Successful BICOM treatment of central nervous system disorders in children

Dr. Andrew Barrie, PhD and Mrs Anna Barrie, Non-medical practitioners.
Energy Waves Clinic, Adelaide, Australia.

INTRODUCTION

The purpose of this paper is to share the experiences and successes of our clinic in Adelaide where we have been practicing bioresonance therapy since 1998 after training in England. We currently have three BICOMs and four therapists in the clinic and we see anyone we feel we can help. We also provide BICOM training courses in the Australasian region.

Our treatments are based exclusively on BICOM with nutritional advice where appropriate. Our difficult cases come from all over Australia. We do not specialize in any particular area, but do see a fair number of children with behavioural problems often referred by the well-known child psychologist, Dr Louise Porter. Although we have a vast amount of data in our files, the pressures of private practice prevent us from presenting a statistical analysis as expected in a research paper. Instead, we are aiming to provide therapy tips to help fellow BICOM practitioners improve their success in this area.

We first became interested in ADHD twelve years ago when our son was 8 years old and reacted violently to red and blue food colourings (E124 and E133). As parents, not then practitioners, we joined the Hyperactive Children's Support Group (HACSG) in the UK. There we learned about the Feingold programme, based on avoiding food additives and salicylates combined with supplementing necessary vitamins and minerals.

Later, we were both looking for career changes. Anna trained in Traditional Chinese Medicine and Andrew was looking for something related to the concept of biological energy (Chi) which also made use of his background in scientific research. Most of his career had been spent developing techniques that applied physics and chemistry to problems in biological and medical research, mainly using instrumentation. He first looked at magnetic therapy , which put him in contact with Dr William Philpott, a psychiatrist and clinical ecologist associated with some of the early pioneers in food allergy research and author of *Brain Allergies*. At that time, we did not realise the significance of Philpott's work for our future career in BICOM therapy, which began in 1997 with the advanced training course offered by Matt Jentzsch and Silke Polifka in London.

In this paper, we are not addressing the orthodox medical views of diagnosed conditions such as ADHD and autism as these have been covered in papers at previous Fulda congresses. Our discussion is focussed on BICOM treatments for allergies and infections and programs using patient's oscillations, which we have found helpful for children with disorders of the central nervous system.

CLINICAL ECOLOGY APPROACH

Our treatments are based on the two main principles of clinical ecology: the *total body load* concept and the *target organ* concept.[1]

Total Body Load

Strains are seen as cumulative and include physical strains such as radiation; biological strains such as pathogens and food allergies; and chemical strains such as pesticides, heavy metals and drugs. *Resistance* is the combined effect of the immune and detoxification systems. Where the *total body load* of 'strains' exceeds the *resistance*, the person becomes ill. (Fig.1)

Treatment is based on treating the largest strains first. This will bring down the total body load faster. The largest strains are expected to be things like central food allergens rather than environmental allergens. For example, wheat rather than pollen.
In theory, each patient has an individual body load to be determined by testing but, in practice, there are associations between strains and diseases. For example, we all know about cow's milk and asthma. The same hold for brain allergies as we shall discuss in the following sections.

If the patient's resistance is high, they will recover faster as only a few treatments will be needed for the total load to fall below the resistance. A patient with low resistance will need more strains treating. If allergies are still being treated, it is unwise to boost the immune system but detoxification can be stimulated by programs such as liver detoxification, 430, toxin release, 970 and renal activation, 480. We use a detoxification program in every treatment session. For beginners, we have made up new programs with higher amplification and an amplification sweep of 8 sec. to avoid the need to test amplification. These are respectively 1043 (Ai = 6), 1097 (Di = 6) and 1048 (Ai = 32).

