

Toxin elimination organs and their auxiliary systems

In addition to the numerous physical and chemical environmental influences which affect the body, our organism also produces toxins each day which must be eliminated.

Unfortunately there are a number of factors, including poor diet, insufficient liquid intake, excessive consumption of addictive drugs and other stimulants, long-term medication and particularly intestinal dysbiosis that cause the elimination organs to become overstressed, particularly in the case of chronically ill patients. The

toxin elimination organs include the intestine, liver/gallbladder, lungs/bronchial tubes, lymph, kidney/bladder, skin and connective tissue.

If individual organs cannot get rid of toxins and the body's own mechanisms no longer have sufficient capacity, so-called auxiliary systems are used to help these organs.

These auxiliary systems should be seen as an interim store or release valve. Skin problems, for example, are a sign that the large intestine is no longer performing its detoxification function effectively and joint problems are often a sign of inadequate gallbladder function.

The following table provides an overview of individual organs and their auxiliary systems

Liver	Fatty tissue
Lung	Connective tissue
Heart	Circulation
Small intestine	Triple warmer (hormone system)
Bladder	Allergy (thymus or genitals)
Gallbladder	Joints
Stomach	Nervous system (motor activity, pain, CNS)
Spleen/pancreas	Nervous system (autonomic nervous system)
Large intestine	Skin

Where symptoms occur in the "auxiliary systems" it is always advisable to include the corresponding organs in diagnosis and treatment.



Important tips:

■ Note:

Patients who are treated over a longer period of time with various and strong types of medication (e.g. chemotherapy or, for example, medication to lower blood pressure, blood thinners, diuretics, sleeping pills etc.) should be given "gradual" bioresonance therapy.

It is recommended that for the first therapy session only a basic therapy is applied and the patient makes an appointment for the following week. It should be made absolutely clear to the patient that they must drink plenty of water for one week following therapy.

If after a week the patient confirms that he has coped well with the therapy, after further basic therapy a follow-up program may be used to stabilise an elimination organ (for example the liver with prog. 311).

Only once the elimination organs have been stabilised and "opened" (see above and page 9) should specific stresses be treated. This method will help to avoid any negative reactions.

■ Toxin elimination program 970 is a program which supports general toxin elimination and can help to relieve symptoms. In order to eliminate specific toxins such as amalgam, formaldehyde etc., the relevant toxin must be placed in the input cup and used for therapy with an A inverse program (e.g. 998).

■ Weaker patients should not be subjected to too many programs and instead need building up and stabilising to begin with.

Emergencies (or suspected cases) such as a heart attack, anaphylactic shock, diabetic coma, hypoglycaemic shock, apopleptic fit etc. must be treated using emergency medical procedures and not with Bicom bioresonance therapy in the first