A successful treatment of facial spasm using Bi-Digital O-Ring Test

Presentation of 3 cases

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Objective

Assessment and treatment of severe facial spasm subjects using the Bi-Digital O-Ring Test.

INTRODUCTION

Many kinetic disturbances of the facial nerve, such as facial spasm and blepharospasm have no known cause.

The proposed treatments are palliative or divergent among cases specialists, mainly for those which the cause factor is not identified

The Facial Spasms

Facial spasms are involuntary contractions of one hemi-face, they start around the mouth and can evolve to all the face, causing important social and psychological dysfunctions

The etiology is still a cause for much discussion, although many authors believe that the origin is in the peripheric portion of the nerve

The treatment is also controversial, the resection of the peripheric branches of the nerve being proposed by many surgeons, based on electromyographic monitoring
Blepharospasm and facial spasm have recently been treated by using botulinic toxin, that interferes with the pre-synaptic release of acetylcholine. Near 90% of patients experiment symptom relief, albeit the effective average time is only of 11 to 14 weeks

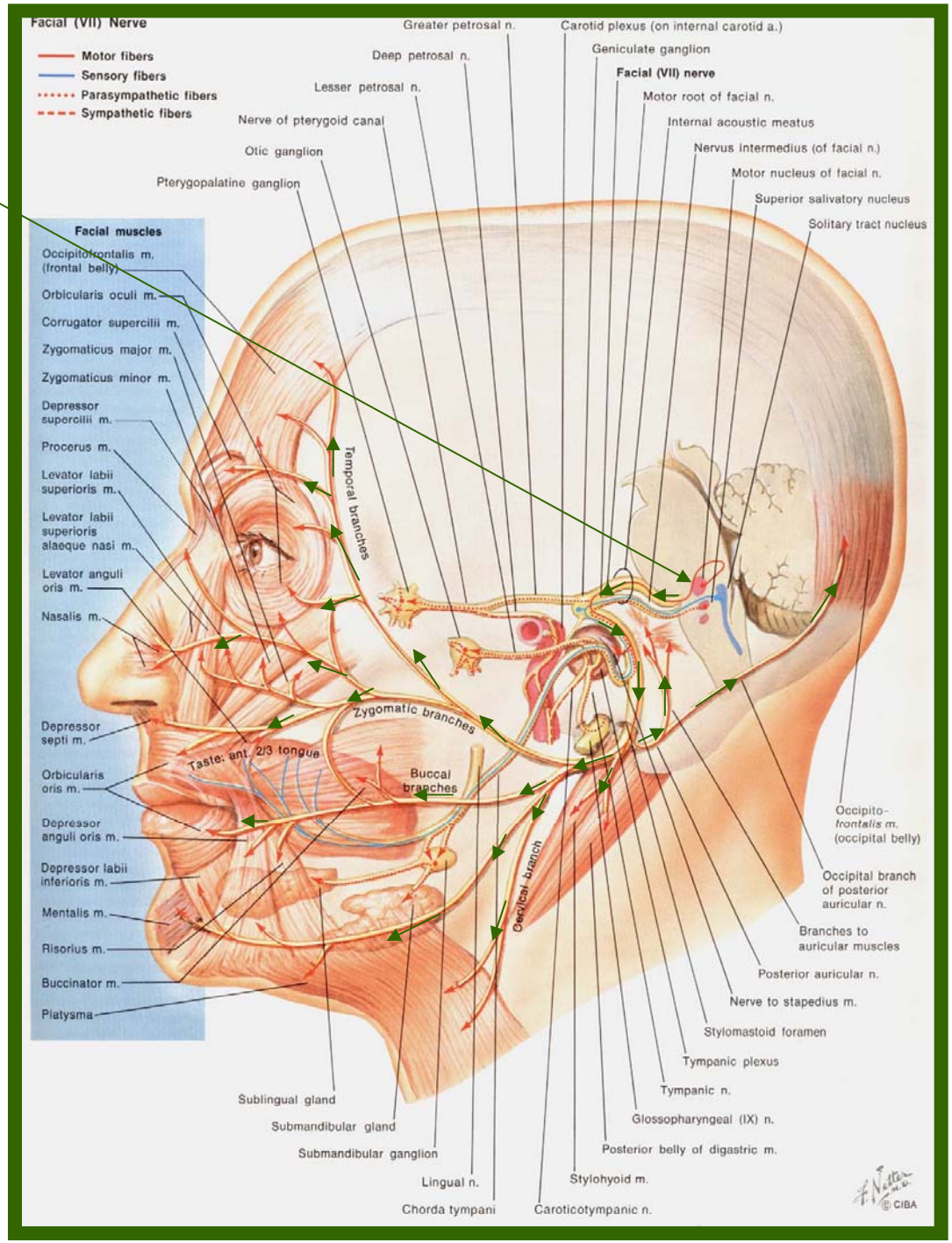
Acupuncture treatment has shown satisfactory effect in light spasm manifestation but not in severe spasm cases

Motor nucleus of facial nerve

THE FACIAL NERVE:

THE MOTOR FIBERS ROUTE

The Facial Nerve or the Seventh Cranial Nerve is a complex mixed nerve, motor and sensitive, constituted by general efferent visceral fibers, special efferents and special afferents. This image illustrates the whole pathway of the Facial Nerve. The motor fibers are in red. Arrows indicate motor fibers' pathway and their branchings.



MATERIAL AND METHOD

- 3 patients with severe facial spasm, 2 women and a man, (ages higher than 50 yrs.)
- Clinical history varying between 3 to 7 years since its most severe manifestation. The subsidiary tests did not reveal relevant organic abnormalities
- Sites investigated: head, neck and torso
- In the test the following slides were used: heavy metals, monoclonal antibodies to Human simplex virus I, II, II, V; BCG, neurotransmitters (Serotonin, Acetylcholine, Substance P, Integrin α5β1)

RESULTS OF THE TEST- 1

1. Positive resonance :

- **Integrin α5 β1**
- **Heavy-metals (Hg, Al, Pb)**
- **Virus (Herpes Virus Simplex Type I, II and III and Cytomegalovirus)**
- **Bacteria (*Borrelia burgdorferi*, *Chlamydia trachomatis*, *Mycobacterium tuberculosis*)**

