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Bilateral Ear Canal Ablation

Roscoe, a 7-year MC Bassett Hound from Bassett Rescue, was presented for a Bilateral Ear Canal Ablation on August 31st, 2005. This was following a long course of topical and oral antibiotics for chronic otitis according to repeated Culture and Sensitivities.

The surgery was performed and included bilateral ventral bulla osteotomies. The owner wished to pursue a holistic follow-up, as there were concerns of an underlying food allergy.

Between Sept. 8th and Sept. 12th Roscoe received 2 NAET treatments for food allergies (beef) and continued to receive oral antibiotics and hot packing of ears post-operatively. Kinesiology on Sept. 8th had revealed multiple food allergies particularly to grains and proteins and also vaccine allergy. He was still suffering from dermatitis with moist inflammation, erythema and odor particularly of the groin, ventral cervical folds and axillas. He was moderately pruritic.

On Sept. 22nd, he presented with ongoing dermatitis and pruritus and now also was experiencing a discomfort in his rear quarters and a jerking motion in the hind limbs thought to be originating from and instability in the lumbosacral joint. The owner had already switched him to a home-prepared diet of duck, sweet and white potato and carrots according to his allergy testing by Applied Kinesiology (AK). BICOM treatments began on Sept. 22nd starting with a basic program only. At that time, he was continuing to receive Baytril and Simplicef orally at home and a Chinese Herbal combination formula. He was also continuing to shake his head due to ear pain (this had been ongoing since the time of adoption).

On Oct. 7th, Roscoe presented for his third BICOM session, and was now showing considerable improvement...more playful, less head shaking and improvement in the hindquarters with ability to use the rear feet to scratch. BICOM treatments continued at weekly intervals throughout October. Antibiotics were discontinued at the end of the month.

In November, the herbal therapy was switched to a grape seed extract and the treatments were reduced to twice a month and then to once a month starting in December. By Dec. 14th, the pruritus was nearly resolved, only slight scratching. Digestive enzymes of plant origin were now added to his food in addition to the Vitamin C and his protein source was switched to turkey. His dermatitis was resolved except for a mild dermatitis of the ear pinna.

On his April check-up he was doing so well that a review of his allergies by AK indicated only mild environmental sensitivities. His food allergies according to muscle testing had completely resolved.

Throughout this period, his BICOM approach had included programs for allergies (particularly foods), vaccinosis, organ clearing (lymph and intestine), the spine and geopathy. Allergies to medications and chemicals were also cleared and sessions were almost always completed by running a 5 Element program.

The owner is extremely pleased with Roscoe's turnaround and feels that the BICOM therapy was essential to his return to wellness.

By Regina M. Downey, DVM

August 2005-May 2006

Candida Yeast Overgrowth

Patient: Starr is an 8 year old, female spayed Golden Retriever.

History: Starr was surrendered to a golden retriever rescue group in September of 2006 with minimal medical history. A comprehensive blood screening panel showed a slightly elevated eosinophil count of 1.73 (0.00–1.30), an elevated globulin of 5.4 (2.7–4.4) consistent with an allergic condition. A diagnostic thyroid panel (T4, Free T4, TSH) was all within normal limits. A veterinary dermatologist examined Starr and diagnosed atopic dermatitis. Symptomatic treatment was attempted with topical antibiotics and steroid preparations. The prescribed medications were ineffective in improving her pruritis or dermal lesions.

Examination: Starr presented in October of 2006 with periocular dermatitis (erythema, alopecia and hyperplasia), bilateral yeast otitis externa, and generalized dermatitis (erythema, hyperpigmentation) most notable in the axilla and groin regions, under the tail and interdigitally in all four paws. The lesions around the eyes were typical of a *Malassezia* yeast overgrowth on the skin.

Bicom Testing: Allergy vials were tested with program 191. Starr showed sensitivity to the following substances: Corn, Wheat, Egg, House Dust Mite, DHLPP vaccine, Nickel, *Malassezia* yeast, *Candida albicans*, *Candida crusei* and *Candida parapsilosis*. Priority testing determined that the *Candida* yeasts were the primary concern for therapy.

Therapy: Eight treatment sessions were performed. Saliva and hair particles were placed into the input cup. Input location and program protocols were followed per the Bicom manual protocol. Programs were chosen based on indication and testing for fungal clearing and included the following programs during the eight therapy sessions. Each treatment session began with a basic energy balancing program, therapy block programs (700, 701) appropriate organ of elimination programs (350, 351, 970, 565, 201), skin detoxification program (515) and gastrointestinal flora support (561). An Ai program (971) was used for clearing the *Candida* followed by 192 (A) for the positive fungal elimination vials and five element support. A Bicom therapy chip was charged each visit for the A programs.

