

Bioresonance Therapy Provides Noteworthy Results in the Treatment of Chronic Inflammatory Bowel Diseases

Are ulcerative colitis and Morbus Chron (Ileitis terminalis) really incurable diseases?

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Introduction

Just like allergic diseases (in particular the allergic diseases such as neurodermatitis), chronic inflammatory bowel diseases (Morbus Crohn and ulcerative colitis) are becoming more frequent by the day. They mainly occur in countries with high living standards such as North America or Western and Northern Europe. In both cases, statistics show a frequency of 2-5 cases per 100,000 inhabitants and a prevalence of 27-37 cases per 100,000 inhabitants, and most patients are diagnosed with these diseases between the ages of 15 and 30 (Scheuerlen). These diseases present symptoms such as concentrated, often bloody-slimy diarrheas, abdominal pains, considerable weight loss, joint pains and skin conditions, just to name the most obvious ones. These are an enormous strain for the patient as well as for their relatives. Because of their constant relapses, patients are frequently unable to work for long periods, and often they are unable to participate in a normal social life due to their symptoms. Schölmerich defines Morbus Crohn and ulcerative colitis as chronic diseases that the patients have to cope with for their whole lives.

Etiopathogenesis

The etiopathogenesis of chronic inflammatory bowel diseases has been researched with great intensity, especially in recent years, but still no causal factors could be found. During the Fourth Interdisciplinary Symposium of Chronic Inflammatory Bowel Diseases in April 1993, in Wiesbaden (Germany), it was emphasized that the etiology of Morbus Crohn and ulcerative colitis was still uncertain. But the orthodox medical experts agreed on one thing: these diseases must have their origin in a multifactorial genetic disposition - although neither the transmission modus nor the responsible genetic segments could so far be discovered (this multifactorial theory was being based on the interpretation of epidemiological, molecular biological, immunological and genetical investigations - based particularly on the evidence of certain auto-antibodies against neutrophile Granulocytes in patients with colitis ulcerosa, by Shanahan, et al, Los Angeles).

Roth, Petersen, et al, reported in 1989 in the magazine Gastroenterology about a high disease risk in children if both parents were diseased. Here we have the parallel to neurodermatitis as a displacement disease where Wuthrich and Schneider proved in Zurich that the risk of a newborn to contract neurodermatitis lies at 60-80% if both parents are suffering from this condition, as compared to 5-15% if both parents are healthy. On the other hand, Weiss (Mannheim) was able to prove that almost a third of the Crohn patients also had a related skin disease (stemming from his own investigations regarding the quantitative importance of skin conditions in 119 patients with chronic inflammatory bowel disease, of which 99 had Morbus Crohn and 20 had ulcerative colitis).

Therapy

The therapy of chronic inflammatory bowel disease today is - in accordance with general scientific criteria - a purely symptomatic, medicinal, long-term treatment and relapse prophylaxis with 5-amino-salicylic-acid, and/or mostly high and lifelong steroid dosages in the case of ulcerative colitis. Lately, it is common to combat therapy-resistant cases of ulcerative colitis with operations involving resection of

the entire colon and rectum while keeping the sphincter apparatus intact (the so-called ileonal pouch operation). With Morbus Crohn, up to 30% of patients remain steroid-dependent. Salazosulfapyridine did not show any firm positive long-term remissions, but 5-amino-salicylic-acid preparations appear to be more effective, according to latest investigations. However, there are frequent relapses (according to Scholmerich).

Frequently, complications such as fistulas, abscesses or strictures are forcing operations to be performed. Just as for Morbus Crohn, 30% of patients have to be operated upon within the first years after diagnosis. According to a Danish study (Kopenhagen), 55% of a total of 185 patients with Morbus Crohn had to be operated on at least once in 10 years. Although ulcerative colitis is predominantly being treated conservatively, the Danish study showed that, in fact, 31% of 783 involved patients with ulcerative colitis had to be operated on during a period of 18 years (R. Raedsch).

Alimentation Therapy (Diets)

Next to the medical therapy, today more importance is given to diet therapy for chronic inflammatory bowel diseases - either by a special diet in the acute phase or symptomatically with an exclusion diet (Lochs). For instance, Alun-Jones, et al, have found that Morbus Crohn patients on exclusion diets, which individually excluded badly tolerated foodstuffs, stayed relapse-free longer than patients on a generally fiber-rich diet.

