

Biopuncture

case clinics
and

introduction to the biopuncture course

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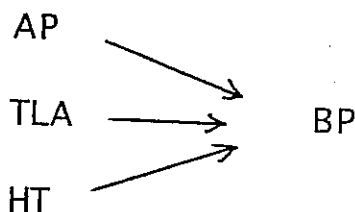
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Part one: Theoretical concepts

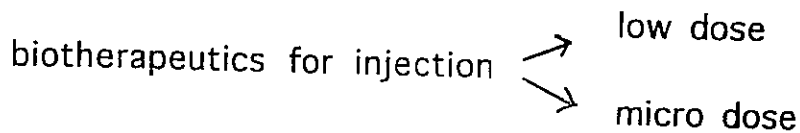
1. Definition

Biopuncture (BP) is a new name for a therapy that uses biotherapeutics for injection. It has its origins in acupuncture (AP), therapeutic local anesthesia (TLA) and homotoxicology (HT). Therapeutical decisions in biopuncture concern two major topics: what to inject, and where to inject it. The physician can indeed make an enormous variety of combinations, using different products on several spots.



1.1. what to inject

The products that we use are phytotherapeutic and homeopathic remedies. These products are known as "biotherapeutics for injection". Because the doses we inject is very small, especially when we compare them with the doses used in allopathic medicine, we call them "low doses" (phytotherapy) and "micro doses". A micro dose is an ampoule with any dilution that contains a minimum of 'chemical substance', i.e. at least a small amount of molecules of the original substance. High dilutions that go beyond Avogadro's number (more than D23) are not considered as micro doses.



1.2. where to inject

Several ways of administration are possible in biopuncture: the ampoules can be injected into acupuncture points, trigger points, muscles, joints,

connective tissue, ligaments, vessels, etc.

The exact localization of the injection is as important as the exact choice of the remedy itself. In fact, it is the specific localization of the injection that gives the product this extra dimension that we are looking for. A fundamental characteristic of biopuncture is the fact that the localization of the injection is crucial in determining success or failure.

2. The extra dimension of injections

Today, there are many and various ways available to physicians to administer medicinal preparations. Especially when dealing with 'soft' medications, like homeopathic and phytotherapeutic preparations, the 'intrinsic power' of such a preparation is so low that we should realize that a lot of its efficacy can be lost in case of oral administration. This is true for gastrointestinal absorption by the mucosa of the mouth, the stomach or the intestinal tract, all of which can be disturbed by many factors, and in which the drug can be altered by various mechanisms (pharmacokinetics). Those doctors who work with homeopathic preparations not always realize the importance of this phenomenon. They can start to administer their preparations by injection in cases such as the following:

- for patients who have experienced gastrointestinal intolerance to a particular medication
 - for patients in whom resorption via the intestinal tract cannot be expected to prove effective
 - for cases in which the preparation must be applied directly into the target.
- The fact that we administer these biotherapeutic products as *injections* gives an extra dimension to our remedies, which can be compared to a turbo-effect. These are extra effects that can not be achieved by giving the same remedies orally. Daily practice has proven this again and again. This has especially been experienced in sports injuries, rheumatic and orthopedic disorders. But today, we will see that local injections can be an extra tool in the treatment of inflammatory reactions like bronchitis, cystitis, colitis, and so on.

3. Theoretical concepts of homotoxicology

1. Introduction: the theory of Dr. Reckeweg

The theory of Dr. Reckeweg says that our organism is a flow-system attempting to maintain the equilibrium of this flow. This biological flow can be disturbed by substances (toxins) which tend to damage the organism. These toxins can come from outside the body or from inside the body. The organism attempts to defend itself against this threat: this battle of the organism against toxins, is the fundamental concept of disease in homotoxicology. Reckeweg says that a disease goes through a certain evolution, i.e. the body has a specific way of reacting when it loses its equilibrium. Reckeweg divided this process in six phases. The first three phases are:

1. Excretion Phase:

expulsion of toxins through the physiological orifices;

2. Inflammation Phase:

removal of toxins by inflammation processes (reaction phase);

3. Deposition Phase:

storage of toxins in connective tissue, adipose tissue, etcetera.

In the first phase, toxins are excreted through the physiological orifices (excretion phase): urine, menses, gastrointestinal secretions, saliva, perspiration, etc. This is the most 'natural' thing to do by the human body: in fact, the organism is constantly removing toxins in this way. But in some situations, this must be done in a higher degree, resulting in for example diarrhoea or enhanced transpiration.

When the toxins can not be removed by the 'normal' ways, the body looks for another way to deal with them: they are removed by pathological means, a process that usually goes with inflammation. For example: eczema, erythema, laryngitis, rhinitis, enteritis, colitis, muscular pain, etc.

When the toxins can not be 'burned' or eliminated in the second phase, they must be stocked: this is the third phase, as in the formation of cysts, polypi of the mucous membranes, silicosis, swelling of the lymph glands, hypertrophy of the prostate gland, myogelosis, etc. In this phase, toxins are deactivated, for example in connective tissue, and stored in a way that they can no longer harm the system. In this state, the disease is in the deposition phase.

In these first three phases the body has dealt with the homotoxins, which did not damage the organs or cells but were detoxicated and rendered harmless. In each phase the right remedy can lead to true recovery because the biochemical mechanisms of the cell are not damaged.

However, if particular dangerous toxins take effect, or when the detoxication process of the first three phases is disturbed, or during a viral infection, toxins can damage the cell structure. This means that the body

can not deal with the homotoxins properly. This gives rise to retoxication processes (phase 4: impregnation phase). Homotoxins penetrate in the cell and form a 'locus minoris resistentiae'. Clinical manifestations of the impregnation phase can be: migraine, asthma, ulcus duodeni, angina pectoris, etc.

If this process goes on, the body must look for a solution to save its own system against further damage. The body will protect the more vital structures (like the central nervous system, heart, etc.) and choose less vital organs or systems as a victim (skin, connective tissue, fat tissue, etc.). This principle, known as the "ash-tray principle", is important to keep in mind when dealing with chronic diseases.

With repeated retoxication, the organism attempts to maintain life for as long as possible and in the best possible way, for example, by discharging toxins through fistulae as pus, or by making ulcers, or by making more cells for storing toxins, as in some forstages of certain neoplastic diseases, etc.

This evolution can be divided in three phases; these are phases 4, 5 and 6: 'Impregnation Phase', 'Degeneration Phase' and the 'Undifferentiation Phase'.

The most important idea in the theory of homotoxicology is that we understand that disease is not a mistake of the body, or some bad luck, but rather a way of dealing with problems. The body is a creative and intelligent system, and is constantly looking for the best way to survive. That's why Reckeweg says that diseases are expressions of the battle of the organism against toxins. Illness is therefore a biologically goal-orientated, *useful* process. Illness could be described as a battlefield between toxins on one side and the defensive system on the other. Reckeweg uses the term 'homotoxins' for products that are toxic for the *homo sapiens*. Homotoxins are toxins that disturb the human flow system, and Reckeweg said: "Healing means freedom from homotoxins and the elimination of homotoxin damage".

As Dr. Bauer pointed out on the second Biomedical Therapy Magazine Symposium (London: may 1997): allopathic medicine is very effective in taking away the symptoms of a disease, but "being without symptoms" is not the same as "being healthy", this is especially true in paediatrics. It is, however, not that evident to convince the parents that a skin rash is a good reaction and that it should not be suppressed by a treatment with cortisone cream. We will be back on that subject at a later point.