Nutritional support was added by supplementation for Leaky Gut syndrome and *Candida* overgrowth.

Results: The periorbital yeast dermatitis gradually lessened to the point of appearing relatively normal. See before and after Bicom therapy photographs for comparison.

Conclusion: It can be important to treat/support the intestinal tract for a *Candida* yeast overgrowth and not just focus on treating the allergic skin condition.

Karen M. Strickfaden, D.V.M.

April, 2007



Canine Focal Dermatitis

Patient: Orion is a 12 year old, male neutered Golden Retriever.

History: Orion has licked the top of his left front paw daily for over 2 years. There are two 3cm red, raised areas of dermatitis with hair loss on the paw consistent with acral lick granulomas. The owner has utilized multiple topical treatments on the paw including steroid/antibiotic sprays, herbal combination sprays and aloe vera gel without success. She has also used parenteral antibiotics and steroid injections. The owner commented that the aloe vera gel would sometimes decrease the licking for a short period of time. The owner keeps an e-collar on the dog to prevent him from licking the area.

Therapy: One treatment session was performed. Saliva and hair particles were placed into the input cup. The left front paw was input on a brass plate for the first four programs. The knob electrode was added as input directly on the skin lesions for programs 350 & 351. The 515 detoxification program was run per the Bicom manual protocol with the knob electrode on the pancreatic juice point and skin/hair particles from the paw as input. Programs were chosen based on indication and testing.

126 - Basic therapy - exhausted energy with DMI Amplify level 6 for 3 minutes

701 - Radiation, electro-smog exposure

350 - Skin acute inflammatory – organ of elimination program

351 - Skin chronic-degenerative – organ of elimination program

515 - Detoxification using particles of skin

Results: The owner reported that Orion did not even attempt to lick his paw in the car on the way home from his Bicom treatment. He has not licked the area to date 6 weeks later. She no longer uses an e-collar and the skin region has healed. The hair is growing back and the skin is no longer raised or red in color. See before and after Bicom therapy photographs for comparison.

Karen M. Strickfaden, D.V.M.

August, 2006



Chronic Allergic / Hypersensitivity Dermatitis

Patient: Eddie is a three year old, male neutered Black and Tan Coonhound.

History: Eddie presented with generalized pruritis (itching), alopecia and scaling. The most prominent lesions were noted on his face, legs and groin. The skin was oily and malodorous (seborrhea oleosa). The ear canals were inflamed, ear pinnas were hot and edematous with notable head shaking. The owner said the itching started four months previously and developed rapidly. The problem started during the winter season. To see the extent of his skin lesions, refer to the photograph prior to Bicom therapy.

Another veterinarian had recently performed skin scrapings that were negative for ectoparasites. Previous treatments included antihistamines (Diphenhydramine and Chlorpheniramine), prednisone (both oral and injectable) and antibiotic treatments of both Cephalexin and Baytril. The owners reported relief from the pruritis while on the prednisone but as soon as the steroid therapy was discontinued, Eddie's itching returned. Regrowth of the hair was not seen with any of the medications and his symptoms were getting progressively worse.

Diagnostics: We performed multiple skin biopsies. The histopathology report indicated "chronic eosinophilic and mastocytic superficial perivascular dermatitis with secondary bacterial folliculitis – consistent with chronic allergic/hypersensitivity dermatitis." Blood was also sent to an allergy laboratory for immunologic based allergy testing. Eddie showed positive or borderline positive to 8 trees, 6 grasses, 6 weeds, 5 molds, 8 indoor items (including dust mite and kapok) and 9 different foods. Eddie was switched to a natural/holistic dry kibble, a 7 day treatment of Cephalexin for the secondary pyoderma, and given an oatmeal bath. Otherwise, the only therapy performed on Eddie was the Bicom treatment as described below.

Therapy: Saliva was used as main input and affected skin/hair samples were added to the input cup for the skin programs. General input consisted of a flexible mat around the neck with the modulation therapy mat on the spine. A comb electrode was added as input during the skin programs. Programs were chosen based on indication and testing and the general protocol was followed from the Bicom therapy manual.

