New scientific documentation on the BICOM bioresonance method

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When planning a medical congress there are potentially a number of different aspects on which to focus. One area of focus could be passing on experiences in order to achieve the best possible results in patients. Another aspect would be sharing scientific evidence which proves the efficacy of a method. Our congress programme is designed in such a way that focus is on experiences taken from the practice in order to help participants achieve even better results through use of the Bicom bioresonance method.

But it is also important to present the case for the efficacy of and tolerance to the bioresonance method from different viewpoints even if we are not giving this area top priority. During our congress in April 2006 I was thus able to report on evidence-based studies concerning the efficacy of the bioresonance method. There were no fewer than 15 studies which were assessed by a recognised institute – the Institut für Datenanalyse und Versuchsplanung (**idv**, Dr. Rahlfs). Four studies were classified as having a level of evidence of 1, 3 studies had a level of evidence of 2 to 3 and 8 studies had a level of evidence of 4 to 5.

Today I would like to report on a study on the "scientific evidence of the efficacy of and tolerance to the Bicom bioresonance method".

The scientific study was planned, conducted and evaluated by the Institut für Datenanalyse und Versuchsplanung, founded in 1966 (Dr. Rahlfs). Dr. med. Andreas Rozehnal was responsible for analysis, reporting and providing medical advice.

The texts and data for the summary were taken from the detailed study report by Dr. Rozehnal.

"For the purposes of this particular study the Institute selected the longitudinal retrolective* approach. Patients were observed from the start of treatment until therapy had been completed which also gave a good indication of the reliability of the Bicom method in daily use. By contrast, randomised, controlled studies can only be used as part of the overall evaluation because they record the benefit of the method under somewhat idealistic conditions. In terms of the credibility of study results obtained, the type of study used is not as important as the measures taken to eliminate interference factors which could distort the result. This is confirmed even by critics of the Bicom method: "It is not essential for there to be double-blind, placebo-controlled studies, but rather reports on (quantified) therapy successes after completion of the bioresonance sessions." (Prof. Wütherich et al.)

Dr. Rozehnal further reports on the cases selected as follows:

Selection of cases

Cases were selected using medical files completed by the doctor or naturopath.

The recorded cases had to be consecutive , i.e. apart from clearly detailed exceptions,

* This specialist term means that data documented from the past has been recorded over a defined period of time.

no cases could be left out. This was a way of guaranteeing that even those cases with unsatisfactory therapy results or with any unwanted side effects were also recorded. Those cases which did not lend themselves to description of a scientific nature were excluded from the case studies (e.g. because the questionnaire had not been completed in full or if it was not yet possible at the time of the assessment to evaluate whether therapy had been a success or not).

Each patient could only be described once and for one disorder only. Where patients were suffering from several simultaneous or successive conditions the most important had to be selected.

If further treatments were being used which could have had an effect on the illness described, justification was required in cases where therapy was successful as to why the success was attributable to Bicom therapy and not to the supporting treatment.

Disorders with a high tendency to heal spontaneously were not taken into consideration. This included any conditions which in the majority of cases would heal without therapy within a short period of time (flu-related respiratory tract infections, cystitis, gastrointestinal infections, headaches, etc.)

If further therapies were used in addition to Bicom treatment they were recorded according to a therapy plan (holistic, conventional medicine).

Method

Taking part in the study

Any doctor's surgery or naturopathic practice where a BICOM device was used in treatment could take part.

Period of observation

The study was carried out as a longitudinal retrolective examination, i.e. data which had been recorded and documented in the past before the study began was analysed over a defined period of time.

In the period between January 2006 and August 2006 doctors and naturopaths were asked to describe up to 25 cases which they had applied treatment with Bicom on a questionnaire designed by a biometrician. The participating doctors were instructed to describe in full all cases within the period of observation to avoid only the more successful results being selected. The details were documented in precise detail on the questionnaire. The patients assessed were those whose treatment had just finished or who were already undergoing treatment at this time.