2. Neurotransmitters:

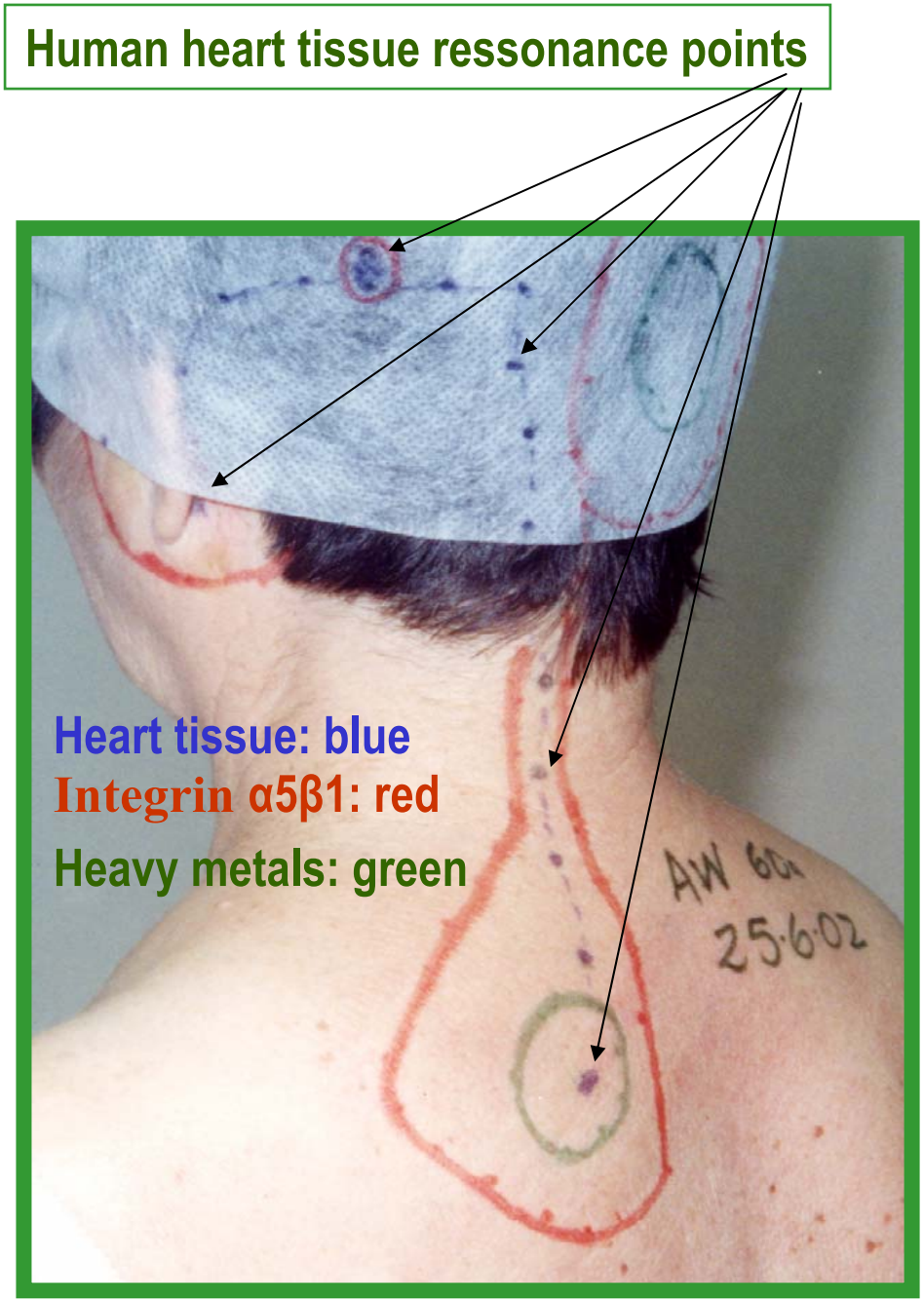
- **reduction of Acetylcholine and Serotonin)**
- **increase of Substance P**

3. Alteration of the electromagnetic field in the precordial area and increase resonance of Homocystein and Troponin at the same place

RESULTS OF THE TEST- 2

Spotting of dorsal *lu* heart acupuncture point using histologic slide with human heart tissue in the left interscapular region of the back; acquisition of multiple resonance points with the same heart slide, in the left side of the neck, left side back portion of the ear and of the face.

Increased resonance for Substance P was found in these "extra" heart points. There was no resonance with other histologic human tissues, such as stomach, gall, lung, kidney, bladder, large and small intestines, spleen, pancreas and liver



TREATMENT

The treatment was conducted according to results of the Bi-Digital O-Ring Test:

- EPA+DHA 1000 or 2000 mg 3 times/day
- Doxycyclin 100 or 200mg 2 times/day or Azythromicyn 500mg/day
- Coriandrum sativum (cilantro), extract, 10, 25, 50 or 75 mg, 3 times/day
- Homeopathic Antinflammatory, 3 times/day
- Perform of Selective Drug Uptake Enhancement Method
- Use of Qi Gong energy stored paper
- Infiltration with Homeopathic Antinflammatory in points of most resonance with substance P

Homeopathic Anti-inflammatory

- Arnica D2
- Calendula D2
- Hamamelis D1
- Chamomila D3
- Milefolium D3
- Belladonna D2
- Hepar sulfuris D6
- Symphytum D6
- Bellis perennis D2
- Echinacea angustifolia D2
- Echinacea purpurea D2
- Hypericum D2
- Aconitum D2
- Mercurius solubilis Hahnemanni D6

Composition of injetable solution 2,2 ml ** Produced in Germany

1st case: VKN

Dr. VKN , MD, 50y.o. Orthopaedics surgeon. Left Hemifacial spasm since 1996. He took 3 applications of botulin toxin, the last in August 2001

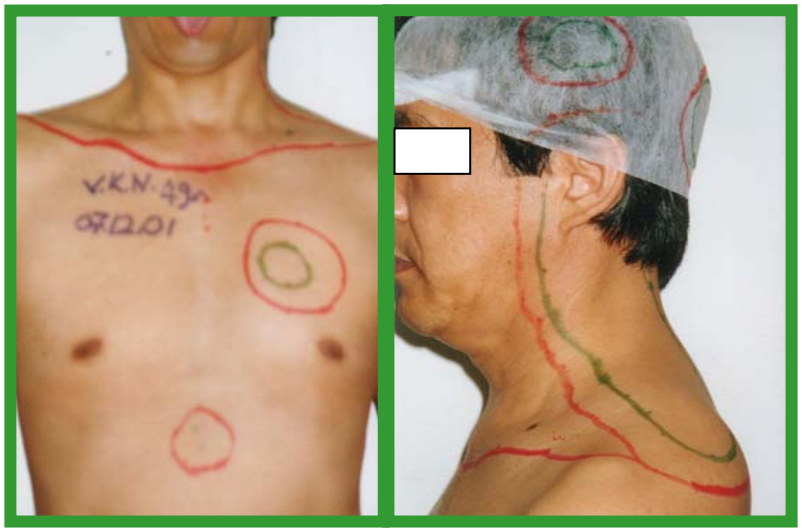
The first BDORT was performed on December 2001, and medicated with EPA+DHA, cilantro, Doxicyclin, Homeopatic anti-inflammatory, Sulpiride.

After 3 infiltrations of Homeophatic Anti-inflammatory (the last on march 15th 2002), total remission of symptoms was achieved during a five months period.

