Treating spinal and joint disease with Bicom bioresonance and Bicom chips

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Dear colleagues,

Pain and limited mobility in the region of the spine is now unfortunately a common problem for our patients — as are complaints involving the lungs and bronchi. It is interesting to observe time and again that the two issues are sometimes very closely related to one another. This is also confirmed above all by the fact that therapy chips have to be applied to a nutrient point in the anterior or posterior lung area following treatment. The zones for vitamin C or vitamin E metabolism (left or right below the clavicle) are most often needed for this — in the back this generally relates to one of the points on the inside of the shoulder blades which is linked to "gold" or "silver". There are not (yet) any therapy programs for these "nutrient points", yet chips very often have to be placed on these zones.

**RELEASING BLOCKAGES IN THE AREA OF THE SPINE**

The following general setting has proved effective in releasing blockages, particularly in the flexible area of the spine, and in mobilising the central nervous system. The electrodes are basically positioned as follows:

**Input:** narrow flexible electrode over the forehead

**Output:** large modulation mat from back of the neck downwards.

The input electrode registers both zones of the neurovascular points above the eyes, i.e. rational and emotional regulation on the forehead and brings the therapeutic oscillations to bear starting from the nerve crossing in the back of the neck downwards over virtually the whole spine.

To reach all the blockages in the spinal area through frequencies, program no. 915 — releasing blockages — is needed for this general indication with a slower frequency sweep than in the basic programs and an amplification of A 1.55.

This gives the body slightly more time to react to all its individual information amplified 11/2 times. It is important here, as with all sweep programs, to test the time factor accurately to prevent over-treatment with possible unpleasant consequences. A supplementary individual frequency program — as is normally required after a sweeping basic program — is only necessary on very rare occasions.

However, it is important with this setting to test thoroughly whether D114I frequencies are possibly of benefit before therapy with endogenous oscillations, at the same time as program 915 or afterwards. The patient frequently needs help beforehand and sometimes even during Bicom therapy. This must be determined separately in each individual case, however.

In addition, it is essential to test beforehand whether the patient needs therapy information applied to Bicom chips which is generally the case. In my experience, between 1 and 4 chips are needed for this type of therapy which generally have to be applied after therapy to 1 or 2 nutrient points plus possibly 1 or 2 zones on the spine. It is particularly interesting here to see upon which nutrient point a chip is required as this provides an additional clue as to which nutrient is being incorrectly processed and is partly responsible for the spinal complaint.

**LIMITED BLOCKAGES**

Limited blockages of individual segments of the spine can also generally be alleviated by bioresonance therapy using the following setting.

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Input: sit on two foot plates (ilium-thigh)
Output: magnetic articulated band or magnetic depth probe on blocked and/or painful spinal region(s).

When treating pain in these narrowly defined zones, input information is required via two electrodes so that the underlying muscles corresponding to the spine can also emit their information.

In this case, the output electrode should not be large so, in these situations, a modulation mat is not recommended at the output but instead to work within narrow limitations.

For this reason it is always beneficial to connect 2 or 3 chips to the output so that, after therapy, further intensive follow-up treatment is possible in the blocked region of the spine.

In cases such as this, the painful area in the spaces between the vertebrae should be tested on both sides to see where the chips should be applied. 3 or 4 days’ follow-up treatment is generally sufficient.

With this indication a chip usually also has to be placed on a point in the pelvis — near the ilio-sacral joints — which are linked to "boron" or "cadmium". Yet the top of the cleft between the buttocks with its "tungsten" association is sometimes used here. This means that hereditary transmission or birth trauma is also involved for this patient and this should be incorporated in further therapy.

The therapy setting for localised spinal blockages is program no. 581 — blocked spinal segments — with a centre frequency of 3.7 kHz. Here the stimulus for the body to correct itself lies, above all, in therapy setting A and attenuation of the input frequency to 0.80, whereby the body is called upon to increase its own performance.

**DAMAGED INTERVERTEBRAL DISKS**

Another issue which virtually amounts to a widespread disease is damaged intervertebral disks.

Two completely different settings have proved effective for treating disk disorders and I should like to describe them here in more detail.