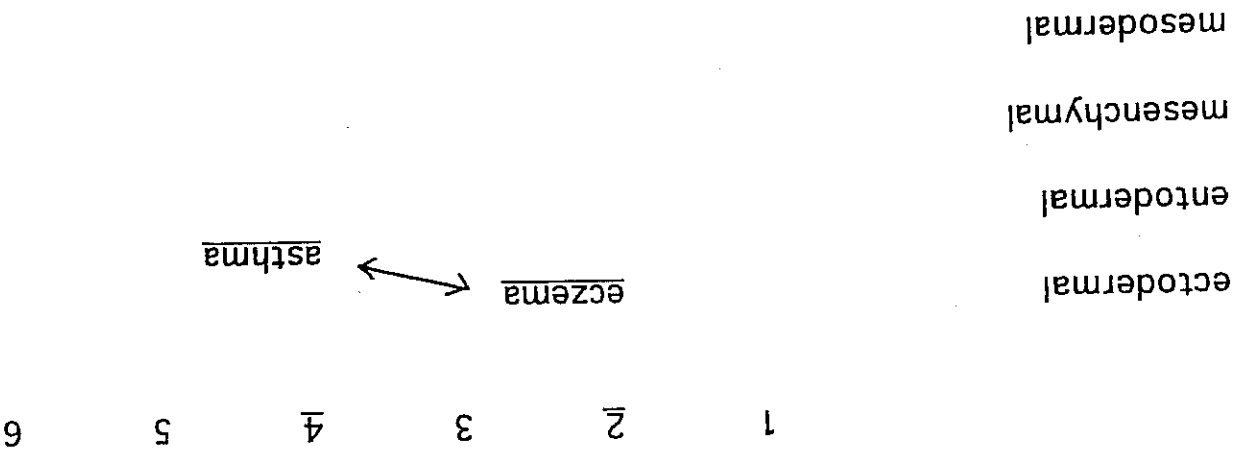
The shifting of the phase from left to right and/or below is known as progressive vicariation, which is biologically unfavorable. The shifting to the left and/or above is called regressive vicariation, and is the goal of anti-homotoxic therapy. So, the 'dynamics of pathological developments and the healing processes can be depicted in these schemes of tissue and disease'.

From this point of view, it is obvious that the evolution of eczema into asthma is considered to be negative for the patient, since the disease goes 'deeper' into the body, and into a degenerative direction. On the other hand, when treating asthma, the occurring of skin problems is a *positive* sign, and should not be suppressed.

The patient should be informed about the goal of the therapy, because regressive vicariation can bring up symptoms of 'diseases that were forgotten'. These temporary symptoms can be uncomfortable, but are sometimes necessary for true healing.

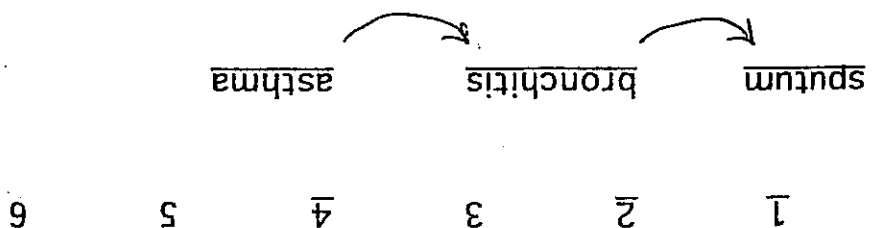
When eczema (phase 2: reaction phase) is suppressed with a corticoid ointment, it is not healed but suppressed. By such suppression of eczema, various illnesses may appear in different tissues, such as asthma, which is impregnation phase (phase 4).

Fig: the evolution of asthma in eczema or vice-versa



A patient in good condition with the flu (with a virus in the cells of the lungs: impregnation phase) can 'change' into fever and bronchitis (inflammation phase) and further into the production of sputum (excretion phase) by using antihomotoxic remedies. Reckeweg also mentions the regressive vicariation from asthma with dyspnoe (impregnation phase) into asthmatic bronchitis (reaction phase) and further into the production of sputum (excretion phase) by means of

Fig: regressive vicariation in the treatment of asthma



3. Antihomotoxic remedies

The biotherapeutics can have a phytotherapeutic origin (undiluted plant extracts) like e.g. crataegus or hamamelis. The majority of botanical products, however, are diluted and succused according to homeopathic tradition. Among these homeopathic products, one can use:

- plants, minerals, etc, like *arnica D6, acidum formicicum D5, chamomilla D3, cuprum D6, drosera D6, eucalyptus D10, ferrum metallicum D10, nux vomica D6, silica D6* ;

they are administered as a single remedy, or they can be administered as complex remedies,

- nosodes: these are sterile preparations of actual diseased tissue, like *sinusitis nosode D6; herpes zoster nosode D6* ; they are administered to work as "terrain remedies", and are indicated particularly for constitutional diseases, cellular phases, auto aggression diseases, etc.; they work on a certain disease (like for example sinusitis), on a certain micro-organism (herpes zoster), etc
- suis organ preparations: these are "sarcodes": homeopathic preparations of healthy tissue, designed to stimulate regeneration of that particular tissue; they are designed to work on a specific organ,
- for example: *cartilago D10, colon D10, etc.*
- homeopathically adjusted allopathic medications,

for example: *procaïn D2, vitamine B12 D6, acetylsalicylic acid D6, cortison D10, etc.*

- catalyst preparations: these are made from the acids of the intra-cellular respiration cycle (known as the Krebs cycle), and the quinones (a group of substances that take part in oxydation/reduction reactions). Therapeutical stimulation of these enzyme cascades that are responsible for energy production in the cell can be important in the homotoxicological treatment of chronic diseases. The utilisation of intermediary products of human metabolism offers extremely interesting possibilities in Reckeweg's therapy. These are some of the special therapeutic features of homotoxicology that can not be found in other forms of homeopathy.

The terms 'anti-exudative' and 'anti-inflammatory' are in a way copied from allopathic medicine, in order to describe the effects of Traumeel in a

neuropeptides.
neutrophils, and inhibition of release of inflammatory mediators and modulation of the release of oxygen free radicals from activated prostaglandin synthesis via the arachidonic pathway, exerts its effect via possible that Traumeel, unlike the allopathic NSAIDs which inhibit (NSAID) with a mechanism of action similar to allopathic NSAIDs. It is Dr. Ricken described Traumeel as a non-steroidal anti-inflammatory drug. Recently, during a medical congress on antihomotoxic therapy in Brussels, useful substitute for corticosteroids.

increasing numbers of clinicians have recognized that Traumeel can be a inflammation, especially in the musculoskeletal system. Recently, inflammatory processes and degenerative disorders associated with it is intended for the therapy of injuries, soft-tissue swelling, as well as

1. antiflogistic
2. anti-exudative
3. regenerative

Table: the principal effects of Traumeel

are: antiflogistic, anti-exudative, and regenerative (see table).
combination effect of its constituents. The principal effects of Traumeel inflammation. The mechanisms of action of Traumeel arise from a One of them is *Traumeel*, a compound remedy designed to treat all kind of purpose.

effective in a lot of cases. Several compound remedies are designed for that can recommend starting with a general acting product, that has proved to be complicated. When a physician is making his first steps in homotoxicology, I homotoxicology, the choice of the right remedy might become confusing and For those physicians who are not familiar with the theory of

4. Antihomotoxic medicine in everyday practice

are indicated.
The use of intermediary catalysts plays a major role in patients with Homotoxicology is sometimes termed "enzymatic homeopathy", as it provides an abundance of cellular metabolites in homeopathic form and in various attenuations. For example, to stimulate blocked enzymatic systems, series of injections with Coenzyme compositum and Ubichinon compositum to the most homeopathic remedies.

