How does fluoride behave? Does it affect respiratory and skin disease?

“The practice of the art of medicine should not follow from theory, but the reverse, theory should follow from practice. The essence of a disease remains an unknown quantity until we have found the true remedy.”

Rademacher 1848.

How did I become aware of the problem with fluoride?

If fluorine or fluoride are mentioned today, people immediately think of dentistry and caries. Until 1983 I did not know much about the biological significance of fluoride other than it is important for bones and teeth since it is a constituent of “apatite” which is apparently responsible for the hardness of this tissue. At least that is what I had learnt in the past. There was no reason for me to doubt this either. As I have since discovered, I was in good company in my ignorance.

In the 1970s a large plant was successfully introduced in Karl-Marx-Stadt (Chemnitz) in the GDR and sodium fluoride was added to the drinking water. Within 8 years caries in children declined by 30 to 40%. Drinking water was fluorinated throughout almost the entire USA and was added to salt, toothpaste and many foods. This led to unemployment amongst dentists and technicians. The first table salt containing fluoride was publicised in Switzerland. D-Fluorette tablets were distributed in kindergartens and schools in Germany. I am sure you can all remember the letter which our children brought home with them.

My curiosity was aroused when my daughter cut her first incisors. These had yellowish patches. Two young patients suffered spontaneous fractures of the clavicle in their sports lesson (throwing the ball).

Around the same time I had to deal in my work with the organophosphate sarin (nerve gas), one of the chemical agents found in rockets belonging to both sides during the cold war period. I had access to technical literature on the subject. In this I discovered that researchers were already developing this agent based on fluorine compounds back in the second world war. The research which led ultimately to the manufacture of the chemical warfare agent originated with sodium monofluorophosphate, a substance later sold in toothpaste to prevent caries. This galvanised me into action!

In the years which followed I tried to give more thought to this subject. For my family, avoiding fluoride was not a matter for discussion and the same went for friends and some patients. Yet warnings to the bulk of the population fell on deaf ears. Moreover often people did not want to talk about this subject and it was difficult to obtain specialist technical literature. Yet I was able to collect some.

The first indications I read about dated from 1932. Studies were conducted in Leverkusen at IG-Farben and in the USA. Here fluoride disease gave cause for demands for compensation as an occupational disease. Yet evidence of contamination can only be obtained by examining the urine and taking bone
samples. These methods were only discovered much later.

Work-related contamination is particularly heavy in the production of steel, aluminium, beryllium and uranium processing and undesirable by-products are released in coal combustion, ore calcination, in the glass and ceramic industry, processing of rock phosphate, etc.

Dr. Dean Burk of the National Cancer Institute, probably the most well-known American scientist working in this field, classified sodium fluorides as non-biodegradable environmental toxins. He summed it up in a short statement: “Fluorides cause cancer in man more often and more quickly than any other chemical substance.” That was at the end of the 1960s.

At this point we subsequently find in the literature the article by Dr. Hans A. Nieper from Hanover. In the journal Raum und Zeit no. 44, just published by our Regumed Institut in 2006, this subject is described in extremely compact and accurate fashion: fluoride, special solid waste, by-product of artificial fertiliser production (phosphate).

We doctors, dentists and medical professionals are allowing ourselves to be taken advantage of by disposing of this special solid waste. It is primarily through our children and food that it is being disposed of.

In 1981 in the Ärztezeitschrift, Dr. Nieper mentioned a court case which took place in Pittsburgh in the USA. This case dealt with the carcinogenic effect of fluorides in drinking water and foods.

He himself suspected a link between non-Hodgkin’s lymphoma and immunosuppressive tetracyclines.

When I read this article in 1986 my suspicions were aroused. My daughter’s upper incisors came through in 1983. At this time it was customary among paediatricians to treat respiratory diseases, angina and otitis with tetracyclines.

In the 1990s the flood of publications increased, so did the denials.

Many articles are available, as is information on the internet and technical journals yet it would become boring to always talk about the same subject.

Let us go back to the start and ask what fluorides do.

For this I have to awaken your interest in the rather dry subject of biochemistry, but only briefly.

Fluorine and fluoride are not the same. Fluorine is a halogen, so a gas. Fluorides are salts. Fluorine as a gas attacks almost all metals and non-metals, even glass and stone by generating heat. It quickly destroys tissue, skin and bone with lasting effect.

Fluorides actually behave according to Paracelsus’ claim: all things are poison, only the dose permits something to not be poisonous. According to the Handbuch der Pharmakologie und Toxikologie, the daily dose for a healthy child or adult is 2-4 mg.

