Different options for treating painful knee conditions

Marcel Riffel, Naturopath, Ostfildern, Germany

1. Introduction

Dear Colleagues, Brügemann family, and friends of Bicom bioresonance therapy,

I am delighted to have the opportunity to give a presentation at this year’s Bicom Congress once again. This year’s Congress has the slogan: Treating with heart, hertz and enthusiasm.

When I look with enthusiasm into the eyes of so many therapists who work with Bicom bioresonance therapy, that is to say with frequencies and bandpasses, I think the motto chosen for this year’s Congress is entirely apt.

By definition the frequency (f) of a wave is the quotient of the speed of propagation (v) and wavelength (λ). The unit is given in hertz.

When I apply the Congress slogan to myself personally, I am happy that I have the opportunity – in what is now already my 9th year – to treat so many of my patients with heart, hertz and enthusiasm.

We therapists know that hertz (as opposed to hearts) is represented by our wonderful therapy medium – the Bicom device. Our hearts on the other hand and our enthusiasm represent our desire to help people. This is the very basis of why we have all become therapists. And only with the correct therapy medium, the necessary passion and enthusiasm and our hearts in the right place do we become good therapists.

Dear Brügemann family, many thanks for this wonderful therapy medium.

Allow me now to tell you a bit about my own life as a therapist. Many of you will know by now that our practice specialises in orthopaedic traumatology. However, over the last few years because of the diversity offered by Bicom bioresonance therapy, many patients have come to us with a range of clinical pictures.

In the music industry you might say: “We treat everything from Abba to Zappa”. Let me stop at the letter K. K for me at this year’s Congress stands for “knee joint”.

2. Indications for Bicom bioresonance therapy on the knee joint

- Status post an endoprosthetic joint replacement (no cupping therapy initially)
- Arthrosis of the knee (gonarthrosis)
- Runner’s knee / Osgood Schlatter disease / Chondropathia patellae / conditions of the meniscus
- Baker’s cyst
- Painful tendon irritation in the region of the patellar tendon (patella tip syndrome)
- A broad range of painful knee conditions
- Impaired sensibility in the knee region (tingling and numbness, hypeaesthesias)
- Status post any type of knee operation

3. Knee joint – bony structures

The knee joint (Articulatio genus) is the largest joint in the human body. It is a hinge joint whereby the surfaces of the joint of the femur (medial and lateral femoral condyle) are hinged together with the surfaces of the tibia joint (facies articularis superior tibiae).

The knee cap (patella) is located in the tendon of the M. quadriceps femoris and on its reverse side also has a joint surface which articulates with the femoral condyles. This is called the femoropatellar joint.
In order to equalise the unevenness between the two joint surfaces (femoral condyles = convex; tibial plateau = concave), two menisci (inner and outer meniscus) are located on the tibial plateau. This enlarges the bearing surface of both femoral condyles on the tibial plateau and therefore considerably reduces the load acting on the joint cartilage.

Two strong collateral ligaments (lateral and medial ligament) stabilise the knee joint laterally. Both cruciate ligaments (anterior and posterior cruciates) stabilise the knee joint in an anterior/posterior direction.

Flexion and extension are the main movements in the knee joint. A rotation of the lower leg around its lengthwise axis is only possible if the knee joint is bent.
4. Manual diagnostics on the knee joint

On the one hand when making a diagnosis manually on the knee joint, the passive flexion and extension capability of the knee joint is checked.

On the other hand I also conduct Apley’s grind test – a test to check the menisci in the prone position.

It goes without saying that these movements have to be modified in patients with limited movement linked to severe pain.

It is also always advisable to test various everyday movements the patient makes such as putting trousers on and taking them off, going up and down stairs, getting in and out of the car.

These everyday movements can be used to check therapy success subsequent to therapy.
5. Simple bioenergetic therapy on the knee joint

The process is governed by the “There where it is” principle. There where it hurts, i.e. at the site of the pain is where the input electrode is placed. Depending on pain localisation, different electrodes may be used as the input. The modulation mat is used at the output.

Input cup after test / storage device 1 – 2
Chips / DMI: according to test / time: according to test.

Blood and sputum also urine have proved useful in the input cup. You can always use urine and blood together in the input cup. I have tested this several times with kinesiology and carried out therapy with both body fluids without the patient having had any negative reaction whatsoever. But it must be tested in advance.

