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Response of Cystinosis to Frequency Therapy (Bioresonance Treatment): A Case Report

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Abstract: Cystinosis is an autosomal recessive inherited disease that causes disfunction in many organs. The aim of this study is to evaluate the results obtained by applying treatment through a frequency modulation device (bicom bioresonance) in a cystinosis case every week for four years. The study was conducted in a private acupuncture clinic in Eskisehir, Turkey. In the study, the case is firstly presented, and then, the treatment and the results obtained after this treatment are evaluated.

Key words: Cystinosis, bioresonance, frequency therapy, kidney stone.

1. Literature Review

William et al. [1] studied cystinosis. Schneider et al. [2] focused on prenatal diagnosis of cystinosis. They diagnosed cystinosis in an 18-week-old fetus on the basis of an increased content of non-protein cystine in cultured amniotic-fluid cells.

David et al. [3] examined cystinosis in an adult. In contrast to the condition in children, which is usually fatal, cystinosis (deposits of cystine crystals in tissues of the body) in the two reported instances occurring in adults was a relatively benign condition. This condition, sometimes called Lignac-Fanconi syndrome, should not be confused with benign cystinuria of adults, in which the cystine level in the urine is elevated but there are no crystals in tissues. In the case reported, cystine crystals were discovered in the cornea and conjunctiva during a routine examination.

Galina et al. [4] stated that cystinosis is a rare autosomal recessive disorder involving lysosomal storage of the amino acid cystine due to a defect in the membrane transport protein, cystinosin.

Cystinosis (OMIM 219800) is an autosomal recessive inherited disease caused by the mutations in the CTNS gene located on the short arm (p13) of the 17th chromosome. The CTNS gene that causes the disease codes a protein called “cytosine” that is the lysosomal cystine transport protein, and was first defined in 1998. This gene consists of 12 exons. Exons 3-12 are the coding exons. There are more than 110 mutations defined on this gene. As a result of the mutation on this gene, the lysosomal transport is affected as cyctine crystals accumulate in the lysosomes. In Turkey, the most frequent allelic variation is c.681G>A; p. E227E (29.1%) [5].

This accumulation affects many vital organs such as kidneys, cornea, bone marrow, thyroid, lymph nodes, liver and spleen, and causes disfunction in these organs. Three clinical forms are defined based on the starting age and severity of the condition.

These forms are infantile nephropathic cystinosis, late-onset cystinosis and nonnephropathic cystinosis [6].

Infantile nephropathic cystinosis is the most common form with 1/100.000-200.000 live births. Proximal tubular dysfunction is at the forefront. Nephrocalcinosis and lithiasis can be observed depending on urinary calcium and phosphate excretion. Renal failure develops in late childhood [6].

In late-onset cystinosis, there is kidney involvement, but the development of kidney failure is slow as it appears at a late age. Intracellular cyctine levels are

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between the other two types. It is mostly in the form of a glomerular disease [6].

In nonnephropathic cystinosis, cystine accumulates in the cornea and bone marrow. Painful corneal lesions and keratopathy can be experienced. There is no kidney disease in these cases. Intracellular cystine levels are quite low [6].

Another system affected by cystinosis is the endocrine system. Hypothyroidism is observed in 70% of untreated patients who are older than 10. Insulin dependent diabetes mellitus and primer hypogonadism are other clinical cases that can be encountered. In addition to the central nervous system, muscles are also affected by this disease. In particular, vacuolar myopathy that cause severe muscle breakdown is mostly observed in adults, and in child patients who have not received a good treatment. On the other hand, cystinotic encephalopathy is a more severe case, and is usually seen in adults (cystinosis registry system).

The diagnosis of cystinosis can be quickly done by evaluating the intracellular cystine level in leucocytes, and cyctine accumulations in the eyes and bone marrow. During the prenatal period, it can also be possible through the analysis of cystine contents and mutation in amniotic cells [6].

So far, we have concentrated on the literature on cystinosis.

Bioresonance method is a treatment conducted by a frequency-controlled computer, a device invented in 1975.

This method is based on a therapy that is performed by detecting and fixing disease-causing frequencies in our body (e.g. virus, parasite, bacteria and mycetes) spread by substances or living organisms to which we are allergic/intolerant, and then, transmitting these fixed frequencies back to the body.

