BICOM therapy - keeping it simple

and

notes on macular degeneration

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INTRODUCTION

Honoured friends and colleagues,

It is a distinct pleasure to appear before this distinguished group. I hope I can add a little information that will be of use to you in your practice and encourage you to test various ideas and to use the BICOM to its maximum with the least effort.

There are two subjects I wish to present to day. One I hope will make practice simpler and the other is a successful strategy for managing for a very serious condition.

I have been in practice as a Chiropractor for over 50 years. I am a Certified Teaching Diplomate in Applied Kinesiology. I have studied EAV since the mid 1970’s, having received my original training under Dr. Voll. I have been studying and using Bioresonance therapy since the early 1980’s and was honoured to study with Dr. Franz Morell and many other eminent energetic medicine innovators over the years. In chiropractic and in energetic medicine, I have studied many procedures and techniques. There is not one that I didn’t get some good and useful information from. However, I have found that most techniques start out simple and over time become more and more complex while some of the fundamental and simpler aspects become forgotten or pushed into the background. This does not mean that these changes are all bad or not progress, it is just an observation I have made over the years.

I have found myself in the position many times in the past where I, myself, was making things more complicated than they needed to be. When I stopped and went back to fundamentals, I often got as good results as when I was doing the more complex procedures.

Why am I telling you this story? I have been using Bioresonance therapy for over 20 years and have found myself in a similar position many times. Does this mean I want to give up all I have learned from the research and teachings of the many fine healers in this group? Do I want to give up the many test kits that are available to us? No, I just want to remind you and myself of the great power of our procedures when using the BICOM. Our procedures from the beginning are very powerful even when used in their most basic and fundamental form. With the introduction of the BICOM 2000 everything has become even easier in many ways. It is a great advancement in our work, as anyone who has used it will attest.

IDEAS ON KEEPING IT SIMPLE

With this concept of keeping things simple, I offer the following ideas and procedures I have been using with great success.

1. When treating acupuncture points, I use program 130 (H+Di, frequency sweep and reciprocal amplification sweep). Both points with high readings and points with low readings respond very well. If a point does not respond rapidly, I then switch to program 112 for high points (Ai, frequency sweep and amplification sweep) or 113 for low points (H+Di, frequency sweep and reciprocal amplification sweep). It then takes only one or two seconds to bring the point to a normal reading. Using this procedure I save time and energy by using just one setting for all points. 90 % percent of the points respond well and only 10 % need other settings.
2. When treating patients with bacteria, virus, fungus or parasites, I use program 133 (Ai/A alternating, frequency sweep and amplification sweep) with the test vial or substance in the input cup. Again, using just one setting saves time and calculations and works very rapidly in most cases. Muscle testing with the program running will quickly demonstrate if the program is compatible. If the patient puts a hand over the area of complaint or an active acupuncture point, a normal muscle will become inhibited (weak). The correct BICOM program will cancel this weakening effect, providing a very rapid cross-check of your analysis. If the program doesn’t improve neuromuscular function, try a different program, such as 130, 100, 105, 977 or any appropriate program from the manual.

In general, on established patients on whom I have completed a health history and a basic physical exam, I do a basic therapy based on quadrant measurements. Follow up therapy is chosen from the BICOM manual for the meridian most involved (acute or chronic). Choose the involved meridian according to point measurements or by clinical symptoms. The input is placed on the quadrant with the highest reading and the output is the BICOM 2000 mat. I then balance any specific points on the meridian with the greatest involvement and the meridian related to the chief complaint of the patient if these have not returned close to normal, although they usually have returned to normal, showing the power of the BICOM 2000.

