

compression, an irritable phenomenon or through disorders in the flow of CSF. The diagnosis in these cases was done through an angiography.



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Currently the diagnosis can be made with a Computerized Axial Tomography (CAT scan), Magnetic Resonance Imaging (MRI) and Ultrasonography (US), so diagnosis frequency of these cysts has increased and in turn the number of asymptomatic cases. The result has been an unexpected increase in the number of incidental diagnosed MFAC's. (2,4,6,8,9,10,13.)

This in turn has created an increased interest in these types of lesions. However, even though they are better known today, many questions and doubts remain which have yet to be explained. Arachnoid cysts have the following characteristics: (5, 7, 12)

1. Being located intra-arachnoid.
2. Are covered by or made of arachnoidal cells and collagen
3. Contain a clear fluid such as cerebrospinal fluid (CSF).
4. Are surrounded by tissue and normal arachnoids.
5. Have an outer wall and an inner wall.

Most are detected in person's under 20 years of age, and being that they may be of congenital origin, in about 60% - 90 % of the cases they are detected in children under 16 years of age and 10% of those afflicted have more than one lesion. (2,4,6,8,9,10,11,13)

Arachnoid cy

Arachnoid cysts can appear in the spaces along the neural axis of the anatomical areas where arachnoids are present. Two thirds are located in the supratentorial space, the upper half (50%) of the brain in relation to the Aqueduct of Sylvius. Other locations are the supraciliary region (10%), cerebral convexity, (5%), the interhemisphere (5%) and the interventricular space (2%). The remaining one third is located in the posterior fossa, mainly in relation to the vermis and the cisterna magna (12%). But they are also located in the cerebellopontine angle (8%), the fourth plate (5%) and the prepontine space (1%). (6, 10, 11, 13)



CLINICAL CASE

David Goiz Martínez^{1†} and Mario Salinas Soto^{1,2}

A 17 year old female client, diagnosed with epilepsy, shows up for treatment after 3 episodes on June 15 and August 11, 2013. She is experiencing loss of alertness, squinting/lost gaze, hypersalivation, is not experiencing involuntary movements and does not exhibit sphincter relaxation. Family hereditary background includes: a 72 year old maternal grandfather suffering from high blood pressure and undergoing treatment for hypertension; maternal uncles suffering from Diabetes Mellitus Type 2 and undergoing corresponding treatment.

The client is from and lives in Tlaxcala, she is Catholic, lives in her own house, she is single and is a senior in high school. At home she has all basic services such as water, electricity and drainage. She lives with five other people but does not live in an overcrowded home and there are no promiscuous behavior. Bathes daily, changes undergarments and clothes daily, eats the right amount of food and adequate quality of food. Physical activity includes playing soccer every weekend and training once a week. She says she is not exposed to firewood smoke, she says she does not interact with people suffering from tuberculosis, her vaccine record is complete and up to date; blood type O Negative, has a small dog that is up to date on vaccines.

Up to this point there seems to be nothing that could be linked to her illness, so the decision is made to do a review of her personal background. We discover that she had measles when she was 10 years old without experiencing side effects, suffers from general intermittent headaches that do not cause additional problems and improve after resting. She states that she has not undergone any transfusions, does not drink alcoholic beverages, smoke or use drugs. She also says that she does not have any autoimmune diseases. She confirms taking two medications, two pills of "fenitoina" every 8 hours and 1 pill of "metilfenidato" every 24 hours. She confirms not suffering prior traumas and does not have a history of suffering from allergies. Her gynecological history shows she is a nubile girl with a eumenorrheic menstrual cycle of 28 days and a period lasting 3 days.

Later during the visit a physical and neurological checkup is done with her mother's authorization, who is present during the visit. The girl is neurologically alert, focused, and exhibits normal cardiopulmonary activity. The abdomen does not show peritoneal irritation, signs of visceromegalias (enlarged abdominal organs); her limbs do not show any obvious lesions or edema, they are strong and have muscle tone.

