

# Allergological diagnosis using biophysical technology

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(Catania Medica, p. 9 ff)

## 1. Introduction

A team of scientists from the Biophysics Faculty together with colleagues from other faculties has for years been planning a biophysical research study aimed at demonstrating through experiments changes in muscle strength occurring automatically following maximum stimulus. Techniques from *reflexology* and specific methods from *applied kinesiology* were used to trigger exogenous or endogenous stimuli.

Exogenous stimulation includes interactions between the body and low intensity electromagnetic waves emitted by organic and inorganic substances. This interaction is based upon the phenomenon of bioresonance which, in turn, goes back to the physical principle of resonance. According to the physical definition, resonance refers to all wave phenomena in which energy is transferred from a transmitter to a receiver system. Detailed proof exists that all molecules, all cells, all organs and all bodies as a whole emit ultrafine electromagnetic waves (biophotons). It is a well-known fact that allergic reactions can be provoked in correspondingly sensitive individuals even by a minimal amount of allergen, such as is present in homeopathic potencies.

Experimental proof exists that these reactions can be induced following stimulation by very low intensity electromagnetic waves. Our laboratory obtained statistical proof that a substance to which an individual is allergic, when sealed in a glass ampoule, can provoke a decrease in muscle strength in the deltoid or supraspinatus muscle, for example, merely by the individual coming into contact with the container. Alongside the techniques of applied kinesiology, recent biophysical research in the field of energy medicine (informational therapy) is opening up new possibilities. This starts from the assumption that biochemical processes are not only controlled by hormonal, chemical and electrical signals but also by specific output of electromagnetic waves (biophotons) which can be deciphered by the cells as it were.

Taking into account the phenomenon of bioresonance and theories on ultrafine electromagnetic waves, complex electronic equipment is planned which is capable of detecting both endogenous oscillations produced in the patient and exogenous emissions from different substances. We must naturally start from the assumption that the individual, or rather every organ, emits harmonious (physiological) waves with certain frequency patterns which can alter if disease strikes (pathological waves).

The radiated waves can be detected by a receiver system and returned to the patient. The signal can be analysed with the aforementioned equipment in such a way that the harmonious waves are separated from the disharmonious ones.

Dr. Morell pioneered this bioresonance therapy which was therefore also called Mora therapy. In our research we have undertaken to investigate the scientific validity of these new biophysical technologies in diagnosing allergic conditions or simple intolerances. To ensure the scientific rigour of this research, it was decided to

compare data gathered in allergological departments using traditional methods with those obtained through the new bioresonance technology.

Through its electronic equipment, bioresonance is able to illustrate the indirect interaction between electromagnetic waves emitted by allergens and an individual's sensitivity. There are currently various devices on the market based on these principles; for our purposes, we have chosen the BICOM device<sup>1</sup> (from the English word bio-communication). The BICOM device has been tested in experiments in immune modulation and allergies for years with remarkable results. Our institute is also soon to conduct research into the structural flexibility of albumin, immunodeficiency in irradiated mice, the vitality of flies (*Drosophila*) treated with thermoshock, changes in hydrogen bridges, treatment of fibroadenomatosis of the breast, etc.

## **2. Equipment and methods**

The BICOM device operates using a feedback system which receives the input signal from the patient, amplifies, analyses and processes it and returns it to the same patient in the form of an output signal. A cybernetic control loop is therefore created between the patient and device. The BICOM device can be employed both for diagnosis and therapy. Diagnostic examination is based upon the principles of bioresonance combined with techniques used in acupuncture.

As far back as 40 years ago, Dr. Voll and his colleagues developed an objective instrumental technique for measuring current intensity in relation to the acupuncture meridians (in reality this measures transdermal electrical resistance). The results were surprising and it was scientifically proven that current passage is much higher along the meridians than in the neighbouring areas. The change in current at the meridians reflects the change in the overall energetic situation which occurs at the same time. These techniques have the advantage of testing only the end points, i.e. the distal tips of the hand and foot (Ting points, energy aspirators)

Later Dr. Voll formulated the now obvious vegetative-reflex test (electro-acupuncture test). This electro-acupuncture test is conducted by applying a d.c. and an a.c. voltage between two electrodes, one of which serves as a manual electrode (negative) and the other (positive) as a test electrode with test tip for testing the various points.

