Standardised method of treatment for allergy-induced disorders

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Introduction

My medical work completely changed when I introduced bioresonance into my general practice over 14 years ago. For the first time it was actually possible for me to cure chronic illnesses on a lasting basis and consequently work effectively at last and not regularly feel powerless in my treatment. After years of suffering, hope became a genuine concept for my patients.

Bioresonance will revolutionise medicine in years to come despite opposition from academics and their often arrogant attitude.

Over the course of time, experience from results has led to standardised therapy with considerably simplified methods of application resulting in virtually all allergically-induced illnesses being cured long-term in over 90% of cases. These figures do not just mean that symptoms improved for a limited time but that patients were permanently symptom-free requiring no further therapy.

If, however, you read a publication in Allergo Journal about the results of the specific immune therapy test (SIT) for hay fever conducted over a three-year period, it states, for example, in Allergo Journal. 2008; 17: Allergovit and the placebo were tested and Allergovit “proved to be reliable and significantly more effective than the placebo.” “...it (therapy) significantly relieves the symptoms and reduces the need for anti-allergic medication”.

Chapter 1

Definition of an allergic reaction

Adapting Pirquet’s definition of allergy, the following formulation can be used.

Definition of allergy

An allergic reaction is primarily the response to a physical stimulus which encounters the body’s defence system which is sensitised to this stimulus through genetic disposition and an immunological alarm. The response is subject to the reflex laws. The allergic reaction should be understood as part of an immunological response.

The allergic reaction contains the following elements:

1. response to physical stimulus
2. irritation of a sensitised defence system
3. genetic disposition (information)

The physical stimulus should be understood as a “mechanical irritation” by non-reproductive substances, which may be both underlying allergic processes. Consequently I shall first present these theoretical findings.

The models arose from treating and observing the progress of over 10,000 patients with allergic symptoms as well as the associated lab tests. In over 90% of these cases the type of allergy was diagnosed by specialist doctors belonging to various specialist groups, which were also solely responsible for the results of the allergy tests.

The treatment method I developed is based on fundamental new discoveries relating to the development, definition and principles underlying allergic processes.
Antibody groups

Physical antibodies
- Mast cell stores
  - Proto-allergen antibodies

Biological antibodies
- IgE antibodies
- IgA
- IgM
- IgG

Classification of antibody types

Material and biological products (pollen, dust, gases, fluids, metals, etc.). Yet reproductive aggressors may also trigger an allergic reaction if the way for this is prepared. I am talking here about such organisms as viruses, bacteria, protozoa, etc., which trigger an immunoglobulin (Ig) type immune response.

The response assumes a previously sensitised system which already has information in the sense of “information patterns” analogous to the antibodies (IgE). It is not certain, however, that the many different pieces of information contain their own IgE but it is assumed that, analogous to IgA and IgM, there are non-specific precursors and only the aggressive “allergens” are associated with reactions conveyed by IgE.

On the surface of the body, the physical defence system consists of:

a. mechanical protective mechanisms
b. lysozymes

This is known as the first-line barrier. Here the skin and mucous membranes are responsible for mechanical defence. The system works perfectly up to a certain particle size. Only penetration into the skin and mucous membrane activates the next stage of lysozymes and phagocytes. The neuronal systems are similarly “internal” systems which are not part of the surface defence mechanism. To protect the surface layer the skin has sebum and the mucous membrane has mucus as an important mechanical means of protection which can bind most substances.

The following list illustrates the stages of defence.
A. Primary, mechanical defence
1. dermal (epidermis, sebum)
2. mucal (mucus)
3. neuronal (nerve sheath)

B. Lysozymes, phagocytes

C. Antibody system
1. physical antibodies (proto antibodies, IgE antibodies)
2. biological antibodies (IgA, IgM, IgG)

D. Autoimmune defence
1. B cells
2. Interferon
3. Leukotrienes
4. Mast cells
5. Suppressors, TNF

Chapter 2
The reflex as model for allergic response
To understand allergic reaction it is not only necessary to grasp the principle of immunological response but also the manner in which this response is controlled. Here the models for a reflex represent a system which transfers well to responding to stimuli.