Conditions examined

In order to gather the broadest range of experiences possible, no particular diagnoses were set as a study indication. Instead indications from a number of different areas were considered. These were as follows:

- Acute and chronic infections
- Respiratory tract disorders
- Cardiovascular conditions, auto-immune disorders, rheumatism-related disorders
- Tumours
- Gastroenterology
- Liver parenchymal damage
- Kidney stones, renal insufficiency
- Degenerative disorders of the support system and motor apparatus
- Endocrinological disorders
- Injuries and their impact
- Unspecific pain therapy
- Menstrual problems
- Dental conditions

Efficacy criteria

Efficacy was measured according to 2 criteria.

The progress of the disorder was assessed by way of a summary description based on a 5 point scale:

Description of outcome

Healed
Improved
Unchanged
Worsened
Deceased

Global assessment of efficacy

1 Very good
2 Good
3 Satisfactory
4 Poor
5 None

In the case of a positive assessment (categories "very good" to "satisfactory") further reasoning was requested in order to ensure that the positive effect was not based on other factors.

Tolerance criterion

A global assessment of the ability to tolerate the treatment was used as a tolerance criterion:

Global assessment of tolerance

1 Very good
2 Good
3 Satisfactory
4 Poor
5 None

Further reasoning was requested in the case of negative assessments ("poor" and "none").

The results of the scientific study were collated and are reproduced in the following tables and diagrams.

Analysed cases

31 doctor's surgeries and naturopaths took part in the study. They described 626 cases from various indication areas and all were included in the evaluation of tolerance levels. A total of 85 cases (13.6%) had to be excluded from the efficacy analysis because of protocol infringements. Therefore the efficacy analysis was carried out using 541 cases.

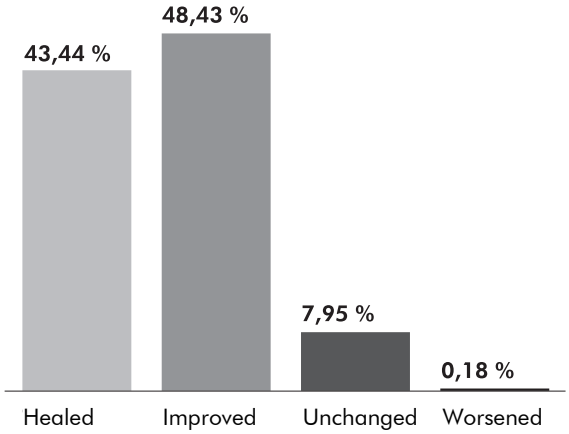
There was significantly higher proportion of case reports on women (69.1%) than on men (30.9%). The average age of patients was 44.1 years. The youngest patient was just 1 month old at the start of treatment and the oldest patient was 98 years old.

Description of the outcome by indication area (in percentages)

Clinical pictures	Healed	Improved	Unchanged	Worsened
Acute and chronic infections	60	37	3	0
Respiratory tract disorders	42	50	8	0
Cardiovascular conditions	13	61	26	0
Auto-immune disorders	15	66	19	0
Tumours	35	48	13	4
Gastroenterological disorders	54	43	3	0
Liver parenchymal damage	36	64	0	0
Degenerative disorders of the support system and motor apparatus	33	57	10	0
Endocrinological disorders	38	54	8	0
Injuries and their impact	69	23	8	0
Unspecific pain therapy	43	47	10	0
Menstrual problems	59	41	0	0
Dental conditions	55	45	0	0

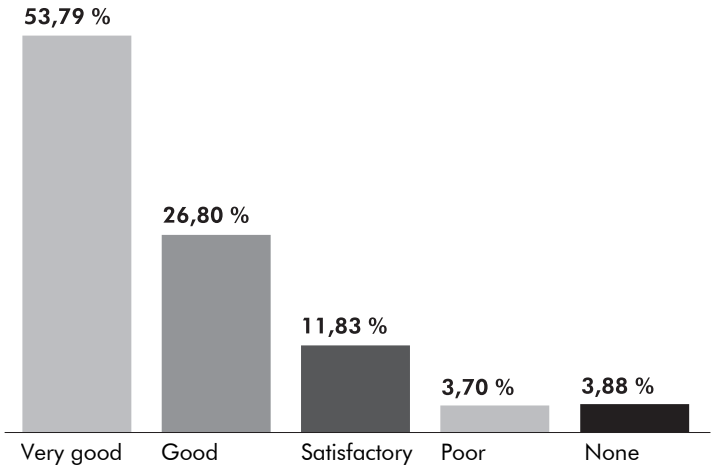
Summary description of outcome

	Number	%
Healed	235	43.44
Improved	262	48.43
Unchanged	43	7.95
Worsened	1	0.18
Deceased	0	0.00
Overall	541	100.00