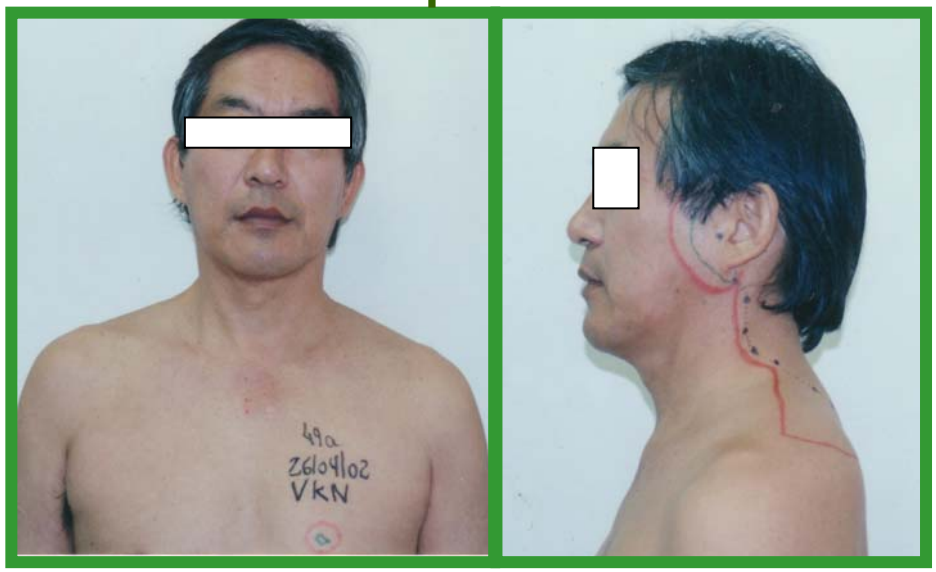
On the last test (Oct 08) the patient reports feeling light spasms during few seconds, with a daily frequency of up to 3 episodes/day, however in some days (specially weekends or holidays), he reports not having spasms at all.

1st case : VKN

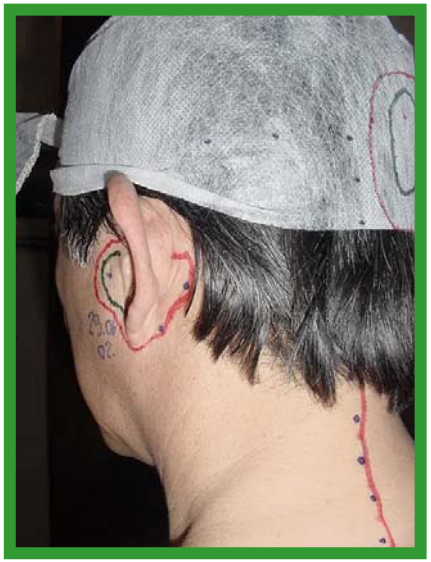
Dec 2001



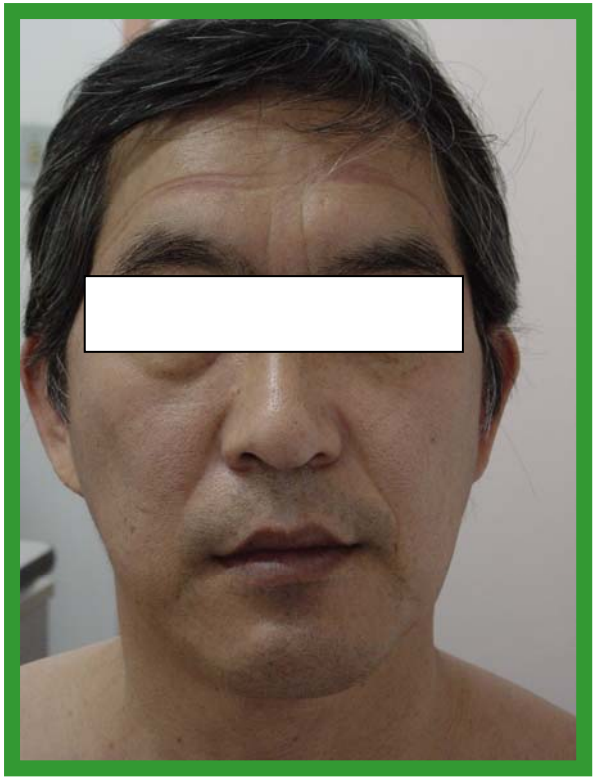
Apr 2002

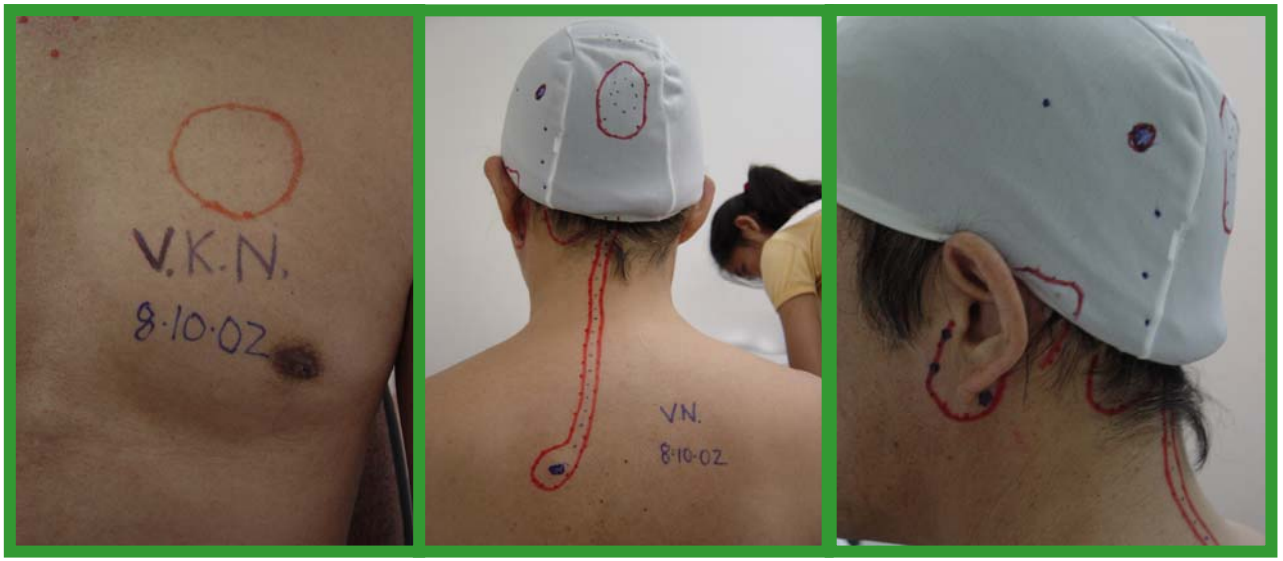


Jun 2002



VKN
Oct 2002





VKN, 50y.o.	7/12/2001	8/2/2002	26/4/2002	29/6/2002	8/10/2002
Hg	>300mg		130mg	10 mg	23mg
Pb	>>300mg		130mg	14 mg	30mg
Al	>300mg		120mg	13 mg	30mg
Borrelia burgdorferi	900 ng	1000mg	700 ng	100 ng	200mg
Chlamydia trachomatis	>300 ng	>300ng	100ng	60 ng	200mg
BCG	16 ng	10ug		14 ng	14ug
HSV I	>1000ng	1000ng	1000ng	70 ng	900ng
HSV II	>1000ng	1000ng	1000ng	70 ng	900ng
HSV III	>1000ng	1000ng	1000ng	70 ng	900ng
Cytomegalovirus	>200ng	200 ng	200 ng	200 ng	1200ng
Acetylcholine	70 ug	10 ug	100 ug	10 ug	4ug
Serotonin	8 ug	10ug	30 ug	60 ug	2ug
Substance P	increased	increased	increased	increased	700ug
Integrin α5 β1	>>400 ng		160 ng	210 ng	230ng
Homocisteina	>12mg		12 mg	12 mg	>12mg
Troponina	>500ng			500 ng	500ng
ac folico 5mg	1c/dia	1c/dia	1c/dia	1c/dia	1c/dia
Cl.Doxiciclina	100 mg 2x				
Ansiolitico –Sulpirida 50mg	1c/dia		1c/dia	1c/dia	1c/dia
EPA+DHA	2000mg/3x	1000mg3x/	1000mg3X/	1000mg3x/	2000mg3x/
Cilantro	50 mg/3x		25 mg 3X	10mg3x/dia	10mg3x/
Antiinfl.Homeopatico	1 c3x/	1c3x/	1c3x/	1 c3x/	2c3x/

2nd Case: AW, female, 60 y.o.

