Clinical study of treatment of allergic asthma and allergic rhinitis using BICOM 2000

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OVERVIEW

Clinical study using the BICOM 2000 from March 2004 to September 2005 in the allergy centre of the Second Hospital.

The study comprised 2186 patients: 786 cases of allergic asthma and 593 cases of allergic rhinitis.

Our overall results are summarised in the following table:

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Cases (total)</th>
<th>Recovery (completely free of symptoms)</th>
<th>Clearly effective</th>
<th>Effective</th>
<th>Ineffective</th>
<th>Recovery (percent)</th>
<th>Recovery + Clearly effective (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic asthma</td>
<td>786</td>
<td>659</td>
<td>45</td>
<td>69</td>
<td>13</td>
<td>83.8 %</td>
<td>89.6 %</td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>593</td>
<td>506</td>
<td>52</td>
<td>19</td>
<td>16</td>
<td>85.3 %</td>
<td>94.1 %</td>
</tr>
<tr>
<td>Urticaria</td>
<td>387</td>
<td>286</td>
<td>46</td>
<td>37</td>
<td>18</td>
<td>73.9 %</td>
<td>85.8 %</td>
</tr>
<tr>
<td>Eczema, child</td>
<td>122</td>
<td>112</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>91.8 %</td>
<td>95.9 %</td>
</tr>
<tr>
<td>Eczema, adult</td>
<td>102</td>
<td>42</td>
<td>15</td>
<td>39</td>
<td>6</td>
<td>41.2 %</td>
<td>55.9 %</td>
</tr>
<tr>
<td>Neurodermatitis</td>
<td>86</td>
<td>47</td>
<td>12</td>
<td>17</td>
<td>10</td>
<td>54.7 %</td>
<td>68.7 %</td>
</tr>
<tr>
<td>Allergic purpura</td>
<td>63</td>
<td>40</td>
<td>14</td>
<td>6</td>
<td>3</td>
<td>63.5 %</td>
<td>85.7 %</td>
</tr>
<tr>
<td>Anaphylactic conjunctivitis</td>
<td>32</td>
<td>26</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>81.3 %</td>
<td>90.6 %</td>
</tr>
<tr>
<td>Solar dermatitis</td>
<td>12</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>66.7 %</td>
<td>75.0 %</td>
</tr>
<tr>
<td>Porokeratosis</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>33.3 %</td>
<td>33.3 %</td>
</tr>
</tbody>
</table>

Second Hospital in Tai’an City

46th International Congress for BICOM Users, 28 to 30 April 2006 in Fulda
Illustration of therapy success

Allergic asthma, Allergic rhinitis

Urticaria, Eczema
Neurodermatitis, Anaphylactic conjunctivitis, Solar dermatitis

Allergic purpura, Porokeratosis
ASSESSING THE CURATIVE EFFECT

The curative effect was assessed on the basis of the improvement seen in clinical symptoms and no recurrences in the past 6 months.

Recovery: Allergic symptoms disappear completely. No recurrences in the 6 months following completion of therapy.

Clearly effective: Allergic symptoms disappear completely. Appearance of mild symptoms following completion of therapy.

Effective: Visible improvement in allergic symptoms, however, there are recurrences following completion of therapy.

Ineffective: No visible improvement in allergic symptoms.

ALLERGIC ASTHMA

Diagnosis

More than 60% of patients suffering from asthma have allergic asthma. The patient usually suffers from asthma during childhood and there is a family history of the disorder, accompanied by a hypersensitivity such as eczema or allergic rhinitis. Air pollution, smoke, sport, colds, stress etc. may trigger asthma.

Primary allergens

- Seasonal allergens: pollen
- Perennial allergens: house dust, mites, mould and feathers

Normally allergens are inhaled. Food, various chemical substances and medication may make the gastrointestinal tract or the skin sensitive to allergic attacks.

More attention should be paid to allergic asthma in order to ease the suffering of hypersensitive patients.

Symptoms, main triggers

- Many patients suffering from asthma have a hypersensitivity such as allergic rhinitis, urticaria, chronic eczema or anaphylactic conjunctivitis.
- The main triggers of allergic asthma attacks are allergens.

Curative approaches

We normally control the symptoms using glucocorticoids. Although there is plenty of medication available to treat asthma, these cannot be used for desensitisation purposes and should only be used to keep the disorder under control. They are also damaging to health, especially children’s health.

In comparison to traditional studies, BICOM therapy has more than 500 allergen ampoules. Therefore it is very comfortable and easy to diagnose and treat allergic disorders.

Asthmatics who have not yet reached adulthood can be treated successfully in 95% of cases. BICOM therapy is a good method of desensitising and treating asthma.