Physiologic leucocytolysis may be a part of the process that tries to explain the mechanisms of action of biological response modifiers (Draczynski). Physiologic leucocytolysis (see book biopuncture: ref. 436) antihomotoxic treatment.

the matrix-theory may be fundamental for the understanding of to each other. The ability to react depends mainly on the matrix; that is why to save the balances of flow (steady state) which are network-like linked up to the whole organism. In addition, these can initiate specific reactions levels to outside stimuli: from the single cell to the tissue and the organs the living organism as an oscillating structure which adapts itself over all Professor Rimpler from Hannover (see book biopuncture: ref. 184) describes. groundregulation system), can bring more information on this subject. Recently, more research in the field of the "matrix" as the basis of the regulation of the bodily adaptive mechanisms (Pischinger's and biopuncture.

of the mechanisms of action of acupuncture, neuraltherapy, homotoxicology the "basic bio-regulation system" (BRS) and can be used as an explanation harmonized by means of humoral control processes. It is also referred to as "ground system") is a functional unit which can be regulated and According to Pischinger, the connective tissue (also referred to as the Heel symposium, San Francisco, 1989).

matrix or seat of (peripheral) non-specific defense functions (see also: 5th action for cytohumeral, hemohumeral and neurohumoral regulation: it is the receives information from the liquid milieu, functions as a common field of It was Alfred Pischinger who discovered that the connective tissue, which

5. Ground system

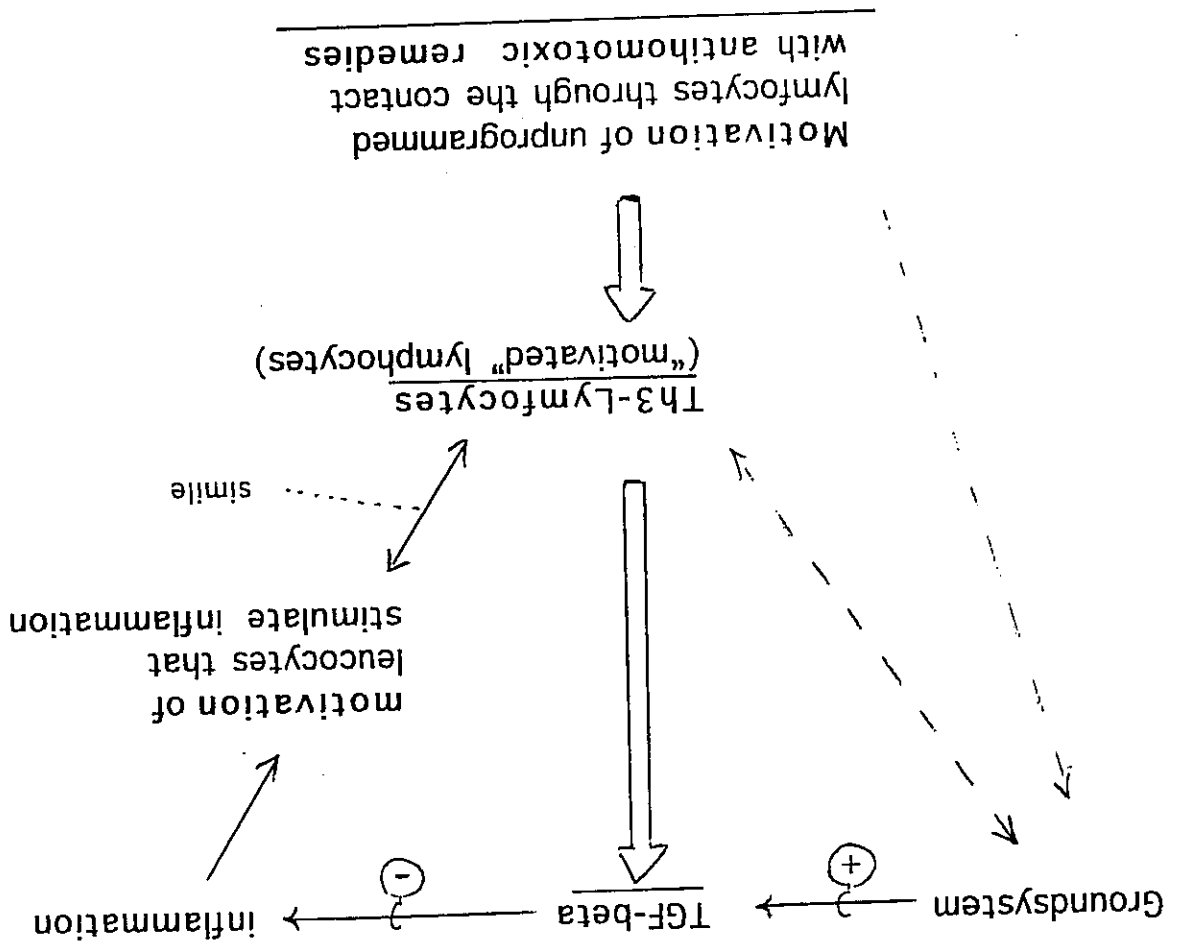
can be used, both orally as locally. specific products like echinacea for bronchitis or nux vomica for gastritis bronchitis, gastritis and for trigger point injections. Later on, more Traumeel in several inflammatory reactions, like sports injuries, Those unfamiliar with the theory of homotoxicology, can start to use clear, more fundamental research should be done, of course.

completed and thus finish the work it was designed for! To get this issue general application of Traumeel, the inflammation reaction can be anti-flogistics. By stimulating the natural healing process through local or instead of stopping it as is probably the case with the allopathic 'cure' an inflammation by stimulating the natural process of inflammation, 'anti'-flogisticum but a 'pro'-flogisticum: I suppose that Traumeel can a 'friend', that can be used to cure the patient. In fact, Traumeel is not an really an 'anti-inflammatory' drug? I think that in regard of Reckeweg's table, an inflammation should not be considered as an 'enemy' but rather as way practitioners in allopathic medicine can understand. But is Traumeel

is a desintegration process of polymorph nucleated leucocytes (PMN) in the bloodstream, with the release of the whole spectrum of bioactive substances like cytokines, leukotrienes or bactericidal substances. This process may represent an unspecific mechanism of the groundregulation system, influencing immunologic processes.

Prof. Heine confirmed the recently published the so-called "immunologic bystander reaction" ("immunologische Beistandsreaktion") triggered by antihomotoxic preparations. They found that low doses of plant extracts (D2 potentiation of *Atropa belladonna*, *Bellis perennis* and *Conium maculatum*) stimulate lymphocytes in vitro (24 hours in whole blood cultures from healthy donors) to secrete transforming growth factor beta. The latter is an important cytokine in the regulation of inflammatory reactions.

Fig: Immunologic "bystander reaction" according to Heine and Schmolz (based on the figure in Biologische Medizin 1998; 27(1): p 14)



Biopuncture is an art of healing and a specific technique at the same time. It cannot be put in the straitjacket of dogmas and rigid rules. But in every form of art and in every technique, there are basic rules which are essential to master. Treatment regimens should be tailored to meet the needs of individual patients. On every occasion, the physician should wonder if a conventional treatment or a treatment with natural medicine is necessary; in many cases, both approaches can or should be combined. When in doubt, a multidisciplinary approach is necessary to check if what we are doing is the best therapeutical strategy we can offer to our patient.

A professional use of biopuncture needs the rigorous performance of the techniques, as described in the biopuncture book, and as showed during the biopuncture course. It would be a shame to waste the qualities of the products we use. The quality of our material concerns both a sterile technique, and of course single-use material (syringes, needles, ampoules). In our search for ampoules for injection, we should be very demanding on quality standards, as both the safety of our patient and the quality of our profession depend on them. When looking for biotherapeutics for injection, we should always look for companies that can guarantee the quality we need. In natural medicine, Germany has always been the pioneer in the field of injections of natural products. Many companies in Germany can offer us products of botanical and/or homeopathic origin with the quality we are looking for. It goes beyond the goal of this book to name all of them; thousands of ampoules are available. In this book, as the title suggests, I focus on those products that are made with the principles of *homotoxicology*. This does not imply that these are the only good ampoules available for biopuncture. Every physician should check in his own country where he can find the ampoules he needs. And he or she should always inform about the legal aspects of using injections of biotherapeutics.