Pavlov’s findings identify three basic reactions to a stimulus.
1. A specific stimulus triggers a specific response by the appropriate system.
2. An identical response can also be triggered by a non-specific stimulus if the body has been trained to couple this to the specific stimulus.
3. Trained triggering stimuli disappear again or become weaker if the response is repeatedly inadequate.

Point 3, in particular, is interesting for the mechanism underlying my method.
A physiological stimulus is energised via various sensory levels and can be triggered by each of these levels, whereby the parallels to an allergic reflex become clear.

The complex mechanisms which control or trigger a reflex can be demonstrated through the example of hunger regulation.
An automatic sequence is established whose path is prepared by the activation of reflexes. These processes can be transferred to allergic reactions.

Physiological reflexes are based on the following scientific principles:

1. The reflex is a reaction conveyed neuronally by a control circuit to a specific stimulus.
2. The reflex mechanism is based on a protective reflex which is adapted by evolution.
3. The basic patterns and triggers are stored and passed on through the generations as tried and tested patterns.
4. The foundations for adaptation are the patterns passed on through hereditary transmission.

It is these patterns which are an important mechanism in reflexes and allergy.

Chapter 3

The allergic protective and defence reflex

There is therefore correspondence between these reflexes and the allergic reaction (AR) because the ARs have the defence reflexes as a pattern. The following rules therefore apply for AR:

1. The allergic reaction is based on stored information for triggering in the reacting organ (such as nose, lungs, intestines, etc.).
2. The information triggering a reaction is stored as a pattern.
3. The allergic response to a corresponding stimulus follows the reflex laws.
4. By activating the mast cells an immunological response is also associated with this.
5. The threshold for triggering the reaction is dependent upon the current intensity of the stimulus and is inversely proportional to the current immunological stress. The greater the current stress on the immune system, the lower the trigger threshold.
6. Inhibition and attenuation of the allergic response are analogous to reflexes.
7. The allergic illness arises through the interaction between an allergic response in an organ and a topical infection of the same system.
8. The process of an allergic illness becoming chronic depends overwhelmingly upon all the combined stresses on the immune system and not on the intensity of the allergic stimulus.
9. The greater the immunological stress, the more uncoordinated the allergic response until it becomes a chaotic reaction which generally turns into an autoimmune form of reaction.
10. The shorter the reaction time, the less specific the allergic response.

All allergy tests are subject to this differentiated response so that the same results are not attainable.

The example of the sneeze reflex, which is triggered in healthy people by irritating substances and serves to remove foreign matter bound by mucus from the surface of the mucous membrane by sneezing, represents the basic pattern for this kind of immunological response.

If this sneeze reflex is triggered by viruses, an association with a reproductive aggressor occurs whereby the immune system is activated. This association of a reflex with a viral defence mechanism also represents the start of a possible allergic reaction if at the same time other irritating substances, such as pollen, simultaneously act upon the system.

Accordingly, the following requirements exist for an allergic reaction to start:

1. The nasal mucosa system is sensitised.
3. The nasal provocation substances have a high intensity or the “state of alarm” of the nasal mucosa is high (due to a viral infection).
The interaction of these three factors makes a “nasal allergic reaction” extremely plausible and therefore represents a model for the development of hay fever.

Analogous to reflexes, the “nasal allergic reaction” can now be triggered by
1. a specific stimulus (e.g. pollen)
2. a nasal infection
3. a non-specific highly intensive nasal stimulus

All these stimuli can access the sneeze reflex pattern and activate it.

Consequently “inactivating” individual allergens in therapy has only a limited effect on the allergic process as it only concerns one possible way of triggering a reflex.

Chapter 4
Allergic illness
While an allergic reaction is a reaction linked to allergens, allergic illness is always an immunological syndrome which is energised from an allergic reaction yet whose character is determined by its chronic action on a system.

The current state of an allergic illness is dependent upon the same laws as were described earlier for the reflex model with the immunological influences being particularly significant.

Accordingly, deterioration of an allergic illness can be caused by
1. action of allergens
2. infection in the system affected by allergy
3. any other stress acting on the immune system.

All these factors are effective in themselves and reinforce one another mutually.

Chapter 5
Classification of allergic illnesses by systems
Basically through this classification the system is considerably extended to include illnesses whose allergic origin is disputed or still rejected so that a different picture of allergic illness emerges.

These are divided into two large groups:
A. Histamine-reactive systems
B. Serotonin-reactive systems

This classification reflects the fact that either histamine or serotonin is released in stimulus provocation.

