



Pseudomonas aeruginosa as a Treatment Block?

An investigation using Voll's Electroacupuncture

by Dr. Gerhard Frick



A brief article regarding the occurrence of *Pseudomonas aeruginosa* in shampoos spurred us on to check out the behaviour of this bacterium in our patients, using Voll's Electro-Acupuncture. Up to that point we had known *Pseudomonas aeruginosa* as a germ that was one of the less common pathogens associated with rheumatic conditions, so that we only tested for it if the case-taking suggested it, and if there was a history of treatment for streptococci and the rest of the oral flora (Luivac, Bronchovaxom)(2). We also knew from P. Mühlig, a physicist and specialist in the chemistry of crystals, that *Pseudomonas* is used in the production of artificial snow as a crystallisation accelerator (ice formation even at +3°C). On the basis of these discoveries we had already unmasked this germ as an asthma and eczema pathogen in a few patients. Now we discovered that it can use Lauryl- and Laureth sulphates as a basis for food, and these are found in 95% of our soaps, shampoos and toothpastes.

Material and Method

We worked with the BICOM-2000 machine from the Regumed Co., using Voll's Electro-acupuncture (EAV) measurements(1). In doing so one makes use of the following process, among others: on the adventitia of the blood vessels, mast cells accumulate. If electrical contact occurs at the frequency of an allergen, these release histamine and heparin. The latter raises the conductivity of the tissue at the point of measurement, causing

the needle on the machine to swing. Between 27.12.07 and 31.5.08 we investigated the reaction to *Pseudomonas aeruginosa* in 375 patients - predominantly at the terminal point on the Circulation meridian.

We investigated 375 people (136 men and 239 women), with an average age of 43.7 +/- 20.4 years. In 244 patients the investigation took place in the course of the diagnostic and therapeutic procedures that are customary in our practice; in 135 cases while checking on our combined e-bloc treatment procedure, known as IUKI.

IUKI is the acronym for Iso-pathic treatment of bacterial and fungal allergies (I), Ultra-violet radiation of the blood (Wiesner's method) (U) and Kryoprecipitate (K) Inversion (I). [*In English, Cryoprecipitate!*] IUKI has an excellent (>95%) rate of effectiveness. We recently reported on our experience with 371 patients (3)(4).

Results

On applying the *Pseudomonas* test, there was a negative reaction in 100 patients, and in 275 (i.e. 73.3%) the reaction was positive. The breakdown of diagnoses of the patients in question will be found in Table 1, where some multiple entries occur.

The results of our combined treatment were rated as Satisfactory in 4 cases (= 1.1%), as Good in 272 (=72.5%), and as Excellent in 64 cases (=17.1%), with the IUKI treatment not having

been concluded in 244 patients at the point when they made their assessment. In a further 35 cases (9.3%) the number of treatments was as yet too small for a judgment to be made.

No.	Findings	Frequency
1.	Penicillin intolerance	220
2.	Aspergillus intolerance	193
3.	Rheumatic problems	167
4.	Candida mycosis	153
5.	Lactobacillus intolerance	122
6.	Allergic gastritis	119
7.	Pollinosis	85
8.	Rhinitis & conjunctivitis	76
9.	Eczema	48
10.	Bronchial asthma	47
11.	Thyroiditis	37
12.	Alternaria mycosis	36
13.	Migraine	30
14.	Trichophyton mycosis	25
	Perfume allergy	25
15.	Neurodermatitis	24
	Chronic sinusitis	24
	Chronic bronchitis	24
16.	Hypertension	21
17.	Cystitis	17
18.	Tumour	16
19.	Borreliosis	15
	Exanthem	15
	Herpes simplex	15
20.	Lactose intolerance	14
21.	Tinnitus	13
22.	Acne	12
	Diabetes mellitus	12
	Epstein-Barr virus	12
	Psoriasis	12
	Staphyloiderma	12
23.	Cladosporium mycosis	8
24.	Colitis	7
	MCS syndrome	7
25.	Glomerulonephritis	6

Table 1: Survey of findings using EAV testing

No. Diagnosis	Positive cases	Negative cases	Quotient
1. Penicillin mycosis	67	75	0.89
2. Forms of rheumatism	59	50	1.16
3. Aspergillus mycosis	56	69	0.81
4. Candida mycosis	45	40	1.12
5. Lactobacillus allergy	31	55	0.56
6. Allergic gastritis	29	48	0.60
7. Rhino-conjunctivitis	20	26	0.77
8. Pollinoses	20	28	0.71
9. Bronchial asthma	17	14	1.13
10. Thyroiditis	11	13	0.85
11. Migraine and headache	8	14	0.57
12. Trichophytosis	7	8	0.87
13. Diabetes mellitus	5	4	1.25
14. Tumour patients	5	6	0.83
15. Neurodermatitis	5	10	0.50

Table 2: Frequency of *Pseudomonas* reactivity in patients before IUKI

No. Diagnosis	Positive cases	Negative cases	Quotient
1. Penicillin mycosis	34	44	0.77
2. Candida mycosis	31	37	0.84
3. Aspergillus mycosis	25	43	0.58
4. Forms of rheumatism	20	38	0.53
5. Allergic gastritis	19	23	0.83
6. Lactobacillus allergy	14	22	0.64
7. Eczema	12	10	1.20
8. Rhino-conjunctivitis	10	20	0.50
9. Pollinoses	8	29	0.28
10. Asthma	6	11	0.55
Alternaria mycosis	6	11	0.55
11. Migraine	5	3	1.67
12. Neurodermatitis	5	4	1.25
Cystitis	5	4	1.25
13. Exanthem	5	5	1.00
14. Trichophytosis	5	6	0.83
15. Perfume allergy	5	12	0.42

Table 3: Frequency of *Pseudomonas* reactivity in patients after IUKI

Since the number of patients in the two groups - before (Table 2) and after IUKI (Table 3) - was different, we initially arranged the diagnoses according to the frequency rate of reactions to *Pseudomonas*. This showed that

the rheumatic problems clearly receded following IUKI, whereas eczemas come to the fore and also neurodermatitis, exanthemata and perfume allergies „remain“, with insufficient abstinence and persistent

Pseudomonas reactivity overlapping.