First visit on May 28th,2002

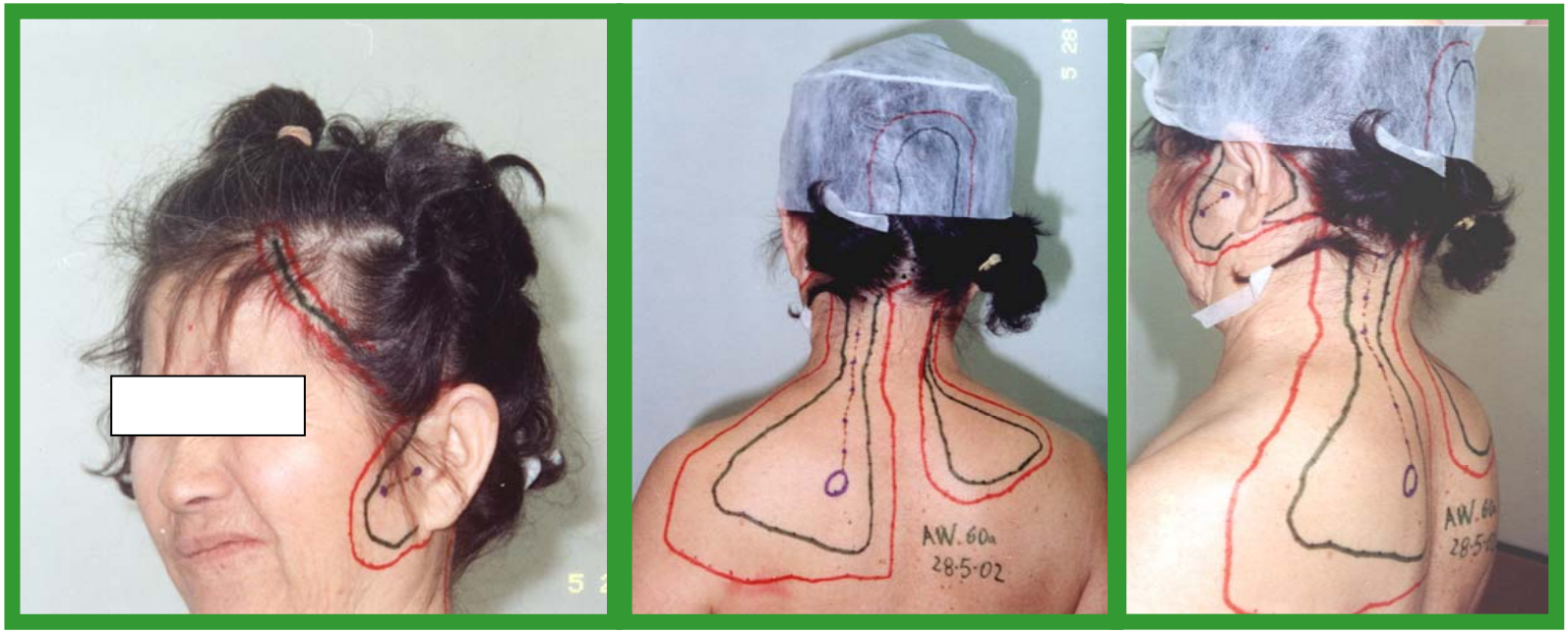
Intense eyelid spasms initiated 3 years ago.

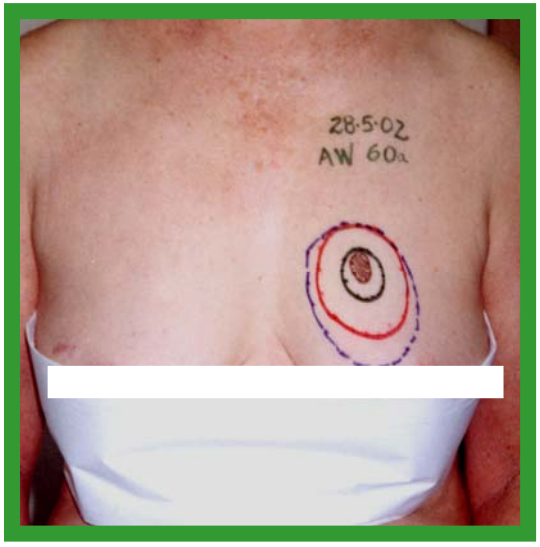
Over a period of a month, 5 infiltrations of homeopathic anti-inflammatory were done (until Jul 9th), when she presented a remission of the spasms, from 55 spasms to 4 spasms per minute in the last infiltration.

Revision on Oct 8th: feeling some sparse spasms day-to-day, that do not bother her.

2nd case: AW, 60 y.o.

