Bioresonance therapy with children suffering from allergies - an overview of clinical reports

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Abstract

In 1976, Morell and Rasche, the inventors of the classical bioresonance therapy (e.g. MORA) are postulating a weak, low-frequency electromagnetic field (1-10^5 Hz) in a human organism that was considered to induce important regulative functions. It is historically interesting that at the same time Popp and Ruth rediscovered the biophotons, an electromagnetic regulation field in the optical frequency range.
In the endogenous form of bioresonance the postul ated oscillations are picked up by means of hand and foot electrodes and after an electronic inversion are transmitted back to the body for therapeutic purposes. Within the exogenous form, the postulated oscillations of bio-active substances, are transmitted after an electronic inversion (e.g . allergens) or amplification (e.g. nosodes) for therapeutic purposes to the human organism.
For about thirty years the exogenous bioresonance therapy has been used for therapy with children all over the world suffering from allergic diseases (e.g. bronchial asthma, allergic rhinitis, eczema).
As a summary and for the evaluation of clinical results in bioresonance therapy reports we have the following literature available: twelve non-controlled and five controlled clinical studies, which give clear evidence of the clinical effectiveness in allergy therapy with children. These trials were carried out by physicians and scientists in universities, hospitals and medical practices all over the world.
The twelve non-controlled (1471 patients) and three controlled studies (573 patients) are unrestrictedly positive according to the author's report. Two controlled studies (83 patients) were evaluated negative according to the author's conclusion. However, even in these reports there is some evidence of the bioresonance therapy's clinical effectiveness. Particularly remarkable in the results is the clear and strong dependence of the effectiveness with respect to the age of the proband in the trials. The younger the proband, the h igher the effectiveness of bioreson ance therapy.
In each trial no side effects were observed.

Conclusion: The greater majority of the pe rforming scientists and physicians believe - on the basis of their investiga tions - that the classical bioresonance therap y is clinically effective in allergy therapy for children.

Definitions

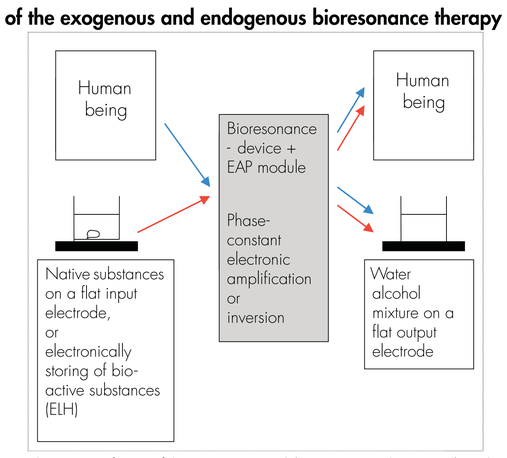
Classical bioresonance therapy (e.g. MORA)

The classical bioresonance therapy is effected by use of devices with conventional physical-technical hardware (e.g. electronic components like electrodes, wires, electronic amplifiers). Weak electromagnetic oscillations in the range of 1 to 10^5 Hz (until now not measurable with technical detectors) from human beings and substances are postulated as a carrier of the information transfer . The postulated basic mechanism of therapy is the phase-constant electronic inversion of human and substance oscillations and its transmission to human beings. The bioresonance method was developed by F. Morell and E. Rasche from the electro acupuncture's medication-test.
These classical bioresonance devices have noticeable differences compared with bioresonator devices and radionic (psycho biophysics) devices which have no conventional technical hardware. In the frame of these therapies and diagnostics the information transfer should be performed with "non-classical fields" or "consciousness-fields".

Allergy

The term "allergy " in the frame of this presentation is defined as a reaction of different nature by a substance after hypersensitivity has happened. Relevant is the allergic reaction on the level of clinical symptoms independent from skin- or blood tests. For the patients it does not matter if it is a "true allergy", a "pseudo-allergy " or an "intolerance". The bioresonance therapy works on the biophysical- not the biochemical level.

Principle of the exogenous and endogenous bioresonance therapy



Within the endogenous form of bioresonance (blue arrows) the postulated oscillations are picked up by means of hand and foot electrodes and after transmission by wires and phase-constant electronic inversion within the bioresonance device they are transmitted back to the human body by wires and electrodes for therapeutic purposes.

