Speaking for Myself

Glass-houses and bioresonance therapy

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‘The art of medicine consists of amusing the patient while nature cures the disease.’

—François Marie Arouet (also known as Voltaire)
French author, humanist, rationalist and satirist (1694–1778)

In August 2011, I suffered from flu. No one asks for a virological diagnosis in flu but I did. I have elderly parents at home, and I thought I should institute chemoprophylaxis to them if I had ‘H1N1’ infection. My throat swab showed a common garden variety of Influenza A virus and I felt safe at that time.

But one should never underestimate any infection. A few weeks later, I developed a full-blown attack of asthma. Influenza is known to cause bronchial hyper-reactivity, so I accepted asthma as a complication and started inhalation of steroids as prescribed by Dr BR, my respiratory physician, who is also a good friend. Seasonal allergic rhinitis has been an old ailment in my life for several years but asthma was first time for me and a fairly severe one too. Three weeks later, despite maximum prescribed doses of inhaled bronchodilators and steroids, I still had wheezing at night, and therefore Dr BR suggested ‘a short course of oral steroids’.

Frankly, I am a bit scared of steroids. I have read somewhere that corticosteroid therapy allows a person to walk up to autopsy table. It indicates how a person may feel well while remaining susceptible to severe infections. For my allergic rhinitis, I was prescribed short courses of steroid nasal sprays many times but I have always avoided continuing it beyond a few weeks after symptomatic relief.

The reason for this phobia lies in one bad experience. Several years ago, I had listened to my ENT specialist and started taking nasal sprays on a regular basis. About 12 weeks later, I had developed hepatitis. It was seronegative but subsequently my microbiologist friend proved that it was ‘toxoplasma’ hepatitis.

‘Isn’t there an alternative?’ I knew there wasn’t but as a patient, I was looking for miracles. Dr BR smiled, ‘There is, but not for you!’

‘Why not for me?’ I was intrigued.

‘Because you are too critical!’ He said.

‘And what if I promise to be open-minded?’ I didn’t want to let-go a chance of treatment with less toxic therapy.

‘Well, there is something known as “bioresonance therapy”!’

‘Bioresonance?’ I have never heard of it!

‘It is a German treatment in vogue for the past 2–3 decades. I have tried this treatment on about 60 patients and most of them have shown excellent response. I will fix up a meeting between you and Dr JJ.’

I reluctantly consented to meet this doctor. Maybe, I found his name familiar at a subconscious level.

I met him a few days later and realized that even the face was familiar.

JJ was my intern in 1995, when I was a Commonwealth fellow in the UK. At that time, I had tried to teach him some nuances of clinical medicine, while he made a desperate attempt to ‘correct’ my English grammar and pronunciation. It used to amuse me to see him arrive every morning for work fully attired in a blue lounge suit, a muffler, a hat and an overcoat, carrying a large golf umbrella. Once in, he would change into a comfortable Tee-shirt and work at a leisurely pace in between his hourly coffee breaks. It must have amused him equally that I was always in blazer and grey flannels whether in or outside the hospital. We had spent many hours together, discussing each other’s cultural background.

I had lost touch with him a few months after I came back to India. It was a pleasant surprise to bump into him like this.

‘Is that you, JJ?’ My face must have told him that I was delighted to see him.

‘Hey, Aye-Neil! Good to see you.’ He said and hugged me.

‘You have aged well!’

That is how he used to pronounce my name, to differentiate it from that of another registrar who was called O’Neil. ‘What do you find more appealing? My paunch? Or my near bald head?’ I smiled.

I soon learnt that JJ was now CEO of a Hong Kong-based company, which was promoting this German machine to give ‘bioresonance’ therapy for various diseases. He claimed it had high rates of cure for allergies, asthma and cigarette smoking and also for many other diseases. The machine cost approximately ₹6 million and perhaps Dr BR was thinking of buying it for his clinic.

He explained to me: ‘The concept is based on quantum physics, i.e. particles of matter manifest both wave and particle
characteristics. That means every molecule, every substance, including virus and bacteria, has a highly specific wavelength and frequency with individual characteristics. Besides, cells of our body have been shown to communicate with each other by means of “flashes of light” or photon radiation. This biophysical communication between molecules is stronger than the biochemical one.’

I interrupted him, ‘What is biophysical communication?’

‘You see, photons are the building blocks of electromagnetic radiation. Findings in the field of biophoton research suggest that DNA also interacts with other molecules through photons. These interacting quanta hold the matter together and determine its molecular structure.’ He sounded scientific to me but I had my doubts.