May 28,2002

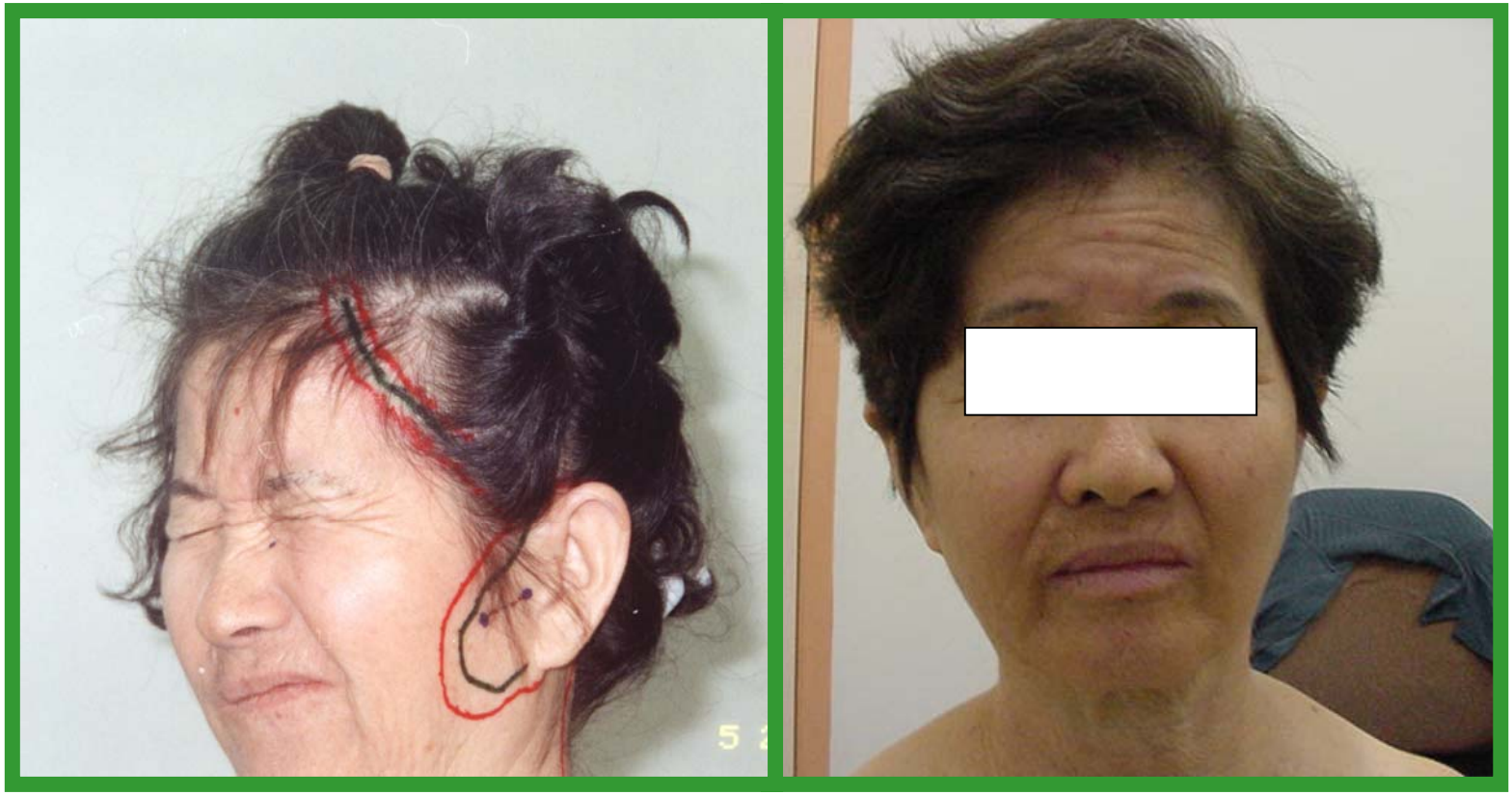




2nd case: AW, 5 weeks later

May 28th

July 2th



2nd case: AW, 3 months later

AW,60y.o.	MAY,28	JUN,4	JUN,26	JUL,09	SEPT,24	OCT,08
Hg	>>>>300 mg	100 mg	30 mg	7mg	120mg	3mg
Pb	>>>>300 mg	100 mg	10 mh	5mg	120mg	5mg
Al	>>>>300 mg	100 mg	20 mg	5mg	120mg	3mg
Borrelia burgdorferi	>> 1000 ng	1000 ng	400 ng	170ng	700ng	80ng
Chlamydia trachomatis	>>300 ng	250 ng	60 ng	100ng	600ng	60ng
BCG	>>>20 ug		17 ug	19ug	17ug	2ug
HSV I	>>>>1000 ng	> 1000 ng	200 ng	100ng	700ng	40ng
HSVII	>>>>1000 ng	>1000 ng	200 ng	100ng	900ng	------
HSV III	>>>>1000 ng	>1000 ng	200 ng	100ng	900ng	12ng
Cytomegalovirus	>>>>200 ng		200 ng	200ng	1000ng	10ng
Acetylcholine	5 yg	5 ug	5 ug	4ug	30ug	100ug
Serotonin	50 ug	90 ug	120 ug	10ug	90ng	90ug
Substance P	4 lam -6				900ug	1040ug
Integrin a5 B1	>>>>400 ng		400 ng	210ng	230ng	190ng
L- HOMOCISTEINA cor	>>>12 mg	> 12 mg	> 12 mg	9mg	>12mg	6mg
TROPONIN-T	>>500 ng	> 500 ng	> 500 ng	300ng	>500ng	200ng
Doxicyclin/Azythromyci	200 mg 2x				azythromicin500	
EPA	1000 mg 3x		1000 mg 3x	1000mg3x/	1000mg	1000mg3x/
CILANTRO	75 mg 3x		25 mg	10mg3x	10mg3x/	10mg3x/
ac folico 5mg	1c/dia		1c/	2mg/dia	5mg/	2mg/dia
Antiinflam homeopatico	2 c		1c	5gotas3x	5 gotas	5 gotas
Ansiolitico	paroxetin	paroxetin	paroxetin	paroxetin	paroxetiN	paroxetin

3rd case: TKH 58 y.o.

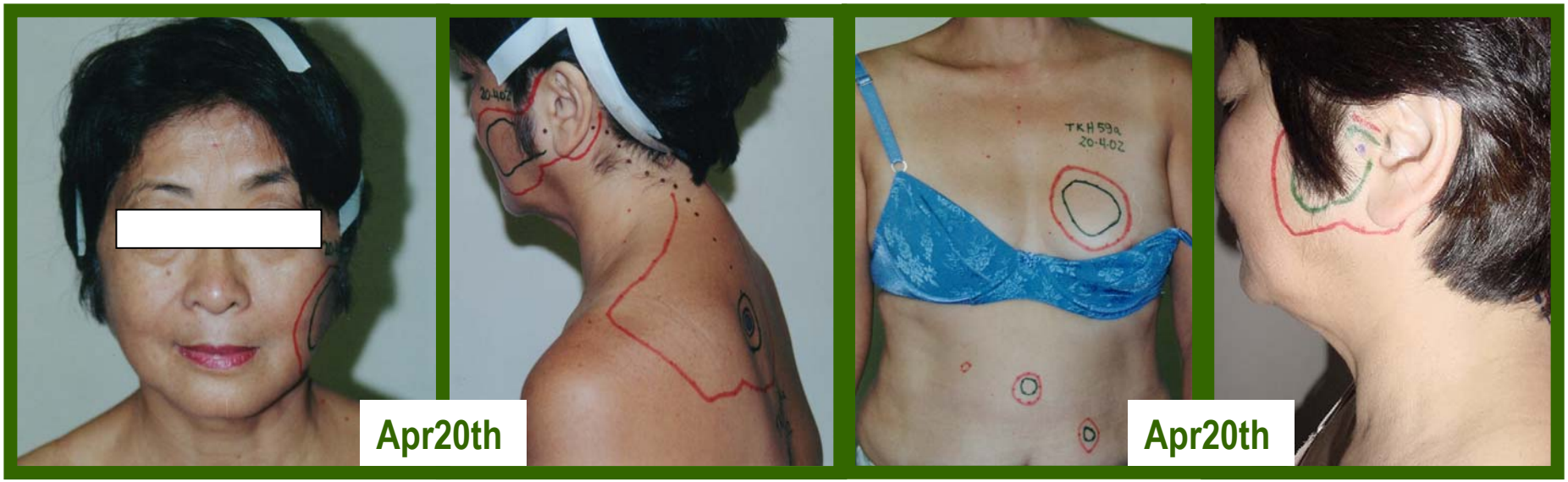
8 years of severe left sided facial spasm
Treatment with Botox 3 times per year, with return of the spasms before the end of the third month.
Last Botox injection applied on February 28th

Start treatment on April24th, medicated with EPA+DHA, cilantro, homeopathic anti-inflammatory, doxicyclin and propolis

In August she returned reporting some mid-intensity spasms, well reduced if compared with the ones felt when the Botox was loosing effect