Every cell produces tiny electromagnetic vibrations. Cells that are in good health emit harmonious signals that freely resonate with each other. Toxins or microbes that infect a cell add their own frequencies and distort the cell's natural signal. The foreign frequencies hidden in the frequency sample of the patient (Allergens, viruses, bacteria, amalgam, mycosis, etc.) disrupt the normal frequency order. The electromagnetic frequencies that disrupt this order are determined, and transferred to the device. Electrodes are placed on certain parts of the body. The disease-causing frequencies are reversed in the device, and transmitted back to the patient's body. Healing occurs through therapy frequencies. Biological, physical frequencies are strengthened.

Eliminating the frequencies disrupting the inner communication between the cells and in the whole body (as in the radio interference) relieves the stress on the body, and enables the system to operate properly.

The following reviews the bioresonance treatment that we used in our case.

Chen et al. [7] analysed the allergen of the hypersensitive patients in Shiyan region by means of the bicom-bioresonance system. Their objective was to investigate the accuracy of bicom-bioresonance system in detecting allergens and the distribution characteristic of allergens of the hypersensitive patients in the Shiyan region. Allergens were detected in 581 hypersensitive patients in the region.

Schöni et al. [8] carried out an efficacy trial of bioresonance in children with atopic dermatitis. They randomized the patients according to sex, age and severity of disease to receive either sham (placebo) or active treatment with the bioresonance apparatus Bicom II.

Endler et al. [9] examined the transfer of molecular information using a bioresonance instrument (BICOM) in amphibian trials. Two independent double-blind studies, performed in Austria and Italy, demonstrated that bioinformation can be scanned and transferred by a bioresonance instrument (BICOM). The metamorphosis of tadpoles could be greatly slowed down.

Klotter [10] studied bioresonance therapy for parasites. The Polish study looked at the effect of bioresonance therapy using BICOM.

Ze et al. [11] used a bio-resonance device for

treatments of allergic diseases. They performed allergen tests and desensitization treatment to 154 patients with BICOM® 2000, a device for the treatment of allergic diseases made by Regumed Company of Germany.

Karabey Z. [12] studied on Autistic spectrum disorder. Nine doctors/Bicom therapists and 38 children aged between four and twelve took part in the study. All had been officially diagnosed with "autistic developmental disorder". The positive results in terms of motor development and absence of stereotypical behaviour patterns are particularly striking.

Karabey Z. [13] showed that 33 (25 + 8) of the 55 patients (60%) no longer experienced any digestive tract symptoms following bioresonance therapy. Similarly, serological and histological tests confirmed that they were no longer gluten-sensitive.

As is shown above, bioresonance treatment is used in many areas. In the case that is described below, bioresonance treatment would be used in a different area for the first time.

2. Research Methods

Case reports are a time-honored tradition in the medical profession. Published case reports provide essential information for optimal patient care because they can describe important scientific observations that are missed or undetected in clinical trials, and provide individual clinical insights thus expanding our knowledge base [14].

The clinical case report examines the diagnosis and treatment of one or more patients. This is the first step of medical evidence. There are three types of Case Reports in the literature. These are diagnosis and evaluation reports, treatment and management reports, and educational reports. Three methods were utilized in the study [15].

3. Case

E.G. who was born on 17/5/2000 was first diagnosed with urinary tract infection in February 2001 (when she was 7 months old), but before that, her mother found tiny stones on her diaper. She was again treated for urinary tract infection when she was 15 months old. In February 2002, kidney stones were detected in the patient who was repeatedly examined due to fever and pain. Renal Ultrasound (USG) revealed two stones in the right kidney and one in the left, and the left kidney did not visualise in IVP. In scintigraphy, the contributions of the kidneys to kidney functions were 70% on the right, and 30% on the left. The left ureter could not be visualised, either. On 16/4/2002, the patient was taken to surgery, and scintigraphy was applied. A 2 × 2 mm stone was found in her bladder.

Retrograde pyelography was performed by the left ureter. The left ureter and pelvis were visualised as dilated, and calyceal structures were seen to be removed from the collecting tubules. This was evaluated to be similar to the nephropathy of stage 3 vesicoureteral reflux (VUR). Catheter was placed in the left ureter. The stone was broken and taken out by using lithotri. The stones taken out in the surgery were analysed, and were evaluated to be cystine stones.

The patient was monitored with the diagnoses of histinuria, nephrolithiasis, recurrent urinary tract infections and enuresis nocturna. Captoril, school solution and captimer were used in set doses. In USG examinations, it was evaluated that the left kidney was smaller than normal, and the right kidney was in normal size and was visualised with multiple echogenic stones.

On 28/2/2006, hydronephrosis was also detected in the right kidney. In scintigraphy, the contribution of the left kidney to the functioning was 28% while that of the right kidney was 72%.