In the workshops of the biopuncture course, more clinical cases of my practice will be discussed. Of course, clinical cases are never a scientific proof: they must be regarded as 'interesting stories', that serve to illustrate my strategy. Case histories are by their nature anecdotal indeed, and we do not want to use them as a proof of the effectiveness of biopuncture, for any conclusions about that can only come from randomised controlled clinical trials. We should remember that many illnesses are self-limiting, and do not need any treatment at all, as they cure themselves after a few days, weeks or months. The sole purpose of including case histories in this lecture is to provide illustrations from everyday practice that serve to highlight certain important principles of biopuncture, both

from a diagnostic and from a therapeutic point of view. In this way, these cases can become very inspiring. I hope that a result of reading my book may lead to the setting up of a multitude of large scale, placebo controlled trials. By doing so, the indications for and the effectiveness of biopuncture may become more clearly defined.

Biopuncture and placebo

Those familiar with biopuncture, know that our clinical results usually come after two or three visits, and then gradually gives more and longer relief. This is exactly the opposite of the placebo response! The figure below shows the different reactions on three therapeutic strategies: the first is the reduction of pain after giving an i.m. injection of an allopathic drug (for example a pain-killer or an anti-inflammatory remedy), the second is the reduction of pain after giving an injection of a placebo (for example physiological liquid), and the third shows the reduction of pain after giving a biotherapeutic remedy. In each case, the injection is given three times a week (injection 1 on Monday, injection 2 on Wednesday, injection 3 on Friday, injection 4 the next Monday, and so on).
When giving an i.m. injection of an allopathic drug, we notice an almost immediate improvement (e.g. after half an hour), which lasts for example 24 hours. The next injections will give about the same results. This positive effect after each injection is illustrated in fig. a. with three similar areas of 'positive effect'.
When giving an i.m. injection of a placebo, we will notice a positive effect after the first injection, and this effect will become smaller after every treatment: we know that patients tend to get less and less relief from repeated administration of placebos (Neural Blockade: p. 848). This temporary positive effect after each injection of placebo is illustrated in by 3 plus signs (+++), by 2 plus signs (++) and then by 1 plus sign (+). When giving an injection of a biotherapeutic product, we can see a worsening of the symptoms after the first injection; this so-called early aggravation is only temporary, and general practice shows that this means the body is 'responding'. This negative effect of the first injection is shown in the table as a minus sign (-). In most uncomplicated cases, the second injection gives some improvement: such a minor or short-lasting improvement after the second injection is illustrated by a plus sign (+). And a good therapeutic result (++) is usually observed after the third injection. And every injection gives more effect, which is longer lasting than the previous one.

Table 1.16: the different reactions on three therapeutic strategies

	monday	tuesday	friday	monday
pain killer i.m.	+++	+++	+++	+++
placebo i.m.	+++	++	++	=
biopuncture	-	+	++	+++

the first diagram shows the reduction of pain after giving an i.m. injection of an allopathic drug (a pain killer)
 the second diagrams shows the reduction of pain after giving an injection of a placebo (physiological liquid)
 the third diagram shows the evolution of the effect on the pain after injecting a biotherapeutic remedy

2. Therapeutic techniques

A. Acupuncture point injections

1. Single remedy in 1 acupuncture point

It is theoretically possible to inject a *single remedy* into an acupuncture point that is known for certain indications. This combination of homeopathy and chinese medicine (homeosineatry) was introduced in France by de La Fuye, several decades ago. For example:

Chelidonium on Liver 13 for drainage of the liver,

2. Complex remedy in 1 acupuncture point

It is also possible to inject a *complex remedy* on a certain acupuncture point, like for example

Chelidonium Homaccord on Liver 13 for drainage of the liver,

Solidago compositum on Bladder 52 for drainage of the kidney,

Pulsatilla compositum on Jen Mo 6 for activation of the defensive system.

3. Complex remedies in several acupuncture points

Another common form of biopuncture is the injection of a mixture of several (single or complex) remedies into (one or several) acupuncture points.

E.g. Discuss compositum and Traumeel on the Governor vessel (sc).

4. Complex remedy mixed with own blood injected in acupuncture points

The physician starts with a drop of the patient's own blood, for example after giving the first remedy intravenously. Then he makes four potentiations with other mixtures of antihomotoxic remedies. The same syringe is used again, without cleaning: in that way one leaves traces of blood, for producing the next homeopathic potentiation. On every occasion one or several biotherapeutic ampoules are added, and shaken ten times. Every such dilution is then injected subcutaneously or intramuscularly. Such an "Auto-Sanguis Dilution Cure" of 4 or 5 successive cocktails can be completed in one session.

In stead of using the classical "auto sanguis mode", I can also recommend the use of patients own blood (e.g. starting with 0.1ml, and on each session 0.1ml more), added to the biotherapeutic remedies to be injected, without additional succussion.

A 31 year old young man, working in an insurance company, had been complaining about pain in the gastric region for three weeks. On physical examination, we found one sensitive point in the epigastrium. Blood samples showed elevated GOT and GPT: 28 and 52. Cholesterol was 340. I gave him intracutaneous injections with Hepar on the above named spot, twice a week. Eight injections were given, and a blood sample control 5 weeks later showed GOT 20 and GPT 29. Cholesterol went down to 295. The pain in the gastric region had completely disappeared. And he had no further trouble, without changing his diet or life style.

Case:

For the past 4 years, a busy car salesman, 34 years old, had been complaining of nausea and vomiting, which got worse from rich and spicy foods. Since a few weeks, he had itchy, painful hemorrhoids. His doctor suggested to remove these. He came to see me because he did not have the time to have his hemorrhoids operated on. 3 times a week for 2 weeks, I gave him injections with Heparin the reflexzone of the liver. These injections were given subcutaneously. After that treatment, he phoned to tell me he wanted to cancel his next appointment because he was completely cured: he had no more digestive problems, no more hemorrhoids; and all this without no other treatment. When I did see him again a few months later, he was still in good shape, without having had any other treatment.

Case:

One ampoule Chelidonium Homaccord or Chelidonium-cosmoplex is injected s.c. or i.c. in the reflexzone of the liver, to stimulate drainage of the liver. This technique is indicated when we treat for example hepatitis, migraine, eczema, colitis ulcerosa, allergy or gastritis.

Other ampoules that can be used are: Hepar compositum, Hepar, Traumeel S, Nux vomica-Homaccord.

1. Chelidonium on the liver:

Reflexzone-injections are given s.c. or i.c. in the zone of the skin that is corresponding with our target-organ. These injections are given 3 times a week in acute diseases, once a week in sub-acute situations and once every month in chronic problems.

B. Reflexzone-injections

2. Solidago on the kidneys:

Solidago compositum is injected i.c. or s.c. in the reflexzone of the kidneys to stimulate drainage of the kidneys. This is indicated when treating for example cystitis, eczema, low back pain, allergy, etc.

Other ampoules that can be used are Cantharis compositum S, Berberis-Homaccord.

Case:

A child of 2 years old has shown eczema since it was born. All kinds of treatments failed: Cortison-ointment, phytotherapy, classical homeopathy, Calendula-ointment, diet, etc. I gave injections with a few ml. Solidago compositum into the reflex points of the kidneys (s.c.) once, which gave a subjective improvement (less itching) after a few days. One week later I injected Cutis compositum into the same points. Two weeks later the eczema improved for more than 75%. Since this was not a self-limiting disease (the eczema had not shown any spontaneous fluctuations for two years), we were convinced that no other element than the injections cured the disease.

3. Echinacea on the thorax

An ampoule of Echinacea compositum is injected i.c. or s.c. into the reflexzone of the bronchi to stimulate the defense system. This is indicated when treating asthma or bronchitis.

Other ampoules that can be used are: Ignatia-Homaccord, Traumeel, Drosera-Homaccord, Engystol.

Case:

A man (59) with recurrent bronchitis, came to see me because he had an allergic response to the antibiotics he had been given. He smoked 20 cigarettes a day, and showed no special signs on physical examination. Because I did not want to overlook any disease that cannot be cured with injections of bioterapeutics, such as a malignant process, hypertension or cardiac insufficiency, the patient was checked by a cardiologist. Blood samples and X-rays of the thorax did not show any suspect findings.

