Polyneuropathies

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Introduction

To say “We can’t do anything for you”, are difficult words to proclaim for doctors and bitter news for the patient. Unfortunately, I lived this kind of experience after a traffic accident in 2003. My spine was fractured. Thoracic vertebrae 4-5-6 had to be operated. My operation was wonderful. My doctors were the best. But something went wrong. After surgery we started rehabilitation. At that time, due to a wrong movement, cervical dislocation of C 5-6 occurred. Then diaphragma palsy occurred. A second operation was necessary. Many therapies, lots of drugs, a lot of rehabilitation but still I was very sick. At that time I became acquainted with bioresonance therapy. Then my doctor, who was interested in my pulmonary disease, told me that we couldn’t make anything about it. “I will be healthy. I don’t know how but I will be healthy”, I answered her. I began my job three months after starting bioresonance therapy, getting better and better and I am well now. I haven’t got any neurological deficit. After returning to my professional life, I began to treat my patients with Bicom.

Many patients who came to my practice had been confronted with this statement: “We can’t treat you. There is nothing we can do.” It is surprising that with bioresonance, homeopathy or acupuncture we are able to help these patients in many ways. Some of my patients believed that nothing could be done and started arguing with me when I told them that treatment was possible. With these cases my bad experience with my health was my luck. I show them my pictures before I start treatment and they see me now and decide to be treated with bioresonance therapy.

Polyneuropathy

My presentation is about polyneuropathy patients. All finished bioresonance therapy. 25 out of 44 patients were completely healed. They have no neurological signs or symptoms. Diagnosing studies of patients are normal. The remaining 19 patients have less neurological symptoms. Clinical symptoms and signs are better and show no progression of the illness.

Polyneuropathy is not one kind of disease. Polyneuropathy may be associated with a disease or may be idiopathic. I learned after bioresonance therapy that nothing is idiopathic. Every disease has one or more consequences.

A typical axonal polyneuropathy begins in fingers or toes with sensorial involvement. Most common sensorial involvement is glove-sock like involvement. With progression of disease, loss of reflexes, possible hyperesthesia or anaesthesia occur. Atrophy of muscles and loss of muscle strength develop from distal to proximal. With progression sphincter dysfunction may occur.

For classification of axonal and demyelinating polyneuropathies the history of the patient is very important. The most important clinical test in polyneuropathy is electromyography (EMG). With EMG we can differentiate:

- Axonal polyneuropathy from demyelinated polyneuropathy
- Neuropathies from myopathies
- Nerve root dysfunctions from distal nerve dysfunctions
- Generalized polyneuropathy from multiple mononeuropathy
- Upper motor neuron disorders from lower motor neuron disorders
Another diagnostic method is sural nerve biopsy. Sural nerve biopsy is used for differentiation of

- Vasculitis
- Multifocal demyelization
- Lepra
- Sarcoidosis

Other tests are HbA1c, ESR, serum protein immunophoresis, BUN and creatinin levels.

Many kinds of systemic disorders such as drugs and toxins may be associated with polyneuropathies.

Some specific polyneuropathies are:

1. Acute inflammatory demyelinated polyneuropathy – Guillain-Barré syndrome: loss of reflexes, motor paralysis, elevated BOS protein level with no pleocytosis, demyelating motor and sensorial polyneuropathy. It may associate with EBV, Herpes virus, campylobacter, HIV, mycoplasma infections. Demyelination can be demonstrated with electromyography.

2. Chronic inflammatory demyelinated polyneuropathy: hyporeflexia or areflexia may be seen. Decreased muscle strength, elevated BOS protein level with no pleocytosis occur. It progresses slowly and shows relapses.

3. Diabetic polyneuropathy: distal, symmetrical, sensory motor, axonal polyneuropathy. Sometimes with isolated CNIII and IV palsies. It may be associated with truncal neuropathy and autonomic neuropathy.

4. Multiple mononeuropathy: often associated with connective tissue disorders and vasculitis.

CASE STUDIES

In the following I report on 44 polyneuropathy patients treated with Bicom bioresonance.

Only one of them had the Guillain-Barré syndrome, a 52 years old female patient.