Biomagnetic Pair Scan

On December 11, 2013 Dr. David Goiz Martínez and Dr. Mario Salinas Soto do the first Biomagnetism scan (15,*) finding the Biomagnetic Pairs (BP) shown in the list on (Table 1). Later that same day Dr. David G. M. does a second scan using Dr. Isaac Goiz Durán's (Bioenergetics®) (*, **) technique and discovers the pairs on Table 2. Once the magnets are removed from the client, the mother provides lab tests done on November 20, 2013 (Image 1). Therapy does not produce any side effects. A follow-up session is recommended and is scheduled one month later, pending any progress of ailment, as well as results of scheduled MRI to look for any changes.

Biomagnetic Pair Technique Scan (Biomagnetism)

	Negative (-)	Positive (+)	Shortening
BP 1	Occipital	Occipital	2cm
BP 2	Supraspinatus	Supraspinatus	2cm
BP 3	Left Temporal	Left Temporal	2cm

Biomagnetic Pair Technique Scan (Bioenergetics)

	Negative (-)	Positive (+)		Shortening
BP4	Frontal	Left Kidney	Frontal Cyst	2cm



David Goiz Martínez^{1*†} and Mario Salinas Soto^{1,2}

TLAXCALA
GOBIERNO DEL ESTADO
2011-2016

20 de noviembre de 2013

Tomografía computada de cráneo

J J J
Femenino de 17 años

Técnica	Mediante equipo helicoidal multicorte, se obtuvieron imágenes en los tres planos ortogonales del cráneo. Estudio realizado en fase simple exclusivamente.
Hallazgos	Se observa remodelación de la tabla interna del diploe en localización frontal izquierda. Llama la atención el aumento localizado en la amplitud de los espacios sub-aracnoideos de localización frontal para-sagital izquierda, hacia la convexidad. Se observa además aumento en la amplitud de ambos valles Silvianos. Aspecto morfológico normal de parénquima cerebral y cerebeloso con interfase bien definida entre la sustancia gris y blanca. Integridad del cuerpo calloso y estructuras del tallo cerebral. Sistema ventrículo-cisternal simétrico y con amplitud normal. Ambos talamos y ganglios basales con características normales al igual que el hipotálamo e hipófisis. Calcificaciones fisiológicas en plexos coroideos. Órbitas simétricas, sin evidencia de lesión intra ni extra-conal. Adecuado desarrollo y neumatización de mastoideos y senos paranasales. Estructuras faciales y unión cráneo-cervical sin alteraciones.

Figure 1 CAT scan from November 20, 2013. Diagnosis, Frontal Arachnoid Cyst Left Parasagittal

TLAXCALA
GOBIERNO DEL ESTADO
2011-2016

Conclusión.

Hallazgos que sugieren la presencia de quiste aracnoideo en localización frontal para-sagital izquierda.

Discreta pérdida de volumen en ambos lóbulos temporales.

Comentario adicional

[Signature]



David Goiz Martínez^{1*†} and Mario Salinas Soto^{1,2}

The client shows up to second Biomagnetism session on January 10, 2014 reporting an improvement in her headaches and loss of alertness. Dr. David G.M. and Dr. Mario S.S. start a second scan using Biomagnetic Pair technique and find BP's (15) on Table 3. Later Dr. David Goiz Martínez does a second scan using Bioenergetics® using the Biomagnetic Pair method and discovers BP's (15) on Table 4. Client mentions that she is scheduled for additional studies the following day, so a visit is planned one month out at which time the results of the studies will also be discussed.

Biomagnetic Pair Technique Scan 3 (Biomagnetism)

	Negative (-)	Positive (+)	Shortening
BP 1	Frontal Cyst	Lefty Kidney	2cm
BP 2	Pospineal	Bladder	2cm
BP 3	Temporal	Temporal	2cm

Table 3: Taken from office visit

Biomagnetic Pair Technique Scan 4 (Bioenergetics)

	Negative (-)	Positive (+)	Shortening
BP 1	Frontal Cyst	Lefty Kidney	3cm
BP 2	Pospineal	Bladder	3cm
BP 3	Bladder	Bladder	3cm

Table 4: Taken from office visit

Client shows up at February 17th visit with the MRI and encephalogram retest results (Image 2) which show no pathology. The client suffering from a cold, it is in its 3rd day and says she is not taking medication. Also indicates that after the first Biomagnetism session she did not experience any loss of alertness and/or headaches. A third Biomagnetism scan is performed and the following BP's (15) are discovered. (Table 5).