On 18/10/2010, her fasting blood glucose was measured as 121 mg/dl. Metformin was then added to the treatment, and obesity started to be monitored.

On 8/3/2011 when the patient was 10 years and 10 months old, she was monitored with the diagnoses of cystinosis, obesity, hypercholesterolemia, hirsutism and premature menarche. Polycystic ovary was also

visualised on the left ovary, and 11 beta hydroxylase deficiency was detected. Hydrocortisone was added to her treatment. On 31/1/2011 when the patient was 10 years and 7 months old, her age was evaluated as 12-13 years in her wrist graph.

As of July 2012, surgery was planned for the multiple stones located in the right kidney, and catheter was applied with right pyelolithotomy by paediatric surgery. The surgical operation was planned to take the stones out, and on 31/10/2012 the patient was referred to the organ transplant list. The surgical decision was approved and she was registered to the transplant list. The family of the patient came to our clinic after deciding to receive bioresonance treatment.

4. Findings

As of 31/8/ 2012, the patient's treatment was also performed by us with bioresonance added along with clinical follow up and surgical treatment. The last radiological examinations in the patient's file are as in the following:

In her scintigraphy on 26/1/2012, the right kidney was in normal size and location, and the areas that fit to dilated pelvicalyceal structures were visualised as hypoactive. The left kidney was smaller than normal size, and normal edge order was visualised. The contribution of the left kidney to relative kidney functions was 27% while that of the right kidney was 73%.

In her dynamic kidney scintigraphy on 23/1/2012, the left kidney was smaller than the right, and its perfusion and concentration was monitored to be normal. Intrarenal excretion began at the fourth minute, and was visualised as normal. The functional parenchyma of the right kidney became a bit thinner, and pelvicalyceal structures were dilated. Intrarenal excretion began at the fourth minute, and the activity retention accumulated in dilated pelvicalyceal structures was relieved after diuretic injection. Hypoplasic parenchyma on the left and functional parenchyma on the right became thinner, and the findings were evaluated as normal functional kidneys except functional stasis.

In the ultrasonographic examination on 2/2/2012, the craniocaudal size of the right kidney was 102 mm and that of the left kidney was 65 mm. There was a significant difference of dimension between the two kidneys. In the right kidney, there were multiple hyperechoic stones, the largest of which was in 23 × 21 mm dimensions. The pelvicalyceal structures of the left kidney were in normal width.

On 12/7/2012, pyelolitotomi operation was performed for the right kidney, and five stones were removed.

In the abdominal ultrasonography on 6/8/2012, the dimensions of both kidneys (right: 10.4 cm, left: 8 cm), parenchyma thickness and echogenicity, renal sinus echogenicity and width were evaluated as in normal limits. Several stones in 11 mm dimension were visualised in the right kidney. The pelvicalyceal structures of the right kidney were dilated, and its renal parenchyma thickness was measured as 7 mm. Echogenicities were monitored in the left kidney.

5. Treatment

The patient was monitored and treated by the paediatric nephrology clinic until she was 12. During her examinations, enuresis nocturna, premature menarche, impaired glucose tolerance test, hyperlipidemia, 11 beta hydroxylase deficiency and hirsutism were respectively added to her diagnoses. In this process, she passed kidney stones spontaneously, and often had urinary tract infection. Low dose antibiotic treatment was performed for four years.

Kaptimer, scholl solution, captopril, hydrocortisone and various antibiotics were used in the patient's treatment. Methionine and cystine restricted diet continued to be applied.

As of 31/8/2012, the patient's treatment included use of bioresonance in addition to clinical follow up and surgical treatment. The bioresonance treatment was performed at our clinic.

In the test conducted with the Bicom Bioresonance device, geophathic exposure, electromagnetic exposure, intolerance to milk, sugar, spinach, strawberry, cocoa and tomato, candida albicans, camphilobacter pylori and beta hemolytic streptecoc were detected.

Milk, sugar, spinach, tomato and strawberry free diet was commenced. The following treatment programs were applied by means of the Bicom Bioresonance device:

- Blockage programs;

700,3: Geopathy balance
701,1: Electrosmog balance and radiation exposure
702,0: Exposure to radiation diffuse
900,2: Eliminating scar interference
910,3: Eliminating scar interference
530,2: Mandibular joint correction
3084,0: Somatogenic stress reduction
847,0: Blockage due to opiates, drug abuse

- Detox programs

10114: Renal functional impairment
10093: Liver detoxication
10038: Improving intestinal flora
10165: Toxin elimination
10046: General detoxication

- Infection therapy;