Bicom allergy vial testing: Eddie was positive to Fish mix II, Corn, Wheat, Candida, PCB mix and Mercury. A combination of PCB and Mercury was determined to be the priority for detoxification. He was energetically negative to all grass, weed, tree pollens and mold vials.

First Session

- 103 - Basic therapy for acute-inflammatory with DMI Attenuation level 7 for 4 minutes
- 310 - Liver acute-inflammatory
- 930 - Skin diseases, lymph problem
- 351 - Skin chronic-degenerative
- 140 - Basic – frequency sweep integration

Second Session (5 days later)

- 120 - Basic therapy - low energy

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702 - Radiation exposure, diffuse
970 - Skin diseases, toxin elimination
999 - Detoxification of mucus membranes, allergy therapy relief
140 - Basic – frequency sweep integration

Third Session (5 days later)

121 - Basic therapy
515 - Detoxification using skin particles (program transferred to a chip on collar)

Fourth Session (5 days later)

101 - Basic therapy
702 - Radiation exposure, diffuse
351 - Skin chronic-degenerative (program added to chip)
221 - Large intestine, chronic-degenerative

Fifth Session (6 days later)

103 - Basic therapy
351 - Skin chronic-degenerative
1st Ai + A Detoxification for PCB and Mercury
Diarrhea was noted 2-3 days after the detoxification.

Sixth Session (3 weeks later)

101 - Basic therapy
350 - Skin acute-inflammatory
351 - Skin chronic-degenerative
970 - Skin diseases, toxin elimination
2nd Ai + A Detoxification for PCB and Mercury

Results: Eddie showed significant improvement within four treatments done within a 3 week period. Eddie stopped itching and the hair and pigment in his skin started to return. His face and ears showed dramatic improvement. You could tell by his facial expression that he felt better and was happier. After the first Ai+A treatment the malodorous and oily skin had disappeared.

After six treatments his hair was almost completely filled in and all of his black skin pigment had returned. He does not itch and his hair is shiny. The photograph of Eddie after six treatments reveals a normal looking dog. There was only one area on his chest that was still filling in with hair.

Immunologic blood allergy testing was resubmitted after his six Bicom treatments and it showed that 28 of the original 42 positive 'allergens' now had lower borderline numbers or completely negative numbers.

Karen M. Strickfaden, D.V.M.

August, 2006

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Chronic Neck Pain

Dill, a 9-year male castrate, Rottweiler, was presented for chronic and severe neck pain on December 15th, 2005. Dill's neck condition had been ongoing for months, having been diagnosed at the nearby teaching and referral veterinary hospital with Immune Mediated Polyarthritis by extensive testing including MRI and biopsy. In March 2005, Dill was also diagnosed with atrial tachycardia.

At the time of presentation for a holistic consultation, Dill was being treated with Rimadyl, Tramadol and Thyroxine, coenzyme Q10, a herbal/nutriceutical combination cardiac support product and a general vitamin-mineral supplement with a ground flaxseed base. Physical exam on Dec.15th revealed a tachycardia and significant neck pain (panting, lethargy, reluctance to move, resistance to flexion and extension of the head and neck, and a stilted gait). Blood analysis showed an elevated alkaline phosphatase (807), an increased creatinine kinase and an eosinophilia. In addition to the allopathic approach, the owner wished to add a holistic approach, which was to include BICOM therapy and homotoxicology. Dill's owner wished to avoid another course of immunosuppressive doses of corticosteroids as had been done over the past several months. Digestive enzymes were added as well. But the pain management was continued exactly as before.

After the first BICOM session, Dill's symptoms worsened over the first 12-24 hours to the point that now he would not ascend or descend the stairs. However, the following day he was significantly improved. A second and third BICOM session was run on Dec. 27th and Jan.17th. Dill continued to improve to such an extent that the pain medication dosages were reduced by 25%. Three months after the initial treatment, Dill had a recurrence of severe neck pain.

He had been lost to follow-up between Jan. and April after the third treatment. Again, the BICOM therapy significantly improved mobility and attitude. The efficacy of the BICOM therapy was supported by the fact that in April no changes were made to the home treatment regimen.

Regina M. Downey, DVM

December 2005 to June 2006

Feline Idiopathic Megacolon

Patient: Merlin is a 9 year old, male neutered Maine Coon cat.