Also, Lochs (University of Vienna) showed in April 1993 that patients with chronic-relapsing bowel diseases frequently develop food intolerances which can be avoided by exclusion diets. Just as in the case of food allergies, he finds that for Crohn patients often the same foodstuffs resulted in intolerance as in the case of allergies, with the chief culprits being wheat, milk, various vegetables and maize. However, he claims that particular individual foodstuffs which cause inflammatory bowel disease have not been found as yet.

Prof. Goebel, University of Essen (Germany), reports that some patients showed a milk sugar intolerance based on a lactose deficiency, which would lead to diarrhea. This milk intolerance should, however, not be confused with an allergy. But one should advise the patient to stop drinking milk.

To summarize, one has to state that, according to the present status of scientific insights, the leading gastroenterologists consider as unproved any causal relation between diet factors and etiology on the one hand, and the cure of chronic inflammatory bowel diseases on the other hand (Lochs, Goebell, Lorenz-Meyer, etc.). They even advise against any one-sided diet in order to avoid turning patients into diet-"cripples."

Biophysical Therapy

A true revolution came through Dr. P. Schumacher, Innsbruck, with his 1991 scientific publication covering 200 allergy cases over the period of one year: with the aid of biophysical allergy diagnosis, he was able to prove as cause a foodstuff allergy in 64% of these cases. Wheat allergy holds first place with 34% and cow milk allergy is second with 16%. Based on his discoveries on 100 neurodermatitis patients which showed that this type of disease was always accompanied by an underlying hyper-reaction to a mostly masked cow milk or wheat protein allergy as a causal factor, Schumacher suggested investigating this further as well as similar connotations for the chronic inflammatory bowel diseases.

Today, the users of Bioresonance Therapy know from their own testing and therapy results that, just as neurodermatitis, also Morbus Crohn and ulcerative colitis have to be seen as a hyper-reaction of the organism to a masked cow milk or wheat protein allergy, on the basis of specific genetic dispositions.

On this basis one can also apply the Schumacher-described biophysical concept with the "biophysical code," the specific electromagnetic vibrational information of the allergen and the allergy acceptance as biophysical impregnation on the basis of a hereditary disposition. The hereditary disposition (which was already observed by Schumacher, et al,) and the in-family accumulation of these allergic diseases seem to be indirectly confirmed through recent scientific investigations, especially by epidemiological, molecularbiological, immunological and human genetic data, as well as by the evidence of antineurophile cytoplasm antibodies against neutrophile granulocytes (Shanahan, etc.) in ulcerative colitis patients, while immune disturbances are made etiologically responsible (Goebell, Hartmann, Fischbach).

Ecker, Homburg/Saar (Germany), concludes that, in the final analysis, chronic inflammatory bowel diseases are most likely a hereditary or acquired incompetence of the intestinal immune system in the conflict with the bowel contents.

Lausen, Freiburg (Germany), holds the opinion that "etiologically with existing genetic disposition factors of the bowel contents, bacteriologically or dietetically, changes of the protective mucus production and immunological factors play a role. It therefore would seem that the etiology of both diseases is identical."

A paper by a U.S. scientist in 1989 further confirms our investigation results. Leberthal and his collaborators from the Buffalo Hospital were able to find an increased concentration of serum antibodies against cow milk proteins in 80 children with Morbus Crohn and ulcerative colitis, with the highest titres being ascertained in the active state of the disease.

Own Results

With my own investigative results, I would like to confirm the possibility of clearing up the etiopathogenesis and, thus also, the treatment of chronic inflammatory bowel diseases by Bioresonance Therapy.

Patient data: During the period July 1, 1988 to August 31, 1995, 66% of all my allergy patients had a milk and/or wheat protein allergy. Schumacher showed in his statistics from 1990 over one year with 200 patients an accumulative effect of about 50%. In this way, the significance of food allergies as the chief cause of allergies in the overall disease situation should thus be highlighted.

And of these patients, we are looking at 35 patients with chronic inflammatory bowel diseases, i.e., 25 with ulcerative colitis and 10 with Morbus Crohn. In all these patients, the actual diagnosis was secured through medical-scientific criteria, i.e., disease progression, endoscopy and histology. Age-wise, the greater part of these 35 patients were between 20 and 30 years old, and the rest were equally distributed over the next decades up to age 55.

Of the 25 patients with ulcerative colitis, 17 had a cow milk allergy and 8 patients a wheat protein allergy; of the 10 Morbus Crohn patients, 6 had cow milk and 4 wheat protein allergies.