A. Histamine-reactive systems

Respiratory apparatus
a. nasal system (nasal, sinusal)
b. pulmonary system (tracheal, bronchial, alveolar)

Dermal system
a. epidermal
b. intradermal
c. subdermal (sebum, hair)

External ocular system
a. conjunctival (lids, tear sac)
b. corneal (cornea)
c. iridal (iris)

B. Serotonin-reactive systems

Digestive system
a. oral
b. oesophageal/gastric
c. enteral

Neural system
a. neuro-vascular
b. peripheroneural

If one considers the histamine-reactive system, the classification can quickly be filled with illnesses such as hay fever, asthma, eczema, psoriasis and allergic conjunctivitis.
The illnesses of the serotonin-reactive system are not as familiar or controversial, such as migraine, chronic neuritis, chronic gastritis, forms of colitis. These findings are based on the positive results of treating these illnesses for 10 years appropriately recorded.

Examples of this way of thinking are the use of serotonin receptor antagonists (triptan) for migraine and the development of a similar medication for chronic gastritis.

These systems in the group of allergic disorders are illustrated below in diagrammatic form:
Chapter 6
Applying these principles to therapeutic methods
As the treatment of allergens to which the allergy sufferer’s body is sensitised is of fundamental importance, therapy must start by attenuating these reactions to allergens. Experience here has shown that treatment with milk and wheat also causes other allergens to disappear. The identity model serves as an explanation. This states that information transferred with bioresonance is made up of two elements:
1. basic module
2. specific variant
This will be explained using the example of steroidal hormones:

Steroidal hormones
In simplified form, the cholesterol molecule consists of a framework of benzene rings. This gives rise to male and female hormones, in a series of reactions, as well as all corticosteroids. In other words, completely different elements where the only common factor is the underlying framework of cholesterol. So we have a basic module and, through minimal variants of this module, a new specificity.

Transferring this to the method, all the allergens can be covered by treating with milk and wheat as the basic module. There is no need to treat individual allergens. This is only one stage in the system however but very important and straightforward because allergy tests become superfluous. By repeating milk/wheat each week (see therapy regime on next page), the body gradually reacts by attenuating its allergic response. It no longer sees the repeated transfer as specific information but as a basic module for allergens.

As well as treating the allergens (1190), Candida (1192) is also treated by transferring the antimycotic amphotericin. This is done, without testing out, according to a law which is based on experiences with therapy.

This law states that every allergic illness is coupled with a Candida infection because the weakening of the immune system by the allergy leads to a proliferation of Candida in the intestines.

Candida law

Amount and intensity of Candida colonisation
Systemic standardised allergy therapy
(Dr. Rummel’s method)

Basic therapy (therapy sequence A)

1st week: 1. Allergy therapy with milk
Input cup: Milk ampoule (cows’ milk)
Program 998, however alter time as follows:
Therapy time for adults: 8 mins, please save under no. 1190
Therapy time for children: 5 mins, please save under no. 1191
Input: empty
Output: Modulation mat on stomach
(with obese patients also connect ball electrodes to
red cables and place in patient’s hands)

2. Allergy therapy with wheat
Input cup: Wheat
No other alteration to the program and electrodes

2nd week: ditto
3rd week: ditto
4th week: ditto
5th week: ditto
6th week: Candida therapy
Input cup: Amphotericin
Program 196, however alter time as follows:
Therapy time for adults: 15 mins, please save under no. 1192
Therapy time for children: 5 mins, please save under no. 1193
Input: empty
Output: Modulation mat on abdomen
(with obese patients also connect ball electrodes to
red cables and place in patient’s hands)

7th week: Allergy therapy with milk and wheat (as 1st week)
with program 1190 or 1191

8th week: ditto
9th week: ditto
10th week: Candida therapy (as 6th week)
with program 1192 or 1193
11th week: Allergy therapy with milk and wheat (as 1st week)
with program 1190 or 1191
12th week: ditto
13th week: ditto
14th week: Candida therapy (as 6th week)
with program 1192 or 1193
15th week: Allergy therapy with milk and wheat (as 1st week)
with program 1190 or 1191
Therapy of viral and bacterial stress
(Dr. Rummel’s method)

(Therapy sequence B)