History: Merlin was diagnosed with Idiopathic Megacolon after presenting to our hospital with depression, lethargy and severe constipation. (view the 'before radiograph' photo). Merlin was hospitalized and given subcutaneous fluids and enemas for 4 days. Lactulose (stool softener) and Cisapride (GI motility stimulant) were prescribed along with an herbal psyllium supplement and a high fiber diet. Although Merlin was able to pass small amounts of hard stool once every 3-4 days for the next three weeks, he could not be adequately regulated even at the maximum dosage of both medications three times a day. Bicom therapy was then incorporated into his treatment plan as described below. Other symptoms exhibited by Merlin included pulling his hair out along both flanks, a depressed appetite and decreased activity.

Therapy: Three treatment sessions were performed in the first week. A series of maintenance Bicom treatment sessions have been performed monthly for the past four months.



Saliva was used as input for the basic program and a stool sample was always added to the input cup for all intestinal programs. Input consisted of a flexible mat across the lumbar spine / large intestine region with the modulation therapy mat on the stomach. Programs were chosen based on indication and testing. Two acupuncture needles were also placed bilaterally at LI 25 during the first Bicom treatment.

First Session (Day One)

132 - Basic therapy for low energy state - with DMI Amplify level 7 for 4 minutes
960 - Bowel action, to improve
220 - Large intestine acute-inflammatory

Second Session (Day Three)

131 - Basic therapy for hyperenergized state
927 - Adhesions
220 - Large intestine acute-inflammatory

Third Session (Day Seven)

122 - Basic therapy - low energy state
702 - Radiation exposure, diffuse
200 - Stomach outlet problems, Lymph acute inflammatory
125 - Basic therapy - frequency sweep

Follow-up / Maintenance Sessions

Basic and intestinal programs based on testing. Protocol same as described above.

Results: Merlin passed a large amount of stool within two hours of his first session. By the end of the first week Merlin showed increased activity and appetite and he stopped pulling the hair off of his flanks. View the follow-up radiograph that was taken at the end of the first three treatments – the colon is empty and no longer enlarged with stool or gas.

In an effort to reduce the medication (for cost and owner ease), the Cisapride and Lactulose medications were reduced from three times a day to twice a day and the Lactulose was also reduced to half of the original volume (a total of 1/3 the original daily dose). He has been maintained at that level for four months.

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Merlin has passed a large (but normal consistency) stool daily for the last four months and all of the hair on his flanks has grown back.

BICOM Case Study – Feline Idiopathic Megacolon

Karen M. Strickfaden, D.V.M.

August, 2006

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Food Allergy Dermatitis / Colitis

Patient: Dutch is a 12 year old, male neutered Keeshond.

History: Dutch has an extensive history of skin problems for over four years. Skin biopsies indicated an “allergic dermatitis with secondary superficial pyoderma”. ELISA blood allergy testing indicated allergies to multiple trees, weeds, mold and foods including egg, potato, peanut, milk and yeast. He was also diagnosed with hypothyroidism three years ago and was on daily thyroxine replacement therapy. Dutch has also suffered from intermittent colitis and persistent soft stools.

Prior treatment included hypo-allergenic diets and symptomatic treatment with topical antibiotic/steroid sprays and oral treatment of antibiotics, prednisone, and antihistamines. None of the traditional therapies appeared to significantly improve his dermatitis or colitis.

Examination: Dutch presented with generalized alopecia. His ventral abdomen also showed a bacterial folliculitis with several coalescing epidermal collarettes.

Bicom Testing: Allergy vials were tested with program 191. Dutch showed sensitivity to the following substances: Egg white, Grain mite (*Tyrophagus putrescentia*), Cadmium, Hexachlorophene, DHLPP vaccine, Carpet mix and Scotchgard. Priority testing determined that the Egg White was the primary concern for therapy.

Therapy: Bicom treatments were performed at weekly to bi-weekly intervals for seven sessions. Saliva and hair/skin particles were used as input. Input location and protocol were followed per the Bicom therapy manual. Programs were chosen based on indication and testing for food allergies and included the list of the following programs. Each treatment session began with a basic energy balancing program, appropriate organ of elimination programs (530, 351, 970, 565 or 201). Ai / H+Di programs (944, 998, 945) were used for clearing the egg white allergen.

Results: Dutch responded well to therapy. The bacterial folliculitis resolved and his skin returned to a normal color in appearance. His stools were noted to be firmer only returning to a soft consistency when the dog was under stress such as kenneling at a boarding facility.

Karen M. Strickfaden, D.V.M.