Every time the patient feels a new bronchitis is starting again, he comes to see me as quickly as possible. In such a situation, he comes three times a week and I give him Echinacea compositum in the zones that are showing wheezing on auscultation. These injections are given subcutaneously. If the patient comes in the beginning of the inflammation phase (phase 2 in Reckeweg's table), he feels better after about 2 to 3 treatments; if he

I gave him i.c. injections with Nux vomica-Homaccord into the gastric area, three fingers under the xyfoid at weekly intervals. Nux vomica-Homaccord is known for treatment of functional disorders in the gastro-intestinal and hepatic region, meteorism, and disorders after consumption of alcohol, coffee or nicotine. I told him to continue the ranitidine at 2x 150 mg a day, better.

deal by agreeing that he would allow me 7 treatments to get him feeling an alternative. Although he was very suspicious about getting injections, he agreed to give it a try. We made a want to take the tablets for the rest of his life, he came to see me to find days. As he was tired of the regular examinations and because he did not he stopped the ranitidine, the symptoms reappeared again after two or three mg a day for 3 years. He felt much better with this therapy, but each time examinations had revealed a gastric ulcer; he was given ranitidine 2 x 150 rich foods. The man is ambitious, competitive and impatient. Gastroscopic nausea, meteorism and vomiting, all of which get worse from alcohol and For the past few years, an architect, 36 years old, has been complaining of

Case:

orthodox treatment. of course; in such a case, biopuncture can also be combined with that should show dangerous complications, an orthodox treatment is necessary, When treating gastritis, nux vomica can be very helpful. When the patient consistently produced eradication rates of approximately 90 percent. bismuth, metronidazole and either amoxicillin or tetracycline has are prescribed; when H. pylori is involved, a 14-day "triple therapy" with For peptic ulcer disease, H2-receptor antagonists or proton pump inhibitors

4. Nux vomica on the abdomen

the patient was put on Echinacea Cosmoplex (four tablets a day). treatment with biotherapeutic products can be added, like I did in this case: be combined with orthodox treatments, if necessary. Of course, oral therapy to the treatment. General practice has proven that biopuncture can important bacterial infection is included, one can add an oral antibiotic he has to be more patient. In some situations, for example when an When the patients waits too long, or when his general condition is very bad, unnecessary in such cases. so: several randomised double-blind studies showed that antibiotics are uncomplicated bronchitis. General practitioners should not be afraid to do physicians from prescribing antibiotics in many cases of acute Most cases of bronchitis can be treated this way; this technique can stop waits longer, it might take about 4 to 7 treatments.

On clinical examination I found no specific painful spots in the low back area (quadratus lumborum area). I could not find any trigger points either.

A woman has severe low back pain since two weeks. Her general practitioner prescribed a pain killer and physiotherapy. As these measures did not give any relief, she looked for a different approach. She told me she developed this pain after bending forward during a few hours while working in the garden.

Case:

MPZ injections are i.m. injections in the pain zone: the physician simply injects in the zone the patient indicates as the painful zone. When a patient complains about pain in the deltoid region, one can give injections of biotherapeutics in the deltoid muscle, exactly in the zone the patient indicates as painful. When a patient complains about pain in the pectoral region, one can give injections in the pectoralis major muscle, in the zone the patient indicates as the painful area. This technique is effective in simple and uncomplicated painsyndromes. It can be used as a first-choice technique in many cases, or as an introduction to other techniques used in biopuncture.

C1. MPZ injections (intramuscular injections in the pain zone)

Specific intramuscular injections (SIMI) is a very popular technique when using biopuncture in minor orthopedic disorders, because the physician does not need any knowledge about acupuncture. Furthermore, this technique is very safe because the risk for side effects is extremely rare if the injections are performed properly. Injections are given in the pain zone (PZ), in one pain point (PP) or in several painpoints (PPs). If these are not successful, one goes for trigger point (TRP) injections and myogelosis (MG) injections.

C. Specific intramuscular injections:

during my injection therapy. Since he was feeling better after 4 weeks of treatment, I told him to go down to 1x 150 mg a day the next month. We continued the same injections for another month, and he stopped the ranitidine completely after two months. Remember: he was taking ranitidine 2 x 150 mg a day for 3 years! Later on, I saw him every two months, and he had no more complaints. I would like to have him checked with a gastroscopic investigation, but the patient wants to wait for that until the pain reoccurs. I prescribed him Nux vomica-Homaccord, 10 drops a day, and asked him to take that for a few months.

On clinical examination I found a sensitive area in the right calf, which was extremely painful on compression. Especially when performing deep palpation, the area of pain could be identified in a hard structure in the muscle, at a depth of about 3 cm. I 'visualized' several spots on the skin that were painful on compression, in order to reach the deep spots as accurate as possible: both the localisation on the surface (the point where the needle penetrates the skin) and the right angle of penetration are

penetrate the deeper levels of the muscle. To use the Traumeel cream immediately, but realized that this would not stimulate the healing processes immediately: she was treated for sports injuries by biopuncture before, and always had quick relief. She had started She told me she had come to see me as soon as possible, in order to start able to play the next weekend, which was an important match for her team. Such a muscle strain can be very painful indeed, and she worried not to be before: she strained her right calf, and had to stop playing immediately. A woman (32) is a physiotherapist and a semi-professional basketball player. She came to see me because of a sports injury that happened the day

Case:

MPP injections are i.m. injections given in one or several spots in the pain zone: the physician simply injects in those points that the patient indicates as painful on digital compression; the patient can do so by saying "oui" or by making grimaces or by pulling away his body to lower the digital pressure. When a patient complains about pain in the lumbar region, one can give injections in the muscle, exactly in the spots the patient indicates as an extra sensitivity on compression. This technique is effective in simple and uncomplicated myofascial painsyndromes. It can be used as a first-choice technique in many cases, in combination with the PZ injections.

C2. MPP injections (intramuscular injections in the pain points)

That is why I planned MPZ injections. I injected in the muscles in the region of the pain, she indicated to me with her hands as "the painful zone". I gave these injections at a depth of about 2 to 4 centimeters: six injections were given in the paravertebral muscles in one session: three on each side, at a distance of about three fingers of the midline. I used a mixture of lidocaine and Spascupree; about one milliliter of the liquid was injected in each spot. I used the 'moving needle technique', which means that one is injecting while penetrating the needle. This technique does not allow to aspirate before injection, of course. Three sessions in one week (monday, wednesday, friday) gave complete relief, without the use of allopathic painkillers.

Her general practitioner, finding that she had marital problems, then decided that the low-back pain must be associated with these and referred her to a psychiatrist. The latter came to the conclusion that she indeed had

was cured. She was given Zantac (ranitidine) during 6 weeks until the stomach inflammation drug had to be discontinued because it gave her a gastric ulcer. Unfortunately, the anti-specialist gave her Indocid (indomethacine). Her orthopaedic medication to be able to continue her work at home. As the pain continued, she asked for and sent her for physiotherapy. As the pain continued, she asked for abnormalities, informed her that there was nothing serious to worry about the lumbar spine and sacro-iliac joints showing no significant years, was referred to an orthopaedic specialist who, in view of X-rays of a housewife of 40 who had complained of persistent low-back pain for 8

Case:

injecting them with a biotherapeutic drug can be very effective indeed. And palpable bands, whenever a patient complains about chronic pain. And practice shows that it is extremely important to look for myogeloses or find one or more focal points of exquisite tenderness. And everyday conscientiously looked for. When these bands are carefully palpated, we can bands can develop in any muscle. They can only be discovered if sometimes they are rope-like bands. Baldry states: 'unlike nodules, palpable say that myogeloses give a rather unpleasant feeling when identified; they don't give irradiant musculoskeletal pain when pressed on. One could under the fingertips. Myogeloses can sometimes be painful by palpation, but palpation consists of rolling the taut band of constricted muscle or fascia examination of the patient (fig), or by snapping palpation. Such snapping 'physically', i.e. for example taken between two fingers during the Myogeloses (MGs) are hardened parts in muscles, that can be felt

C3. MG injections (intramuscular injections in myogeloses)

necessary to reach the target at the right depth (in this case two to three centimeters). I gave her injections with a mixture of homeopathic lidocaine and Traumeel, at several spots that were painful on compression; four injections each of about one milliliter of the liquid were injected. I also prescribed Traumeel (10 drops every hour) and told her to come back two days later; in most cases, the day after the injection is used to give the bodily reactions time to start the healing process. After the first session, she told me she recovered for about 75% in 24 hours. The next day, she got another similar series of injections with the same liquid, and she was fully recovered after three days. And happy to be able to play that important match that weekend.

