

Relief during pregnancy

Mrs. B. A., born July 4th, 1972, heavily pregnant, estimated due date May 21st, 2003. She presented in my practice in her second pregnancy suffering from severe oedema in both lower legs as well as dyspnoea on exertion. Since she did not want to take any medication, I immediately started with Bicom therapy:

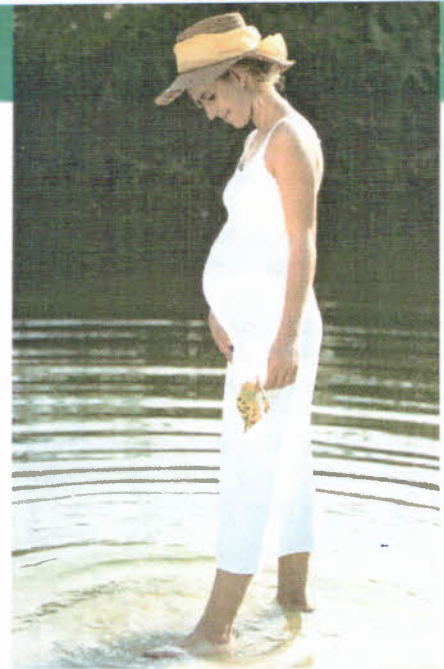
April 16th, 2003
conductivity value: 84
Basic program: 130
Follow-up programs: 201 lymph glands chronic-degenerative and 301 spleen-pancreas chronic-degenerative
DMI: amplifying

After the first treatment the patient had already lost 2 kg (water retention), her ankles were no longer swollen, her breathing much improved.

April 22nd, 2003
Another visit to my practice – further Bicom therapy at the request of the patient
conductivity value: 86
Basic program: 130
Follow-up programs: 200 lymph glands acute-inflammatory 381 kidneys chronic-degenerative 980/981 Hormonal regulation
DMI: amplifying

The patient had lost another 2.5 kg (water retention) and felt much lighter.

April 28th, 2003
Water retention again – the patient again sought relief using the Bicom device
conductivity value: 82
Basic program: 130
Follow-up programs: 201 lymph chronic-degenerative, 300 spleen-pancreas acute-inflammatory,



381 kidneys chronic-degenerative
980/981 hormonal regulation
DMI: amplifying

On May 9th, 2003 my patient gave birth to a healthy baby. She thanked me again for giving her such relief and considerably destressing her in the final weeks of her pregnancy with the aid of the Bicom device.

Dr. D. Degenkolb

Treating migraines

1st step:
Basic program after testing

2nd step:
Liver detoxification: program 430

Input cup: blood, saliva
Input: large flexible electrode on liver area
Output: modulation mat on back

3rd step:
Improving blood values:
Program 310 and 311
(after testing)

Input cup: stools, blood, saliva from the pharynx area
Input: narrow flexible electrode across and under both clavicles
Output: modulation mat on back

It is not always easy to treat migraines. The hormonal balance may be one factor to explain this. If this is the case the programs "hormonal disorders" and "hormonal regulation" should also be tested and treated if necessary in addition to the aforementioned therapy.

Other important programs may be: Gallbladder program 370 or 371, stomach program 330 or 331.

Also consider scars in the head area and treat if necessary with program 910.

Food intolerances may also be the cause of migraines. Look out for evidence from the case history.

The case history is generally very important in the case of migraine patients.



In the case of women are the migraines related to their menstrual cycle? (Hormone programs).

Does a migraine develop after eating certain foods? (Intolerances)