April, 2007



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Hypothyroidism

Zachry Amato, a 2 year old male castrate Golden Retriever, presented on Nov. 16th, 2005 with a history of seizure disorder, chronic diarrhea, and ataxia. Zachry had been diagnosed with Hypothyroidism by a thyroid panel at Hemopet Lab in March 2005 and tentatively diagnosed by the regular DVM with Idiopathic Epilepsy in August '05.

In October 2005, the owner was referred to a specialty practice in Massachusetts for a complete neurologic workup following an incident to cluster seizures. Zach had been well controlled with Phenobarbital and Soloxine until mid October. The workup at the referral hospital included a spinal tap, MRI, cardiac ultrasound, radiology and complete blood analysis. The referral veterinarian stopped the Soloxine and added Potassium Bromide on Oct.10th.

When Zachry presented for a holistic consultation on Nov. 16th '05 the owner was considering euthanasia. On physical exam, he was stuporous, ataxic with scuffing of the toes and had a slow heart rate. Applied Kinesiology revealed toxic overload, heavy metal toxicosis, vaccinosis (both rabies and distemper/parvo vaccines) and weakness of the liver and thyroid gland. Initial treatment was aimed at gently detoxifying the body with homeopathy, homotoxicology and Vitamin C.

Tentative diagnosis was toxicity due to intolerance of the seizure medications, especially the potassium bromide. Thyroid glandular support was also prescribed and the Phenobarbital was reduced to $\frac{3}{4}$ of a 1-grain tablet twice daily. The potassium bromide had already been stopped by the owner who is an RN and felt this was the cause of the diarrhea. Zach was given an acupuncture treatment only on the first visit with the intention of initiating BICOM Therapy on the follow-up visit.

On Nov. 23rd, 7 days later, Zachry was considerably improved, was less ataxic, but still lethargic with intermittent diarrhea. On Nov. 23rd and Dec. 5th BICOM therapy programs were run which were aimed at basic detoxification and included stabilization of the central nervous system and acupuncture meridians. Between Nov 23rd and Dec. 12th no seizure activity was noted. The diarrhea was resolved and normal activity and mental status returned including running and playing. Between Dec. 15th and April 25th the owner noted one grand mal seizure and one petit mal seizure. BICOM therapy sessions were continued at approximately monthly intervals and were sometimes coupled with a chiropractic adjustment.

Zachry appears to be well stabilized with only minor adjustments to the Phenobarbital dosage (maintenance dose is $1\frac{1}{4}$ grain twice daily). The owner, Sherry, a registered nurse feels strongly that the BICOM therapy was a key component in Zachry's treatment regimen, as does this practitioner.

By Regina M. Downey, DVM
November 2005-April 2006

Lumosacrai Spondylosis

Patient: Hadria is a 10 year old, female spayed German Shepherd.

History: Hadria has a history of posterior paresis and stiffness of over 5 years duration. Symptoms included shaking of the rear leg muscles, stiffness upon rising, difficulty jumping and walking up stairs. Radiographs showed bridging spondylosis at L2-L3, L3-L4, and L7-S1 spinal vertebrae. Her condition was adequately managed with veterinary spinal manipulation therapy and acupuncture therapy every 3-6 months for 5 years.

Six months ago, Hadria's condition worsened. New symptoms included conscious proprioception deficits of both rear legs, increased posterior paresis and dropped hocks upon standing. There was concern that Hadria may also have degenerative myelopathy in addition to her lumbosacral spondylosis condition. Acupuncture and spinal manipulation therapies were applied at 2 week intervals for 3 treatments. These therapies were ineffective at improving the new symptoms. Bicom therapy was then introduced in an attempt to stabilize or improve the progressive posterior paresis.

Therapy: Seven treatment sessions have been performed at monthly intervals. Programs were chosen based on indication and testing. General treatment protocol included one program from each grouping as follows:

1. Basic energy balancing program
2. Spinal block program (915, 918, or 581 —using double roller on spine)
3. A nervous system support program (911 or 231)
4. Sacral block program (211 or 551 —magnetic depth probe over sacrum)
5. Program 941 —muscles, problem with coordination

Results: The owner reported a significant improvement in symptoms after just the first Bicom treatment. Hadria was walking better, showed more strength and stability in the hind legs and was even occasionally jumping onto furniture. The owner could see the posterior paresis reappear approximately 3-4 weeks after a treatment. Bicom treatments have been performed monthly for the last six months and Hadria's condition has remained stable.

