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· 临床经验 ·

生物共振治疗仪对 150 例小儿过敏性疾病 检测与近期临床疗效观察

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生物共振治疗仪是依据德国物理学家 Louis V De Broglie “量子物质波”理论研制的,它对人和任何物质具有的超微细振动的特定信号进行检测、采集、镜像转换、放大、回输,并将检测和治疗融为一体。其原理是当某种过敏物质接触机体时,就会刺激机体,在体内留下一种印记,这种印记可以看作一种异常波,当机体再次接触该过敏原时,机体会产生强烈的生物振动波(印记活跃),这些异常生物波被生物共振治疗仪采集、镜像反转、放大后以治疗振动波的形式回输患者体内,将体内存留的过敏原异常振动波削弱或清除(印记消失),使其过敏症状消失。我科自 2004 年 6~10 月采用生物共振治疗仪检测并治疗小儿过敏性疾病 150 例取得明显近期疗效,现将方法及结果报告如下。

1 临床资料

150 例均系我院门诊和住院患者。年龄 4 个月至 16 岁,男 96 例、女 54 例, <3 岁 6 例, 3~7 岁 101 例, 7~16 岁 43 例。病种:哮喘合并鼻炎 95 例,哮喘 20 例,过敏性鼻炎 25 例,皮肤湿疹 5 例,其他过敏性疾病 5 例。所有患者符合有关的诊断标准^[1]。病程 1 年内 15 例, 1~8 年 38 例, 8~13 年 93 例, 13 年以上 4 例。

2 方法

2.1 过敏原检测方法

采用生物共振治疗仪配套提供的 5 组过敏原(包括基础过敏原组、吸入性过敏原组、食物添加剂

组、接触性过敏原组、花粉过敏原组),也可采用病人提供的可疑过敏原。通过生物共振治疗仪红外线扫描检测系统,选择检测程序,通过在患者手指的特定的能量传导位点(信息点)上进行测试,根据能量表数值的变化确定过敏原。检测过程中无痛、无创伤、无副作用,准确性高。

2.2 脱敏治疗方法

①基础治疗,将病人唾液或尿液少许,或血液 1 滴放入治疗杯,输入程序,时间 6~8 min;②后续治疗,输入治疗程序,时间 10~20 min(根据病人情况而定);③脱敏治疗,将 2~3 种主要过敏原放入治疗杯,输入脱敏程序,时间 6~10 min。每周 1 次,多数病人治疗 5~8 次后过敏症状消失,再次复查过敏原均为阴性后结束治疗。

3 检测与治疗结果

3.1 过敏原检测结果

150 例患者均检测出过敏原,最少 3 种,最多 15 种。总计过敏原阳性 1 107 人次,其中吸入性 689 人次(62.2%);食物类 202 人次(18.2%);食物添加剂 98 人次(8.8%);接触性 84 人次(7.9%);化学物质 34 人次(3.1%)。检出率占前 10 位的过敏原见表 1。

3.2 两种过敏原检测方法的比较

在 150 例过敏性哮喘患者中选择 21 例哮喘患者,同时用两种过敏原检测方法(生物共振治疗仪检测和皮试法)进行比较,符合率为 78.2%。结果见表 2。

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3.3 疗效判断标准

①显效:再次检测过敏原为阴性,患者过敏症状消失,或喘息咳嗽明显好转;②好转:再次检测过敏原为阴性,较脱敏治疗前症状明显减轻;③无效:5次治疗后患者症状无改善。

表1 150例患者生物共振治疗仪过敏原检测阳性率排序

过敏原	阳性例数	(%)
屋尘螨	87	(58.0)
花草混合物	62	(41.3)
粉尘螨	60	(40.0)
艾蒿	53	(35.5)
真菌混合物	37	(24.6)
孢子菌属	18	(12.0)
甘苣螨	16	(10.6)
植物枯萎霉菌	11	(7.3)
白色念珠菌	9	(6.0)
鱼类混合物	9	(6.0)

表2 21例哮喘患者过敏原皮试法和生物共振治疗仪检测法阳性率比较 例(%)

过敏原名称	皮试法	生物共振治疗仪检测法	两者符合率
室内尘土	20 (95.2)	16 (76.2)	(80.0)
棉絮	6 (28.5)	4 (19.0)	(66.6)
枕垫料	8 (38.0)	4 (19.0)	(50.0)
其他垫料	6 (28.5)	3 (14.2)	(49.8)
多价兽毛	12 (57.1)	1 (4.7)	(8.2)
多价羽毛	10 (47.6)	9 (42.8)	(89.9)
多价霉菌 I	13 (61.9)	15 (71.4)	(86.6)
多价霉菌 II	18 (85.7)	17 (80.9)	(94.3)
早春花粉	16 (76.1)	17 (80.9)	(94.0)
晚春花粉	12 (57.1)	10 (47.6)	(83.3)
夏季花粉	13 (61.9)	9 (42.8)	(69.1)
烟	17 (80.9)	11 (52.3)	(64.6)
蒿属花粉	4 (19.0)	8 (38.0)	(50.0)
螨	18 (85.7)	16 (76.1)	(88.7)
豚草	13 (61.9)	6 (28.5)	(46.0)

