

Case study
30 applications of
bioresonance according
to Paul Schmidt
in the treatment of pain

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1 Introduction

1.1 Rationale

We (the authors) have now been operating with bioresonance according to Paul Schmidt as our main focus for many years. We currently practice this approach on the premises shared by Dr. Axel Schußmann's general medical practice and Karin Schußmann's Bioenergetic Therapy Centre in Melbeck (Germany). Rayonex GmbH is the only company to offer this treatment method. In late 2010, Rayonex GmbH asked me to document cases describing the treatment of pain using bioresonance therapy.

Due to our interest in assessing the possibilities of this treatment approach, we decided to comply with this request. Rayonex GmbH offered us no financial incentive to prepare this evaluation, nor were there any pecuniary benefits.

1.2 Product under consideration

The product used for this evaluation was:

REF	Product description	Manufacturer
300	Rayocomp PS 1000 polar	Rayonex GmbH, Lennestadt

2 Description of the procedure

2.1 Development of an evaluation form

In collaboration with consultant Ulrich Brandenburg (of Brandenburg & Partner, Münster, Germany), we prepared an evaluation form in which cases were recorded along with any data relevant to the evaluation, all in anonymised form.

2.2 Case reports

Over the period from early January 2011 to the end of June 2011, this form was used to document the cases of patients being treated for pain.

All new cases who started treatment between 10/01/2011 and 12/05/2011 with Dr. Axel Schußmann and alternative practitioner Karin Schußmann at the Bioenergetic Therapy Centre were included in the study.

There was no actual patient selection, other than the fact that all subjects had to be treated with the Rayocomp PS 1000 polar.

Treatment success or failure was assessed using a ratio estimation method involving experimental and clinical algometry immediately after the last treatment session, and (where possible) also after a certain period of time, in the context of a patient-therapist conversation.

The term algometry refers to the measurement of pain sensitivity using mechanical, thermal, electrical or chemical methods, or self-assessment using pain rating scales and questionnaires. In our study, a visual analogue scale was used which consisted of a comprehensive, horizontal 10-point scale graded from "no pain at all" to "the worst possible pain" from left to right.

2.3 Treatment process

All treatments were conducted in accordance with the principles of bioresonance according to Paul Schmidt conveyed by Rayonex, and in compliance with the instructions for use of the Rayocomp PS 1000 polar,

as well as the guidelines presented in the relevant technical literature, i.e. *Bioresonance according to Paul Schmidt by Dietmar Heimes (2004)* and *Bioresonance and Radionics by Dr. Manfred Hartmann (1999)*.

All patients received information on the operating principles of the Rayocomp PS 1000 polar (and thus also on bioresonance according to Paul Schmidt). The comprehensiveness and depth of information was aligned with the patients' interests.

During the initial treatment, the device was used to allocate different causes and triggers to each symptom complex (frequency disharmonies), which was then treated with the appropriate programs and complementary interferences.

The success of treatment with the Rayocomp PS 1000 polar was then monitored in the context of prescheduled follow-up appointments and adjusted if necessary based on the results, using the same methods.

2.4 Evaluation and statistics

Case reports (in the shape of completed forms) were subjected to statistical analysis by consultant Ulrich Brandenburg (Brandenburg & Partner, Münster) and evaluated according to the agreed criteria.

Data not included in the completed forms, but which appeared relevant to the evaluation were added by means of a subsequent evaluation of the patient documentation.

This step allowed to take into account possible gender and weight-dependent phenomena.

2.5 Evaluation of the results

The next step involved the assessment of the results, initially for the individual sets of symptoms observed and then for all results combined.

3 Declaration of impartiality

As the editor, I declare that I had no financial interest in preparing this case study and that I proceeded to doing so without compensation from the manufacturer of the device used. To the best of my knowledge, the same is true for all other individuals involved who acted on my behalf.

4 Presentation of results

4.1 Pain symptom complex

4.1.1 Distribution to various practitioners

Of the total 30 cases documented, 15 were treated by Dr. Axel Schußmann and the other 15 by alternative practitioner Karin Schußmann.