Karen M. Strickfaden, D.V.M.

June, 2007

Neonatal Foal Resuscitation / Ventilation

Patient: Quarter Horse foal delivered by cesarean section.

History: The foal was delivered by cesarean section under general anesthesia after a prolonged labor. Upon delivery, there was a palpable heartbeat but a lack of any spontaneous respiration. Life-support treatment was immediately administered. Treatment included:

- Placement of a nasal tracheal tube which administered oxygen
- Assisted ventilation
- Continuous, vigorous rubbing of the foal's body with clean, dry towels and a warming blanket
- Placing the foal's head downward to clear fluid from the oropharynx and respiratory tract. Suction of nose and mouth
- Vigorous stimulation of acupuncture point GV26 with a hypodermic needle

After 10 minutes of ventilation support without adequate response, Doxapram was administered. The foal failed to respond adequately to the above measures for another 20 minutes. The heartbeat remained steady, however there was not any significant respiratory effort or spontaneous limb movement. The foal managed to have only 3-4 very shallow spontaneous breaths throughout the 30 minutes of treatment.

Bicom therapy was then attempted because of the concern of prolonged unresponsiveness of the foal and potential secondary complications.

Therapy: One treatment session was performed. Saliva and nasal discharge were placed into the input cup. A rectangular input electrode was placed on the chest and the output mat across the spine. The following two programs were tested and showed resonance.

Program 105 - Basic therapy - patients in an exhausted state

Program 802 - Oxygen uptake, to improve

Results: By the end of program 802 (4 minutes), the foal started breathing spontaneously and within 2 minutes was moving all 4 legs. He was standing with assistance shortly thereafter. The foal did have a slow suckle reflex for the first 12 hours of life but has otherwise recovered normally without further complications.

Karen M. Strickfaden, D.V.M.

May, 2007



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Osteoarthritis

Willow Andosca, a 14 ½ year spayed female Australian Shepherd, had been a regular patient for several years receiving acupuncture and chiropractic treatments as well as a combination of holistic products for the management of osteoarthritis. The owner was diligent with Willow's care traveling 1 ½ to 2 hours for holistic treatments as well as maintaining an ongoing relationship with a traditional veterinarian closer to home.

In July 2005, Willow was showing more discomfort from the arthritis including a significant gait deficit on the left forelimb. Radiographs in July confirmed elbow dysplasia as the cause of the lameness. No evidence of bone tumors was seen. The client opted for BICOM therapy rather than pursuing treatment with allopathic medications such as NSAIDS. Also, the owner was reluctant to continue chiropractic as sometimes Willow seemed painful and resisted treatment. Willow was already getting an herbal treatment for possible Lyme Disease (cat's claw, Una De Gato) so there was a suspicion at the time that Lyme may have been contributing to the arthritis symptoms.

Following the first BICOM session of August 5th, Willow was less lame. On the second visit prior to treatment, the gait deficit was definitely improved and only barely detectable. Willow continues to receive regular BICOM treatments every three to four weeks with improvements in mobility noted after each session.

During the ten-month span, Willow has been healthy except for a urinary tract infection treated by the regular DVM with antibiotics according to culture and sensitivity. Willow has passed her 15th birthday and the owner has not had to initiate allopathic pain medication for the management of the arthritis.

By Regina M. Downey, DVM

July 2005 to June 2006

Periorbital Dermatitis

Patient: “Q” is a 4 year old, male Siberian Husky.

History: Q presented to his regular veterinarian 1 year ago with a “rash on his face” of three months duration. The crusty lesions were confined to the facial area. Diagnostic procedures included a negative skin scraping, a negative fungal culture and a skin smear cytology showing occasional eosinophils and cocci bacteria. Symptomatic treatment was prescribed over the next three months including Cephalexin antibiotic, topical preparations including Neopolydex and Animax ointment. Treatment was ineffective and the dermatitis progressively worsened.

The regular veterinarian then obtained skin biopsies of the muzzle and eye area. Histopathologic findings showed “diffuse, moderate, lymphocytic, plasmacytic, mastocytic and mildly eosinophilic dermatitis: diffuse moderate, epidermal acanthosis with regional parakeratosis and intracorneal pustules.” The findings were considered “most consistent with a chronic, allergic/hypersensitivity dermatitis. The cause is not determined but food allergies should be considered. Pustules suggest a secondary superficial pyoderma.”