Unfortunately, for years far too many cases of worn disks have been treated surgically frequently resulting in even more problems than beforehand in the form of pain and limited mobility. Once surgery has been carried out, it is generally much more difficult to overcome the painful limited mobility which may occur more frequently and to completely eliminate the pain.

In any event, it is better for the patient first to be treated intensively before an operation in order possibly to prevent the need for surgery.

For therapy to support worn intervertebral disks, which are also always connected with intestinal problems, the electrodes are applied as follows:

Input: medium flex. electrode on solar plexus (navel)
Output: large modulation mat from coccyx upwards.

The frequency best suited for therapy is that around 119 kHz — almost exactly the same frequency which helps tremendously in relieving pain in the back of one side of the neck and lies in the frequency range of the chronic degenerative large intestine program.

As the program settings for gum disorders and post-operative treatment also lie within this frequency limit, it can be concluded that the necessary program (no. 550) is just the right one to put straight dysfunctional mucosal processes — which also includes the intervertebral disks in the widest sense.

Four Bicom chips are usually required to supplement therapy. These not only need placing in the affected area but frequently also have to be applied to the CO₂ point on the left upper arm, to the vitamin Q10 point on the tip of the breastbone or to the inositol point above the right breast. This then shows us whether the patient's symptoms are also connected with the environment, with self-denial or deficient metabolism of fats plus carbohydrates.

**SLIPPED DISK**

We speak of a slipped disk if nucleus pulposus material has already pushed through part of the disk. If this is the case, we have to work with a completely different frequency for it is a case of strengthening the cell structure and, if possible, building it up again to the extent that the intervertebral region regains its sliding function and the patient is as symptom-free as possible.

To achieve this, the electrodes are preferably placed as follows:
Input: narrow flex. electrode on diseased intervertebral disk region
Output: small modulation mat diagonally across back of neck and shoulders.

The program best suited to therapy here is no. 440. Attenuation of Di 0.65 in the 10 Hz frequency range starts a gentle "veering round".

Following this with program no. 341 — for chronic degenerative connective tissue processes — with the electrodes in the same position has also proved highly effective. The frequency here is also 10 Hz, the setting, however, is H 0.5. This setting gives the body the order to also defend itself against the decomposition process.

In these cases just 1 or 2 chips are generally also needed at the output to imprint the therapy information. These must be applied to the intervertebral region, either on both sides or just on one side, for a few days.

It is recommended to test very thoroughly whether the chips of both programs are needed or possibly only just from one or the other program.

If, for example, only the H settings are required on a chip, then DMI frequencies nearly always also need to be applied so that the process of building up the defective disk can be advanced more intensively.

INDIVIDUAL SETTINGS

With all types of spinal complaints it is obviously best if the patient is treated as a specific individual. The following procedure is the most direct:

- The therapist stands behind the patient,
- simultaneously touches the intervertebral spaces to the right and left of the spine in turn moving from top to bottom
- and checks via the usual muscle test which zones are troubling the patient
- and marks these areas (see picture on top of next column).

In this patient there are only four areas.

This defines which of the impaired spinal segments has priority as regards treatment.

In this young woman it was the only area located on the left.

To test out the electrodes for individual spinal therapy, a narrow flexible electrode is placed diagonally on the area of the spine (or the button electrode is placed on this site) and connected by a lead to a hand electrode which the patient is given to hold.

This produces the same effect as the patient themselves touching the spinal region and you can now test out the electrode arrangement.

The magnetic depth probe is often needed at the input in the area of the blockage and the small modulation mat either over or under it (sometimes also diagonally).

First of all, the basic program is then adjusted with these electrodes according to the quadrant mean and the patient's pulse quality is subsequently noted to determine the individual frequency.

Once this has been found, using the list of indications it is easy to discover which aspect in the determined frequency range is most needed by the patient's body to reduce the symptoms. This also indicates the reason why the problem has arisen or why it could become established.

When adopting this individualised approach, it is frequently necessary to imprint several chips at one go to treat the spine — in extremely blocked situations up to 8 chips! These are then almost always needed alternately to the right and left of the spine after the therapy session. When testing them out, you should always work from bottom to top.
With this particular patient, three chips were required in the area of the spine and a fourth had to be applied to the vitamin B15 point on the left side of the breast bone. So the oxygen supply to the heart was involved to improve the supply to the spine.