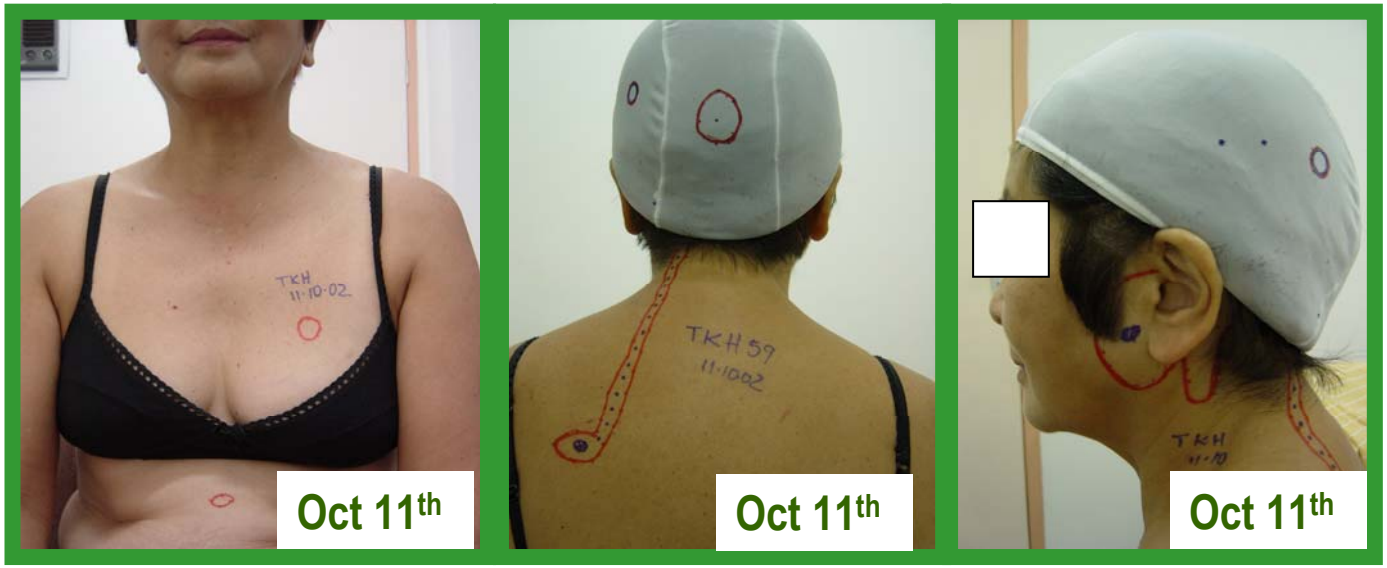
3 infiltrations were done since August and presently, after 7 months from the last Botox injection, she have light spasms