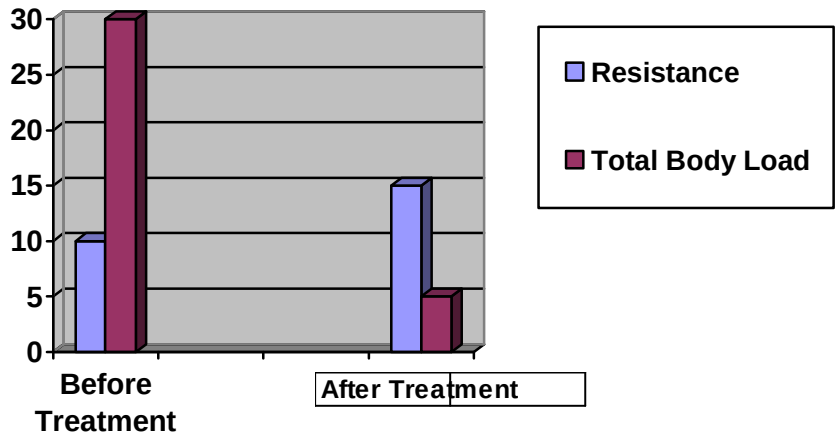

Fig. 1 Schematic Representation of the Total Body Load Concept

Target Organ

This concept is based on the observation that some part of the body always receives more of an allergic reaction than the rest. Whatever the strain, a food or chemical, the symptoms always strike at the weak point – the *target organ*, for example the lungs with asthma. The brain is a very sensitive and common target organ and 'foggy brain' is a common allergic symptom.

THE FEINGOLD APPROACH [2]

This food programme, introduced by Dr Ben Feingold for ADHD, dyslexia, autism and other brain disorders, focuses on avoidance of two groups of foods:

Group 1: All food and drink containing:
Synthetic colourings and flavours
Glutamate flavour enhancers
Nitrates and nitrites
Benzoates
Butylated Hydroxy Anisole and Toluene (BHA and BHT)

Group 2: Aspirin and all food and drink containing salicylates

Both groups are avoided for 4-6 weeks and then group 2 is gradually re-introduced. Group 1 is never re-introduced. The HACSG advise trying an elimination diet for wheat and cow's milk as well. They also advise supplementing zinc and essential fatty acids.

BICOM practitioners can test all the above and treat salicylates with program 977 and the synthetic materials with program 979.

THE PHILPOTT APPROACH [3,4]

On the basis of 25 years research in psychiatry and neurology, Dr William Philpott became convinced of the 'organic' nature of brain disorders. He believes that what we might call minor brain disorders such as ADHD, dyslexia, autism and lethargy are caused by the same process as major brain disorders such as schizophrenia and manic-depressive disorders. He sees it as a chronic progressive process and notes that his schizophrenic patients commonly describe their learning disorders as a child. In his experience, "more than half of the so-called 'psychosomatic' reactions are in reality undiagnosed allergic reactions."

In this model, the starting point for organic brain disorders is a viral infection from the herpes family, usually *Epstein-Barr* (EBV), c*ytomegalovirus* (CMV) *or human herpes virus 6* (HHV6). It begins in early childhood before the brain has reached maturity. A chronic, smouldering viral encephalitis progressively injures the brain, especially in the areas dealing with emotion, judgement, perception and in the motor area producing hyperkinesis and/or lethargy. In many cases, the mother has had a herpes virus infection before conception that is re-activated by the stress of pregnancy, thus infecting the foetus. It may also be passed in saliva from an infected adult to the child, for example by kissing.

Next, there develops a state of reactions to foods, chemicals or inhalants as well as nutritional deficiencies. The chronic viral infection has prepared the brain to be the target organ and so symptoms appear there. Philpott finds gluten to be the most frequent and severely reacting food allergen, followed by cow's milk and corn. He uses elimination diet followed by a test meal for testing allergens and a 4-day rotation diet for treatment.

He points out that gluten is the most addictive of all food substances, explaining why we commonly face reluctance from patients to avoid it during treatment. (We have had reports from parents that children have taken crusts of bread from the rubbish bin.) During digestion in the

stomach, the gluten molecule is split to form the narcotic, exorphin, which becomes addictive when absorbed through the small intestine if pancreatic enzymes and bicarbonate are inadequate.

THE PHENOLIC APPROACH [5]

Technically, phenol is an alcohol of benzene, the basic building block of many 'organic' chemicals. Any chemical with a benzene ring is called 'aromatic' because many of these chemicals have a smell.

So, any molecule, which contains a phenol base but with extra atoms added to it is a phenolic compound. They are found widely in nature and give colour, flavour and smell to foods, protect plants against pathogens and attract pollinating insects because of their smell.

Their allergic nature was discovered in 1979 by Dr Robert Gardner, Professor of Animal Science at Brigham Young University in the USA. He was a very allergic person, and felt that his allergies might be caused by some aromatic compounds in foods. He obtained pure compounds and made dilutions of these (as in homeopathy). Taking these drops under the tongue, and using pulse testing, he found he could neutralize his food allergies.

In 1982-83, Dr Abram Ber used EAV testing followed by Gardner's technique using 24 phenolics firstly on himself and his sons. His sons' school performance improved noticeably as did that of most children he later treated. He reported that the treatment was "particularly successful with infants and children, with excellent results in autism, hyperactivity, dyslexia, insomnia" and other conditions.