We then attempted to give greater transparency to the different membership of the two groups, by showing the relationship between the cases that had reacted negatively and positively by means of a quotient. A reading of over 1.00 shows the positive reaction predominating, and the further the quotient tends towards 0.5, the less significant the positive part becomes compared with the negative reactivities. This shows more clearly the fall in the allergic defence against *Pseudomonas* in the larger diagnosis group and its persistence in cases of migraine, neurodermatitis, eczema and bladder problems is also clearer. It is becoming obvious that *Pseudomonas* can be a contributory pathogen for precisely these illnesses and thus, to some extent, it has „all-round abilities“. This means that it should be deprived of its nourishment, i.e. Lauryl, Laureth and Pareth should disappear from our cosmetics, especially in view of the fact that the manufacturers have a duty of care imposed by their trade association to maintain their own physical safety.

Discussion and Conclusion

We were surprised at the frequency of the positive reactions to *Pseudomonas aeruginosa*. The view of this germ as a bacterium rarely responsible for causing rheumatism is outdated. On the contrary, it should probably be regarded as one of the bacteria to which an allergy can rapidly



occur in mycoses, i.e. an unfavourable reaction of the body's defences which makes it easier for bacteria to penetrate the body. The mycotoxins upset the immune response to such an extent that B-lymphocytes and plasma cells, instead of producing regular IgM, IgA and IgG, produce more IgE, which serve to encourage the spread of fungi, whilst damaging the host's defences with the allergy. The allergy may be to *Pseudomonas* itself, but may also be to streptococci, enterococci, staphylococci, *Branhamella catarrhalis*, *Hæmophilus influenzae B* and various varieties of *Klebsiella*, and these themselves may then result in rheumatic conditions, leaky gut syndrome, eczema, exanthemata, chronic sinusitis and bronchitis and even asthma.

The majority of our patients are chronically ill with mycoses and allergies. Their preliminary treatment with SANUM-Kehlbeck's isopathic remedies and also involving immuno-modulation using Luivac, Bronchvaxom and VSL#3 is capable of significantly restoring their immune reactivity. On the basis of the test results described above, we now consider it necessary to include SANUM-KEHL Pseu 6X in every case.

It is a pre-condition of the Cryoprecipitate Inversion that we carry out that, following the treatment, the patient has a "healing sleep" In this respect it is particularly important that he/she has no further contact with the allergens before this healing sleep, i.e. must ob-

serve strict abstinence (5). To some extent this cannot be completely realised, because of course living bacteria and fungi are attached to the patient. In the case of *Pseudomonas aeruginosa*, on the evening following the UVB and Cryo-precipitate inversion, the abstinence must consist of avoiding soaps, shampoos, hair-sprays, mascara and toothpaste which contain compounds of lauryl and laureth and are already contaminated with *Pseudomonas aeruginosa*. They should also ascertain in advance regarding the addition of these tensides to their cosmetics since, if they do not touch and check until after the IUKI and before the "healing sleep", this can destroy the inversion.

The manufacturers of these "lucrative" tensides have to work in protective suits, since otherwise nerve damage may occur. For the consumers, who allow these tensides to encroach on their skins in over 90% of the above-mentioned cosmetics, this is scandalously shameful. Where in all this is the much-vaunted consumer protection?

Basically, after the IUKI method that we administer, it is possible to remove up to 95% of allergies, since an immunisation is carried out beforehand. As a rule, however, a 100% success rate is not possible, since we are dealing with immune-compromised patients.

It is possible to attempt to capture even rarer bacteria and to treat in the same way isopathically, or with auto-vaccines, and

in exceptional cases this is also done.

Bibliography

1. Frick, G.: Objektivierung der Behandlungsergebnisse bei Allergien nach der Kombination von UVB, Mora- und isopathischer Therapie. [= Objectivation of treatment results in allergies following the combination of UVB, Mora therapy and isopathic treatment.] *Ärztgeschr. Naturheilverfahren*. 2000 (41): 752-759
2. Frick, G.: Rheuma ist heilbar. [= Rheumatism is curable.] *SANUM-Post* 2004 (68): 9-14
3. Frick, G.: Die Heilung von Allergien mit UVB und Kryoprecipitat-Invertierung. [= The cure of allergies with UVB and Cryoprecipitate Inversion.] *Erfahrungsheilkunde* 2006 (55): 264-267.
4. Frick G.: Thema: Darmgesundheit. [= On the subject of a healthy gut.] *Komplement. integr. Med.* 2008 (49): 12-15
5. Frick G.: Imperativ Allergen-Karenz. [= Imperative abstinence from allergens.] *Ärztgeschr. Naturheilverfahren*. 2006 (47): 694-700
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