4.1.2 Results of history-taking

Clinical history-taking revealed a variety of different pain symptoms. Patients reported mainly joint pain in the hip, spine, knees, hands, shoulders, arms or toes, which presented as

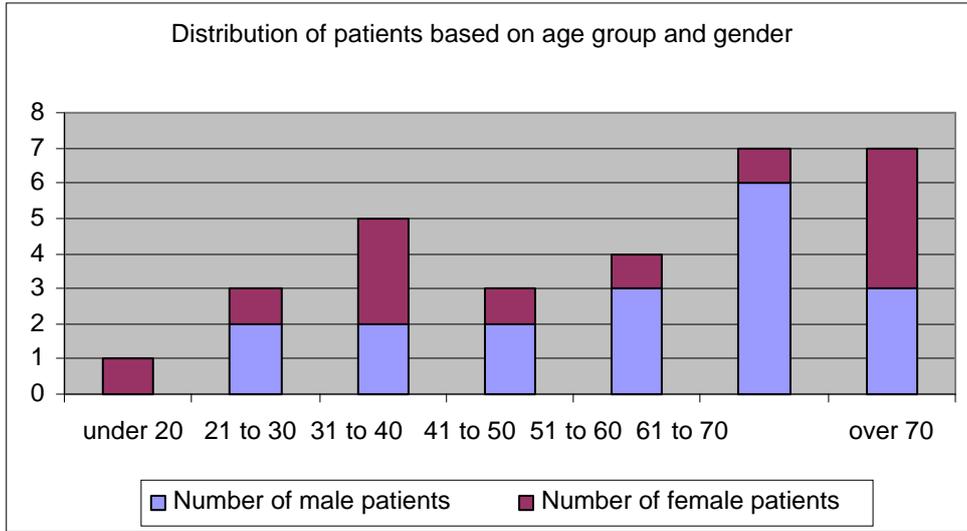
- chronic pain over several months or years,
- acute pain after an accident or injury or
- postoperative pain (e.g. wound pain)

. In a few cases, pain was due to recurrent migraines, diffuse headaches and pain in the upper abdomen.

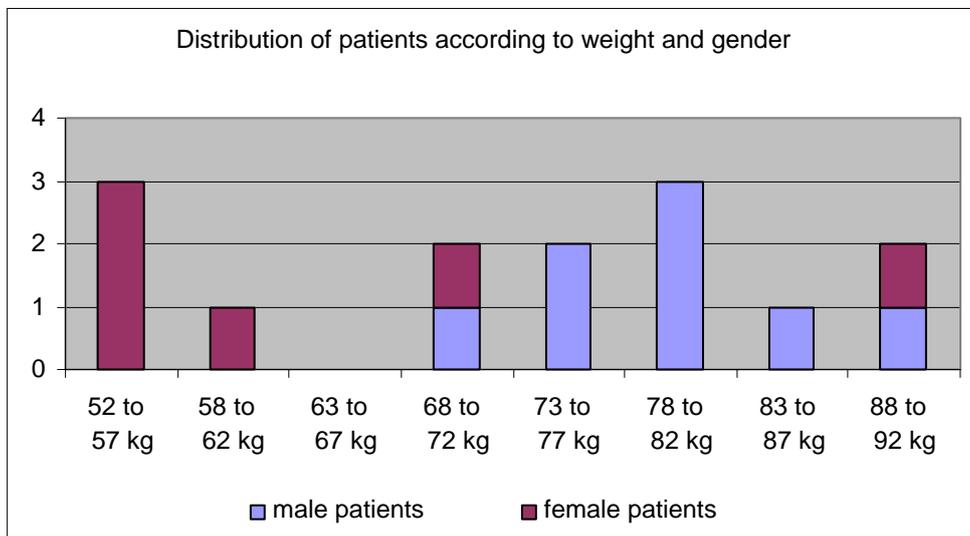
4.1.3 Patient data at baseline

4.1.3.1 Age, sex and body weight

The mean age of the patients was 53.9 years (51.2 for women and 55.8 for men), distributed according to the following age brackets and gender affiliations:



We determined the body weight of 14 of the treated patients. The average body weight was 74.3 kg (82.2 kg for men and 63.8 kg for women). The weight of female patients ranged from 52 to 100 kg, and that of the men from 72 to 105 kg.