The 24 Phenolics used by Abram Ber

Apiol	Ascorbic acid (vit C)	Cinnamic acid
Coumarin	Eugenol	Gallic acid
Indole	Menadione (vit K)	Phenylalanine
Phenylisothiocyanate	Phloridzin	Rutin
Choline	Dopamine	Histamine
Malvin	Norepinephrine (Noradrenalin)	Piperine
Piperonal	Pyrrole	Serotonin
Tyramine	Uric acid	Vanillylamine

Those he associated with neurological disorders are gallic acid, malvin, pyrrole, serotonin and noradrenalin. They can all be treated by BICOM therapy and we recommend treating gallic acid and malvin early. Because they occur in so many foods, treating these first will reduce the number of treatment sessions required. Gallic acid is in about 70% of foods and malvin in about 35 foods. It is impossible to avoid these foods and we find BICOM treatment to be effective without allergen avoidance.

If serotonin and noradrenalin test positive with an Ai program, we wait until viruses have been treated and then retest. Candace Pert[7] has shown that the cell receptors for these neurotransmitters can be occupied by viruses, thus preventing the serotonin and/or noradrenalin from attaching. We believe that this shows as a positive Ai test with the BICOM and that the test is showing an *excess* of these compounds rather than an allergy. In our experience, the Ai test becomes negative after the viruses have been treated.

OUR PROTOCOL - General

We use a combination of all the above methods and some we have developed ourselves.

Most of the children we see with brain disorders are under 12 years old. In this case, our first appointment is only one hour. For older children we allocate the same time as for adults, 1.5 hours. Follow-up treatments are one hour. We ask for a questionnaire to be completed and returned by post before the first visit. We insist that the child drinks water on arrival at the clinic. The first visit is dedicated to clearing energetic blocks and testing for strains. Treatment is carried out during follow-ups.

OUR PROTOCOL - First Visit

Step 1 – EAV testing and energetic balancing

We begin with EAV measurement of quadrants. For over twelve's we include meridians. Often we find a clear indication of an imbalance between the hand and foot points. For example, QH values 47 and 48; QF values 33 and 35. This usually indicates a chakra imbalance. If not corrected, this will hinder testing for strains and make treatment less effective.

We use the Keymer chakra vials with program 192 to find the vial, or vials needed, testing on a Fire meridian (HE or TW). We then use a step-down program, 1192, to find the approximate amplification (192 changed to A=64, steps decreasing, 300s). This will first test at A=64, then by pressing the 'E' button it will drop to 32, then 16, then 8. For beginners, this will quickly find an amplification. Program 192 is then used for the treatment with the amplification changed to the tested value. Experienced practitioners can 'fine-tune' the amplification slightly above this value. Time should now be tested (5 min. is often found) and the treatment given with electrode placement as for an allergy treatment. Do not use DMI with a BICOM 2000. With hyperactive children, we very commonly find the Solar Plexus Amplify vial is needed. An alternative to using these vials is to use the programs 970, 962 and 940 listed in the BICOM computer manual, testing for amplification and time.

Chakra treatment is always followed by a 133 program, input both footplates, modulation mat under head and back, time adjusted for age (12 years = full time, 6 years = half time, etc). Even if chakras are balanced, run this treatment. In working with adults where we do full EAV testing, we have found that this will almost always balance all meridians and avoid the need for meridian therapy. This is flooding the bladder meridian, which has links to other meridians from points on the spine and works in a similar way to "aggressive energy treatment" in acupuncture. The patient is now energetically balanced (you can recheck quadrants to be sure) and ready to be tested for strains.

Step 2 - Testing Radiation Stress

Next, we test programs 700, 701 and 702 on an Earth point (OD or SP). If none of these tests, it is worth testing different values of H and Di for the 702 program because children use computers and are being given mobile phones at an early age. In South Australia, we have uranium mining and residual nuclear fall out which shows up on program 701. Australians often have to fly long distances and cosmic radiation shows on program 701. Also in Australia, the electricity fuse box is often located on the outside of a bedroom wall, perhaps near the head of the bed and waterbeds (electrically heated) are popular. You will have to think about local conditions in your country to see how your patients may be affected. Of course, geopathic stress applies everywhere. We had an eight-year-old boy with epilepsy, whose symptoms disappeared after treatment for geopathic stress. Sometimes radiation programs only test with a Kurzbak[8] test, using the hammer on the forehead or spleen.