He continued, ‘When molecular frequency pattern information is transmitted to the body, it causes reactions through resonance!’

He then pulled out a sheaf of papers and a brochure and handed these over to me before continuing, ‘A large number of in vitro, in vivo and human studies over the past 25 years have shown that patterns of such interactions in the body can be picked up by our machines. It is different for each individual and many books have been written on this subject.’

‘So what?’

‘So, these patterns can be interfered with by different wave patterns of bacteria, virus or chemical toxic molecules. Some disturbances in these patterns have been recognized to be associated with certain clinical disorders. Not only that, these disorders can also be reversed by inverting these electromagnetic disturbances as therapy.’

‘And you feel it can cure diseases? I asked.

‘Honest answer would be yes and no!’ He explained: ‘It works superbly for some clinical situations such as for smoking cessation and allergic disorders where I would say the answer is “Yes”. It doesn’t work so well in many other diseases, where we have yet to perfect our methods. The answer in latter situations would be “No”.’

I was not convinced, ‘JJ, I thought you were a proper medical doctor! How did you get into this mumbo-jumbo of resonance therapy?’

Dr BR, who was sitting next to us, was appalled at my rude behaviour to a foreigner. I knew JJ would not mind as we had exchanged insults earlier.

JJ did not even smile. ‘Aye-Neil, it is the same mumbo-jumbo that you practise. I have just given you scores of scientific papers to prove that this treatment works.’

I looked at the papers. Many were in Chinese, Russian and German language with English translation. The brochure also quoted papers published in journals I was not familiar with. (Only those references have been quoted that are available in the “Pubmed”).

I ventured, ‘To me it appears nothing more than an elaborate hoax, something like homeopathy! If it works, it must be by placebo effect.’

‘Everyone is welcome to have an uninformed opinion.’ The earlier bonhomie in his voice was now missing. Maybe I had hit JJ below the belt, i.e. at his business. He said, ‘My considered opinion is that the medicine you practise may be an even more elaborate and dangerous hoax. Do you know how many surgeries are done when none is indicated?’

‘Why should there be surgeries when they are not indicated?’ I was genuinely surprised.

‘Don’t act naïve. Unnecessary surgeries have been a cause for concern for a long time.’ Some studies suggest that nearly a third of surgeries done may be unwarranted. I am not sure if they are done due to error of judgement or with money as the main consideration. The number of unnecessary appendectomies has not come down even after the discovery of CT scan and ultrasound. Isn’t that a scary thought?’

‘Let us forget about surgery and focus on a scientific discussion about treating patients your way’, I said.

JJ surprised me by challenging, ‘Why not have a scientific discussion about treating patients your way?’

We were back to what we did 15 years ago. I told him what I believed, ‘We practise medicine based on high level of evidence published in peer-reviewed journals.’

‘Do you, really? Your peer-reviewed journals think otherwise.’

There was a smirk on his face as he took out another paper from his briefcase. ‘Look at this’, he showed me a paper titled ‘Evidence-based medicine (EBM) lacks a sound scientific base’. He added, ‘Let me quote the conclusions of an article in JAMA’.

‘Recommendations issued in current ACC/AHA clinical practice guidelines are largely developed from lower levels of evidence or expert opinion. The proportion of recommendations for which there is no conclusive evidence is also growing…’

I was taken aback by his vicious attack. I also remembered having read somewhere that international practice guidelines were being constantly manipulated by the pharmaceutical industry to suit its own commercial interest, even when such practices were detrimental to the health of patients. But here, I was defending my system of medicine. ‘Oh, these are just odd papers and show how introspective we are. Most of the treatments are based on years of research and several phases of clinical trials. Drugs are marketed only after phase 3 trials involving double-blind placebo-controlled studies have shown clear benefit.’

He continued his attack, ‘Then how come some medicines have to be withdrawn from the market after years of clinical use?’

I was again not prepared for this, ‘What do you mean withdrawn?’

He appeared agitated as he said, ‘Eli-Lilly has been forced to recall “Xigris” from the market.’

‘Do you know “Xigris”?’

Of course I knew. Drotrecogin alfa (Xigris) or Activated protein C was one of the most expensive medicines used for treatment of severe sepsis. I had heard about its recall as a vague rumour. I said, ‘Drugs are withdrawn from the market for three reasons—when rare side-effects are recognized, when safer alternatives become available and when it is misused for any reason. Why has “Xigris” been recalled?’