5.1 Programs depending on indication

Knee joint programs:

821.1 Knee joint arthrosis
(1st recommendation)

633.0 Knee joint arthrosis
(2nd recommendation)

530.11 Knee joint arthrosis
(3rd recommendation)

371.2 Knee joint disease
(1st recommendation)

502.4 Knee joint disease
(2nd recommendation)

3056.0 Knee problems

If there is swelling of the knee joint:

→ Lymph programs

200 Lymph system, acute

201 Lymph, chronic

610 Lymph oedema

930 Lymph activation

830 Lymph activation

3066 Lymph activation
(low deep frequencies)

Post surgery for wound healing:

→ Scar programs

900 Eliminate scar interference for internal scars

910 Eliminate scar interference

927 Eliminate scar interference in the case of adhesions

→ Programs for cell regeneration

922 Tissue process, acute

923 Tissue process, chronic

951 Cell regeneration

931 Stimulating wound healing

3124 Cell regeneration, acute
(low deep frequencies)

3125 Cell regeneration, chronic
(low deep frequencies)

Pain in the knee / muscular complaints:

→ Pain programs

133 / 3133 (series 10133)
for patients with blocked reactions

630.1 Muscular pain

460.8 Muscular pain

3090.0 Pain in joints
(1st recommendation)
(low deep frequencies)

3091.0 Pain in joints
(2nd recommendation)
(low deep frequencies)

Of course this selection of programs is by no means complete. You can also use any other program that resonates with the patient.

Below you will find a few programs which have been tried and tested successfully on different patients in our practice. All the program parameters listed below are saved in our BICOM optima and are labelled with a number and an indication so that they can be tested easily on the patient. These programs emerged after individual basic therapy followed by individual frequency testing.
### 5.2 New bandpass settings by Marcel Riffel

<table>
<thead>
<tr>
<th>Frequency (low deep)</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6 Hz</td>
<td><strong>Stabilise ligament structures</strong></td>
</tr>
<tr>
<td></td>
<td>H + Di / H = 1.30 Di = 4.0 / constant amplification / wobble NO /</td>
</tr>
<tr>
<td></td>
<td>interval mode / time: 7 min</td>
</tr>
<tr>
<td>4.5 Hz</td>
<td><strong>Periostitis (inflammation of the bone)</strong></td>
</tr>
<tr>
<td></td>
<td>Di / constant amplification / Di = 1.70 / wobble YES / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 8 min</td>
</tr>
<tr>
<td>6.5 Hz</td>
<td><strong>Arthritis</strong></td>
</tr>
<tr>
<td></td>
<td>Di / sym. amplification sweep / amplification sweep rate 27 sec / Di =</td>
</tr>
<tr>
<td></td>
<td>23 / wobble YES / continuous mode / time: 12 min</td>
</tr>
<tr>
<td>7.4 Hz</td>
<td><strong>Ostealgia, post traumatic</strong></td>
</tr>
<tr>
<td></td>
<td>Di / constant amplification / Di = 33 / wobble NO / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 6 min</td>
</tr>
<tr>
<td>12.5 Hz</td>
<td><strong>Muscle tension (in this case in the knee)</strong></td>
</tr>
<tr>
<td></td>
<td>Di / constant amplification / Di = 13 / wobble NO / interval mode /</td>
</tr>
<tr>
<td></td>
<td>input cup: Blood / time: 14 min</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency (normal)</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>860 Hz</td>
<td><strong>Patella tip syndrome</strong></td>
</tr>
<tr>
<td></td>
<td>H + Di / constant amplification / H = 3.4 Di = 1.20 / wobble YES /</td>
</tr>
<tr>
<td></td>
<td>continuous mode / time: 8 min</td>
</tr>
<tr>
<td>1250 Hz</td>
<td>1) <strong>Osteosclerosis (hardening of the bone tissue)</strong></td>
</tr>
<tr>
<td></td>
<td>2) <strong>Periostitis (inflammation of the bone tissue)</strong></td>
</tr>
<tr>
<td></td>
<td>H + Di / constant amplification / H = 4.6 Di = 35 / wobble YES /</td>
</tr>
<tr>
<td></td>
<td>interval mode / time: 7 min</td>
</tr>
<tr>
<td>1260 Hz</td>
<td><strong>1st recommendation: Improvement in the liver’s excretory performance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>2nd recommendation: Baker’s cyst / swelling of the dorsal capsule, knee</strong></td>
</tr>
<tr>
<td></td>
<td>Di / constant amplification / Di = 12 / wobble YES / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 8 min</td>
</tr>
<tr>
<td>1940 Hz</td>
<td><strong>1st recommendation: Improvement in kidney function</strong></td>
</tr>
<tr>
<td></td>
<td><strong>2nd recommendation: Gonarthrosis</strong></td>
</tr>
<tr>
<td></td>
<td>Di / constant amplification / Di = 23 / wobble YES / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 5 min</td>
</tr>
<tr>
<td>105 kHz</td>
<td><strong>1st recommendation: Knee pain / Osgood Schlatter disease</strong></td>
</tr>
<tr>
<td></td>
<td><strong>2nd recommendation: non-specific liver therapy</strong></td>
</tr>
<tr>
<td></td>
<td>Ai / constant amplification Ai = 26 / wobble YES / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 6 min</td>
</tr>
<tr>
<td>122 kHz</td>
<td><strong>Growing pains (in the bones) in children</strong></td>
</tr>
<tr>
<td></td>
<td>Ai / constant amplification Ai = 64 / wobble NO / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 14 min</td>
</tr>
<tr>
<td></td>
<td>Input: painful joint / bony area / Input cup: blood / Output: Modulation mat</td>
</tr>
<tr>
<td>112 kHz</td>
<td><strong>Knee joint effusion with dancing patella</strong></td>
</tr>
<tr>
<td></td>
<td>Di / constant amplification Di = 22 / wobble YES / interval mode /</td>
</tr>
<tr>
<td></td>
<td>time: 6 min</td>
</tr>
<tr>
<td></td>
<td>Input: affected knee / Output: MM</td>
</tr>
</tbody>
</table>
5.3 Stabilisation for knee joint complaints through channel 2 using the honeycomb