Step 3 - Testing Strains

As mentioned in the clinical ecology section, we want to find and treat the big strains first. That means those that test at highest amplification, Ai=64. We use a step down testing program, 1191. This is program 191 changed to Ai =64, decreasing steps, time 300s. As with program 1192 described above, this enables initial testing at 64 and lower values of 32, 16, etc to be quickly selected, usually in the follow up visits to check on progress.

We start by testing metals/minerals, and in the case of children with brain disorders, often find zinc testing as a strain, which we interpret as it being rejected, or not absorbed by the body. Magnesium also commonly tests as a strain and both of these minerals are lacking in vegetables grown in our area. Copper excess is known to block the uptake of zinc and magnesium as well as certain vitamins and has been linked to autism. An interesting observation is that copper blocks the synthesis of noradrenalin and Ritalin and dexamphetamine have noradrenalin-like actions on the brain.[6] Previously we used to test for 'masked' toxic metals such as copper and mercury by provoking with program 972 (A=64) and testing 30 minutes later. Recently we have found that these will often show without provoking if we use the Kurzbak test with the hammer on the forehead or the liver. Toxic metals may also be linked to parasites. To avoid over complicating matters, we refer you to papers by Alan Baklayan on parasites.

Next, we test central food allergens, wheat, gluten, milk, eggs, yeast, sugar, salicylate and peanuts. If none test we used to go straight to a masked food allergy test, ask the patient to avoid the food for 4 days, then eat some 1.5 hours before the next visit. Recently we have found that some apparently masked allergens will test if we use the Kurzbak with the hammer on the forehead. Since doing this we have found a greater number of cases of gluten and salicylate allergy in agreement with the Philpott and Feingold models. It is important to note that when we find a gluten allergy this does not mean celiac disease. Celiac disease occurs when the target organ is the small intestine. What we are finding is the brain as the target organ for gluten.

The next step is food additives as listed in the Feingold section, followed by phenolics. Australia has few restrictions on food additives and multinational food companies readily use substances that are banned in Europe. Practitioners in other countries will have to vary their choice of test substances depending on the local situation.

Having covered foods, we then move on to infections. We start with herpes viruses and, without exception, every hyperactive or autistic child tests positive to at least one of these, supporting the Philpott model. If a child is uncooperative and difficult to test, we simply give a treatment using a vial with a mixture of herpes viruses. On the next visit, the child has usually calmed down sufficiently to be tested. In fact, we have to give credit to William Philpott for our high success rate. The treatment of herpes viruses is without doubt the strongest weapon in our armoury for these children. Other infections and vaccinations are then tested if the child is cooperative. Otherwise, we continue this at the next appointment.

Another important group of viruses are those carried by mosquitoes, which are widespread throughout Australia and neighbouring countries. At a recent seminar in Indonesia, four out of ten practitioners tested positive to the *flavivirus* group. *Flaviviruses* affect both the liver and the brain. Another group, *bunyaviruses*, may only show with a Kurzbak test on the forehead. When these test positive, we often also find pituitary hormones, such as TSH and vasopressin, also testing as strains, suggesting that the viruses are located in the pituitary. The most common of these is *trubanaman*.

OUR PROTOCOL – Follow-ups

Every follow up has the following structure:

Step 1	Measure quadrants and treat chakras if necessary
Step 2	Basic therapy
Step 3	Treat several strains (only one vial in the input beaker at a time) using programs 977 for foods, 978 for infections, 979 for metals and synthetic chemicals.
Step 4	A detoxification program chosen from the programs 1043, 1097 and 1048 as described above under “clinical ecology”.

Step 1 Energetic Checks

We begin every follow-up with a quadrant measurement followed by chakra treatment, including program 133, if necessary.

Step 2 Basic therapy

If chakra treatment is not needed, we have a choice of basic therapies.

a) If the child is very agitated and uncooperative, program 131 is useful.

b) When viruses are to be treated, as in the first few follow-ups, we use a Di program for the basic therapy, which we call 1149 (virus calming). The standard 1149 program has a frequency sweep of 8s, amplification sweep of 5s, Di=64, time = 8 minutes but the time is reduced according to the age of the child. The input electrode is a flexible neck strap to pick up signals of the infection from blood vessels and lymph nodes in the neck. If possible, we also use a drop of blood on a swab in the input beaker.

c) Once the viral load is reduced (a negative Ai = 0.025 test on a blood sample), we move to a 'self-regulation' series of programs for a basic therapy.