In 66% of these cases with chronic inflammatory diseases, a cow milk protein allergy was thus shown as a causal factor, and in 34% a wheat protein allergy. Also, other Bioresonance therapists report similar combinations. The discrepancy to clinical allergology, which until now still negates a specific food allergy as a cause for a chronic inflammatory bowel disease, can be understood by the fact that with the existing immunological test methods - particularly also with the allergen-specific IgE - the correlation in the case of food allergy lies maximally at 40%. Reimann, Triczuek-Gartner, Lewin, Wahn, et al, have

directed attention to the problematic situation with the RAST-test and have diagnostically recommended to use the elimination diet with the following provocation test.

I executed the actual Biophysical Allergy Therapy according to Schumacher. Prerequisite is the strictest observance of an absolute dietary allergen exclusion (i.e., next to milk or wheat also the exclusion of all foodstuffs and stimulants with the slightest traces or molecules of the allergen); via the inverted total allergen vibrations, the Bioresonance device subsequently constantly decreases the allergy attraction and then even eliminates the allergy completely. Elimination of the allergy attraction which is stored in the organism is therefore tantamount to an actual cure of the allergy, and that is exactly the revolutionary aspect of this Biophysical Allergy Therapy.

Through strict observance of an absolute allergen exclusion, mostly very quickly a reduction of the activity degree of the disease was achieved concomitantly with an attenuation of the symptoms, so that also a careful reduction of the current medicinal therapy - of mainly cortisone and 5-amino-salicylic acid - could be introduced at the same time.

Results

The results of this Biophysical Therapy are as follows:

Of the 10 Morbus Crohn patients, 6 were cured; this means that since their therapies, they are entirely symptom-free and in a very good general condition. Stool was mostly only once per day, without any blood or mucus traces, and they can eat everything again, even milk and wheat products.

The longest observation period with freedom from symptoms, as of today (i.e., 1993), is 4 years since the start of my Bioresonance activities with respect to a 48-year-old patient: he had contracted Morbus Crohn in 1967; and in 1969, he had a hemicolectomy with ileotransversostomy after relapsing fistula formations and abscesses. In 1987, he also had an extended partial ileo resection because of stenosis in the old anastomosis area. Bioresonance therapy was started in November 1989, after I was able to diagnose a wheat protein allergy.

Of the remaining 4 Morbus Crohn patients, one male patient with MC since 1972, who also had a right-side hemicolectomy with ileum part resection, could so far not make up his mind to have therapy; he has, however, experienced a noticeable improvement of his symptoms because he had decided to eliminate milk products from his diet - so he no longer needs cortisone and uses only 500 mg. 5-amino-salicylic acid per day.

A 22-year-old female patient with MC from milk protein allergy since mid-1991, who first came to see me in April 1993, also has still not made the decision to have therapy because she is not ready to observe a milk product exclusion diet. She receives 5-ASA therapy. Two patients never came back after diagnosis and dietary instructions. Of the 25 ulcerative colitis patients, of which 17 had a milk and 8 a wheat allergy, so far 16 patients were completely cured. Four patients are still receiving therapy. The remaining five patients went through diagnosis but then never came again.

Case Reports

For improved demonstration and better understanding, herewith are some short descriptions of 2 cases, one with MC and one with colitis ulcerosa:

Patient: E.L., female, aged 23

Diagnosis: Morbus Crohn

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Anamnesis: As a small child transient neurodermatitis; hay fever since childhood.

Family anamnesis: A brother also has Morbus Crohn with milk allergy; father: pollen allergy

Start of disease: Late 1989 with stomach pains, flatulence, diarrhea relapses and repeatedly suspected appendicitis.

August 1990: Total colonoscopy. Massive proctitis, flat ulcerations disseminated in the entire colon as well as inflammatory lesions in the terminal ileum. Histological findings suggested Morbus Crohn.

Therapy: With 5-ASA, but without pronounced improvement. Quote from one of her doctors at a large clinical complex: patient should slowly get used to the fact that she is incurable.

Biophysical Allergy Testing showed cow milk protein allergy with hypersensitivity Pollinosis.

My therapy: Start with cow milk protein dietary exclusion and relief therapy every 8-14 days. Reduction of the 5-ASA therapy - but worsening of condition through visit to a coffee-house due to her hypersensitivity, and exam stress.

Allergy therapy: After allergy therapy at the end of February 1991: completely symptom-free, normal and well-formed stool.