Case 1: Li, female, aged 42

- Case history: Asthma since the age of 3, conventional treatment, recurrent attacks, digestive problems.
- Diagnosis: allergic asthma.
- EAV diagnosis (6 April 2004): house dust, mites, apples, milk.

First treatment on 6 April 2004. The patient was instructed to avoid milk and apples.

Programs:
Basic program: 135 (conductance 56); 8 min; IC: Saliva; DMI
Geopathic stress: Program 700
Scars program 910
IC: Saliva
I: Ball electrodes in both hands
O: Modulation mat on back
Improve bowel action: Program 930  
IC: Saliva  
I: Large flexible electrode on stomach  
O: Modulation mat on back  
Food intolerance: Program 977  
IC: Milk  
O: Modulation mat on back, ball electrodes in both hands  
Medication: Centrum  
Test repeated on 13 April 2004: Conductance: 82, symptoms under control.

Treatment:  
Basic therapy  
Geopathic stress  
Improve bowel action  
Food intolerance: Program 977  
Test repeated on 20 April 2004: All symptoms had disappeared after a total of 8 treatments.

We treated the patient as follows:  
Dissolve block: Program 951, 915, 918  
Improve bowel function:  
Program 930, 565, 561, 330, 331  
Renal function weakness: Program 480, 481, 482  
Acid-base balance: Program 812  
Food intolerance: Program 977, 945, 998, 978  
No recurrences to date.

Case 2: Shi, male, aged 9, schoolboy  
- Case history: cough, asthma since the age of 6, rhinitis and itching eyes. Neither antihistamines nor β2-adrenephrine brought any improvement.  
- Diagnose:  
  1. Allergic asthma  
  2. Allergic rhinitis  
  3. Anaphylactic conjunctivitis  
Testing began on 10 May 2004: Grass mix, Populus spp. (tree in China), Robinia (pseudoacacia), fish mix I, mackerel, house dust, mites, mould, formaldehyde.  
BICOM 2000 therapy: The patient is instructed to avoid contact with fish and to take vitamins.  
Basic therapy: Ai, program 131, 5 min  
Bronchitis: Program 423 (Di)  
IC: Saliva  
I: Square flex. electrode on chest  
O: Modulation mat on back  
Cold allergy: Program 992 (H+Di), 3 min  
IC: Water  
I: Flex. electrode over both kidneys  
O: Modulation mat on back  
Head cold: Program 500  
IC: Saliva; OC: Water  
I: Roll roller electrode over nasal area  
O: Modulation mat on back  
Desensitisation: Program 977  
IC: Grass mix  
O: Modulation mat on back, ball electrodes in both hands  
Testing on 17 May 2004: Less coughing, improvement in symptoms: asthma, rhinitis and itching eyes.  
Basic program: 131  
Improve lung function: Program 423  
Chesty cough: Program 540  
Conjunctivitis: Program 525  
Desensitisation: Program 978  
Drink more than 2 litres of water, no pork.  
Testing on 24 May 2004: The cough had disappeared, only slight rhinitis. All symptoms disappeared after 6 treatments. No recurrence to date.

Additional treatment:  
Improve lung function: Program 423, 211, 540  
Cold allergy: Program 992  
Rhinitis: Program 500, 610, 514 and propolis  
Conjunctivitis: Program 525, 418  
Increase in resistance: Program 570  
Desensitisation:  
Program 977, 978, 979, 963, 945, 944

Case 3: Sun, male, aged 39  
- Case history: chest pains, sneezing for 3 years, skin feels cold, takes antibiotics and anti-asthmatic drugs  
- Diagnosis: allergic asthma  
- EAV diagnosis (7 July 2004): Dog (fur, excre- 
tions), Scots pine, plantago, mould and derma-tophagoides farinae (mites).  
Basic program: 130  
Geopathy balance: Program 700  
Scar interference: Program 910, 900  
Improve lung function: Program 423  
Desensitisation: Program 978
Testing on 8 August 2004: No improvement in symptoms. Patient was instructed to collect allergens from his local environment.

Testing on 14 August 2004: LALA grass (a type of plant in China) is the key allergen.

Therapy:

Basic therapy: 130
Geopathy balance: Program 700
Scar interference: Program 900
Impaired renal function: Program 480
Desensitisation: Program 998 (Ai)
   Amplification: 58, 5 min
Medication: Centrum

Testing on 20 August 2004: Symptoms under control, but relapse on 10 Sept. due to contact with dog. As a result, we desensitised the dog.

Programs:
Detoxication of lungs:
   Program 423, 800, 210, 211
Increase in resistance: Program 570
Increase in respiratory volume: Program 541
Immune deficiency: Program 582, 953
   IC: Saliva, blood
   I: Flex. electrode on thymus
   O: Modulation mat on back
Desensitisation: Program 998, 977, 945, 995, 996

After 4 further treatments the patient was free of symptoms.