'Self-regulation' series of programs

1]	Laterality program 535 (individualise amplification and time). Input: headband on forehead and square electrode on thymus. Output: modulation mat on back. Input beaker: ear wax
2]	Program 133, time = 3 min. Same electrodes as above.
3]	Program 198, time = 5 min. Output only, modulation mat Input beaker: Australian Bush Flower Essence "Cognis" or "Relax"
Drops are made up for the whole series.	

This treatment has been used successfully as a maintenance procedure for children who have already been treated for strains and helps with dyslexia. Typically, they come back for a 30-minute appointment every 2 weeks for 4 - 8 visits. Teachers have noticed an improvement in mathematical skills and have asked parents if they have been doing anything different.

Step 3 Treating Strains

We check for masked allergies during the follow-up period. One masked allergen that is particularly important is glucose. What we really testing for is "masked carbohydrate" since glucose is the end product of carbohydrate metabolism. We give a diet sheet that allows both vegetable and meat protein, and fruits and vegetables with low glycemic index. The patient is to eat only these foods for 4 days before the next visit. Then $1^1/_2$ hours before their appointment, they have to eat something high in sugar such as a cake or a jam doughnut with a glass of grape juice. They will normally then test for glucose and possibly also fructose, sucrose and insulin. This will also allow a test for masked wheat or gluten and yeast if they were also in the food. Sometimes also, lactose shows since it is a sugar. We find this to be an extremely valuable test for all age groups as treatment results in a remarkable reduction in craving for carbohydrates. Mothers who want to lose weight are particularly interested! Another observation we have made is that treatment of a masked glucose allergy seems to boost the immune system. Pathogens that tested in the first visit have often gone away without being treated with the BICOM, and the child becomes less susceptible to infections.

In general, when treating strains we find three treatments are necessary, ideally one week apart. We tend to use program 998 the first time. For the second treatment we use 977, 978 or 979 with amplification set to the tested value (expect 2 – 8) which allows a reduced time compared with the standard Ai or Di = 64, 10-minute program . The third treatment usually needs an amplification of 1 or less.

CASE HISTORIES - AUTISM

Autism is a brain disorder that begins in early childhood and affects three crucial areas of development: communication, social interaction, and creative or imaginative play. Treating autistic children is challenging but rewarding as you are helping the whole family. These children do not like change and it is preferable for them to see the same therapist for each visit in the same room. The first visit is normally stressful for patient, parent, therapist and clinic staff. The child may scream continually, strike the parent or pull their hair, and have to be restrained by the parent. We believe this is because the child has a CMV headache and is frustrated at not being able to speak. These children also suffer from frequent infections, digestive problems, eczema or asthma.

At subsequent visits, after the herpes virus treatment has begun, the child is normally quieter, willingly holding out a hand for testing, enjoying listening to the sound of the EAV testing. We often find classical music (one beat per second) will keep them calm. Often the child will take too much interest in the BICOM and make sudden lunges to try to operate the keypad.

We have been working with a group of five boys, diagnosed with autism and aged from 2 to $6^1/_2$ years at the time of their first visit. All developed autism after measles, mumps, and rubella triple vaccinations. All were enrolled on a behavioural therapy programme from the Lovaas Institute aimed at enhancing language and communication, social/play, pre-academic and independent living skills so that they may require less professional attention as they grow older. The goal of all the parents was for the child to be accepted for normal kindergarten or school, or, if already at school, to be allowed to continue. This was achieved in all cases.

Our first patient from this group was a boy aged $3^1/_2$. His first visit was in April 2003 and he is still having maintenance treatment with us because of the steady improvement he has made with speech and social skills. At his first visit, he could not speak at all; he could only scream and would bite, kick and pull his mother's hair. He had recurrent infections and had had tonsils and adenoids removed and grommets fitted in his ears. (Australian doctors are keen on surgery). He tested on the following strains: measles, four herpes viruses, polio, gluten, milk, egg, gallic acid, sugars, copper, magnesium, zinc and other allergens. After six visits, his digestive problems had gone, he was cooperative and began to talk, playing word games with his six-year-old sister who came with him to the clinic. His sister would say "ready, steady" and he would say "go". She would then play a game where she made "footsteps" with her fingers on his hand and say "round and round the garden" and he would complete it "goes the teddy bear". The next part is where she says "one step, two steps and away up in the air". At this point she runs her fingers up his arm and tickles him under the arm pit with great laughter from both of them. After he had had nine treatments over 5 months, the parents of the other boys began making appointments with us. The strains tested for this group were as follows:

Strain	Number of Boys
Gluten	5
Measles	4
Cow's milk	4
Glucose	4
Copper	4
Cytomegalovirus (CMV)	4
Herpes Zoster	3
Epstein Barr Virus (EBV)	3
Egg	3
Salicylate	2
Malvin	2
Zinc	2
Polio	2
Trubanaman	2
Vasopressin	2
Mumps	1
Rubella	1
Magnesium	1
Gallic Acid	1
HHV-6	1

The four who tested on measles vaccine were all hyperactive; the one who tested on mumps and rubella but not measles was quiet and withdrawn. The hyperactivity and digestive problems ceased after herpes viruses and central food allergens were treated. (4 – 6 visits). Also at this stage, they are all starting to talk and teachers report that they are reading out loud, recognising shapes and colours. After 7 – 10 visits, we get reports of sitting through a whole movie, improved motor skills such as riding a bike and playing football with other children. At this stage they are having the 'self-regulation' series of programs as the initial strains have been treated. We also see improved social interaction. This is both from reports from school and our observations in the clinic. They will arrive and address staff by name, and ask to borrow a favourite book. For example, "Hello Andy, Bugs Bunny book please". They will also follow instructions, for example to pick up a piece of paper and put it in the bin or to return a book to the table in the waiting room.

Infections tend to be less frequent at this stage in the therapy. However, one word of warning. The child's resistance is still fairly low and if they get a bad cold, it may reactivate a herpes virus. This is easy to spot because hyperactive behavior returns. Don't worry, this doesn't mean you have to begin the treatment all over again. One treatment will deactivate the virus at this stage. If the child is totally uncooperative, we don't test which herpes virus but simply run program 978 with a herpes mixture vial in the input beaker. We also treat the current infection (cold or flu) using program 1149 with a drop of blood in the input beaker followed by program 1043, set to Ai=64, for the liver. Over time, resistance will steadily improve and the chance of a herpes virus reactivating will diminish.

The boy who tested on mumps and rubella and who was withdrawn rather than hyperactive was aged $6^1/_2$ at his first visit in April 2004. His 4-year-old brother also came to see us (he is in the 'measles' group). The father had given up his job to be a full-time carer for his two autistic boys. He was already at school but the school had said that unless his social skills improved, he would have to leave. He also had eczema and asthma. Strains tested were gluten, milk/lactose, egg, sugars, zinc and herpes zoster as well as the vaccines. After six visits, all strains had been treated, his skin and asthma had improved, and he had had his first 'self regulation' treatment. His father reported "a fantastic week in school". The following week, he told us that his son was "interacting with the other kids and solving problems". After the ninth visit in August 2004, he had been tested on cognitive skills at an age equivalent of $5^1/_2$.

CONCLUSION

BICOM therapy is a powerful tool for treating disorders of the central nervous system. We find it works best when the protocol combines inversion treatment of several types of strain (viruses, foods and metals) with treatments that use frequency patterns taken from the patient's body and/or body fluids. The most significant strains are herpes viruses, central foods, salicylate, gallic acid, malvin and toxic metals (that block the uptake of nutrients).

REFERENCES

1] Keith Scott-Mumby *The Complete Guide to Food Allergies and Environmental Illness.* Thorsons (out of print).

2] Hyperactive Childrens' Support Group (UK) *Hyperactive Children. A Guide to Their Management.* ISBN 0 9521191 0 2

3] William H. Philpott, *Brain Allergies,* Keats Publishing, Connecticut 1987. ISBN 0 87983 426 9

4] William H. Philpott, *The Magnetic Health Quarterly,* Vol III, Third Quarter, 1997. (Author's address: 17171 S.E. 29th Street, Choctaw, OK 73020, USA)

5] Abram Ber, J. Orthomolecular Psychiatry, Vol 12, no. 4, 283-291 (1984)

6] Igor Tabrizian *Nutritional Medicine – Fact and Fiction.* NRS Publications www.nutritionreviewservice.com.au

7] Candace B. Pert, *Molecules of Emotion,* Simon and Schuster, New York, 1999. ISBN 0-684-84634-9

8] Alan E. Baklayan, *Kurzbak.* RTI Vol. 23 (1999), 101-103 and RTI Vol. 28 (2004) 10.

9] The Lovaas Institute www.lovaas.com