The therapy of viruses or bacteria consists of “nosode modules”. Each nosode is applied twice at 2-week intervals. A nosode module is structured as follows:

1st week: Nosode therapy

Input cup: Nosode
Program 997, however alter time as follows:
Therapy time for adults: 10 mins, please save under no. 1194
Therapy time for children: 5 mins, please save under no. 1195
Input: empty
Output: Modulation mat on stomach
(with obese patients also connect ball electrodes to red cables and place in patient’s hands)

2nd week: Therapy-free interval

3rd week: Nosode therapy with Program 1194 or 1195

4th week: Therapy-free interval

5th week: Candida therapy (as 6th week)
with program 1192 or 1193

6th week: Therapy-free interval

7th week: Milk and wheat therapy
with Program 1190 or 1191
This candidiasis has numerous symptoms:

**Candida symptoms**

- **Tiredness**
- **Depression**
- **Neuralgia**
- **Dizziness**
- **Sweating**
- **Panic attacks**
- **Feeling cold, inner cold**
- **Aggressiveness**
- **Disturbed sleep**
- **Problems concentrating**
- **Stomach and abdominal cramps**
- **Itching**
- **Constipation/diarrhoea**
- **Blocked nose**
- **Flatulence**
- **Hyperactivity**
- **Craving for food**
- **Period pain**
- **Anal itching**

Consequently it is important to integrate this into treatment and this largely replaces detoxification programs.

**This method’s three therapy modules**

This method requires only three programs which represent three principles of treatment:

1. **1190**
   - **Ai, allergens,**
   - **analogous to 998:**
   - **8 mins**

2. **1192**
   - **A, medication,**
   - **analogous to 196:**
   - **15 mins**

3. **1194**
   - **H+Di, nosodes,**
   - **analogous to 997:**
   - **10 mins**

The corresponding Bicom programs have been modified as regards time, always with an interval and always all frequencies.

A distinction is made between two types of treatment:

1. **systemic**
2. **symptomatic**

The abovementioned programs are systemic as the patient is only connected to the output and the substance is in the input cup. Symptomatic therapies treat symptoms which is why the patient is connected to the input and output. In these therapies a further distinction can be made between acute inflamations and chronic-degenerative disorders.

**Acute:**
- **Input:** inflamed organ
- **Output:** modulation mat

**Chronic:**
- **Input:** any
- **Output:** affected organ

This distinction is also important as regards combining therapies and for therapy intervals. Symptomatic therapies can be repeated any number of times, systemic therapies have definite therapy intervals.

**Fundamentally only one kind can be used in a session and only one allergen or one nosode. Combinations weaken the effect of each individual element!**

After discussing allergens and Candida as important factors in allergic illness, we now turn to the use of nosodes and thereby the crucial factor for stable results, the role of infections.

**Specific and general factors in immune stress**

Experience in treating allergic illnesses has shown that the patient’s condition improves and deteriorates depending upon holidays, infections and stress. Therefore the progress and results of therapy are also partially dependent upon these factors. As their effect is of limited duration however, they often have only minor significance for a definitive therapeutic goal.

More important are influences from chronic infections and their analysis and assignment to allergic diseases. Treating these illnesses provided a wealth of information on viral and bacterial diseases which were directly or causally connected with allergic illnesses.

The much discussed role of the colonisation of the intestine by Candida and of intestinal flora are also familiar scenarios.
If all these stresses are considered separately as individual illnesses and the interrelationship between all these factors is overlooked, such questions will be seen as no more than a fringe issue.

Consequently a distinction should be made between:

A. General stresses, non-specific to illness
   1. Candida proliferation
   2. bacterial, enteral imbalance
   3. stress factors
   4. heavy metal contamination
   5. hormonal variants
   6. current inoculations
   7. current bacterial infections

B. Classifiable chronic infections
   1. bacterial infections
      a. Borrelia infection
      b. whooping cough
      c. other bacterial infections
   2. viral infections
      a. Herpes simplex
      b. Herpes zoster
      c. EBV (Epstein Barr virus)
      d. cytomegaly
      e. measles
      f. rubella
      g. mumps
      h. Parvo B19 virus
      i. rare viral infections
         (meningoencephalitis, adenovirus, enterovirus, etc.)

