Dear Colleagues,

a special greeting to Mr and Mrs Brügemann and my thanks to them for inviting me once again to this year’s Congress.

How a working hypothesis became a certainty

Following a conversation with Mr Brügemann last year regarding an hypothesis I was working on, he asked me whether I would be willing to give a presentation on the subject. When I replied that I would gladly be able to do so in 2–3 years’ time, he asked whether I could think in terms of scheduling it in for the next Congress. With this conversation in the back of my mind I then set off for home.

On the return journey I kept thinking about the paper that had been given by Marcel Riffel. His presentation had focused on Dr William Ross Adey and his concept of the “biological” window. Marcel gave details of Adey’s research.

Here again is the definition of the concept taken from his lecture:

“A biological window describes a confined spectrum of electromagnetic oscillations, which are “recognised” by the organism thereby triggering a positive physiological reaction.”

Could this perhaps offer an answer to my working hypothesis?

I could not stop thinking about finding a way to make this physiological reaction visible.

So I started to look once again through the various dark field microscopy images that I had collected to date.

And what was a working hypothesis now became a specific working objective.

Changes in blood in dark field imaging during bioresonance treatment

Patients with one and the same set of problems were viewed using the imaging material. Initially it was simply a case of working through the images and sorting them according to bacterial and viral illnesses.

Was it possible to show a visible change based on criteria for the observation of native blood in dark field microscopy? As this appeared to be a possibility, I searched for two pathologies, which I frequently came across in my practice and for which colleagues sent me patients with this question.

Might it be possible to demonstrate by visual means a change between two compared states?

Today, based on findings from two patients, I would like to show you the results of this work.

I ask for your understanding that I can only give a limited interpretation of the dark-field microscopy images. But even those who have never seen this type of image before, will still be able to recognise the changes for themselves.
Case 1 Ms J., born 1933, former eurythmy teacher

Repeated tick bites in the past. The last tick bite had been nine months earlier. Unfortunately she failed to see the tick in her navel and only noticed once the erythema migrans rash had spread. After removal of the tick by conventional medical means, followed by twelve of antibiotic treatment, she felt no better and the vaginal fungus was causing her great discomfort.

These images were taken on her first visit to my practice.

01 Ms J. Fresh blood, fasting:
Intracellular endobiont infestation of erythrocytes and monocytes

02 Ms J. Fresh blood, fasting: Stressed lymphocytes and anisocytosis with liver signs
03 Ms J. Fresh blood, fasting: Activity of symbionts absent

04 Ms J. after three hours: Granulocytes breaking down, affected lymphocyte

Treatment with the BICOM optima
1. Basic therapy
2. Eliminating program (based on testing) liver, lymph
3. Strain, exposure to pathogens (viruses, fungi, bacteria) 978.1 intracellular stress 3460
4. In the honeycomb (Channel 2): Notakehl
5. Oral: 4-step therapy according to Dr Werthmann as maintenance dose
6. Chip
These images were taken immediately after treatment on the same day:

05 Ms J. Fresh blood after bioresonance:
Young granulocyte, increase in symbionts, endobiont stress reduced

06 Ms J. Fresh blood after bioresonance: Increase in symbionts, active granulocytes
The control took place using dark field microscopy after approx. four weeks, with the result showing considerably reduced stress.

The 4-step therapy was administered over a period of twelve weeks.

At the end of the third set of treatments each with a time gap of four weeks, there was no longer any evidence of stress.

The patient is still with my practice. Through this compelling success and the disappearance of all symptoms that were associated with her borreliosis, she has gained confidence and now, before treatment with injections for her macular degeneration, wants to enlist the help of bioresonance therapy.

**Case 2 Mr A., born 1951, farmer**

Mr A. suffers from muscular dystrophy due to a chromosome defect.

Two years before we met he had suffered, linked to his illness, an episode of transient vasculitis of the heart with pronounced posterior wall infarction associated with a viral infection.

His blood values did not recover in spite of cortisone therapy and he continued to display pronounced leukopenia. His work meant he spent a lot of time outdoors in all weathers and as a result he remained very susceptible to infections.

These images too were taken on his first visit to my practice.

01 Mr A. Fresh blood, fasting: Affected lymphocytes, scarcely any symbiont activity
02 Mr J. Fresh blood, fasting: Granulocyte in decay

03 Mr A. Fresh blood, fasting: Affected monocyte, inactive granulocyte, anisocytosis
04 Mr A. Fresh blood, fasting: Inactive decaying granulocytes

05 Mr A. after 24 hours: Endobiont malfunction
Treatment with the BICOM optima

1. Basic therapy
2. Eliminating program (based on testing) liver, kidney
3. Strain, exposure to pathogens (viruses, fungi, bacteria) 978.1 and viruses 996.0 and intracellular stress 3017.0 and clearing blockages 3017.0
4. In the honeycomb (Channel 2): Quentakehl
5. Oral: 4-step therapy according to Dr Werthmann as maintenance dose
6. Chip

These images were taken immediately after treatment on the same day:

06 Mr A. Fresh blood after bioresonance: Endobiont infestation improved
Here too I carried out the control after four weeks to allow a direct comparison to be made. The result was indeed repeated.

Thank you for listening – of course I could have gone into even more detail about the dark-field images but the focus of this presentation is of course on bioresonance.

I would particularly like to thank Mr Brügemann for the encouragement he gave in our original discussion. I hope you will take a great many ideas away with you from this Congress for use in your own everyday practice.

Last but not least:

Sometimes we work better when under pressure. Pressure seems to generate its own frequency.

For me this helps explain why I was able to complete this work in such a short time.

I can assure you I will continue to monitor the situation and check whether there might be other opportunities for using bioresonance in this way – to provide visible evidence. I am pretty certain there will be.