978,1: Strain exposure topathogens(virus,etc)
191,0: Strain exposure topathogens(virus,etc)
1078,0: Strain exposure topathogens(virus,etc)
999,2: Strain exposure topathogens(virus,etc)

- Candida programs; 1003,978,191,1002,971:
- Allergy therapies; 11310,12310,13310,968,191,998,
- Acid-base balance; 812,1
- Protein metabolism programs; 530,3106,518,910,3107
- Sugar metabolism; 852,829,10118,
- Carbon hydrate metabolism; 819,992,3107,3064
- Genetic disease program; 10047
- Orthomolecular point programs; 600.2 (zinc), 530.7 (RNA), 812.2(ammonia point), 530.6 (protein point), 829.2 (pancreas fluids point (sisi card's points))
- Enuresis nocturna; 980,1,981,490,950,507
- Hormonal system programs; 980,981,916,934,10070,10072

The samples used in the frequency treatment by using the Bicom Bioresonance device are as follows: milk, cheese, sugar, honey, wheat bread, spinach, tomato, strawberry, wet yeast, dry yeast, urine, saliva, blood, throat swab, hair sample, nail sample, aluminium lead and ureter catheter sample, cystine stone (191), deltacortril mercury sample, streptococ ampoule, candida ampoule, escherichia coli ampoule.

While the above mentioned treatments were performed, routine examinations and medications were continued.

In the renal ultrasonography on 4/2/2013, the craniocaudal dimension of the right kidney was 104 mm, whereas that of the left kidney was 65 mm and its parenchyma thickness and echogenicity, renal sinus echogenicity and width were evaluated as normal. In the right kidney, multiple hyperechogenic stones, the largest of which was in 13 mm dimension, were monitored.

In the static kidney scintigraphy on 7/3/2013, the left kidney was smaller than the right, the contribution of the right kidney to total kidney functions was 74% while that of the left kidney was 27%.

In the dynamic kidney scintigraphy on 19/7/2013, the contribution of the right kidney to total kidney functions was 74% while that of the left kidney was 27%.

In the ultrasonography on 10/7/2013; the craniocaudal dimension of the right kidney was 116 mm, whereas that of the left kidney was 98 mm and its parenchyma thickness and echogenicity were monitored as normal. In the right kidney, a large number of stones were monitored in the calyceal structures, and the largest one was 23 mm in the lower pole.

As of September 2013, the following surgical treatments continued to be performed simultaneously. Medications and the bioresonance method were

applied together in the infections encountered during the treatments.

September 2013. Right PNL + Right DJS were fitted.

October 2013. The patient was hospitalised due to fever with a pre-diagnosis of urinary tract infection in paediatrics, and pathogen could not be detected.

November 2013. Right flexible URS + Right DJS were replaced.

December 2013. Right DJS was replaced.

January 2014. She ran a fever, and the ceftriaxone treatment was performed.

February 2014. She was hospitalised in paediatrics, and ceftriaxone treatment was performed.

In the upper abdominal spinal BT on 5/2/2014, the size of the left kidney, its contours, pelvicalyceal structures and left ureter that falls within the sections were monitored as normal. An increase was observed in the size of the right kidney, while its pelvicalyceal structures were visualised as firm. There were multiple hyperdense stones in the upper centre and lower zones in the pelvicalyceal structures of the right kidney, and the largest one was 1 cm in diameter and was located in the central zone.

June 2014. Right flexible URS + Right DJS were fitted.

July 2014. *E. coli* bacteria grew in the urine and antibiotic treatment was performed.

In the abdominal ultrasonography on 21/8/2014, the right kidney was 92 mm, its upper pole calices were dilated, and there were several hyperechogenic stones in the central zone and lower pole, the largest of which was 2.5 in diameter. The size of the left kidney was 77 mm in craniocaudal length, and its size was analysed to have decreased compared to the right kidney. Echogenicity and pelvicalyceal structures of the left kidney were normal.

August 2014. Right flexible URS + Right DJS were replaced.

September 2014. Right flexible URS + Right DJS were replaced.

October 2014. Medical treatment (ceftriaxone) was performed.

October 2014. Right flexible URS + Right DJS were replaced.

On 31//10/ 2014. Lithotripsic endoscopic kidney stone surgery was done.

December 2014. In BT, the pelvicalyceal structures of the right kidney were dilated, which was clearer in the upper and central zone. There were several hyperdense stones dispersed in the right kidney, the largest of which was 9 mm in diameter located in the upper pole. Hyperdense catheter was visualised from the right renal pelvis to the bladder.