Substances can be added to this test circuit and the patient's reaction to these substances tested. The results are analysed by an analogue measuring device on a scale from 0 to 100<sup>2</sup>. The following estimates are used to make a diagnosis

- 50 norm
- <50 = chronic degenerative pathological state
- >50 = acute inflammatory pathological state

In view of the specific nature of our research, the device was also programmed to test allergens: the operator tests the Ting point meridians (triple warmer, master of the heart and heart) of the patient's left hand using the test electrode with the test tip. Testing must be carried out before and after adding the test substances to the test circuit. Before carrying out the various tests, it is also important to measure base conductivity (BL) in order to relate to the individual value (IW) for conductivity.<sup>3</sup> The tests should be interpreted as follows when making diagnosis

IW = BL (negative) IW < BL (hypersensitive to the substance)

To demonstrate the results of our research, we compared our results from the diagnostic EAP test on 31 individuals of both sexes aged between 12 and 70 presenting with allergic symptoms with the results obtained previously from these patients through an allergological examination based on the skin test (prick test).

### 3. Results

The effectiveness of the allergological test technique using the bioresonance test (EAP) is confirmed by comparing it with results obtained with the prick test conducted according to our guidelines (table 1).

Patient	Mites		Grasses		Olive tree		Pellitory	
	Prick	EAP	Prick	EAP	Prick	EAP	Prick	EAP
AK1	P	P	n	n	n	P	n	n
AK2	P	P	n	n	n	P	n	n
AK3	n	n	n	n	n	P	P	P
AK4	P	P	n	n	n	n	n	P
AK5	P	P	n	n	n	n	P	n
AK6	P	P	n	P	P	P	P	P
AK7	P	P	P	P	P	P	P	P

<sup>2</sup> The readings represent the reciprocal ohmic values: a low reading means a high ohmic value, a high reading means a low ohmic value on the tested meridian.

<sup>3</sup> The norm for conductivity ranges from 80 to 84.

AK8	n	n	P	P	P	P	P	P
AK9	n	n	n	n	P	n	P	P
AK10	P	P	P	n	P	P	n	P
AK11	n	P	n	P	n	n	P	P
AK12	n	P	n	n	P	P	n	P
AK13	P	P	n	n	n	P	n	n
AK14	n	P	P	P	P	P	P	P
AK15	P	P	n	n	n	n	n	P
AK16	P	n	n	n	P	P	P	P
AK17	n	n	n	n	n	n	P	n
AK18	P	P	n	n	P	P	n	n
AK19	n	n	P	P	n	n	P	P
AK20	P	P	P	P	P	P	P	P
AK21	n	n	P	P	P	P	P	P
AK22	P	n	n	n	n	n	n	n
AK23	P	P	n	n	n	n	n	n
AK24	P	P	P	P	P	P	P	P
AK25	P	P	P	P	n	P	P	P
AK26	n	P	P	P	P	P	n	n
AK27	n	P	n	P	P	P	n	n
AK28	P	n	P	n	n	n	P	n
AK29	P	P	n	n	n	n	n	n
AK30	n	P	n	n	n	P	n	P
AK31	P	P	P	n	n	P	P	P
%	71.0		80.6		74.2		71.0	

Statistically speaking, 75% of the results from the bioresonance test are consistent with those obtained with the prick test (if all the positive and negative results are considered). In addition, 80% of the positive results from the prick test are confirmed by the bioresonance test.

Table 2 indicates that 32 of the 124 studies considered are not consistent. 12 of these 32 results were only positive in the prick test and 22 only in the bioresonance test. This lack of consistency on the part of the bioresonance test can be attributed to the degree of sensitivity: the degree of reduction of transdermal electrical resistance actually enables even minor intolerances to be detected.

The device actually detects the energy deficiency of a tested substance which manifests itself as an allergy or intolerance depending on how sensitive the person is. To supplement the diagnostic examination, an empirical kinesiological examination

was conducted with the same substances as in the EAP test (a research study using objective biophysical methods on the effectiveness of EAP testing had already been conducted in our laboratories).

Table 2		
Total	32	
	Prick	EAP
positive	10	22
percent %	31.2	68.8

Tab. 2: Comparison of inconsistent results from the prick test and the EAP test

## 4. Summary

This paper presents initial data from a series of research studies aimed at testing the effectiveness of a diagnostic procedure carried out with non-invasive methods, with methods which are not associated with side-effects or contraindications, which have a high compliance and which, furthermore, produce reliable results.

The consistency between results obtained with the prick test and those from the bioresonance test is statistically significant and encourages us to continue our experiments. New developments in cooperation with interested institutions are highly desirable. Nowadays more and more patients are turning to so-called alternative medicine and we owe it to them to undertake serious research in this field. Combining ancient techniques with modern technology, creating a link between East and West and considering the individual in his entirety does not mean distancing oneself from the professional code of ethics (Hippocratic oath) in any way but extending the value of one's own mission both as a doctor and an individual.