In cases of painful knee joint:
- CTT (Combined Test Technique) ampoules (wood / large + small joints / stabilise tendons, ligaments, joints, bones)
- WALA joint ampoules for articularis genus or meniscus
- Zeel / Traumeel / devil’s claw / Arnica / St. John’s wort, etc.
- Phlogenzym / Ney Chondron (Regena Ney) / MSM (Methylsulfonylmethane with chondroitine and glucosamine) / equisetum arvense extract / manganese
- Ney Arthros / Ney Chondrin / Sanochond (all from VitOrgan)
- Precious stones (emerald / rock crystal / tiger’s eye)

In cases of swollen knee joint:
- CTT ampoules (water / lymph / impaired elimination / stressed interstitial cell tissue / green ampoule lymphogranulomatosis from the test kit degenerated cells)
- Elimination medication for the lymph system (e.g. lymphomyosot or lymphdiaral)
- Nosodes according to test (lymph node abscess / lymphorrhoea / infect. lymph / elephantiasis)
- Precious stones (green tourmaline)

5.4 Stabilisation for knee joint complaints through channel 2 using substance complexes

The stored substance complexes in the BICOM optima refer to specially compiled treatment information which often include a nosode, also aloha essences, homoeopathic medicines, precious stones, colour tinctures, spagyric remedies, Bach flowers and TCM therapy recommendations.

These are substances which specifically promote elimination and stabilise and support the organs.

In the case of knee joint problems you can make a selection under the heading ‘Musculoskeletal system’ or in the case of a swollen knee joint under the heading ‘Vessels’. Of course you can also use other substance complexes provided there is resonance.

Musculoskeletal apparatus:
- Arthritis
- Arthrosis
- Degenerative process in intervertebral disks
- Musculoskeletal system support
- Dupuytren’s contracture
- Suppuration, local
- Ganglion
- General support for joints
- Carpal tunnel syndrome (CTS)
- Bone fracture
- Bone healing
- Muscular pain
- Scar (skin/organ)
- Scar (bone)
- Polyarthritis
- Rheumatism (soft tissue)
- Ruptured tendon
- Tendovaginitis
- Tennis elbow
- Injury acute/bloody
- Tension
- Strain

Vessels:
- Arteriosclerosis
- Lymphangitis
- Lymph support
- Swollen lymph nodes
- Lymphostasis
- Lymph pharynx
- Phlebitis
- Thrombosis
- Ulcus cruris
- Vein strengthening

Important information about channel 2:
After selecting a therapy program in the BICOM optima device you now have the option of switching on channel 2.
In the menu you can now choose whether, in addition to the main channel (channel 1), to include substance complexes or substances via the honeycomb through channel 2.

Where a substance complex has been selected, the honeycomb is always activated too!

→ Meaning it is possible to deploy the honeycomb in addition to the selected substance complexes (Example: Arthrosis substance complex + large joint ampoule from the CTT Test Kit 5 Functional Circuits).

6. Cupping treatment of the lower extremity
The lower extremity region lends itself very well to cupping massage, with either dry or blood cupping.

