

Histamine headache

T.K., Cape Town

Patient: N.N., born 1934

Therapy period: July/August 1998

Case history: The patient, Mr N., had suffered for over 20 years from therapy-resistant cluster headaches with excruciating searing needle-sharp pains in the temple and eye region which subsequently spread to neighboring areas.

In all the years he suffered from these terrible headaches, pain-killers had helped very little.

For a while he found some relief in cortisone therapy, Deseril treatment and also magnesium therapy. However in recent years even these no longer had any effect. Some 25 years ago Mr N. had suffered various head injuries which were sutured in a Rhodesian hospital. At this time he was naturally also treated with tetanus toxoid. He actually had a number of tetanus antiserum injections in the 20 years up to 1981 when he received his last tetanus antiserum injection for a hand injury. Following this injection he had a violent allergic reaction with difficulty in breathing and swelling all over his body.

In July 1998, when I met Mr N., he was already almost suicidal, so severe were his excruciating headache attacks at the time. Mr N. took 10-20 disprin tablets each day and also received some i.v. valium injections.

Therapy: BICOM basic therapy in accordance with testing, then: programme no. 910 elimination of scar interference with amplification and therapy time individually pre-tested (the scar which interfered most could have been the one on his head right at the point where he had his cluster headaches). Following therapy Mr N. was completely pain-free for the first time and this lasted for 4 days. But on the 5th day the headaches returned.

Stage 2: Stabilizing the eliminating organs - in Mr N's case mainly the kidneys: programme 480, then programme 911 - pain therapy for dragging neuralgic pain, this programme alone brought noticeable relief as did programme 572 = activating left hemisphere and programme 802 = improving oxygen intake.

Stage 3: (and here we experienced a dramatic breakthrough): The BICOM test confirmed that, after all these years, Mr N. was still seriously affected by the tetanus antiserum to which he had had such an extreme allergic reaction. We then carried out toxin elimination for the first time with the tetanus vaccine provoking vial. programme 978 with accurate individual pre-testing of amplification and therapy time which resulted in Mr N. receiving the following therapy: Ai= 32, not 64; and 3 minutes instead of 10 minutes. One day after toxin elimination Mr N. displayed the following symptoms: A runny nose with thickish mucus, also from bronchi and coughing. These symptoms continued for some time (= a form of physical toxin elimination triggered by programme 978), however they did not trouble the patient as his headaches had completely disappeared since the first day of toxin elimination. He began to feel better each day from then on. Mr N. had 3 toxin elimination sessions with the tetanus vaccine at 2 week intervals.

He has been completely free of headaches since August '98.

Therapist's general comments and

observations: Cluster headache generally appears to manifest itself as a vasomotory headache with seizure-like vasoconstriction. Dr. A.M. Rapport and Dr. F.D. Sheftell, founders of a headache clinic in the USA, discovered that the resulting pain is often worse than a complicated birth or amputation. In my opinion the a.m. results using BICOM Bioresonance Therapy can be considered a real breakthrough in the treatment of cluster headache. An in-depth study of these results should shed more light on what is currently known about this debilitating illness. In conjunction with Mr N.'s tetanus sensitization, I am also currently researching the extent to which cluster headaches may be connected with immune complex syndrome defined in the "Principles of internal medicine" as follows: "Immune complex disorders are characterized by the deposition of antigen-antibody-complexes in vascular and glomerular basement membranes. The clinical manifestation self-limited form of immune complex disorders is best exemplified by serum sickness following the injection of a foreign protein such as horse antitoxin to diphtheria or tetanus.