In the upper abdomen BT on 5/6/2015, the size of the left kidney was monitored as normal, and the contours were lobular. Its pelvicalyceal structures and both ureters that fall within the sections were also monitored as normal. In the right kidney, hyperdense calcification, the largest of which was measured as 5 mm, was visualised in the upper and central pole of the caliceal structures. Besides, there were several hyperdense stones, the largest of which were 4 mm in diameter, in the lower pole of the caliceal structures of the right kidney.

Medications and the bioresonance method were applied together in the infections encountered during the treatments.

In the dynamic kidney scintigraphy on 7/7/2015, the perfusion and concentration of both kidneys were normal, while the intrarenal excretion bilateral began at the fourth minute and was visualised as normal on the left. The right kidney was in smaller size compared to the left, the activity retention seen in the pelvicalyceal structures was relieved after the diuretic injection. The contribution of the right kidney to total kidney functions was 31% while that of the left kidney was 69%.

In the static kidney scintigraphy on 14/7/2015, the left kidney was in normal shape, size and location, and showed normal edge order and activity distribution. The right kidney was clearly smaller in size compared

to the left, and the edge irregularity in the upper pole drew the attention. As a result of measuring the relative renal functions obtained from the anterior and posterior views with geometrical mean, the contribution of the right kidney to total kidney functions was calculated as 35%, and that of the left kidney as 65%. In the static kidney scintigraphy on 26/1/2012, the right kidney was in normal size and its contribution to relative kidney functions was 73%, whereas on 14/7/2015 this rate dropped to 35% and the contribution of the left kidney which had been 27% went up to 65%.

In the static kidney scintigraphy on 22/6/2016, the right kidney was smaller in size compared to the left, and edge irregularity was monitored on the lower, outer edge. The left kidney was in normal shape and localisation, and showed normal edge order and activity distribution. As a result of measuring the relative renal functions obtained from the anterior and posterior views with geometrical mean, the contribution of the right kidney to total kidney functions was calculated as 35%, and that of the left kidney as 65%. In the static kidney scintigraphy on 26/1/2012, the right kidney was in normal size and its contribution to relative kidney functions was 73%, whereas on 22/6/2016 this rate dropped to 35% and the contribution of the left kidney which had been 27% went up to 65%.

In the dynamic kidney scintigraphy on 29/6/2016, the perfusion and concentration of the left kidney was normal and the intrarenal excretion began at the fourth minute. The right kidney was smaller in size compared to the left, and considering its size, its functions were monitored as normal. As a result of measuring the relative renal functions obtained from the anterior and posterior views with geometrical mean, the contribution of the right kidney to total kidney functions was calculated as 31%, and that of the left kidney as 69%. While the contribution of the right kidney to total kidney functions was 74% in the dynamic kidney scintigraphy on 19/7/2013, this rate dropped to 27% on 29/6/2016 and the contribution of the left kidney increased from 27% to 69%.

In the urinary system ultrasonography on 23/8/2016, the sizes of the kidneys were 10.7 cm (right) and 7.7 cm (left), and parenchymal thickness and echogenicity, renal sinus echogenicity and width, pelvicalyceal structures were in normal limits. The upper pole calices of the right kidney were diffuse dilated, the parenchyma became thinner on this level and took a cortical shape. Parenchyma thickness at the central and lower pole levels were evaluated as normal. Several stones, the largest of which was 8 mm in diameter, were visualised in the right kidney.

In the molecular genetic examination of the patient on 23/6/2016, although the (c851aA G) (homozygot) mutation detected in her SLC3A1 gene had not been defined before, it was evaluated as the cause of the disease according to the polyfen-2, SIFT, PROVEAN and mutation data.

6. Result

The left kidney of E.G. who first passed kidney stones when she was 6 months old considerably lost its ability to filter when she was two years old and it was also found that it was smaller than the other kidney. She started to be monitored with the diagnosis of cystinosis at a university hospital. Over the years, multiple stones emerged in the right kidney that undertook 70%-80% of the filtering process. It was decided to remove the stones and she was operated at the age of 12. As of this time, frequency therapy through BICOM bioresonance device, a frequency modulation device, was included in the patient's treatment as an addition. The frequencies specified above in the treatment section were applied every week for an hour at a time, and multiple times when needed, for the last four years.

The difference observed in this case was that the emergence of kidney stones stopped, and the left kidney that largely lost its filtering function regained its functions. It is thought that in such cases it would be necessary and beneficial to monitor the disease and

publish the results by adding the bioresonance method to the treatment.

As is also indicated in the literature review section, attention is drawn upon the necessity to share results by using the bioresonance frequency method as an addition to the treatment methods in other diseases and conditions.

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