Except for one overweight female patient, the patient data obtained can by-and-large be said to follow a "normal distribution".

4.1.3.2 Physical characteristics

The physical characteristics of the patients were described as unremarkable in 24 (of 30) cases. In the remaining 6 cases, kyphoscoliosis, obesity, cancer cachexia, bruises, swelling and diabetes mellitus were established as special physical characteristics.

4.1.3.3 Previous treatments

21 patients had received some other form of medical treatment for the described symptoms before starting therapy. Further, 16 patients reported prior attempts to self-treat.

As regards prior medications, the following drugs were mentioned:

Anti-inflammatory drugs, antibiotics, analgesics, Voltaren, Aspirin, cortisone, migraine medications, ibuprofen, insulin and de-acidifying drugs.

Non-pharmacological treatments reported included physiotherapy, exercise and breathing exercises, massage, rest and immobilisation, autogenic training, homoeopathy, cooling, acupuncture, neural therapy, electrotherapy, heat therapy, shock wave therapy, chemotherapy and radiation therapy.

4.1.3.4 Prior illness

In 6 cases, patients reported a link between previous diseases and their current symptoms. i.e.: high blood pressure, obesity, chronic bronchitis, diabetes mellitus, arthritis, rheumatism, fibromyalgia and spinal problems.

4.1.3.5 Medicines, alcohol and tobacco and allergies

One patient reported the use of inhaled cortisone. No patient declared any kind of substance abuse. Two patients reported being allergic to acetylsalicylic acid (ASA).

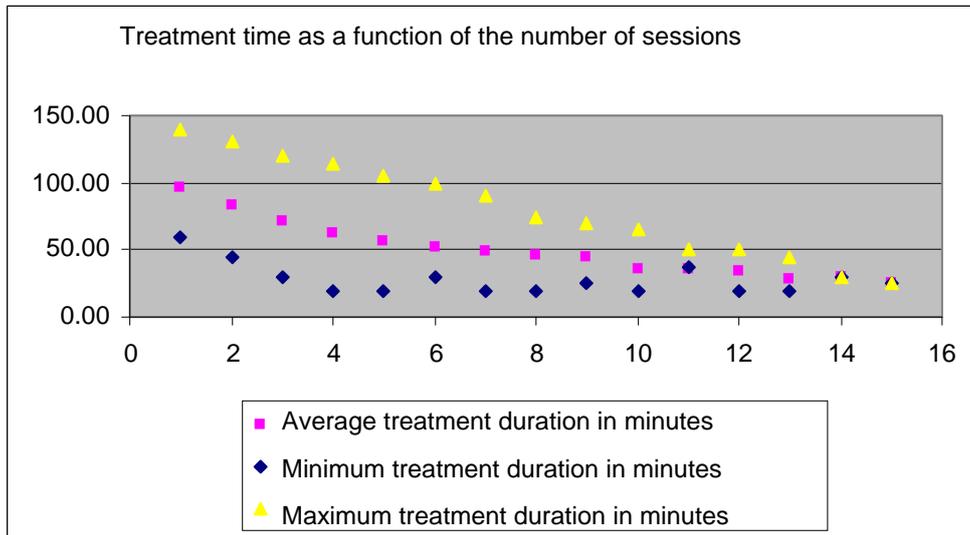
4.1.3.6 Social history

Data relating to social environment or to occupational/recreational activities were obtained from 14 patients. None of this information gave cause for exclusion from this observational study.

4.1.4 Course of treatment

The average number of sessions conducted was 12.4 (13.16 in female patients and 11.94 in men). The average treatment time was established to be 31.7 days (range 20-41 days), although it was 2.2 days longer for the female patients than the men.

The treatment time per session ranged from 20 to 45 minutes, and the duration of treatment in female patients was 1.39 minutes longer than in male patients. The mean treatment time was 26.66 minutes per session.



The study did not seek to establish a possible correlation between body weight and overall treatment/session duration; the pain perception reported by patients was considered individually and regarded as completely independent of weight.