His reply was factual, ‘After nearly a decade of use in intensive care units across the world, the PROWESS-SHOCK trial showed a 28-day all-cause mortality rate of 26.4% (223/846) in Xigris-treated patients compared to 24.2% in placebo-treated patients. And you know Xigris can cause serious bleeding even though this trial says it is not significant.’

I tried to argue, ‘But where is the problem. It is all based on scientific evidence!’

‘Yes, tell that to relatives of seriously ill patients (or care providers) who have spent billions of dollars/rupees trying to procure this “life-saving” drug over the past decade. I am aware that many care providers in India have sold their land to buy this drug for their ailing parents. Is that fair? Would you call this scientific medicine?’

I was on the back foot. ‘My dear, plural of anecdote is anecdotes, not scientific data! It does not prove anything.’

JJ was relentless, ‘And what would you call these? Anecdotes?’
And he then took out a list of drugs that were similarly withdrawn from the market due to either inefficacy or side-effects’ (Table I).18,19

<table>
<thead>
<tr>
<th>Generic name (brand name)</th>
<th>Date of withdrawal from the US market</th>
<th>Time in the market (years)</th>
</tr>
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<tbody>
<tr>
<td>Alosetron (Lotronex)</td>
<td>28 November 2000</td>
<td>0.8</td>
</tr>
<tr>
<td>Astemizole (Hismanal)</td>
<td>18 June 1999</td>
<td>10.5</td>
</tr>
<tr>
<td>Bromfenac (Duract)</td>
<td>22 June 1998</td>
<td>0.9</td>
</tr>
<tr>
<td>Cervafastatin (Baycol)</td>
<td>8 August 2001</td>
<td>7.3</td>
</tr>
<tr>
<td>Cisapride (Propulsid)</td>
<td>24 March 2000</td>
<td>9.7</td>
</tr>
<tr>
<td>Dexfenfluramine (Redux)</td>
<td>15 September 1997</td>
<td>1.3</td>
</tr>
<tr>
<td>Efalizumab (Raptiva)</td>
<td>8 April 2000</td>
<td>5.5</td>
</tr>
<tr>
<td>Gatilfoxacin (Tequin)</td>
<td>1 May 2006</td>
<td>6.4</td>
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<tr>
<td>Grepafloxacin (Raxar)</td>
<td>11 August 1999</td>
<td>1.8</td>
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<td>Hydromorphone (Palladone)</td>
<td>13 July 2005</td>
<td>0.8</td>
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<tr>
<td>Levomefodyl acetate (Oraha)</td>
<td>2 September 2003</td>
<td>10.2</td>
</tr>
<tr>
<td>Mibefradil (Posicor)</td>
<td>8 June 1998</td>
<td>1.0</td>
</tr>
<tr>
<td>Natalizumab (Tysabri)</td>
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<td>0.3</td>
</tr>
<tr>
<td>Rapacuronium (Raplon)</td>
<td>30 March 2001</td>
<td>1.6</td>
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<tr>
<td>Rofecoxib (Vioxx)</td>
<td>29 September 2004</td>
<td>5.4</td>
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<tr>
<td>Sibumrine (Merida)</td>
<td>8 October 2010</td>
<td>12.9</td>
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<td>Technetium (99m TC)</td>
<td>19 December 2005</td>
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<tr>
<td>Tanolesomab (Neutrospec)</td>
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<tr>
<td>Tegasered (Zelnorm)</td>
<td>30 March 2007</td>
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<tr>
<td>Terfenadine (Seldane)</td>
<td>27 February 1998</td>
<td>12.5</td>
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<td>Trasylol (Aprotinin)</td>
<td>5 November 2007</td>
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<td>Troglitzone (Rezulin)</td>
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<tr>
<td>Valdecoxib (Bextra)</td>
<td>7 April 2005</td>
<td>3.4</td>
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He smiled, ‘I cannot say anything about alternative or complementary medicine. I can definitely give you studies which show that bioresonance therapy is effective.’

‘But your studies are neither of requisite quality nor are they published in indexed peer-reviewed journals. I cannot accept them as evidence-based!’ I countered.