Dr. Hong (University of California, Irvine) demonstrated that injection of lidocaine and dry needling were equally effective, but dry needling caused more complaints of soreness in the period immediately following trigger point injection; more significantly, he pointed out that achieving a local twitch response with the needle was the most important factor in achieving an effective response (ref. 286: Am J Physical Medicine and Rehabilitation). Knowing it was possible to alleviate referred pain by injecting trigger points with a local anesthetic, I have experienced that this could be accomplished even more effectively, by injection of these structures with

pain in many commonly occurring musculoskeletal disorders (ref. 4). came to recognize the importance of trigger points as being the source of points'. It was Travell who brought this term into general use when she muscles in the lumbar and gluteal regions, first called these points 'trigger able to relieve 'sciatica' by injecting Novocain into tender points in structures. It was Steindler who, during the course of reporting how he was studied clinical manifestations of referred pain from musculoskeletal Many physicians, including in particular F. Valleix, J. Kellgren and J. Travell, show an extra sensitivity on compression and a referred pain pattern.

These are i.m. injections at a distance of the pain zone. The physician injects in the points the patient indicates as painful on digital compression; an active trigger point is a point that evokes a referred pain which is the actual pain the patient is treated for. When a patient complains about pain in the gluteal region, one can give injections in the iliocostalis muscle (e.g. in a point close to the 12th rib): one injects exactly in the spots the patient indicates as evoking the pain pattern during examination; these spots are not lying in the pain zone but at a distance from it; they show an extra sensitivity on compression and a referred pain pattern.

C4. Trp injections (intramuscular injections in trigger points)

When she came to me, she explained that the evolution of the pain had been progressive during the past 8 years, and for the past 2 years, was constant, during both day and night. For two years, she had serious problems carrying out her daily activities. One would become depressed by a lesser story than this one. She showed me the area of the pain in the left lumbosacral region and the left buttock. On examining the back, longitudinally placed bands could be identified in the muscles overlying the dorsal and lumbar zones on both sides. After injecting Spascuprel, mixed with a local anesthetic into the muogeloses (MGs) of the paraspinal musculature, on 7 occasions at weekly intervals, she lost her pain completely. Now - 1 year later - she is still pain free, without any other supplementary therapy.

chronic back problems that were healed after an acupuncture treatment. or manual therapy. The psychiatrist added that he himself had suffered from not mental or emotional in origin, and suggested to her to try acupuncture marital problems, but was clever enough to see that her backproblems were

an ampoule containing a complex of biotherapeutic products, like for example Traumeel (or another similar product). This technique is effective in complicated myofascial painsyndromes, and can be used when other techniques have failed. It can also be used as a first-choice technique in many cases, in combination with the PZ injections.

Case:

A man (32) has pain in the left knee since two weeks; he could not recall what could have been the cause of this pain. The knees are not swollen but painful when he is going down the stairs. Radiographic analysis and ultrasound of both the knees was normal. His doctor prescribed an NSAID which gave quick relief, but he had to stop the medication because of gastrointestinal problems. At the 1st visit, he showed me the region of the pain, and he indicated with the index the pain zone in the left patella region. I gave subcutaneous injections with Zeel in the painzone (PZ): since four injections in the patellar zone gave no relief at all, so I had to change my strategy. I started to look for trigger points in the muscle that can give referred pain to the knee, and found several TRPs in the left quadriceps muscle. I gave injections with Zeel in those TRPs that evoked the referred pain he was complaining of, and the patient had complete relief after two sessions.

1. Allergy

Allergic reactions can sometimes be treated with a simple oral approach: it is not always necessary to give injections to have results; this is especially true for children. In acute and severe cases, allopathic drugs are necessary: in mild and chronic cases, biotherapeutic drugs can be used. Luffa compositum (tablets, nasal spray) is an example of a very commonly used product for allergic rhinitis.

However allergic diseases need a general treatment, especially when they are chronic: the body can be completely disregulated, and we need a deeper approach to cure our patients. In homotoxicology, one can use Gallium Heel, Psorinoheel, Mucosa compositum, among many others. It is not that easy to make the right choice among all the possible biotherapeutics available today.

As an oral treatment, one can give Schwef-Heel, Apis-Homaccord, Lymphomyosot, Luffa compositum, Tartephedreel, Ignatia-Homaccord, etc. When giving injections, one can use Histamin-Injeel, Traumeel S, Ignatia-Homaccord, Echinacea compositum, Euphorbium compositum, etc. We shall discuss some possibilities of treating allergic problems with biopuncture.

When treating *asthma bronchiale*, we can inject s.c. or i.c. Drosera-Homaccord, Ignatia-Homaccord, Echinacea compositum, Engystol or Traumeel. We recommend to inject these products into the region of the thorax.

When treating *hay fever*, we can inject s.c. or i.c. Euphorbium compositum, Ignatia-Homaccord, Engystol, Echinacea compositum or Traumeel. We inject these products in the region of the nose, or in certain acupuncture points. When treating *allergic dermatitis*, we can inject Hepar compositum into the abdomen for detoxication of the liver, Solidago compositum on the back (e.g. bladder vessel of acupuncture) for detoxication of the kidneys, and Cutis compositum on Jen Mo 6. Other possibilities are Psorinoheel, Pulsatilla compositum, etc.

Case:

A woman, 33, has hay fever since about 15 years. She took cetirizine (Zyrtec) one tablet a day, and a cortisone nasal spray. She had to take this medication every year, from april to june. She also showed minor signs of asthma during that period of the year, but she did not take any medication for that. I gave her Luffa compositum, both as a nasal spray (4 times a day) and as tablets (4 times a day), and weekly injections of Ignatia-Homaccord i.v.

Fortunately, I could start the treatment in the beginning of march, so as to build up our strategy before april. After a series of six weekly injections of Ignatia-Homaccord (i.v.), I gave her weekly injections of Hepar compositum on Liver 13 (left and right) to stimulate the detoxication function of the liver. In the mean time she continued the Luffa tablets and spray, and the Zyrtec tablets, if necessary. She stopped the cortisone spray one week after the beginning of the allergic season, and she stopped the Zyrtec at the end of may. I asked her to continue the Luffa until the end of june. The next year, she started to use Luffa compositum, both as a nasal spray (4 times a day) and as tablets (4 times a day) in march, and she only needed to use the Zyrtec during a few weeks in may. She never used the cortisone spray again. She was further without any symptoms, and did not need any additional treatment.

2. Tennis elbow

Tennis elbow or lateral humeral epicondylitis is another nightmare in the treatment of musculoskeletal disorders. Both of these diagnostic terms in current use for a condition characterized principally by a persistent dull pain in the region of the lateral part of the elbow are really misnomers: this is because the pain is usually not just due to the inflammatory reaction in the lateral epicondyle itself (granulation tissue, synovial inflammation), but rather due to pain being referred to this structure from trigger points in muscles of the arm, neck and shoulder girdle (see Baldry, p. 204-205). In many cases, tendinitis is involved too, as a primary or as a secondary process.

