

Integration of bioresonance methods – Experience from a financial viewpoint

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Ladies and Gentlemen,

I'm delighted to be given the opportunity to share with you at this Congress my experience of using bioresonance therapy.

As a GP based in Greifswald I have been offering BICOM bioresonance therapy privately at my practice since June 2003 in conjunction with my general practice work. I had been looking for an effective alternative method of treatment after experiencing the limitations of conventional medicine when treating children with allergies.

As I'm sure is the case for many other beginners, the main issue facing me was how to integrate bioresonance into my practice hours alongside my normal GP work.

Another problem was how to finance bioresonance therapy in a region with few privately insured patients or people paying for their own treatment, relatively high unemployment and practice earnings from patients covered under statutory health-care which are always difficult to predict.

It would certainly not be possible to charge the kind of fees in Mecklenburg-Western Pomerania that are found in other parts of Germany.

In addition to patient welfare, which is our primary concern, financial stability is also imperative for the future existence of any practice.

Careful consideration needs to be given to any investment, no matter how enthusiastic we may be about a particular therapeutic procedure.

Rather than focusing on specific cases, I would prefer to concentrate in my paper on the way I was able to successfully integrate bioresonance therapy into my daily practice in the circumstances I have described.

Integration of bioresonance therapy

My first therapy device was financed through a lease agreement and I was pleased that it came with a three-month return guarantee.

Bioresonance therapy offers a wide spectrum of treatment for a number of acute and chronic disorders.

Since several parents had already asked for alternative treatment methods for their children I assumed that my first patient would be a child.

However, things did not go quite as expected. During my holidays a beautician left a despairing message on my answer machine about her battle with a pollen allergy.

She had already had to give up her career because of her polysensitization and urgently requested my help.

So, while still on holiday I started my first treatment session and hoped that her symptoms would improve. Luckily this was the case and further sessions followed. The patient is now back working as a beautician and we have her recommendation to thank for so many of our bioresonance patients.

On my surgery-free Wednesday afternoon I then started treating further patients with BICOM and the results could be seen almost immediately.

EXPERIENCES

Acquiring patients

In the past two years the increase in the number of patients in my practice can be attributed to therapy successes and patient satisfaction following bioresonance therapy.

Through word of mouth more and more "problem patients" came to me looking for an alternative

form of therapy, having more or less exhausted all conventional therapy options.

Not only children but their parents, grandparents, relatives and neighbours also came which meant that the age range of patients in my practice was constantly changing.

Besides word of mouth, I found that flyers, practice information leaflets and professional advice given by my assistants in response to patient queries were all key factors in acquiring new patients.

I treated bioresonance patients almost daily and extended my bioresonance surgery times.

It was becoming more and more difficult to arrange appointments since I only had a limited amount of time available and also only one device.

In March 2004 I decided to acquire a second device as I could no longer handle any urgent appointments even though I was spending between 12 and 14 hours in the practice every day.

With the second device I was able to fit in patients at shorter intervals and also delegate tasks to my assistants, which lightened my workload somewhat.

We also anticipate a further rise in the number of patients as a result of targeted transfers and increased collaboration with colleagues in a range of other disciplines.

Interdisciplinary work

Through the successes we have seen in treatment there has been a growing interest and increasing acceptance both by patients and by medical colleagues.

Slowly, we have developed an interdisciplinary relationship with other specialists, such as

- a practising **neurosurgeon** who specialised in the conservative, operative treatment of spinal column conditions, where bioresonance therapy was successfully used as an accompanying and alternative treatment to conventional procedures
- **gynaecologists** dealing with problem patients with recurring genital mycoses or patients with menstruation pains, irregular cycles or heavy bleeding from myomas
- **ENT colleagues** dealing with patients with chronic-purulent otitis, chronic sinusitis and, of course, allergy patients

- **Dermatologists and allergologists** particularly when treating neurodermatitis patients for food allergens, nail mycoses and recurring warts, inhaled allergies still showing symptoms despite hyposensitization, or patients with polysensitization
- **Gastroenterologists** for chronically inflamed intestinal disorders and food allergies, lactose intolerance
- with an **ophthalmologist** for allergy patients or in treating problems following a cornea transplant which were to a degree allergy-related
- and of course there were also problem patients **referred from other paediatricians** to my bioresonance surgery suffering from allergic disorders, atopic dermatitis and ADHS.

Advertising

The importance of advertising for a successfully run practice cannot be overstated.

Other important factors are patient focus, a friendly attitude and consideration for the patients' wishes. A well looked after and satisfied patient is the best advertisement for any practice.

In addition to the aforementioned flyers and patient leaflets, open days and information events are also used to inform both patients and doctors about the possibilities offered by bioresonance therapy.

Commercial aspects

Since 2003 there has been a clear growth in the number of patients wishing to try out bioresonance therapy.

Despite the comparatively low rates that we charge for bioresonance therapy in our region in accordance with the German medical fee schedule [*Gebührenordnung für Ärzte*], the proportion of income from private medicine has risen steadily. (See the following tables on top of next page.)

I now thoroughly enjoy working as a BICOM therapist and following my three-month trial period I'm glad I chose bioresonance therapy.

Today, bioresonance therapy adds a second dimension to our practice.

If there are other colleagues considering integrating bioresonance therapy into their practice I would urge them to have courage not to give up even if they experience difficulties to begin with.

Breakdown of practice income in percentage terms

Year	Funded by statutory health insurance %	Private healthcare in %	BRT patients in %
2003 (June-December)	80.00	13.80	6.20
2003	83.20	13.34	3.46
2004	70.80	11.90	17.30
2005	56.50	12.80	30.70

Breakdown of patients/proportion of practice income

Year	Funded by statutory health insurance in %		Private healthcare in %		BRT patients in %	
	Patients	Income	Patients	Income	Patients	Income
2003	95.38	83.20	1.96	13.34	2.66	3.46
2004	90.56	70.80	2.01	11.90	7.43	17.30
2005	88.56	56.50	2.64	12.80	8.80	30.70

FUTURE PROSPECTS

Need to expand the practice – Developing a centre for bioresonance therapy

Each year we see a rise in the number of patients suffering from allergies, back pain and spinal column conditions, food and animal hair allergies and treatment using conventional medicine is often unsatisfactory.

Given the growing number of patients coming to us from all over the country, this is an area of therapy that can certainly be expanded.

Creating more space within the practice, an additional two BICOM devices and providing proper training and motivation for the medical assistants were all necessary to allow us to treat several patients at the same time.

An increasing demand for successful, alternative methods of treatment is certainly to be expected in the coming years if our past experience is anything to go by.

The idea of developing the practice into a centre for bioresonance therapy was born.

Investment in the BICOM devices now available and use of Multisoft are an investment in the future as a centre for bioresonance therapy.

Such a structure makes it possible to specialise further and improve the quality of care, carry out more flexible and optimum courses of treatment and therefore improve effectiveness and cut costs. We have a well-motivated practice team and we very much hope we can realise our ambition.

At this point I would also like to thank all those who advised me on any problems and all those with whom I was able to exchange ideas in a number of specialist medical areas.

As a novice BICOM therapist it is very important to have experienced contact partners you can turn to for help.

Thank you for listening.