**Highlights of BiCOM 2000 therapy**

Experience has taught us that it is very important to take into account the digestive system, in particular the bowel. The bowel is not only a digestive organ but also an immune organ. A disturbed bowel function is damaging for the immune system. Particular attention is therefore given to improving bowel function.

Of course there may be an exacerbation at the start of treatment, but don’t give up. An initial worsening in biological condition is a sign that there is a reaction and/or dissolution of the blockages. Check the key allergen, amplification and therapy time. For most cases we find Program 998, amplification 52–60 works best.

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**ALLERGIC RHINITIS**

**Diagnosis**

The nasal mucous membrane is an important part of the mucous membrane system. It is a sensitive and effective organ and is able to create a balance between the upper respiratory tracts and resistant chemical stimuli. Having a runny or blocked nose during key allergy times in the spring, summer or autumn could indicate seasonal allergic rhinitis or hay fever. It mainly affects the eyes and nose. “Allergic rhinitis” is a hypersensitivity of the nasal mucous membrane.

**Therapy**

- At present we usually treat the symptoms with glucocorticoids, anti-allergy medication, steroids, labrocyte membrane stabilisers (no side effects), decongestants and anti-cholinergic drugs, leucotriene antagonists, lasers etc. Each of these treatments costs time and money but cannot control the symptoms.
- As air pollution and stress increase so the incidence of allergic rhinitis increases by 10-15%.
- Conventional medicine has not succeeded in finding a cure for allergic rhinitis. With BiCOM bioresonance technology we are in a position to diagnose and effectively cure allergic disorders.

**Case 1: Dong, male, aged 44**

Sneezing, blocked nose, itching eyes and skin for 10 years. He has taken antihistamines and traditional Chinese medicine but no treatment has resulted in any improvement.

**Diagnosis:**

- Allergic rhinitis
- Anaphylactic conjunctivitis
- Chronic urticaria

Testing on 24 April 2004: Fish mix I, fungus mix I, grass mix, potatoes, house dust, mites, etc.

**BiCOM 2000 therapy:**

Basic program: Ai, Program 130
Geopathy: Program 710
Scar interference: Program 910, 900
Nasal therapy: Program 500
   OC: Water
   I: Roll over nose with roller electrode
   O: Modulation mat on back
Desensitisation: Program 999
Medication: Centrum

Testing on 29 April 2004: Symptoms under control except for itching eyes.

Treatment:
   Basic program: 130
   Geopathy: Program 710
   Scar interference: Program 910, 900
   Rhinitis: Program 500, 525 (with eye electrode)
   Impaired renal function: Program 480
   Desensitisation: Program 998
   Amplification: 52, 6 min

Testing on 5 May 2004: Symptoms under control except for itching eyes.

Treatment:
   Basic program: 101
   Skin disorder (toxin elimination): Program 970
   Rhinitis: Program 500, 525 (with eye electrode)
   Desensitisation: Program 945

Testing on 12 May 2004: Symptoms had disappeared after 7 treatments.

Treatment:
   Skin disorder (toxin elimination):
     Program 970, 480, 930
   Follow-up therapies:
     Program 500, 610, 514, 525, 418
   Skin disorders: Program 442, 350, 480, 991, 963
   Desensitisation: Program 998, 999, 945, 192.

No recurrences to date.

Case 2: Yi, female

Sneezing, itching nose for 3 years.
Case history: Cold air, odours, pig, urticaria.

Testing on 5 June 2004: Fish mix, pork,
C. herbarum, house dust, mites, willow (spp.),
Chenopodium album (goosefoot family), dog.

Treatment:
   Basic program: 130
   Geopathy: Program 700
   Scar interference: Program 910
   Rhinitis: Program 500, 610
   Desensitisation: Program 999, 998

No longer in contact with the allergen.

Testing on 21 June 2004: Symptoms under control.

Basic program: 130
Geopathy: Program 700
Bronchitis: Program 423
Cold allergy: Program 992
Rhinitis: Program 500
Desensitisation: Program 998 (Ai)
   Amplification 56, 5 min

Testing on 28 June 2004: Symptoms had disappeared.

Follow-up treatment:
   Geopathy: Program 700
   Scar interference: Program 910
   Detoxication: Program 423, 970
   Cold allergy: Program 992
   Rhinitis: Program 500, 610, 514
   Desensitisation:
     Program 998, 999, 945, 978, 963, 944.

No recurrences to date.

Limited therapy experience
• Difficult to treat rhinostenosis (narrowing of the passages in the nasal cavities)
• Difficult to treat after a nasal operation
• Difficult to treat hay fever if the patient continues to come into contact with the allergen.

Thank you for your attention.