Biomagnetic Pair Technique Scan 5 (Biomagnetism)

	Negative (-)	Positive (+)	Shortening
BP 1	Frontal Cyst	Lefty Kidney	3cm
BP 2	Pospineal	Bladder	3cm
BP 3	Bladder	Bladder	3cm
BP 4	Testicle	Testicle	2cm

Table 5: Taken from office visit



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DEPARTAMENTO DE RADIOLOGIA E IMAGEN

PACIENTE	J. J. J.
AFILIACION	
FECHA	11 ENERO 2014
ESTUDIO	IRM CRÁNEO

Se realizan secuencia T1, T2, TIR coronal, sagital y axiales simples y en fase contrastado observando los siguientes hallazgos:

Espacio subaracnoideo de la convexidad, cisuras silvianas y cisternas de la base en amplitud y señal conservada.
Sistema ventricular supra e infratentorial normal.
Parénquima cerebral con diferenciación de la sustancia gris y blanca en límites normales.
La intensidad de señal de la sustancia blanca sin alteraciones que sugieran infartos o desmielinización. No se demostró quistes intra o extraaxiales.
Los ganglios de la base de morfología y señal conservada.
Tallo y cerebelo de morfología y señal normal.
Los ángulos pontocerebelosos, paquetes esteato-acústicos y región petromastoidea de características normales.
Los globos oculares estructuras intra y extra-conales de morfología y señal conservada.
La silla turca de tamaño, morfología y señal conservada.
Senos paranasales sin evidencia de engrosamiento o niveles hidroaéreos en el interior.

CONCLUSIÓN:

L- ESTUDIO SIN PATOLOGÍA DEMOSTRABLE

DR. M. T.
Médico Radiólogo
MAT

Later Dr. David Goiz Martínez does a second scan using Bioenergetics® following the Biomagnetic Pair method and finds the PB's (15) on Table 6.

Biomagnetic Pair Technique Scan (Bioenergetics)

	Negative (-)	Positive (+)	Shortening
BP 1	Frontal Cyst	Lefty Kidney	3cm
BP 2	Pospineal	Bladder	3cm
BP 3	Bladder	Bladder	3cm

Table 6: Taken from office visit



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Clinical diagnosis

- 1.- Arachnoid Cyst (AC) (December 11, 2013)
- 2.- Epilepsy (December 11, 2013)
- 3.- Upper respiratory airways infection (February 17, 2014)

Radiological diagnosis

- 1.- Frontal Arachnoid Cyst Left Parasagittal (CAT scan November 20, 2014)
- 2.- Study finds no pathology present (January 11, 2014)

Discussion of the clinical case

The patients who are diagnosed as having an Arachnoid Cysts (AC) recover from surgery in 100% of cases, from the allopathic point of view. Biomagnetic Pair is a technique (16) and non-surgical treatment option that provides favorable results without having to wait a long time, without experiencing side effects and is a low cost treatment.

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We would like to thank Dr. Isaac Goiz Durán for all the knowledge he has shared with humanity during the last 26 years, since his discovery of the Biomagnetic Pair in 1988.

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Glossary

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Computerized Axial Tomography (CAT) or Computerized Tomography (CT) scan is a medical diagnostic X-Ray image used to obtain images of cross-sections of an anatomical object. Tomography comes from the Greek “τομον” which means to cut or section off and the word “γραφίς” which means graphic image. So tomography refers to capturing an image of a cross-section of an object. The ability of capturing images of cross section on a non-transversal plane has made it preferable to refer to this technique as TC, or Computerized Tomography. (14)

Magnetic Resonance Imaging (MRI) is a test that uses a strong magnetic field and radio frequency pulses to create images of the body. It does not use radiation (X-rays). The images created using Magnetic Resonance are known as cross-sections and can be saved on a computer or printed on film. A single test can generate dozens or hundreds of images. (14)



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