**KINESIOLOGY TESTS**

Another very promising and far-reaching approach for treating spinal and, especially, joint problems is, as a first step, to test the most important muscle connections to the meridians and organ systems using kinesiology.

The following illustrations reveal how testing is carried out.
### Vessels

- conception vessel
- governing vessel

### Main muscle tests

<table>
<thead>
<tr>
<th>Muscle Test</th>
<th>Image</th>
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<tr>
<td>for heart</td>
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<tr>
<td>small intestine</td>
<td><img src="image2.jpg" alt="Image" /></td>
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<tr>
<td>bladder</td>
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<td>kidneys</td>
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<td>circulation</td>
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<td>triple warmer</td>
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<td>gallbladder</td>
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<td>liver</td>
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<td>lungs</td>
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<td>large intestine</td>
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<td>stomach</td>
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<tr>
<td>spleen/pancreas</td>
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Six additional muscle tests linked to:

1. stomach meridian
2. kidney meridian
3. elbow (link to liver)
4. wrist (link to spleen/pancreas)
5. knee-joint (link to gallbladder)
6. knee-joint (link to circulation)
A note is made of all the muscle tests which turn out weak. This indicates which muscle or organ connection has priority when it comes to treatment.

If the patient touches this organ and you check all the muscle tests which previously tested weak, you will find that they now turn out strong.

This means that the inadequate functioning of one single organ is responsible for the dysfunction of the whole muscular system!

Normal focal therapy is then conducted relating to this organ. In other words, the input and output electrodes are tested in relation to this organ, whereby an electrode (and then later 1 or 2 chips) must usually be placed on the muscle zone in the spine or joint area which corresponds to the particular organ.

In the course of the basic program you then once again determine the individual frequency which is increasingly needed and test out the indication program which examines the background to the problem.

Admittedly this approach takes slightly longer yet it saves time later as therapy attains its objective sooner and also the background to the spinal problems is uncovered more quickly. All muscle filaments interact further with other muscles which end at the spine and are anchored to it. Consequently it is worth the trouble of testing. Sometimes you discover the strangest connections as a result.

So, for example, it happens relatively often that symptoms in the area of the thoracic spine originate in the area of the knee-joint and therefore need treating through the gallbladder region so that the patient recovers.

In these situations, Bicom chips must usually be placed in the hollow of the knee and on the acidophilus point in the gallbladder area. A chip is less often needed in the area of the right lateral line at the lower edge of the costal arch which is the zone for all lipolysis. If this is necessary however, then the entire fatty metabolism and the patient’s diet should be sorted out.

This approach has proved most successful in my practice for it emerges time and again with all patients that just one, or at most two, muscle groups are responsible and all the other difficulties occur as a result.

This for me is real holistic bioresonance therapy which extends way beyond the usual treatment of symptoms.

In the book "Touch for Health" by John F. Thie (which I would recommend to all therapists) the origin of each muscle and its muscular attachment is nicely drawn in so that you know straight away which muscle system leading to the spine represents the main problem for the patient.

Alternatively, if you have this book, you can have the patient touch this blocked muscle area and test the electrodes in relation to this. The modulation mat then usually needs to go on this zone at the output.

The input here may possibly be the organ or system belonging to the muscle test. However, the input electrode may be placed somewhere else completely.

When the electrodes have been decided upon and positioned, then it is best to proceed as in normal focal therapy.

By using the individual frequency approach, you then also learn what the overall symptoms are connected with and why the body was not capable in the past of resolving the spinal problem.

These three individual therapy options have for years proved effective in the practices of a number of therapists, with each having their particular favourite.

The easiest to perform is definitely that of testing out the individual intervertebral spaces while the second option of focal therapy via the organ belonging to the muscle is the most far-reaching. All three methods of tackling the problem are effective. In the end, they always result in very similar electrode positions and/or programs.

OUTLOOK

From these alternatives, try to find one which best suits your way of working and you will definitely experience the success you seek in treating spinal and joint complaints.

If, in addition, you test out accurately how many chips you must charge with energy and then place these at the right points after therapy, not forgetting to accurately test out the application time needed, then success will not be long in coming.