The average fluoride content in food varies between 0.8 and 1 mg and in tablets for preventing caries between 0.25 and 1 mg. On average between 0.2-0.5 mg NaF/L is excreted through the urine. So it is simply a mathematical exercise to calculate the cumulation. The problem is also made worse by intake from natural foods such as sea fish, vegetables and cereals.

Sample calculation for a 6-year-old child: 0.25 mg in tablet form, 8 mg in 1 litre sparkling water, 1.2 mg in bread, 0.8 mg in vegetables and 1.2 mg in meat or meat products.

This gives a total intake of 11.45 mg in 24 hours. As against average urine excretion of 3000 ml and 1.5 mg NaF in 24 hours.
If the daily requirement is 4 mg/d, that leaves an excess of around 5.95 mg/d. This does not include fluoride in salt, toothpaste or gels and that added to foods as I do not know the quantities.

From a biochemical perspective fluorides are strong corrosive and enzyme toxins. They inhibit glycolysis and fermentation by inhibiting enolase, in other words glucose metabolism. So hypothetically this could explain the increasing metabolic syndrome, type 1 diabetes, tachycardiac dysrhythmia of unknown origin in young people, etc.

Moreover it is known (Lexikon der Medizin/Biochemie) that the presence of oxalacetic acids and coenzyme A blocks the citric acid cycle, resulting in blocking of vesicular breathing.

Now the whole thing is becoming too much of a hot topic and much too complicated. I simply haven’t got the scientific ability to offer further explanation but as a satisfied bioresonance therapist I know how to help myself.

**Tests**

In 2006 I found 90 patients tested positive for fluoride:

- 49 women
- 24 men
- 9 girls and
- 8 boys

The following diagnoses led me to undertake this:

1. chronic infections of the upper airways
2. chronic bronchitis
3. bronchial asthma
4. allergic asthma
5. pollinosis (hay fever)
6. neurodermatitis

I chose these specific diagnoses because while on a training course in 1998 I heard about Dr. Buchbinder. While conducting investigations into workplace health, he established a link between fluoride, TCM and the transformation stages. He assigned fluorides energetically to the lung/large intestine area and, as a result, the sensory organ, the nose and the body layer, the skin.

In 1999 Prof. Bahr discovered moreover that not only skin problems and itching but also tinnitus must be connected with fluorides. Just as with amalgam and palladium, he found a point for fluoride on the ear, the point “ear in ear”, and thus the link with tinnitus (fig. 1).

![Fig. 1: “Ear in ear” point](image)

The accompanying body point on the ear is TW 18, an important energetic point in acupuncture which acts upon the hearing (fig. 2, page 140).

In addition he found a fluoride point on the governing vessel or Du Mai line. This lies on the forehead above palladium and mercury and beneath formaldehyde (fig. 3, page 140).
Anyone who has mastered RAC, can measure this point very quickly with a histamine ampoule or cherry/plum Bach flower remedy.

In my experience, bioresonance is far superior to RAC. I do not want to discuss why in detail here, suffice to say that the error rate is too high.

Let us return to the patients who tested positive for fluoride.

**Which stresses, allergies, etc. match?**

We divided the patients into two groups and two teams.

**Group I:**

45 patients, mixed ages and sexes, looked after by my wife and a doctor’s assistant.

**Group II:**

45 patients, mixed ages and sexes, looked after by myself and a doctor’s assistant.

Group I was tested solely with kinesiology, program 170/171; substance/allergen being tested in input cup; hand electrode on input.

Group II was tested solely with the biotensor, program 170/171; substance/allergen being tested in the input cup; patient not connected to input, biotensor between modulation mat and patient’s back.
We obtained the following results and matches:

<table>
<thead>
<tr>
<th></th>
<th>Group I</th>
<th>Group II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thuja D200</td>
<td>Therapy blocks</td>
<td>Therapy blocks</td>
</tr>
<tr>
<td>Stannum</td>
<td>Contamination by environmental toxins</td>
<td>Contamination by environmental toxins</td>
</tr>
<tr>
<td>Chromium met. D30</td>
<td>Acquired toxic information</td>
<td>Acquired toxic information</td>
</tr>
<tr>
<td>Thuja D 100</td>
<td>Complications from vaccinations</td>
<td>Complications from vaccinations</td>
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<tr>
<td>Scatolum</td>
<td>Dysbiosis of the large intestine</td>
<td>Dysbiosis of the large intestine</td>
</tr>
<tr>
<td>Indican</td>
<td>Dysbiosis of the small intestine</td>
<td>Dysbiosis of the small intestine</td>
</tr>
<tr>
<td>Patients:</td>
<td>42</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Fluoride</td>
<td>Fluoride</td>
</tr>
<tr>
<td></td>
<td>Amalgam</td>
<td>Amalgam</td>
</tr>
<tr>
<td></td>
<td>Candida albicans</td>
<td>Candida albicans</td>
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<tr>
<td></td>
<td>Aspergillus</td>
<td>Aspergillus</td>
</tr>
<tr>
<td></td>
<td>Wheat</td>
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<td></td>
<td>Sugar</td>
<td>Sugar</td>
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<tr>
<td></td>
<td>Milk</td>
<td>Milk</td>
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<tr>
<td>Patients:</td>
<td>42</td>
<td>39</td>
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<tr>
<td></td>
<td>Geopathy compensation</td>
<td>Geopathy compensation</td>
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<tr>
<td></td>
<td>Elimination of scar interference</td>
<td>Elimination of scar interference</td>
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<td></td>
<td>Impaired laterality</td>
<td>Impaired laterality</td>
</tr>
<tr>
<td>Patients:</td>
<td>37</td>
<td>34</td>
</tr>
</tbody>
</table>