The pain is usually aggravated by putting the wrist extensors on the stretch; the lateral epicondyle is tender to touch, and there is some weakness of the grip with a tendency to drop objects. In order to help people who suffer from tennis elbows, we need a multidisciplinary treatment; by doing so, we can attack on several levels (rest, anti-inflammatory medication, injection of biotherapeutic and/or chemotherapeutic products, osteopathy, stretch and spray, acupuncture, massage, friction, corrective actions, etcetera). In many cases, acupuncture and biopuncture can be of great help, even in cases where an operation or repeated steroid injections have failed. We suggest that the following therapies should be tried before local steroid injection or an operation is performed:

1. local approach:

1.1. tender spot injections ("loci dolendi") can be given with a local anesthetic mixed with Kalmia compositum, Inj. antineuralgica S FIDES, Traumeel or Zeel to give a symptomatic relief of the epicondylitis

1.2. TRPs in the supinator muscle (Travell and Simons p. 519, fig. 36.5) can be injected with a local anesthetic (procaïn 0.5%) mixed with Gelsemium

Unlike cystitis and bronchitis, any inflammation process, acute or chronic, can be treated with injections of antihomotoxic remedies if no orthodox treatment is necessary. When we deal with prostatitis, Sabal-Homaccord or Traumeel is injected subcutaneously into the pubic region. When cystitis is involved, one can try injections of Solidago compositum or Berberis-Homaccord in the same region. Of course, serious bacterial infections, obstructive uropathy, urolithiasis or neoplastic disorders should always be ruled out first: if necessary, we request further examination (blood and urine samples, X-rays, ultrasound, endoscopy, etcetera). When dealing with prostatism without obvious prostatitis, a similar treatment can be given: subcutaneous injections with Sabal-Homaccord are given in the pubic region and in the sacral region.

3. Prostatitis and cystitis

2. distant approach
 2.1. acupuncture or biopuncture on Large intestine 4
 2.2. correction of cervical dysfunction:
 -radiculopathy of the cervical spine should be corrected (e.g. manual therapy, osteopathy)
 -neck and shoulder muscles should be checked on TRPs, especially the scaleni, latissimus dorsi, trapezius, pectoralis major, and supraspinatus (see Travell and Simons chapter 20, 21, 24, 42)
 -arm muscles should be checked on TRPs, especially: brachioradialis, extensor carpi radialis longus, triceps brachii, fourth and fifth finger extensors, and anconeus (see Travell and Simons, chapter 32, 33, 34, 35)
 2.3. injection at the deep branche of radial nerve with a local anesthetic (lidocain 0.3%)

1.3. acupuncture at motor points
 1.4. injection of acupuncture points of the Large intestine vessel
 1.5. manual therapy on the elbow joint
 1.6. mesotherapy in the pain-zone (for example a local anesthetic mixed with piroxicam or tenoxicam)

Homaccord, Ferrum Homaccord, Traumeel or Zeel. Sometimes, injections at a depth of 1 to 3 cm need to be given, in order to be effective. As with all injections of biotherapeutics, one must inject as accurately as possible; one requires precise targeting of the TRPs so that the needle contact elicits a local twitch response or a clear pattern of referred pain. It has been noted that this accuracy in targeting is not necessary when injecting steroids (Travell and Simons, p. 518)

A man (72) had been complaining about prostatism for 4 years; he woke up for miction about 3 to 5 times every night. Laboratory findings were normal. His doctor sent him for an excretory urogram, computed tomography and ultrasound. Since all examinations were negative, he was told that his prostatism was due to his age. Since a few weeks, he also started to show a burning sensation during urination and perineal pain, and he was given an antibacterial drug therapy, although his urine specimen was negative.

Since this treatment gave no relief, I started both an oral treatment (Berberis-Homacord: 4 times 10 drops a day during two weeks) and a series of injections with antihomotoxic remedies: these injections were given in the lower abdomen, in the region that was tender on palpation. Subcutaneous injections were given with Solidago compositum, 3 times a week, which, after one week gave complete relief of the burning sensation during miction and of the perineal pain.

For the prostatism, I prescribed Sabal Homacord: 4 times 10 drops a day during ten weeks. Then he got a series of injections in the suprapubic region with Sabal Homacord; these injections were given once every two weeks, and brought significant improvement after 5 treatments: now, he wakes up only once every night. I sent him for a check-up by an urologist, which showed no special findings. At this moment he is still taking the Sabal Homacord, but only once a day 10 drops (in the evening).

4. Dental pain

Tooth hypersensitivity of unknown origin is sometimes due to trigger point activity in the masseter muscle or temporalis muscle. Although easy to examine, most doctors and dentists overlook this cause.

Case:

A woman (29) had been suffering from chronic pain in the left lower molar teeth for three months. She saw several dentists who, in view of negative X-rays, gave her pain killing tablets. When these didn't help her any more, she had them both denervated. This made the pain even worse, so finally both molar teeth were extracted. She was quite disappointed that even that intervention did not help.

When I saw her the first time, she complained of a constant pain in the left mandibular region. She told me that before the extraction, both molar teeth were hypersensitive to pressure and change of temperature. This is 'one of the highlights of referred pain from trigger points in the superficial layer of the masseter muscle' (see Travell and Simons), so we hoped to find the trigger of her pain. She added that recently she had started to experience a

A 56-year-old woman with chronic bronchitis came to see me because she had a vaginal inflammation after the antibiotics she had been given. Although the antibiotics were very effective, she did not want to use them.

Case:

An ampoule of Traumeel, Echinace compositum, Ignatia Homaccord or Engystol is injected i.c. or s.c. into the reflexzone of the bronchi to stimulate the defense system; both injections on the sternal side and on the dorsal side can be given. This is indicated when treating asthma; a similar treatment can be used for bronchitis, although more specific products for injection are available in most countries (e.g. Drosera Homaccord, Astma nosode Injel, etcetera).

add natural medicine for those patients who are already on allopathic medicine (for those patients who show serious side effects). not sufficient, or when the disease is in a life-threatening phase. Or we can individual case and use the allopathic medication if the antihomotoxic is 1997: editorial), we can combine both approaches depending on each antibiotic treatment), as R. Clement pointed out in Biomedical Therapy (June the use of antibiotics in general practice as a second choice (DAP: delayed antihomotoxic remedies, both as injections as an oral treatment. Similar to short-acting bronchodilators (as rescue medications) and antihomotoxic medicine can be used. In this chapter, I want to focus on the use of the United States, more than 5,000 persons die of asthma every year. Asthma should be managed in a multidisciplinary way, including both medication and education. Both allopathic medication like anti-inflammatory agents and short-acting bronchodilators (as rescue medications) and antihomotoxic medicine can be used. In this chapter, I want to focus on the use of the antihomotoxic remedies, both as injections as an oral treatment. Similar to the use of antibiotics in general practice as a second choice (DAP: delayed antibiotic treatment), we can combine both approaches depending on each individual case and use the allopathic medication if the antihomotoxic is not sufficient, or when the disease is in a life-threatening phase. Or we can add natural medicine for those patients who are already on allopathic medicine (for those patients who show serious side effects).

5. Asthma, bronchitis and pneumonia

dull, continuous, poorly localized ache around the ear. Pain of the ear can originate from several origins, including trigger points in the lateral ligament of the temporomandibular joint, trigger points in the deep part of the sternocleidomastoid muscle and trigger points in the deep layers of the masseter muscle (see Travell and Simons: chapters 5, 7 and 8). On clinical examination, she showed two TRPs in the superficial layer of the left the masseter muscle and one TRP in the deep part of the left sternocleidomastoid muscle; the clinical examination of the other muscles of the region was normal. We injected the above named TRPs with Traumeel mixed with procaine 0.5% at weekly intervals, and had 100% relief of pain after one month. The patient added that even the pain in the left eyebrow disappeared during the treatment; it was only by checking this in the trigger point manual that we saw that this pain can also be related to trigger point activity in the superficial part of the masseter muscle.

A dentist (28) had been complaining about dyspnoea and pain in the left hemithorax for two days. X-rays showed a pneumonia, and he took

Case:

In a similar way, other respiratory problems can be treated with biopuncture. Even some cases of pneumonia can be treated, mostly in combination with the allopathic approach. Normally, in general practice, pneumonia of unknown origin is treated with antibiotics. When dealing with a patient with a viral pneumonia, or a who does not respond to antibiotics, biopuncture can be of great value. We have seen that, if necessary, it is possible to combine orthodox therapies with biopuncture.