When a patient is referred to me by another physician for an analysis to help locate a hidden problem or to located the main blocks keeping them from responding, I usually do not know or even want to know a lot about their history. All I want to know is what areas the patient is concerned about. All CMP points are then measured, plus Ly 1, 2, 3, the Scar point on the Skin vessel (Sk 1 a) and sometimes relevant additional points such as adrenal point on Triple Warmer (TW 1). Next I identify the key meridian to treat according to Five Element analysis or by understanding the physiological relationships and potential sources of therapy blocks. The abnormal points on this meridian are now treated. If the meridian has been chosen correctly, on remeasurement, the other points that were out of balance will have returned more toward normal. This is a great confidence-builder for the patient and the doctor. This is a very simple procedure.

NOTES ON MACULAR DEGENERATION

Now I would like to tell you about the success I am having with a potentially devastating condition that appears to be on the increase in the past few years, macular degeneration. This can lead to blindness or severely decreased vision.

After basic therapy and follow-up therapy as above, paying attention to any obvious meridian stresses, I balance the EAV eye point located on the Lymph Vessel (Ly 2a). This point is located mid way along the radial side of the first metacarpal bone of the hand and on the line of demarcation between the palmar and dorsal skin. The patient is instructed to massage the boney orbits of both eyes twice a day. As most of you know, there are EAV points for each anatomical part of the eye located along this ridge.

The patient’s nutrition is important for the overall outcome. It is necessary to supplement a healthy diet with anti-oxidants. A formula that contains multiple anti-oxidants is most valuable as a basis. Of course, every supplement should be checked to be sure it helps the points tested. It also should be checked on the Allergy Vessel to be sure there is nothing in it to which the patient will have an adverse reaction.

Patients usually require at least 1,000 mg. of vitamin C and 1,000 mg. of citrus bioflavonoids. The bioflavonoids are especially important for those with the so-called wet form of macular degeneration with vascular proliferation problems.

There are two herbs which have been used frequently in this condition, ginkgo (Ginkgo biloba) and bilberry (Vaccinium myrtillus). Of these two, I have found that bilberry works best for extended periods of time without the patient developing an intolerance or allergy to the substance. Any herb should be checked frequently on the Allergy vessel and Liver meridian to catch the possible development of an intolerance or sensitivity.

The amino acid taurine also has been found to be useful in macular degeneration, and we have used this on several patients with good results.

Chiropractic and/or cranial adjusting gives an advantage as well.

For example cases I will present three cases that cover several levels of success.

Case 1

The first case is a 60-year-old female who had been recently diagnosed with macular degeneration.
that was advancing fairly rapidly. When she asked her ophthalmologist what was going to happen she was told she would be blind in about two years. She started treatment with me and was checked every three months by her ophthalmologist. At each visit she was told that her condition was improving but that one never gets better from this condition despite objective evidence that she was improving. At the end of two years she was told that there was no macular degeneration evident. She had been treated one time every other week by the treatment plan outlined above.

Case 2

The second case was not a complete success in that I did not get complete resolution but a substantial gains were made. A 45-year-old male that had been declared legally blind. I started treatment one time a week due to the extreme condition which appeared to be deteriorating rapidly. We were making some progress when his ophthalmologist decided to inject cortisone around his eye to reduce any inflammation that might be there. After the injection we lost ground and it was four weeks until we regained our previous level of improvement. Then in the next few months his vision improved enough for him to go back to his job as a heavy construction machine operator but never enough to be able to drive an automobile.

Case 3

The third case is a 65-year-old female who had been recently diagnosed with macular degeneration just starting in her right eye and moderately advanced in the left eye. She was treated every other week. After six months of treatment, upon reexamination by her ophthalmologist, her right eye had no macular degeneration and the left eye had improved measurably. She reports that approximately one day per week she still notices fuzzy vision in her left eye but only when she is very tired.

Remember, this is a condition which is medically “known” to be irreversible, so any change for the better is quite gratifying.

CONCLUDING REMARKS

I hope I have given you some encouragement to work with patients who may have supposedly irreversible conditions, especially for those of you who are new to this therapy, and that I have reminded the rest of us how powerful this treatment can be, in even the most fundamental form.

I wish to thank Regumed and Hans Brügemann for giving us this amazing instrument.

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