3rd case: TKH

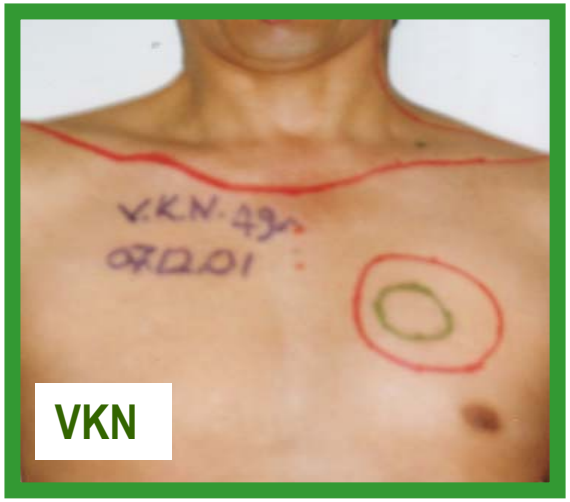

Apr20th
TKH 59a
20.4.02
Apr20th

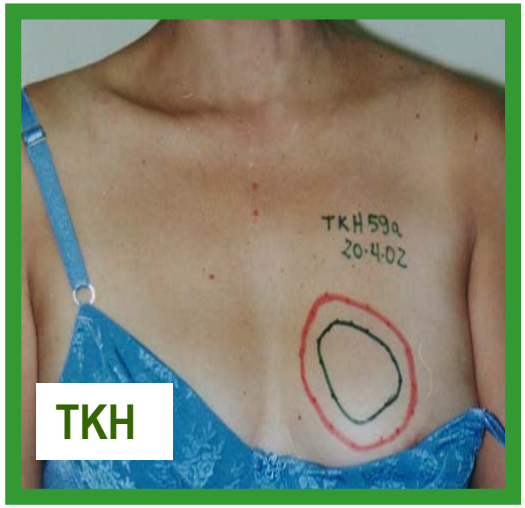

TKH 59.a
20.4.02
Apr20th
29.06.02
TKH
Jun29th

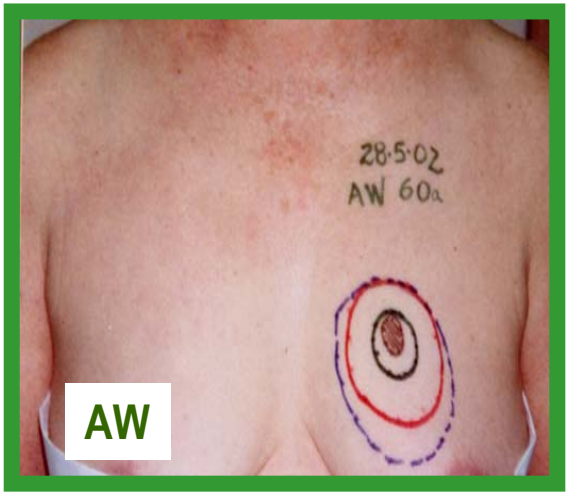
3rd case: TKH
5 months later



OBSERVATION – 1



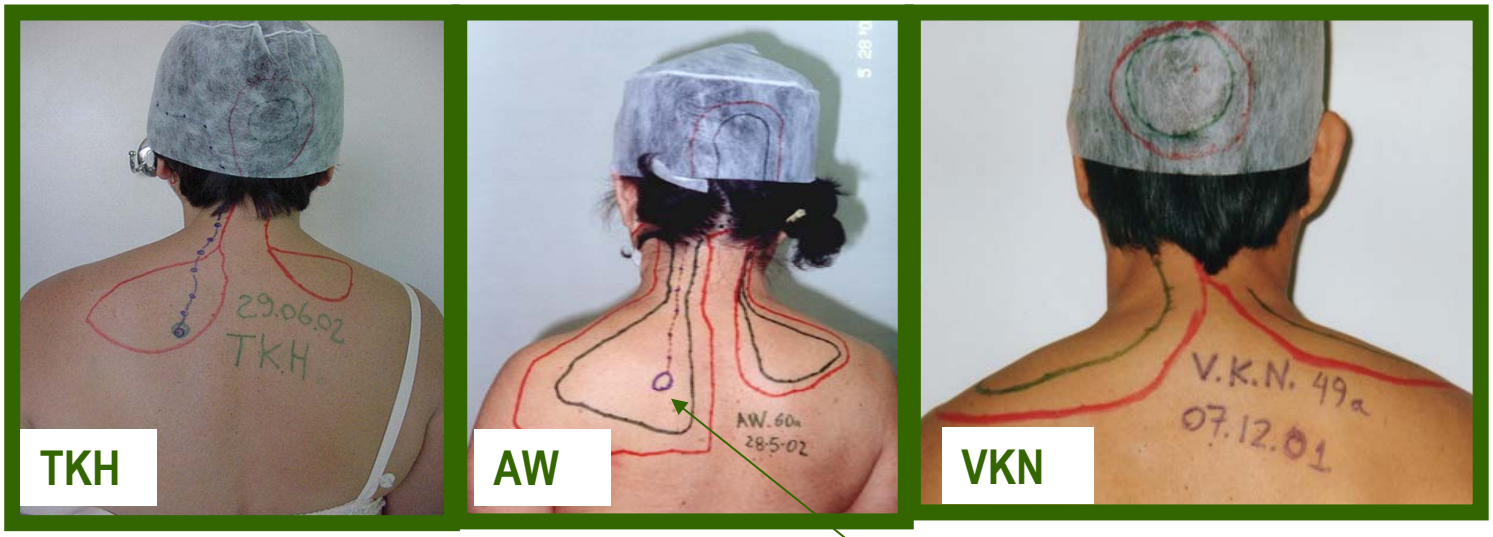




Changes on the precordial region

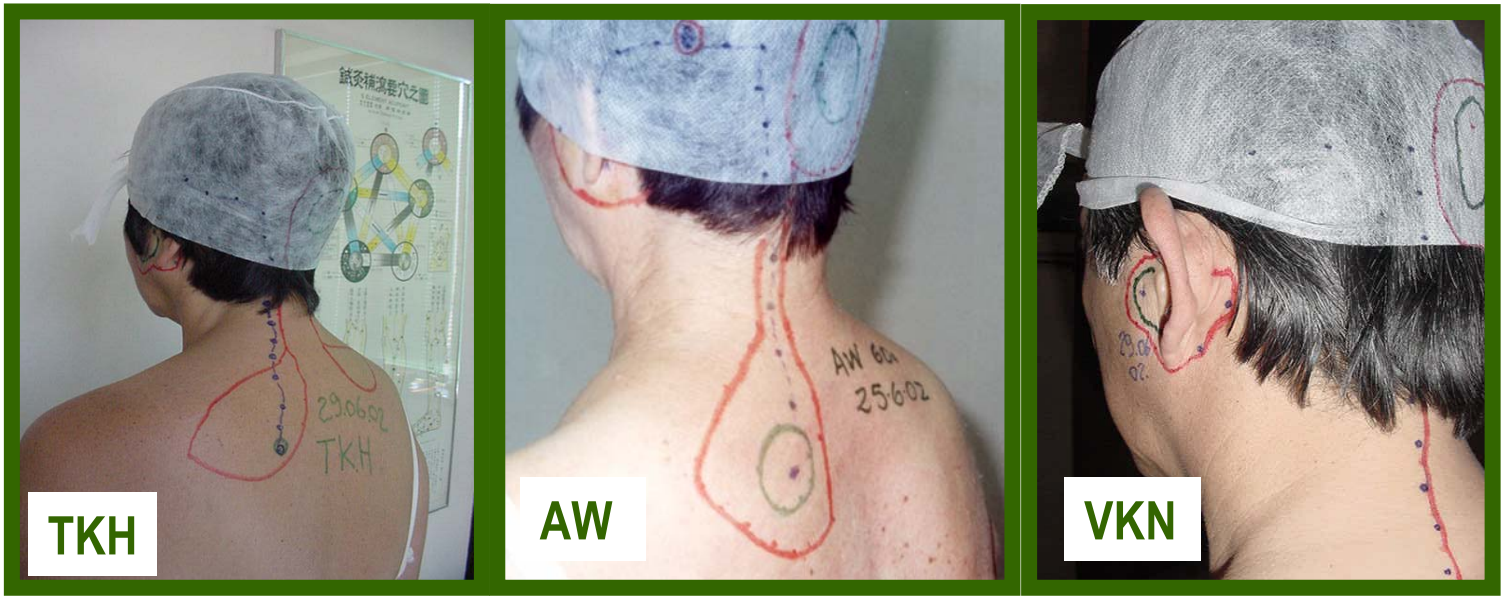
TKH, 58 y.o.	8/6/2002	29/6/2002	11/10/02
Hg	> 300 mg	60 mg	10 mg
Pb	>300 mg	40 mg	10 mg
Al	>300 mg	40 mg	10 mg
Borrelia burgdorfer	>1000ng	240 ng	400 ng
Chlamydia trachomatis	>>>300ng	150 ng	400 ng
BCG	>>20 ug	17 ug	5 ug
Herpes Simplex Virus Type 1	> 1000ng	200 ng	100 ng
Herpes Simplex Virus Type 2	>1000ng	200 ng	100 ng
Varicella -Zoster Virus	>1000ng	700 ng	100 ng
Human Cytomegalovirus	>>200 ng	200 ng	300 ng
Acetylcholine	0,5 ug	3 ug	90 ug
Serotonin		90 ug	>90 ug
Substance P	presente		400 ug
Integrin a5 B1	>400ng	160 ng	140 ng
L- HOMOCISTEINA cor	>>>12mg	> 12 mg	12 mg
TROPONIN-T	>>>500ng	>> 500 ng	200 ng
CL.DOXICICLINA	100 mg/2x	100mg2x	
EPA	1000 mg 3x	1000mg3x	1000mg3x
CILANTRO	50 mg 3x	50 mg 3x	10mg3x
PROPOLIS	10 gts	10 gotas	10gotas
Antiinflamatorio Homeopatico	1c 3x dia	1c 3xdia	1c3x

OBSERVATION - 2



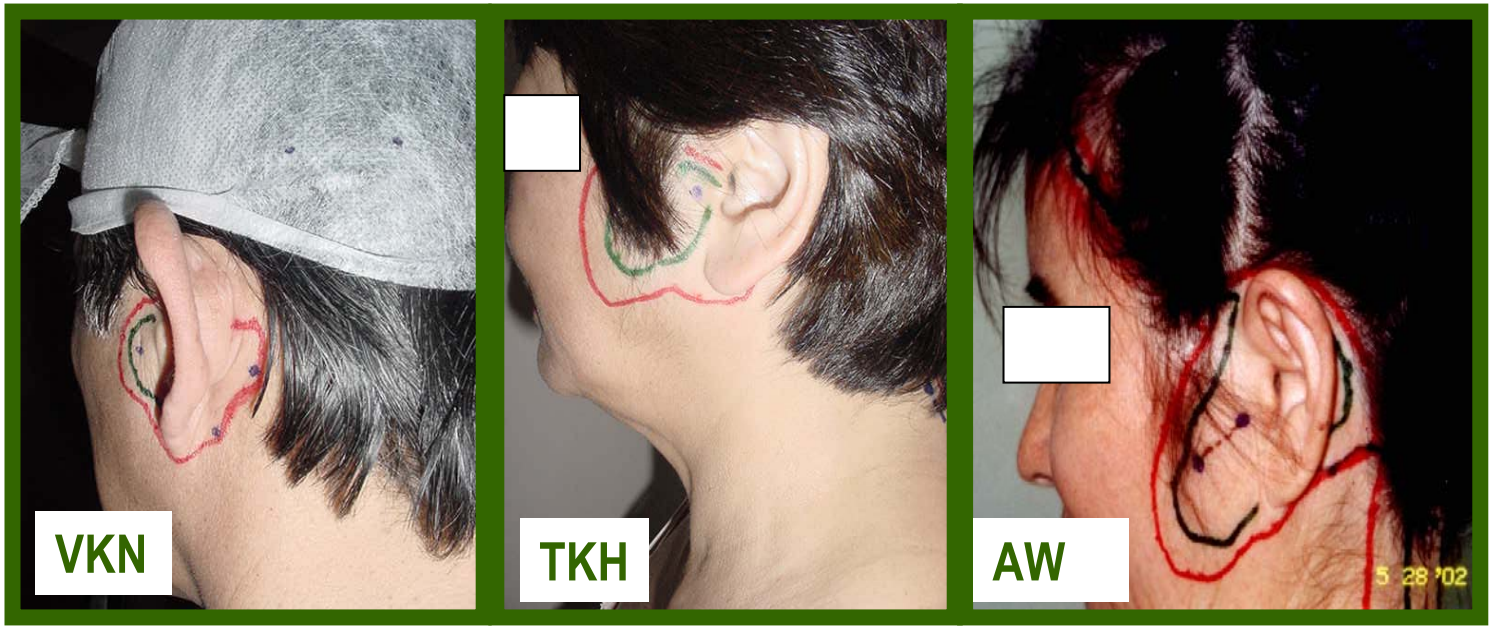
Changes in the back region: cranium-cervical-dorsal