Control colonoscopy on 3-11-91 in the mega-clinic: "Apart from a small inflammatory area, normal lumen and membrane conditions throughout the whole colon. Bauhin's valve wide, immediately behind it possibly hyperplast. Reddish lymph follicle, then normal mucus membrane. Histologically largely unnoticeable small intestinal mucous membrane of the ileum with regular contrast and intact epithelium and, at worst, a very tiny chronic oedema. Otherwise, colon under stepwise biopsy has at worst very little and hardly active non-specific colitis, without evidence of epitheloidcellular granulomes." Mega-clinic's Doctor's comment: "This can only mean that our previous diagnosis of Morbus Crohn must have been wrong."

Patient: A.H. female, 54

Diagnosis: Ulcerative colitis

Anamnesis: Since 1950 for some years: "allergy with badly itching red spots all over the body." Since 1980, regularly occurring rheumatic complaints, and in 1987 worsening of condition: she could hardly walk. This resulted in the removal of amalgam from her teeth (in October 1981 she was tested and found to have a severe chronic mercury/amalgam stress with 408.0 ng/g creatinin (normal is less than 50.0).

About 6 months after the amalgam removal came the start of a colitis ulcerosa with a spread right up to the right-side flexion, with relapse-prone and heavy thrusts: almost hourly water-bloody stool activity with violent tenesmi, nausea, vomitus as well as muscle and joint pains. Hospital treatment at least twice a year. Long-term therapy with 5-ASA, colifoam and prednisolone in differing high dosages.

Biophysical Allergy Diagnostics on 6-26-92: cow milk allergy, amalgam stress.

Allergy therapy: August 1992.

Result: Beginning Oct 92 - completely symptom-free.

Observations

The following important observations can be made as regards the etiopathogenesis of chronic inflammatory bowel diseases:

1. The disease cases described have presented the proof that we are primarily faced with a hyper-reaction of the organism, on the basis of a genetic disposition, to a cow milk or wheat protein allergy, which can be cured through Biophysical Allergy Therapy with the aid of Bioresonance therapy of the allergy proneness existing in the organism. This opens up a parallel to neurodermatitis as a displacement disease, for which Schumacher has already shown the cause to be mostly a masked cow milk or wheat protein allergy in hundreds of neurodermatitis patients, and in which he was able to bring about a cure, although neurodermatitis has always been considered as incurable by the school of medicine.
2. Schumacher already postulated the biophysical character of the allergy proneness of such diseases on the basis of an hereditary disposition, and this has now been confirmed by the more recent, initially demonstrated epidemiological, molecular-biological, immunological and humangenetic investigations of medical science in an indirect way. There is a consensus that we are dealing with a multifactorial genetic disposition.
3. Of special significance, and probably co-responsible for the manifestation of the chronic inflammatory diseases - as well as for the neurodermatitis only later in life - seems to be, among other things, a chronic mercury poisoning through amalgam. Almost without exception, each of these patients (which is also confirmed by other trialists) had multiple amalgam fillings in their teeth, and in numerous cases evidenced by the DMPS mobilization test, this had led to a pathologically increased mercury and copper elimination in the urine. Here one would have to discuss a chronic stress on the immune system through mercury as one of the triggering factors.
4. Although it was so far clinically and experimentally impossible to prove that a bacterial infection could have been a causal factor, it should be stated that some cases of chronic inflammatory bowel diseases retain their symptoms, even after therapy of milk or wheat allergies, as a result of secondary Candida infections; only specific antimycotic therapy may then produce a cure. Also, other secondary infections have already been recognized and treated accordingly.

Summary

The etiopathogenesis of chronic inflammatory bowel diseases, which are increasing in frequency similar to diseases with displaced symptoms, is, according to medical science, unclear to this day. But their latest investigations allow the supposition of a multifactorial genetic disposition. A causal relation between dietary factors and the possibility of curing these bowel diseases is so far being considered as scientifically unproved. Still today, in the current school of opinion, Morbus Crohn and ulcerative colitis are considered to be chronic, incurable diseases, which patients have to contend with for their whole lives.

Thanks to Bioresonance therapy and the fundamental trial work of Schumacher on food allergies, it has become possible to prove that the cause of chronic inflammatory bowel disease is primarily a hyper-reaction of the organism to a cow milk or wheat protein allergy, similar to neurodermatitis. This biophysical therapy method holds the key to these "incurable" diseases via its capability of eliminating allergen information in the organism, as is evidenced by the covered case descriptions.

Morbus Crohn and Colitis Ulcerosa patients have the opportunity through Bioresonance therapy to rid themselves of a debilitating and lifelong disease and to start life afresh.