4.1.5 Treatment process

In addition to the standard "pain" program used (70.47), the acute treatment program "borreliosis, rickettsiosis" was used 3 times in each of 11 cases, as were a total of 5 different RAH seventies programs. The following programs were additionally used:

Program	Frequency
70.40	8
70.19	1
70.28	4
70.29	1
70.46	1

Additional medications were taken in 12 cases.

Medications	Frequency (time)	Frequency (only at the	Frequency (as
Analgesics	1	2	4
Arnica	2		
Aspirin	1		
Migraine medication	1		1
NSAID	1	1	

Additional physiotherapy was used in 3 cases. One case also received massage therapy.

4.1.6 Side effects and contraindications

No side effects or contraindications were detected in this observational study.

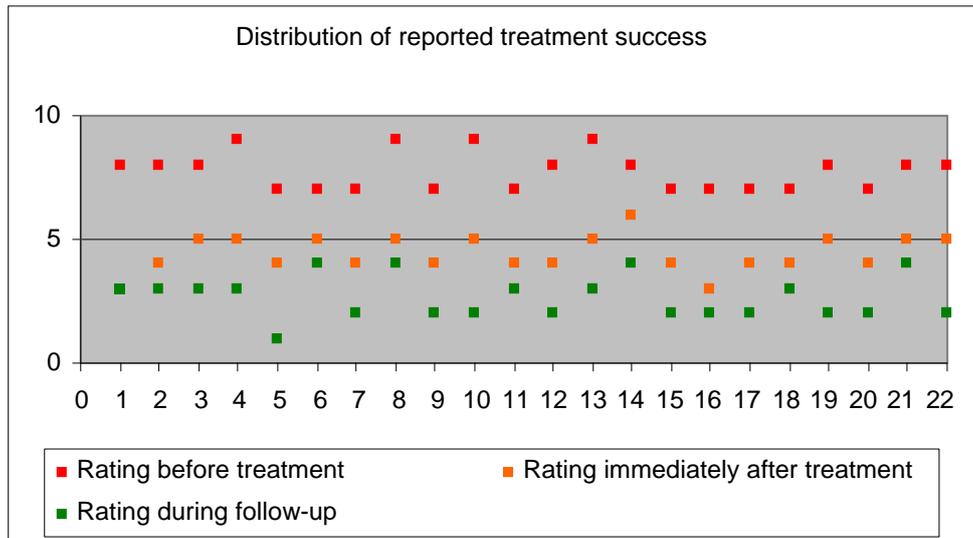
4.1.7 Assessment of treatment success

The treatment was completed in all 30 cases. At the start of treatment, the pain reported by the patient scored 7.8 on the predefined 10-point scale. Immediately after the end of treatment, this average dropped to 4.4. After an average of 38 days (range 14-120 days), a follow-up visit was conducted which found a mean pain score of 2.5.

No distinction could be made between rates of treatment success in men vs. women.

Neither could a correlation be established between pain intensity at the start of treatment and its rating after the end of treatment.

Each patient observed reported a significant reduction in pain. Three patients (i.e. 10%) reported no longer experiencing "any pain at all" during the follow-up visit. Thirteen patients gave the status of their pain a score of "2".



4.1.8 Evaluation of the results presented

An indirect improvement of symptoms by more than 3.3 points on the 10-point pain scale immediately after treatment, and a score of 5.2 after 14 to 120 days both indicated a clear improvement of the pain situation.

Of the 12 cases in which additional medications were taken, it was established that at least three patients permanently stopped taking any other pharmacological treatment. This corresponds to 25% of all cases.

The lasting effects (long-term reduction of perceived pain in the context of the follow-up visit) can therefore not be disputed.

5 Summary of results

Bioresonance according to Paul Schmidt achieved clear and significant relief in all of the symptom clusters considered, some of them complex, based on wide-ranging clinical pictures treated long-term and often unsuccessfully using conventional medicine, in terms of the pain reported by the patients.

The results obtained in this study showed a physician operating as a traditional medical GP that bioresonance according to Paul Schmidt is a highly interesting alternative for pain relief. This method is effective, gentle and free from side effects.

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Melbeck, 23/09/2011

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