OBSERVATION - 3



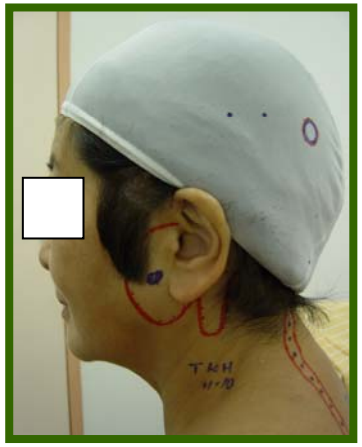
Changes on the left parieto-occipital region

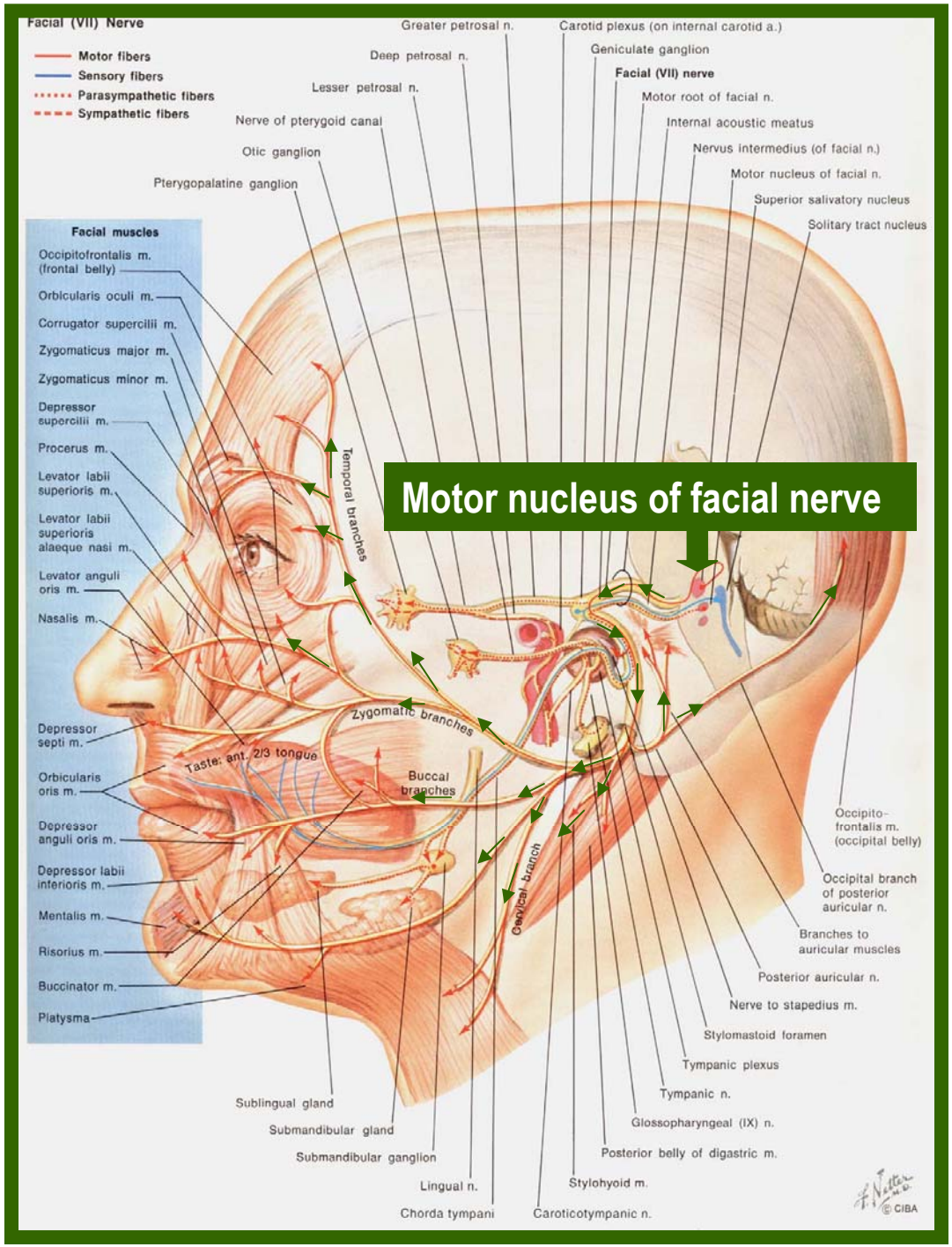
OBSERVATION - 4



Changes in the ear region and emerging of the facial nerve

Is this a valid comparison?





RESULTS

1. The Bi-Digital O-Ring Test has suggested:

   a) Sub-clinical infection participation, viral and bacterial, as well as heavy-metal deposits in the facial nerve region, in the occurrence of the studied facial spasms
   b) Change in the heart meridian (distinct meridian)

2. The Bi-Digital O-Ring Test made possible to:

   a) Trace course for the treatment
   b) Select medication
   c) Spot infiltration points

DISCUSSION

- The Bi-Digital O-Ring Test, gives a new perspective for understanding the mechanism of kinetic disturbances of the facial nerve development without defined etiology

- It is open to “free discussion”, the local use (infiltrations) of anti-inflammatory medicines for the treatment of these cases. Although we noticed fast relief of clinical symptoms after introduction of infiltration procedures

- We really do not know the meaning of the resonance with the heart tissue found in theses cases

- The union of this points can be compared with the phenomenon of Meridians of Chinese Traditional Medicine?

- Can predisposition exist?

- All studied patients, presented emotional disturbances characteristics, as anxiety, stress and depressive symptoms. According to the Chinese Traditional Medicine, these emotional symptoms lead to the heart Qi alteration.

CONCLUSION

We approached three cases of severe spasms of facial nerves that obtained satisfactory clinical results after the established treatment.

BRAZILIAN SPRING Jabuticaba Oct02

THANK YOU