Within the exogenous form (red arrows), the postulated oscillations from bio-active substances (electronically stored or from native substances) are transmitted from electrodes by means of wires (conductor) in the bioresonance device and after phase-constant electronic amplification (e.g. nosodes) or inversion (e.g . allergens) they are further transmitted by wire and electrodes to the human being or on a water alcohol mixture.

Clinical reports about exogenous bioresonance therapy within allergic diseases

The basic procedure of diagnosis and therapy in the presented clinical reports about allergic diseases:

1. Diagnosis: The allergen's oscillation is taken from a native-allergen placed in the input electrode or from an electronically stored allergen information. It is then inverted and transmitted to the patient. If the inverted allergen oscillation is within the scope of the electro-acupuncture measurement (EAP) in resonance with the patient, it (the most effective one) is used for therapy (= EAP/Bioresonance - Allergen-Test).

2. Therapy: The positive tested allergen oscillations are electronically inverted and transmitted to the patient in a pulse-pause-regime.

Source of the reports:
Scientific databases (e.g. Medline, Amed, Embase), companies, cited literature in publications, bioresonance therapists.

Used devices:
The studies were carried out with the MORA or the BICOM device.

The trials were carried out in practices, hospitals and medical units at universities.

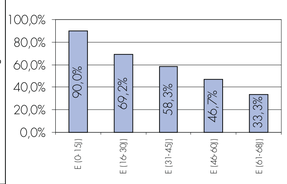
Non-controlled therapy studies with descriptive statistics

Conduct: Prospective, no anti allergic medication, avoidance of allergens during treatment, outcomes are the change of the clinical symptoms before and after treatment (sometimes immediately , sometimes up to one year) assessed from the patients or the physicians.

Results: In summary, twelve studies with 1471 patients show an effective rate (E) of 59.3% to 94.6% and a response rate (R) of 73.2% to 97.5% depending on the specific indication, patients age and duration of the diseases (see table). Some authors emphasized that this standardized regime of bioresonance therapy works better in children than in adults and better in acute than in chronic diseases. No side effects were observed.

Conclusion: All authors consider the bioresonance therapy to be clinically effective and worth applying on children owing to no side effects.

First author	Indication	Participants	E	R
Morell 1988	allergic skin and respiratory diseases, Pollinosis	190 Predominate adults	79.0%	?
Schumacher 1990/98	allergic skin and respiratory diseases	164 (200 cases) Predominate children	94%	?
Schumacher 1991/98	chronic Pollinosis	115 (145 cases) Predominate children	59.3%	93.8%
Hennecke 1994	allergic skin, respiratory and intestine diseases	200 Children and adults According to the author most of the patients had been treated in a conventional manner without success.	84.5%	?
Xu 2005	chronic urticaria	56 Predominate adults Children (0 – 15J, n = 10): Adults (16 – 68 J, n = 46): E (0-15J): 90.0%, E (16-30J): 69.2%, E (31-45J): 58.3%, E (46-60J): 46.7%, E (60-68J): 33.3%	60.7% 90.0% 54.3%	73.2% 100% 67.4%
Feng 2005	allergic skin and respiratory diseases	150 Only children (0 – 16 J)	94.6%	?
Du 2005	allergic skin diseases	79 Predominate children	89.9%	97.5%
Zhang 2005	chronic urticaria	56 Predominate children	66.6%	85.1%
Cheng 2008	allergic skin and respiratory diseases	32 Predominate children	77.7%	93.7%
Wen 2009	allergic skin and respiratory diseases	152 Children and adults According to the author 87 patients had been treated in a conventional manner without success.	75.0%	89.5%
Li 2009	Acute and chronic urticaria	108 Children and adults 69 chronic 35 acute	85.2% 76.8% 100%	96.3% 94.2% 100%
Herrmann 2009, Retro-spective	allergic skin and respiratory diseases, pollinosis	169 Predominate adults According to the author most of the patients had been treated in a conventional manner without success.	61.0%	87.7%
In summary		Predominate adults (n = 3) mean standard deviation	66.9% 10.5%	80.5% 10.3%
In summary		Predominate children (n = 6) mean standard deviation	80.4% 15.0%	92.5% 5.3%



Effective rate (E): (cases of "clinically cured" + cases of "much improved") / total cases (%)
Responder rate (R): cases of "clinically cured" + cases of "much improved" + cases of " better") / total cases (%)

Controlled therapy studies with positive results according to the authors conclusion

Chervinskaya 1997
Prospective therapy study with two groups:
Group 1: conventional therapy + bioresona nce therapy
Group 2: conventional therapy
Conventional = glucocorticoid-therapy , anti-allergenics, etc.
The groups are identical regarding indication, sex and age.