My own studies of the IgG of these viruses documenting the reduction in raised titres analogous to improvement are sufficient to demonstrate reliably the influence on allergic illnesses in the development of these illnesses and their progress.

I shall take the example of juvenile acne. Its occurrence in puberty is striking and, as we all know, triggered by the influence of androgens. Certainly the increase in androgens is not solely responsible as otherwise all pubescent youngsters would have acne when certain factors combine.

Juvenile acne occurs when the following factors combine:
1. allergic disposition
2. androgenetic stimulation of the sebaceous glands
3. significant residual infection with Herpes zoster
4. secondary local bacterial infection, e.g. Corynebacteria

Only when these conditions are met does acne occur. The incidence of acne could be dramatically reduced by implementing the chickenpox vaccination consistently.

These findings also led to the thesis of the involvement of infection in the development of allergic illnesses (see diagram “Basis of acne” on next page). This states that all allergic illnesses have a starter infection which determines the pattern of the illness. Accordingly various allergic illnesses can exist simultaneously persisting for varying amounts of time determined by the time of infection. The only common factor in the existence of acne, hay fever and asthma is allergic disposition. All the others are based on different “independent” infections!

Another example is the possible development of an asthmoid reaction in the lungs through whooping cough infection. When hay fever switches to the lungs in what is frequently referred to in medicine as a “change in level”, this is often attributed to activation of an existing pattern of an allergic pulmonary reaction by whooping cough, less often, by a new infection.

Other infections which lead to an aggressive infection of the bronchi can generate this type of pulmonary asthma pattern”. My own studies of 82 patients with asthmoid symptoms revealed
Principles underlying acne

significantly raised whooping cough IgG ELISA in 62% of them, well above the values of “vaccination titres”. Similar proportions can also be found for other allergically induced illnesses. What at first appears complex and confusing, has however a highly systematised structure in therapy which is straightforward to implement if you have identified the principles.

1. Each treatment begins immediately with the first stage of basic therapy (therapy sequence A).
2. The intervals are usually at least 1 week up to around the 12th therapy session.
3. If therapy is interrupted, it can be continued without having to repeat sessions.
4. The basic therapy is effective throughout the patient’s entire life and does not need to be repeated.
5. If the therapeutic goal is attained then treatment can be terminated at any time and continued if new symptoms occur.
6. It is always the patient’s symptoms which are the deciding factor, not some test or other.
7. Treatment is structured in two stages, namely basic therapy with maximum 15 sessions which are only necessary if the patient is still showing symptoms. Then treatment in therapy sequence B with nosodes. Nosode therapy may only be performed after basic therapy.
8. Examining viruses and bacteria in lab tests, which can at times be important, is only an option if necessitated by developments. Only the IgG antibodies should be determined: e.g. chickenpox IgG ELISA.
9. These 15 treatments represent basic therapy. It is frequently observed that the symptoms diminish after just a few
treatment sessions or the patient is symptom-free even before basic therapy is concluded. I make a clear distinction between freedom from symptoms and a lasting cure. To achieve a lasting cure, further therapy may be necessary once the patient is symptom-free if, after a break in treatment of perhaps 1-3 months (depending upon the severity of the illness), further therapy is necessary. The break in therapy after 15 sessions is intended to allow the therapist to observe whether freedom from symptoms is steady or not. If, after the break in therapy, some symptoms still remain (mostly in a greatly reduced extent) you should switch to treating viral and bacterial stresses.

If you include the serious syndromes, experience shows that around half of all patients require up to 25 therapy sessions. Please note, this includes the more serious indications within the group of allergic disorders.

This is taking all illnesses into consideration in different combinations. Straightforward hay fever reaches this stage after just 10 therapy sessions, COPD after 30-40 sessions.

Summary and conclusion
The method presented is straightforward, logically structured, guarantees reliable results and has a plausible theoretical basis. It has made conditions such as diabetes, fibromyalgia, chronic Borrelia infection, COPD treatable and it is still being developed further. This is only possible if, instead of thinking of allergens, we consider incorporation in the immune system.

Allergic reactions and allergic illnesses are only to a limited extent allergen-related. Their processes are analogous to the reflexes which control our autonomic nervous system (Pavlov reflex). The immunological interconnections between allergic illnesses are far more significant.

Accordingly it is not the type or number of allergens which determine the severity of illness but the co-infections and thereby the immunological status.