Of 90 patients tested, 71 show matches.

The resonance point for fluoride lies on the metals line (fig. 3, page 140). We are familiar with the symbiosis between amalgam and Candida albicans in the intestine via hydrogen bridges. So I assumed, if the line of resonance is the same, why not a corresponding elimination therapy as well? So I decided on the following therapeutic approach. The idea for this came from Dr Hennecke and his wife in Garmisch and Frau Vogeser in Cologne.
Therapy with BICOM 2000

1. Basic therapy according to conductivity and DMI. Hand on plate electrode as input. Modulation mat on back as output. Geopathy compensation 700, elimination of scar interference 910 and impaired laterality 535 as needed each week following prior testing.

2. Program 133, only one substance (amalgam, fluoride, Candida albicans) in input cup, each week following prior testing, hand on plate electrode as input, modulation mat on back as output, also DMI.

3. Program 972, borax D6 in input cup, input empty, output over modulation mat, every week following prior testing, also DMI.

4. Program 944, only one allergen (wheat, sugar, milk) in input cup – 1st week, output over modulation mat, also DMI.

5. Program 998, only one allergen (wheat, sugar, milk) in input cup – 2nd week, output over modulation mat, also DMI.

6. Program 945, only one allergen (wheat, sugar, milk) in input cup – 3rd week, output over modulation mat, also DMI.

The patient was advised one week before the start of therapy to keep off the tested substances. This was often very difficult. Firstly because one does not always know what is in things and secondly because children and young people often do not understand why they should not have what others are allowed to.

Result:

After 8 treatments it was apparent in virtually all the patients that fluoride and amalgam react the same; they could generally no longer be tested at the same time. Only in one dentist colleague did amalgam return. He had removed amalgam from several patients. Follow-up treatment got rid of the illness. All in all, treatment could, on average, be terminated after 12-14 sessions. Isolated follow-up treatments were necessary after testing in program 944 in the individual amplification stages.

The result impressed me greatly. Fluoride appears to behave in the same way as amalgam. Bonding with Candida albicans could hypothetically occur as they are both eliminated in the same way.

I also strengthened the “mother” of Lu Di in line with the traditional view (see 5 element theory). This is pancreas for environmental toxins and spleen for vaccines.

Between 7 and 9 in the morning half a litre of 3% ginger tea.

I strengthen the lungs between 5 and 7 am with 100 mg Q10.

The large intestine is also detoxified with 2 drops of Californian rosemary blossom twice.

I can also strengthen the large intestine by examining chakra no. 2. The latter is said to be partly responsible for menstrual problems, abdominal complaints, allergies and fungal infestations (fig. 4, page 143). I can tonicise this chakra by stimulating the ear point (fig. 5, page 140) or by administering the Australian blossom Macrozamia reidlei (Prof. Bahr; fig. 6, page 140).
Fig. 4: 2nd chakra: Svadisthana chakra, frequency 3123 Hz (anti-clockwise)

Fig. 5: Blossom: Macrozamia reidlei

Fig. 6: Ear point chakra 2
Trad. Chin. point: KG 4

Summary
As Herr Rademacher said at the start there is a big difference between theory and practice. Diagnosis should always occupy a special place in medical treatment. You can see from the number of participants at our Congress that we are not resented for what we know. After all that has been written, learnt in training courses, tested with interference field diagnosis and confirmed with bioresonance, I can finally conclude that fluoride does affect our bodies. In scientifically relevant doses this influence is definitely positive. If overdosed it is toxic for the lungs, intestines, skin and nose. It can be eliminated in the same way as amalgam with bioresonance and should be regarded as just as significant.

I began my lecture with Rademacher, but I would like to end it with Anton Chekhov.

“If you want to be an optimist and comprehend life, then stop believing what is said and written and instead observe and do your own research.”

Many thanks.