In a similar way, other respiratory problems can be treated with biopuncture. Even some cases of pneumonia can be treated, mostly in combination with the allopathic approach. Normally, in general practice, pneumonia of unknown origin is treated with antibiotics. When dealing with a patient with a viral pneumonia, or a who does not respond to antibiotics, biopuncture can be of great value. We have seen that, if necessary, it is possible to combine orthodox therapies with biopuncture.

A 43-year-old man showed symptoms of asthma since 6 years; he was using cortisone inhalators since two years. A few weeks ago he had an asthmatic crisis, and had to take methylprednisolone (started with 32mg, going down to 16 mg a day). One week later, he came to see me because he was tired of the corticosteroids he had been given.

Case:

I have experienced that if the patient comes in the beginning of the reaction phase, he or she will feel better after two treatments; if the patients waits longer to get the injections or when the defense system is impaired, it might take 5 treatments or more. If necessary, delayed antibiotic prescription (DAP) is combined with the complementary and alternative medical approaches (CAM).

effects.

any more; since her family physician did not have another solution for her problem, she came to see me for advice. She came three times a week and I give her injections of Traumeel in the sternal part of the thorax. These injections were given subcutaneously; I took the skin between two fingers and I added 2 ml of lidocaine 0.5% to the Traumeel ampoule to make the injections less painful. I prescribed Drosera-Homaccord, 3 x 10 drops a day. She told me she had similar results with this treatment as with the oral antibiotics, except for the lack of side-effects.

amoxicilline 500 mg four times a day. Since he showed allergic reactions on taking these antibiotics, he had to stop after two days and he asked for a treatment without antibiotics.

I gave him Engystol i.v., and also Echinacea compositum s.c. in the left hemithorax, in the region that showed wheezing on auscultation. It is important to go for an extensive auscultation, to be able to localize the injections as accurately as possible. I gave him a prescription of doxycycline, just in case things would not get better during my treatment. The next day he was showing fever and signs of bronchitis; he said that he had not yet taken the vibramycine. I continued the same treatment with Engystol i.v. and Echinacea compositum s.c. on the third day, and he started to produce sputum on the fourth day. On the fifth day, he got his third treatment, and he was feeling much better, except for some extreme transpiration. Since he was not familiar with my treatment, he wanted to check if he really was alright now, so I sent him for a second X-ray, which was normal. I explained that the transpiration and the production of sputum was a 'natural' way of excreting toxins out of his body. Since he was not familiar with Reckeweg's table, he did not quite understand what I was referring to.

Of course, one could say that pneumonia is often self-limiting, but the reactions the day after each treatment had been so dramatic, that it is hard to believe that these effects were 'spontaneous', 'by accident' or a 'placebo-effect'.

So, in view of Reckeweg's theory, a patient in a good condition who 'has a virus in the cells of the lungs' (phase 4: impregnation phase) can 'change' into fever and bronchitis (phase 2: reaction phase) and further into the production of sputum and transpiration (phase 1: excretion phase). This positive evolution is called regressive vicariation.

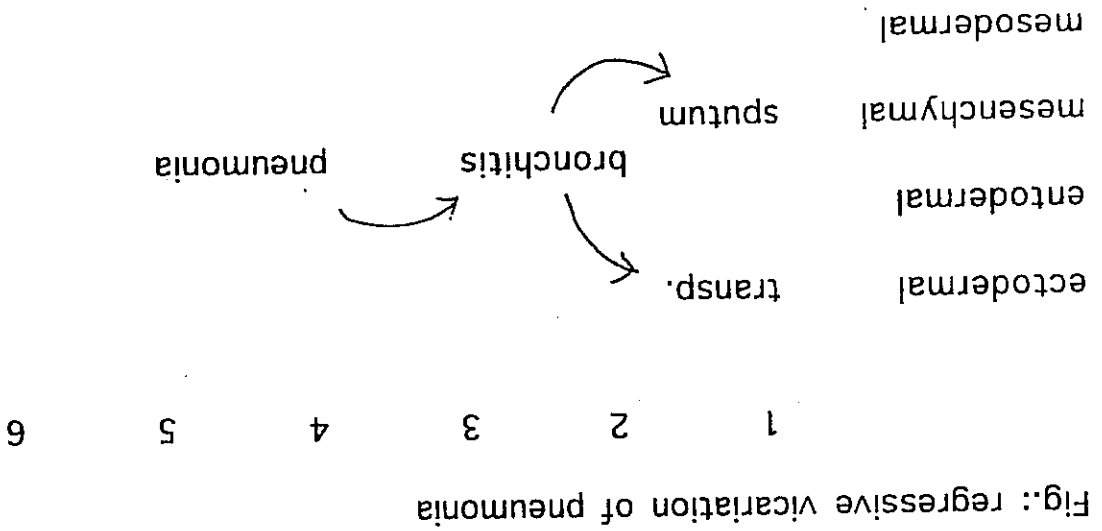


Fig.: regressive vicariation of pneumonia

6. Irritable bowel syndrome, Crohn's disease and colitis ulcerosa

The physiopathology of irritable bowel syndrome (IBS) remains largely unknown although abnormal intestinal motility or abnormal visceral perception have been associated with this disease. This chronic disease may be described as a complex association of symptoms, like abdominal distension, pain, more frequent stools, looser stools, passage of mucus and sensation of incomplete evacuation.

Both ulcerative colitis and Crohn's disease are chronic relapsing inflammatory diseases of the gut; extra-intestinal features, particularly in ulcerative colitis, may also be present (e.g. erythema nodosum, pyoderma gangrenosum, iritis, episcleritis, arthropathy of weight bearing joints, sacroiliitis, etc.).

The diagnosis of both ulcerative colitis and Crohn's disease is made by a combination of history, examination and investigations. This includes endoscopy, radiology and histology.

Concerning the therapeutic assessment of these diseases, we will focus in this text on the use of biotherapeutics for injection. Such treatment can be given in combination with allopathic treatment or surgical measures.

Concerning the *localization* of the injection, we can give s.c. or i.c. injections in the reflex zone of the colon, we can inject into acupuncture points Jann Mo 6 (Ren mai: conception vessel) and Stomach 25. One can also try to inject those points in the abdomen that the patient indicates as painful. Trigger points in the abdominal musculature can be injected, too.

Concerning the *identity* of the injections, we can give

Nux vomica-Homaccord,
Veratrum-Homaccord,
Inj. gastro-hepatica FIDES S,
Galium-Heel,
Coxsackie-Virus-A9-Injeel,
Podophyllum compositum, or
Traumeel.

in *chronic* cases, we can expect results after about 4 to 7 treatments at weekly intervals, except for patients with an impaired immune system. Sometimes, we need to add Echinacea compositum and Ubichinon compositum in a mixed injection at weekly intervals. It has been experienced that it is also interesting to give Coenzym compositum and Mucosa compositum in a mixed injection at weekly intervals. Of course, other measures like oral probiotic therapy (e.g. acidophilus per os), neural therapy and the search for the interference field, and an adequate diet can be important, but these items are not discussed here.

In *acute* cases, dramatic results can be achieved if the patient comes for treatment at the beginning of an attack; the same treatment can be given as in chronic cases, but most cases improve with Traumeel intravenously and

in the zones of pain referral. Nux vomica-Homaccord on acupuncture point Liver 13 has proven to be effective in the treatment of meteorism. This treatment can be combined with an allopathic treatment, if necessary.

Conclusion

Biopuncture is a cocktail of several items and strategies I have discovered in acupuncture, neuraltherapy, mesotherapy, trigger point therapy and homotoxicology. This has been illustrated by the clinical cases I discussed. I hope more physicians will check my words by practicing it themselves. That is why a course in biopuncture has been started in Belgium; a similar course may start in London, this year, if enough clinicians are interested. A complete biopuncture-course will also be organized in Holland by the NAAV, and starts in 1998. The course wants to present a complementary approach for general practitioners, that can be combined with conventional medicine.

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