depending on testing)

   Possible programs which may be tested where appropriate, but were not used on my patient, are:

521.0	Corneal dystrophy
520.1	Inflammation of the eye

3. Via the honeycomb:

   Varicella nosode

   Hypericum D 6 and D 12

   The programs were each oscillated on to a chip and the Hypericum was given orally each day, alternating D6 and D13 3 globules daily for 4 weeks supplemented with Mowiberon capsules 1 x 1 daily

4. After the second treatment the eye medication was reduced to 3 administrations daily, reduced by one administration per week.

   In parallel, instead of Visc Ophtal and Virgan Gel, Grifola frondosa drops (company Sanum-Kehlbeck) were used.

   Because the gel was applied for a long time, Sicca syndrome developed also, and once the bioresonance therapy had finished, Mucokehl drops were continued for 6 weeks as a treatment with 1 drop each night.

   In spring 2015 the patient was able to take a break from treatment for the first time, now experiencing just slight paraesthesia in the left temple.

   Several months later we ran programs as part of follow-up control treatment:

911.1	Nervous problems, calming
3077.0	Stressed nervous system (toxins, pathogens)

   Here I always recommend that the following programs are tested again:

978.2, 996.0 Reaction to pathogens

The ophthalmological findings from the controls were remarkable.

The scars were receding and an astonished ophthalmologist phoned me and wanted to know what I had done. He had never experienced such an outcome following such a severe affliction.

After more than a year I saw the patient again in a different context. He looked me up specifically and arrived at my practice saying:

"I'm sure you can treat this with bioresonance too".

Thank you for listening today!