Massage cupping in the region of the lower extremity

posterior thigh muscle
poplitea
calf muscle
dorsal view

iliotibial tract
anterail thigh muscle
lateral view
ventral view
1. The whole back of the leg region lends itself to massage cupping. Please be aware that massage cupping in the hollow of the knee can sometimes be very painful – therefore set the vacuum to a maximum of 0.2 bar. Also note that when massage cupping the calf muscles a small cupping glass is frequently needed.

2. Massage cupping of the back and front thigh muscles can be done very well using a 50-mm cupping glass.

3. The iliotibial tract is a sinewy fibrous reinforcement which stabilises the knee joint. Massage cupping is best carried out with the patient in the side position using a small glass.

All the three areas mentioned above are also eminently suited to dry and blood cupping.

The programs listed under points 5.1 and 5.2 are also perfectly suited for use with cupping.

The action of cupping in the lower extremity region:
Generally blockages within the body’s haemodynamics (blood flow) are eliminated.

The way cupping with blood works can be equated with micro bloodletting. The additional following effects can be achieved through the three different types of cupping on the knee joint:
- Elimination of toxins without stressing internal organs
- Stimulation of the blood and lymph system
- Immediate deacidification of over-acidic metabolism
- Very effective bioresonance therapy using valuable information obtained from gases released into the cupping glasses and the blood produced by the patient – both used in accompanying Bicom therapy
- Immediate tonus regulation locally in the musculature and connective tissue (= destressing of the PISCHINGER basic regulatory system)

The aim here is an improved self-regulation of the body so that the self-healing powers of the body can be brought into play as quickly as possible.

7. Interrelations lower extremity–meridian structures

In the leg region the following TCM interrelations occur between the lower extremity and the energy pathways (meridians). All the meridians named below traverse both the knee joint and the hip joint.

1. The stomach meridian runs to the side of the head (it joins some points with one another in the maxillofacial region). It continues to take an anterior course over the neck, the anterior wall of the body through the groin region over the anterior thigh via the fibula head and peroneal region to its end point on the lateral (fibular) fold of the 2nd toe.

2. The exit point of the liver meridian is located on the lateral nail edge of the big toe. It runs across the inner side of the foot, the medial lower leg and thigh region and the side of the abdomen. It ends in the 6th intercostal space caudal to the nipple.

3. The course of the spleen/pancreas meridian is similar to that of the liver meridian. It extends from the inner nail of the big toe fold across the inner foot and lower leg sections, the inner thigh, running in a cranial direction over the large pectoral muscle and finally ends a little further downwards at the level of the 6th intercostal space on the mid axillary line.

4. The gallbladder meridian starts on the lateral side of the eye. It connects the lateral outer parts of the head with the lateral body-leg region (extending over the hip joint) ending at the lateral corner of the nail of the 4th toe.

5. The bladder meridian runs mainly on the dorsal side. It starts in the head region at the medial corner of the eye
Photo series: “Cupping“ of the musculature surrounding the knee joint

Dry and blood cupping above the knee cap and the knee joint

Blood cupping of the calf muscles

Blood cupping of the lateral knee joint space

Blood cupping of the iliotibial tract
Dry cupping around the knee cap

Blood cupping around the knee cap

Blood cupping, fossa poplitea (hollow of the knee)
and runs across the forehead, cranium and neck (from here more or less with two branches) towards the foot along the musculature of the back. Its course continues over the buttocks, the back of the thigh to the hollow of the knee. From here it runs lateral to the calf (behind the lateral malleolus) on the outer side of the foot to the fibular nail fold of the small toe.

6. The kidney meridian is the last of the TCM meridians that traverse the lower extremity. This meridian begins at the small toe, runs across the sole of the foot and passes behind the medial malleolus. It runs across the medial side of the calf and the inner thigh to the anterior side of the body where it ends just beneath the clavicle (on the sternal end of the clavicle).

8. Bioenergetic test of the lower extremity

Currently when making bioenergetic diagnoses, we still need to use two external test ampoules from the manufacturer WALA.

These are the ampoules for the knee joint (articulatio genus) and meniscus.

The test is carried out on the affected side on meridian point joint degeneration 1 (Voll’s point for the joints of the lower extremity and the pelvic girdle).

With the help of the Combined Test Technique a test can now be performed to find out whether it is a case of a meridian – knee joint or a knee joint – meridian relationship.

If a correlation is found and with the help of the pink “signposting” ampoules of the 5 elements test kit, it can quickly be ascertained to what extent the knee joint or the meridian is stressed.

9. Influence of the maxillo-dental region on the lower extremity

I have already postulated several times that the teeth make up a superordinate security system based on the empirical experiences of Dr Voll, Dr Kramer and those working with kinesiology.