The veterinarian’s treatment protocol was adjusted based on the biopsy findings. Oral Methylprednisolone, Cephalexin and topical hydrocortisone were prescribed. Three different “allergy” diets including a Salmon diet and a non-wheat diet were given. A trial of Doxepin (for antihistaminic properties/psycogenic dermatoses) was also prescribed. Q’s skin condition did not improve during this nine month period and the periorbital dermatitis continued to progressively worsen.

Examination: The owners presented Q for Bicom therapy. Examination revealed alopecia (hair loss) and crusting of approx 1-2 inch diameter around both eyes. A few small similar lesions were noted on the top of the head and side of the face. The areas were severely pruritic (itchy). Lesions were confined to the face (view the before photo). Otherwise, Q was a normal, healthy, energetic dog.

Therapy: Preliminary toxin strain testing showed sensitivity to vaccines, heavy metals, parasites and fungi. Wheat and corn tested positive as food allergens. A series of four Bicom treatment sessions were performed at two week intervals to remove the superficial sensitivities – Lead, DHLPP & Rabies vaccine, and grain mites. Five element balancing and support was also performed. No significant improvement was noted during these sessions.

Once the previously listed strains were cleared, the treatment priority showed as fungi. Two treatment sessions were performed with the fungal components treated as both an infection and an allergy. (See specific therapy session programs listed below.) The improvement was dramatic. The periorbital lesions disappeared and Q stopped itching within a few weeks. Three more Bicom sessions were done to clear the wheat allergen (corn testing became negative after the wheat treatment sessions).

Saliva and hair particles were used as input. Programs were chosen based on indication and testing. A Bicom therapy chip was charged and taped to the dog’s collar between treatments.

First Fungal Clearing Session
103 - Basic therapy for acute-inflammatory state



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530 - Metabolism therapy
201 - Lymph, chronic-degenerative
971 - Mycosis treatment using
Blastomycete, Candida, Cryptococci, Penicillium fungal vials
192 - A program for all 5 VF kit fungal elimination vials VF41-45

Second Fungal Session (2 weeks later)
131 - Basic therapy for patients in a Yang state
900 - Activate vitality
201 - Lymph, chronic-degenerative
978 - Strain due to exposure to pathogens (fungi) and
945 - Allergy therapy for "natural" antigens (fungi) using
Ascomycetes, Botromycosis, Dermatormycosis, Microspore,
Penicillium, Streptomyces, Trichophytosis fungal vials
192 - A program for VF kit fungal elimination vials VF44, VF45

My evaluation: Based on Q's dramatic response to the fungal clearing sessions, his skin lesions and symptoms appear to be directly related to a fungal allergy. Bicom treatments were the only therapy being instituted at the time of improvement more than one year after his original symptoms developed. Q was not placed on any medication, supplementation or topical treatment during his Bicom therapy. Even though the skin culture was negative on the original medical work-up, the Bioresonance technology allowed detection of the fungal component. In this case, it appears that the problem was more of a fungal allergy (consistent with the skin biopsies) rather than a typical fungal infection.

Karen M. Strickfaden, D.V.M.

June, 2007

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Scotch Guard Chemical Sensitivity

Patient: Fred is a 5 year old, male neutered Domestic Shorthair cat.

History: Fred presented with severe generalized alopecia with crusting lesions involving the entire body. The most severe lesions were along the dorsal spine, chin and behind the ears. The cat would bite if his skin was touched. The skin condition has been present for at least 3 years (the owner could not remember him without the problem). Previous therapy with prednisone tablets and injections were ineffective at controlling the itching or healing the skin lesions.

Bicom Testing: Toxin strain testing was performed with Bicom vials. Fred was negative to all strains including vaccines, fungi, bacteria, parasites, viruses, chemicals, heavy metals, and food. The only item he showed a positive result on was Scotchguard chemical.

Therapy: Four Bicom therapy sessions were originally done at two week intervals. Mild improvement was seen with slightly less itching. Unfortunately, the Scotchguard vial was still testing positive. Thus, Ai+A Detoxification protocol was implemented.

Saliva and hair particles were used as input. Programs were chosen based on indication and testing. Five element balancing and support was also performed. A Bicom therapy chip was charged and taped to the cat's collar between treatments.

