

# Evidence on the effectiveness of Bioresonance

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Bioresonance devices are in wide use throughout Europe, Australia, New Zealand, Asia and Russia by medical doctors, homeopaths, naturopaths, dentists and veterinarians. However, they are not licensed in the United States for use with humans (but they are for animals). Scott-Mumby finds the lack of access in the US to be laughable: 'The American public, it seems, needs protecting from funny waves, even though the US Food and Drug Administration claims these waves are not there!'

The gold standard of research into the effectiveness of drugs is the 'double blind' study, in which neither the patient nor the doctor knows whether the patient is receiving an active medication or an inactive placebo. This form of research is not possible with bioresonance, because practitioners will always know which programs they are delivering. A less rigorous standard of evidence is achieved when groups receiving treatment are compared with those with similar conditions who receive a different treatment.

Using this format, in a meta-analysis of a number of studies on the use of bioresonance, Rahlfs concluded that the results were both statistically significant – with clients improving at better levels than with orthodox treatment or no treatment at all – and clinically significant – that is, clients experienced a marked improvement in their conditions.

## **Intolerances and allergies**

People with allergies could be expected to experience no spontaneous recovery and only a 15 per cent recovery rate in response to orthodox treatment. In three studies, bioresonance achieved between 74 and 83 percent complete recovery with an added 23 and 11 percent partial recovery respectively. In two further studies, full recovery with bioresonance was between 50 and 60 percent, with partial recovery a further 34 percent. In another study, the recovery rate equalled that of steroid treatment, with none of its side-effects. Significantly, children with allergies also showed a complete or partial success rate of 86 percent, which is higher than the 70 percent success achieved with medication.

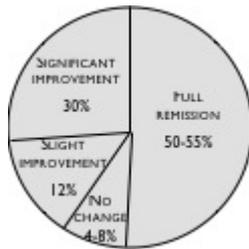
## **Other health conditions**

As for other conditions, in one study, liver cell damage remained at original levels in clients receiving standard treatment, but was substantially improved in the group receiving bioresonance. In another study, athletes with overstrain injuries who were treated with bioresonance improved more quickly and with less pain than those receiving ultrasound and other standard treatments. Finally, mice irradiated by Chernobyl radiation were treated with bioresonance, after which their immune systems returned to healthy levels. (Spontaneous recovery from radiation sickness is undocumented.)

## **Overall effectiveness**

In a survey of 538 practitioners and 680,000 cases, 50.5 percent of clients with a range of health problems reported that they were free of symptoms after bioresonance treatment; 31 percent reported a significant improvement; 11.7 percent experienced a slight improvement; and 1 percent suffered a deterioration (plus a small proportion of cases whose outcomes were not reported). Almost half of 241,664 individuals for whom extensive orthodox treatment had failed, experienced complete remission of their symptoms. Taken together, the typical effectiveness of treatment is summarised in Figure 1.3, with success rates for allergic conditions higher again.

**Figure 1 Typical effects of bioresonance treatment**



Comparative research is seldom used in clinical practice, because it is unethical to deprive people who are unwell of a treatment that is expected to help them. Instead, clinical standards of proof are used, whereby a practitioner publishes positive findings that, on their own, do not constitute scientific proof but which do when replicated by other practitioners. The studies reported in all editions of the International colloquium for Bicom users/therapists provide this external validation by documenting the success of bioresonance with a vast array of health problems.

## References

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