If the teeth allocated to the meridians and their segment-indicating muscles are considered from the perspective of the experiential data of kinesiology practitioners, it is noticeable that in the lower jaw alone all teeth have a muscle allocated to them (with the exception of both number 5s), that is linked to the knee joint and the lower extremity (in bold).

In the upper jaw also there are correlations between the knee joint bridging musculature and teeth 3 and 7 (also in bold).

Because of the essential integration and high degree of significance of the maxillo-dental region in the area of the transversalis fascia systems, the teeth must always be taken into consideration when obtaining bioenergetic findings on the knee joint.

Once you have identified one or several teeth through your bioenergetic tests, then you can quickly find out with the aid of the CTT and the network of knowledge of the various test professionals, how high the energetic disturbance potential of each tooth is and how you have to integrate this into your superordinate treatment plan.

In principle a tooth with an energetic malfunction should always be the starting point of treatment.

10. Physical therapy and other methods of treatment

In addition to bioenergetic treatment you can also apply everything you know from your wealth of experience. Here too I would like to limit myself to the methods I use in my practice.
### Upper jaw:

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Meridian</th>
<th>Muscles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth 1</td>
<td>stomach meridian – PMPC</td>
<td>(Pectoralis major pars clavicularis) / Sternocleido / neck extensor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>/ brachioradialis</td>
</tr>
<tr>
<td>Tooth 2</td>
<td>heart meridian – M. subscapularis)</td>
<td></td>
</tr>
<tr>
<td>Tooth 3 + 5</td>
<td>lung meridian – Serratus anterior / Coracobrachialis /</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deltoideus pars acromialis / diaphragm</td>
</tr>
<tr>
<td>Tooth 3</td>
<td>gallbladder meridian – M. deltoideus pars clavicularis / M. popliteus</td>
<td></td>
</tr>
<tr>
<td>Tooth 4</td>
<td>stomach meridian – PMPC</td>
<td>/ Sternocleido / neck extensor / brachioradialis</td>
</tr>
<tr>
<td>Tooth 6 + 8</td>
<td>S/P meridian – Latissimus dorsi / Trapezius transversus /</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>/ M. opponens pollicis / triceps brachii</td>
</tr>
<tr>
<td>Tooth 7</td>
<td>small intestine meridian –</td>
<td>M. rectus femoris / M. rectus abdominis</td>
</tr>
</tbody>
</table>

### Lower jaw:

| Tooth 1 + 3 | circulation-sex meridian – | Adductors / Gluteus medius + maximus / M. piriformis                     |
| Tooth 2 + 4 | large intestine meridian – | M. tensor fasciae latae / ischiocrural muscle / quadratus lumborum       |
| Tooth 5    | liver meridian – PMPs       | (Pectoralis major pars sternalis) / rhomboids                            |
| Tooth 6    | triple warmer meridian –    | Teres minor / Sartorius / M. gracilis / M. gastrocnemius and soleus      |
| Tooth 7    | small intestine meridian –  | M. rectus femoris / M. rectus abdominis                                 |
| Tooth 8    | bladder meridian – Peroneal | muscles / M. tibialis anterior / back extensors                          |
| Tooth 8    | kidney meridian – Iliopsoas | (Psoas major and iliacus) / Trapezius descendens                         |

## 10. Physical therapy and other methods of treatment

In addition to bioenergetic treatment you can also apply everything you know from your wealth of experience. Here too I would like to limit myself to the methods I use in my practice.

Dramatic effects to support treatment can be achieved with the aid of manual therapy / osteopathy, thermotherapy and electrotherapy.

If you use acupuncture, neural therapy or the Dorn method in your practice, you can of course integrate these into the overall treatment plan.

## 11. Limits to bioenergetic therapy

If you have patients with arthritic complaints and severe malfunction of the knee joint you will have to use manual treatment techniques as well to improve symptoms.

Also Bicom resonance therapy cannot restore health to the degenerative changes in a joint. However it can make a significant contribution by enlisting the self-regulatory powers of those structures bridging the affected joint that are still healthy and functioning properly.
12. Concluding remarks

Dear colleagues,

I hope I have been able to inspire you with one or two of my tips and also help with how to take a bioenergetic approach to an orthopaedic problem such as knee joint conditions.

I also hope that you will all continue to carry out therapy with a lot of heart and soul and be as enthusiastic each and every day about this form of therapy as I am.

If you want to know more about treating joints and teeth or about cupping therapy, we invite you to attend one of our seminars from our extensive seminar program.

I wish you all the very best in your future therapeutic activities.

Marcel Riffel