He remained unruffled. ‘I would like to say two things. First, EBM has several problems. Even you have highlighted some of them in your recent paper.29 There are inherent problems in applying population-based studies to an individual patient as EBM fails to account for intangible factors in an individual case.30 And second, bioresonance as a concept is a developing science. Evidence for or against will accumulate only when you use it as a therapy. It is definitely less dangerous and expensive as compared to surgery and some other therapies I quoted earlier. Compare it with the medicine that you practise, which is not only inaccurate and unscientific, but also harmful.’

‘Why do you say harmful?’ I was surprised by this new accusation.

JJ continued, ‘I am surprised that you are comfortable with your so-called scientific medicine! Nearly 10% of patients31 come to hospitals for emergency medical help and any system of medicine does not have a suitable alternative to what you offer. But in the remaining 90%, who come for various minor illnesses, chronic diseases, psychosomatic conditions and many incurable illnesses, a doctor’s main job is to keep the patient and relatives amused with frivolous speculations and ingenious interventions, till nature heals him or otherwise. Your system of medicine has been exploiting these patients. You cause more harm than benefit in these patients.’

‘Why do you say that?’ I asked.

‘Aren’t you aware of adverse events in your medical practice?’ The officially reported incidence of such adverse events is about 13.5% of Medicare beneficiaries.32 Read that in conjunction with the fact that only 2.2% of adverse events in hospitals get reported.33 Adverse events which do get reported are like a tip of an iceberg, because several related active errors, latent errors or near-miss events are not covered under this heading.’

I protested, ‘But the fact is that medicines are marketed only when the benefit from them is more than the harm.’

‘Tell this “fact” to tens of thousands of people who are dying in your hospitals, not because of the original disease that brought them to hospitals, but from your scientific interventions.’34

‘Come on, we can’t be that bad!’ I must’ve appeared shocked.

‘You all do exactly what the pharmaceutical industry tells you to do. Not content at harming patients who come to hospitals with various ailments, you all have started screening programmes for normal healthy people.’

‘Isn’t that good? Especially, cancer screening, where one can detect cancer at a curable stage!’ I was not sure why he had brought up that topic.

‘Aye-Neil, you seem to have stopped reading. Industry-sponsored “Let’s Pink” campaigns have started in India now with a noble aim of cancer awareness. Selected doctors are still encouraging mammographic screening, which most others are giving up.’15,36

I couldn’t help asking, ‘Why is that?’

‘A recent study has shown that mammographic screening may really save 1 person for every 2500 screened for ten years!’37–39

‘Is that bad?’ I was still not clear what he wanted to say.

The same study shows that of 2500 screened, at least 1000 will have a false alarm, 500 would undergo an unnecessary biopsy and 5 or more would be treated for an abnormal benign finding,
shortening their lives due to medication/surgery/stress-induced adverse effects. Finally, it is the medical profession that commercially benefits at the cost of the poor unsuspecting public!’ He fired another salvo.

JJ did not stop at that. ‘It is alleged that low-level X-rays used for mammography are 500% more carcinogenic than previously assumed. It is also alleged that AstraZeneca (the maker of anti-breast-cancer drug, Tamoxifen) was in fact a byproduct of one of the world’s largest chemical (and carcinogen) producers, Imperial Chemical Industries (ICI) that used to produce a known mammary carcinogen (vinyl chloride). Presently, all advertising campaigns and promotional events that are run by the National Breast Cancer Awareness Month Foundation must be “approved”, i.e. “pink-washed”, by AstraZeneca before being released for public consumption.

He handed me the printouts of the last two pages. I knew JJ was winning this round and so I kept quiet.

He added, ‘I feel your medicine today is the commonest cause of human suffering. That is the reason I decided not to practise it. I am trying something new that I feel has promise and it causes no significant adverse events.’

I was trying to comprehend what JJ was trying to tell me. There was evidence to show that the medicine that we were practising was often not based on scientific evidence. It was based mostly on expert opinions, biased by personal interests of the experts. There was also evidence to show that we often promoted expensive medicines and procedures that we were forced to withdraw when they were shown to be either ineffective or harmful. Most patients who were treated by us ran the risk of harm or even death caused by what we did. I looked at him. He was gazing steadily into my eyes. His stance reminded me of a very popular dialogue from an old Bollywood movie ‘Waqt’ (1965). I could imagine JJ repeating the same dialogue, ‘Chenoy seth, Jinke ghar sheeshe ko hote hai, woh doosaron pe pathar nahi phenkte.’ (Those who live in glass-houses, should not throw stones at others!) It left me wondering if I had a right to criticize what he was doing.

**Note:** All names are fictitious, but the issues are real.

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