Indication: allergic and respiratory diseases
Outcome: clinical symptoms (before and after treatment)
Participants: 101 adults (30J 50J)

Results (only allergic diseases)

Bioresonance group	Very good	Good	Satis-factory	Not Satis-factory
Allergic bronchial asthma n = 14	3	6	4	1
Allergic rhinitis n = 5	1	2	1	1
Atopic dermatitis, chronic urticaria, n = 4	0	2	1	1
Total (n = 23)	4 (17.4%)	10 (43.5%)	6 (26.1%)	3 (13.0%)

With regard to the control group (N = 45) bioresonance therapy shows better therapeutic results in shorter time and a reduction of the used medicaments [no table with quantitative data in the report]

Authors conclusion: The clinical effectiveness of the bioresonance therapy is better than the conventional therapy and without side effects.

Yang 2004
Prospective therapy study with two groups:
Group 1: bioresonance therapy
Group 2: conventional therapy (glucocorticoid-therapy , antiallergica, according to GINA-concept)
The groups are identical regarding indication, sex and age.

Indication: allergic bronchial asthma
Outcome: clinical symptoms (before and 6 months after treatment)
Participants: 300 children (2 15 J)

Results	Bioresonance-group (n = 213)	Conventional-group (n = 87)
	patients	patients
Cured (1)	92 (43.2%)	37 (42.5%)
Clear effective (2)	67 (31.4%)	17 (19.5%)
Effective (3)	23 (10.8%)	12 (13.8%)
Non effective	28 (13.1%)	21 (24.1%)
Effective rate (1 +2 + 3)	85.4%	75.8%

Authors conclusion: The clinical effectiveness of the bioresonance therapy is better than the conventional therapy and without side effects.

Huang 2005
Prospective, randomized therapy study with three groups:
Group 1: first diagnosis, no anti-allergenics, bioresonance therapy
Group 2: resistant to therapy so far, no anti-allergenics, bioresonance the rapy
Group 3: first diagnosis, conventional therapy (glucocorticoid-therapy , anti-asthmatica, etc.)
The groups are identical regarding indication, sex and age.

Indication: allergic rhinitis and allergic bronchial asthma
Outcome: clinical symptoms (before and 6 months after treatment)
Participants: 172 children (1 15 J)

Results	n	Cured (1)	Clearly effective (2)	Non-effective (3)	Effective rate (1) + (2)
Group 1 Bioresonance, first	63	29 (46.0%)	25 (39.7%)	9 (14.3%)	85.7%
Group 2 Bioresonance, resistant	54	19 (35.2%)	24 (44.9%)	11 (20.4%)	79.6%
Group 3 Conventional, first	55	18 (32.7%)	20 (36.4%)	17 (30.9%)	69.1%

The differences in the distributions are not significant (p > 0.05, chi- square-test)

Authors conclusion: The bioresonance therapy has no side effects and is at least as clinically effective as the conventional therapy. It is recommended for children without conventional therapy success

Controlled therapy studies with negative results according to the authors conclusion

Kofler 1996
Prospective therapy study with two groups (single blind):
Group 1: active bioresonance therapy
Group 2: sham bioresonance therapy (placebo therapy)
No information about the equality of age and sex between the groups.

Indication: pollinosis
Outcome: nasal provocation, duration of complaints, duration of taking up medicaments, subjective assessment of the participants (before, immediately after and 8 months after treatment and pollen period)
Participants: 51 (age?), 23 drop outs without explanation

Results
The nasal provocation shows no significant difference between placebo and verum.

Comparison with regard to days of complaints and taking up of medicaments (examples)

Group	Mean duration (days)	Median duration (days)	Standard-deviation	p
Complaints, total (eye, nose, bronchi)				
Placebo 9	33	19.95	28	
Verum 42	40.62	34.36	30	0.78
Days of taking Loratadin				
Placebo 9	3.89	4.51	3	
Verum 42	4.83	11.7	0	0.48

No significant differences in any parameter of duration of complaints and duration of taking up medicaments.