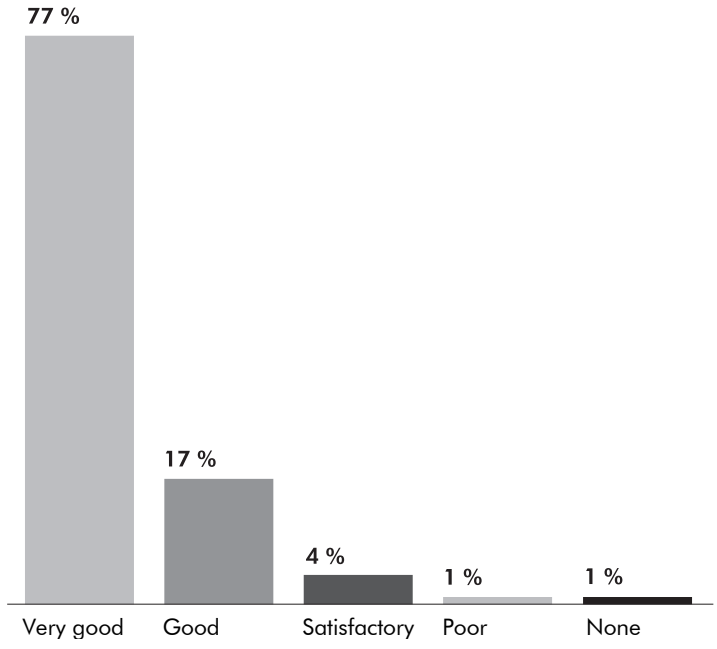
Global assessment of efficacy across all indication areas

	Number	%
Very good	291	53.79
Good	145	26.80
Satisfactory	64	11.83
Poor	20	3.70
None	21	3.88
Overall	541	100.00



Global assessment of tolerance

	Number	%
Very good	483	77
Good	110	17
Satisfactory	26	4
Poor	4	1
None	3	1
Overall	626	100



By way of example of analysis of the levels of efficacy for each individual indication, two areas of indication are highlighted here - respiratory tract disorders and acute and chronic infections.

In the case of *respiratory tract disorders* a total of 88 cases were evaluated. A total of 47.7% received Bicom treatment alone. In 22.7% of cases conventional medicine was also used and in 22.7% of cases holistic measures were also taken. In 6.8% of cases a combination of all 3 strategies was used. Improvement or healing of the condition was reported in 92.1% of cases. Only 7 cases (8.0%) remained unchanged. There were no instances of exacerbation.

The effect of Bicom treatment was classified as "very good" in 56.8% of cases, followed by 28.4% of cases where the assessment given was "good". In 5 cases (5.7%) efficacy was considered to be "poor". In 3 cases (3.4%) no effect at all was observed.

The following results were obtained when assessing the 63 cases drawn from the area of *acute and chronic infections*. A total of 58.7% received Bicom treatment alone. In 12.7% of cases conventional medicine was also used and in 23.8% of cases holistic measures were also taken. In 4.8% of cases a combination of all 3 strategies was used. In the vast majority of cases (96.8%) symptoms either improved or healed. Only 2 cases (3.2%) remained unchanged. There were no instances of exacerbation.

For 69.8% of cases the efficacy of Bicom therapy was considered to be "very good", followed by 20.6% of cases which were graded as "good". Efficacy was adjudged to be "poor" in just one case. There were no instances of efficacy being completely questioned.

This study focused on examining the efficacy of Bicom therapy in clinical use and was not pure research into the efficiency mechanism as such. The broad-ranging success across very different indication areas is, however, a clear sign of a very elementary efficacy mechanism which may also be used for indications which did not form the subject of this study. The positive results offer encouragement to carry out further studies.

Special thanks go to the therapists who helped in this scientific study. Also thanks to all members of the International Medicine Working Group for the BICOM bioresonance method (IMA BRT) who helped contribute towards the study.