**1 Case:** Female, aged 52

**Guillain-Barré syndrome**

*The patient had FMF [familial Mediterranean fever] and came to my practice after having taken colchicine for three months. She had quadriparezis [incomplete paralysis of all four extremities]. Her muscles tested 2/5 distal and 3/5 proximal.*

**Bicom tests**

When I tested her, I found:

- Heavy metal intoxication: mercury
- Allergy to milk
- Intolerance to colchicine
- Tetanus vaccine blockage
- Electromagnetic stress

I learned that her home was near an electrical base station. First of all she moved to another neighbourhood.

**Bicom therapy**

The factor that triggered the disease was a Herpes infection and I began to treat it with bioresonance therapy.

I told her to stop cholchicine. I treated colchicine with Bicom therapy. One month later she began to take cholchicine again. To remove the electromagnetic stress, 10 bioresonance sessions were needed. After milk dieting, I treated the milk allergy. Then she received tetanus vaccine therapy.

Additionally I gave:

- Chronic and acute nervous system therapy:
  - Program number: 230, 231
- Chronic and acute tissue treatment:
  - Program number: 922, 923
Nutrient point Q10 and vitamin B12 (according to Sissi Karz)

Cell regeneration: 402, 839

Strength of muscle: 931, 941

After 3 months treatment muscle strength had become 5/5. Both her neurological and physical examination were normal. Her only complaint was numbness in fingers from time to time.

After one year her control electromyography was normal.

7 cases: Diabetes patients

Seven out of 44 patients were diabetic. Two of them were female.

All of these patients complained about sensorial dysfunction in their feet. All had an elevated HbA₁c level. Five out of these seven patients complained about weakness in legs and feet. They had failure to thrive. All of these patients had a wheat intolerance and small vessel involvement.

The reason of vessel involvement was a leptospira infection. I treated these patients on three levels:

1. Treatment of diabetes mellitus
   - Support of pancreas:
     Program numbers: 300, 301, 450
   - To regulate insulin-glucagon expression:
     Program numbers: 860, 808
   - To regulate carbohydrate metabolism:
     Program numbers: 819, 530, 500 992

2. Treatment of circulation of small vessels
   - Program numbers: 240, 241, 504, 503

3. Treatment of polyneuropathy

To treat wheat allergy is essential. Any other allergy influencing the nervous system meridian must be treated too.

Detoxification was very important. The detoxification organs of these patients were in bad condition due to circulation disorders. In case of existent electromagnetic stress, heavy metal stress or chemical stress, these were treated too.

All diabetic patients were treated carefully. None of them complained.

36 remaining cases:

Idiopathic polyneuropathies

The other patients had idiopathic polyneuropathies of classical medicine. They had numerous tests but no reason of their illness.

Bicom tests

In my tests I found:

- Electromagnetic stress
  (36 of 36 patients)
- Vaccine blockages (19 of 36 patients), mostly tetanus vaccine, furthermore measles, polio and influenza vaccines
- Heavy metal intoxication
  (29 of 36 patients), mostly mercury
- Chemicals (17 of 36 patients)
- Allergies: Mostly milk and/or wheat
- Viral infections (33 of 36 patients), mostly Herpes viruses, second EBV
- Bacteria (3 of 36 patients), thereof Campylobacter (1 patient), Neisseria (2 patients)

Very important proved to be treatment of the blockages.

1. Electromagnetic blockage
2. Sacroiliac blockage
3. Atlantoaxial blockage
4. Jaw joint and teeth blockages
5. Hamer’s foci blockages
6. Cortisone and drug blockages
7. Scar blockages
8. Spine blockages

Bicom therapy

After having removed the blockages, I started treatment. While treating, I determined which factor had less influence on the patient. The least influencing problem was removed first, thus preventing its renewed attack.
Treatment was performed according to the patient’s aetiology. Additional programs were given to strengthen the nervous system and muscles.

After the treatment, 25 out of 44 patients were cured completely. Their physical and neurological examinations were normal.

EMG findings were normal. 19 out of 44 patients were cured, apart from minimal neurological disorders but none of them shows progression of disease.

They come for an examination once in every six months.