Subjective assessment of the effectiveness of treatment by the test subjects

	worse	equal	better	No complaints	N
Verum, total	11(26.1%)	9(21.4%	17(40.4%)	5(11.9)	42
Verum, correct diagnosis	0	5(11.9%)	3(7.1%)	3(7.1%)	11
Verum, wrong diagnosis	11(26.1%)	4(9.5%)	14(33.3%)	2(4.8%)	31
Placebo	1(11.1%)	6(66.6%)	2(22.2%)	0	9

Significant differences between the groups.
Chi-square-test:
Verum (total) vs placebo p = 0.055
Verum (correct diagnosis in bioresonance test) vs placebo p = 0.248
Verum (wrong diagnosis in bioresonance test) vs placebo p = 0.012
[Correct diagnosis in bioresonance test = the bioresonance test was in agreement with the skin test ("P rick-test");
wrong diagnosis in bioresonance test = the bioresonance test was not in agreement with the skin test ("P rick-test")]

Authors conclusion: The bioresonance therapy is not clinically effective. The contradiction between the results in the objective and subjective parameters is caused by placebo effects.

Schöni 1997
Prospective, randomized, double blind therapy study with two groups:
Group 1: active bioresonance therapy + c onventional therapy (steroids, antibiot ics, etc.)
Group 2: sham bioresonance therapy (placebo therapy) + conventional therapy (s teroids, antibiotics, etc.)
The groups are equal with regard to indication, medication, sex and age.

Indication: atopic dermatitis
Outcome: clinical symptoms (skin score, pruritus score, sleep score) and cell markers in peripheral blood (before, immediately after and 8 months after treatment and pollen period)
Participants: 32 children (1.5 16.8J)

Results
No significant differences between the groups in blood IgE and cell markers.
No significant differences between the groups in the long-term clinical outcome. There are signs of improvement in the bioresonance group.

Short-term clinical outcome: Differences of the clinical symptoms before and after treatment (mean and standard deviation)

score	placebo (change)	bioresonance (change)	p (placebo vs bioresonance)
skin, total	6.7 +/- 8.2	12.5 +/- 12.6	p = 0.23 not significant
pruritus	0.5 +/- 1.4	1.3 +/- 2.1	p = 0.12 not significant
sleep	1.2 +/- 1.8	1.1 +/- 1.9	p = 0.92 not significant

There are signs of improvement in skin and pruritus score.

Authors conclusion: The bioresonance therapy is not clinically effective. No side effects were observed.

Conclusion

The twelve non-controlled (1471 patients) and three controlled studies (573 patients) are unrestricte dly positive according to the author's report. Two controlled studies (83 patients) had been evaluated negative according to the author's conclusion. However, even in these reports there is some evidence of the clinical effectiveness of classical bioresonance therapy.
Particularly remarkable in the resul ts is the clear and strong dependence of the effectiveness with respect to the age of the proband in the trials. The younger the proband, the higher the effectiveness of bioresonance therapy.
In summary, the greater majority of the performing scientists and physicians believe - on the basis of their investigations - that the non invasive classical bioresonance therapy is clinically effective and worth applying in allergy therapy for children. Furthermore in no trial side effects were observed.

Epilogue

Further clinical studies verify the clinical effectiveness o f bioresonance therapy in a broad range of indications (e.g. Maiko 2000, Nienhaus 2006) and in human in-vitro studies (e.g. Podchernyaeva 2008). These days Phitili et al. (2009) finished a randomized, double blind trial in "quitting smoking" which proves the bioresonance method.
A lot of investigations with animals and plants give evidence for the bioresonance method (e.g. Hutzschenreuter 1991, Benveniste 1998, Thomas 2000, Sedorowski 2004). On a physical level Korenbaum (2006) shows in a randomized and double blind trial that electronic copies of bioactive substances, done by the bioresonance method, are different from placebo electronic copies in the absorption spectra in the optical frequency range from 700 to 800 nm.
The broad spectrum of indications and the general biological efficiency in connection with the ability of electromagnetic storing of the specific biological and clinical information points to a fundamental biophysical mechanism of effectiveness on the electromagnetic level.

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