Original Scotchguard Treatment Sessions at two week intervals

1. Basic therapy
2. Skin Meridian program (350, 351) using input with comb electrode
3. Toxin elimination programs (970, 201 or 530)
4. Skin detoxification program (515)
5. Toxin treatment (979 or 999) with Scotchguard vial

Four Ai+A Detox Treatment Sessions at monthly intervals

1. Basic therapy
2. Skin Meridian program (350, 351) using input with comb electrode
3. Toxin elimination programs (970, 201 or 530)
4. Toxin treatment Ai+A detox programs with Scotchguard vial

Final Treatment Session

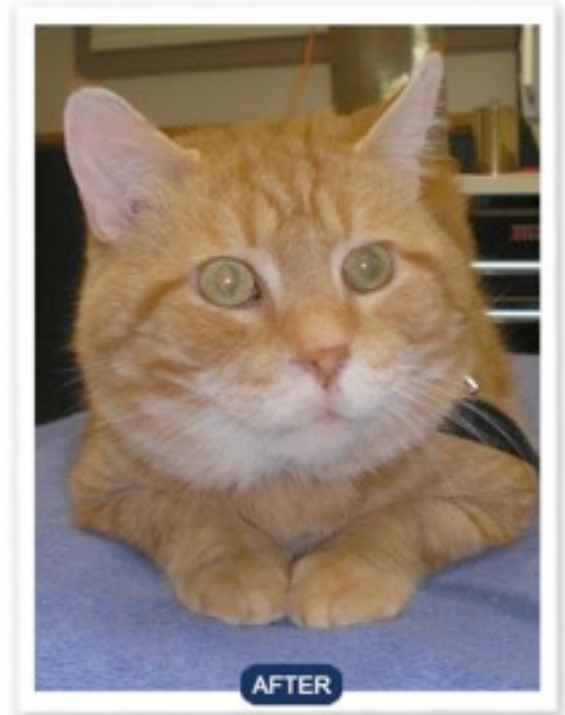
1. Basic therapy
2. Skin Meridian program (350, 351) using input with comb electrode
3. Potentiation (Ai) with Scotchgard vial until cleared at all levels
4. Program 431 for acceptance of environmental toxin - Scotchguard vial

Evaluation: Fred responded favorably within the first two detox treatments. A total of four detox treatments were performed. Fred's hair slowly grew back, the skin lesions disappeared and the itching stopped. At the final treatment session, the only evidence of his original problem was slight sensitivity upon touching his back or under his chin. Owner's reported the cat was much happier and more social.

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Seizures & Hypersensitivity

Patient: Tasha is a 7 ½ year old, female spayed Labrador Retriever.

History: Tasha has a history of intermittent grand mal seizures—approximately 6 seizures within a 4 year time period. Metabolic diagnostic work-up was performed on three separate occasions and was always within normal limits.

Tasha also has a history of multiple immediate hypersensitivity reactions to substances throughout her life. Her first allergic hypersensitivity reaction involved the second booster of a puppy DHLPP vaccination at 12 weeks of age. For the next two vaccinations (3rd puppy and 1yr adult DHLPP vaccinations), Diphenhydramine and Dexamethasone were administered by her regular veterinarian prior to vaccination.

Hypersensitivity reactions to insect bites occurred at 6 months of age and 3 years of age. Tasha exhibited facial swelling, urticaria, vomiting and diarrhea. She was also treated at 2-1/2 years of age for facial edema and erythema after the owner's applied a topical insect repellent for pets (Biospot-pyrimethrin ingredient).

The timing of her first seizure at 2 years of age occurred 1 week after receiving a DHLPP vaccination that was administered without any pre-treatment of anti-histamine or steroids. DHLPP vaccinations were discontinued at 2 years of age.

Therapy: Bicom toxin testing revealed sensitivity to the following pesticides: CKW, 2-4-5-T and Pyrethroids. The chemical-Formaldehyde, Insects-Bee, Mosquito and wasp, and the DHLPP vaccine were also positive.

The patient received several Bicom treatments for meridian balancing and organ support. The insects, formaldehyde and pesticides were treated with toxin elimination programs based on priority testing.

The DHLPP vaccination was then treated three times with vaccine elimination and support programs (990 and 991), but the vaccine would not test clear with the Bicom methodology. An Ai+A detoxification protocol was then instituted. The Ai+A detoxification protocol was used for six treatments at three week intervals until the substance was finally cleared from the patient. The specific Bicom therapy programs were chosen based on indication and testing.

Results: Tasha has been weaned off of all anti-seizure medication (Potassium Bromide and Phenobarbital). She has not had a seizure episode or an allergic hypersensitivity reaction for 1 ½ years.

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May, 2007