3.4 脱敏治疗结果

150例过敏性疾病脱敏治疗的有效率为94.6%。见表3。

表3 生物共振治疗仪治疗150例过敏性疾病的近期疗效观察 例(%)

疾病名称	例数	显效	有效	无效
哮喘并鼻炎	95	54(56.8)	38(40.0)	3(3.1)
哮喘	20	15(75.0)	4(20.0)	1(5.0)
过敏性鼻炎	25	19(76.0)	4(16.0)	2(8.0)
皮肤湿疹	5	3(60.0)	2(40.0)	0(0)
其他慢性过敏性疾病	5	0(0)	3(60.0)	2(40.0)

4 讨论

由于种种原因,过敏性疾病以每年5%的速度递增^[2]。哮喘病是目前常见的一种过敏性疾病,儿童哮喘的正规系统治疗、免疫治疗及脱敏治疗越早越好,争取在青春期以前治愈,如果给予积极而正确的治疗,小儿哮喘的治愈率或长期缓解率可上升到95%^[3-5],对于成年后仍然未治愈的患者,由于儿童期的积极治疗也会使成年后的病情明显减轻,使患者终身受益。我院应用生物共振治疗仪对150例过敏性疾病患者进行了检测和治疗,结果显示总有效率为94.6%。另对21例哮喘病人采用两种方法进行了过敏原检测结果对比,符合率为78.2%。此外,我们对过敏原的种类进行了调查,选择出前10位过敏原谱供临床参考。

在治疗过程中,所有病人均未出现明显不良反应,治疗过程无痛苦、无创伤、无副作用,疗效可靠,尤其对婴幼儿哮喘和湿疹疗效更为明显。由于治疗时间短、脱敏见效快,为临床治疗小儿过敏性疾病开辟了一条新途径,并且可作为长期控制哮喘的一种辅助治疗方法。其长期治疗效果有待进一步观察。

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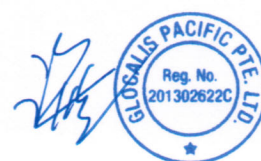
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Observation of allergen detection and short-term clinical therapeutic effects of treatment of 150 cases of paediatric allergic diseases using bioresonance therapy device

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Bioresonance therapy technology device is developed based on the "quantum matter wave" theory proposed by the German physicist Louis V De Broglie. It is used to detect and collect specific ultrafine vibration waveform in the human body or any substance. The waveform is inverted, amplified, and returned to the body – detection and treatment are integrated within a single device. The principle is that when an allergen comes into contact with the body, it will stimulate the body and leave an imprint in the body. The imprint takes the form of a specific waveform. When the body comes into contact with the allergen again, it will produce strong electromagnetic vibration waveforms (imprint activation). This specific waveform is collected with the bioresonance therapy device and subsequently inverted, amplified and returned to the patient's body as a therapeutic vibration waveform. The remaining electromagnetic vibration waveforms in the body will be weakened or eliminated (Imprint deactivation); the symptoms disappear and the body returns to normal state.

From June to October 2004, our department used bioresonance therapy device to detect and treat 150 cases of paediatric allergic diseases; significant short-term therapeutic effects were achieved. This paper describes the methods and results of this study.

1. Clinical data

The 150 cases were either outpatients or inpatients of the hospital. Their ages ranged from 4 months to 16 years. There were 96 males and 54 females. Age distribution: < 3 years – 6 cases; 3~7 years – 107; 7~13 years – 43 cases. Types of disease: 95 cases of combined rhinitis and asthma syndrome; 20 cases of asthma; 25 cases of allergic rhinitis; 5 cases of eczema and 5 cases of other allergic diseases. All patients met relevant diagnostic criteria [1]. Disease course: < 1 year – 15 cases; 1~8 years – 38 cases; 8~13 years – 93 cases; >13 years – 4 cases.

2. Method

2.1 Method of allergen detection

The method makes use of the 5 groups of allergens provided by bioresonance therapy device (including basic allergen group, inhalation allergen group, food additive group, contact allergen group and pollen allergen group) or the suspected allergen provided by the patient. Select detection programme on the bioresonance therapy device; test specific energy conduction spot (information points) on the patient's fingers with infrared scanning detector and determine the allergen according to changes in values with reference to an energy table. The test is painless, non-invasive and has no side effects. The test has high accuracy.

2.2 Method of desensitisation



(1) Basic treatment: Take a small quantity of saliva or urine, or a drop of blood from the patient; input the desired test programme; duration: 6~8 minutes. (2) Follow-up treatment: Input treatment programme; duration: 10~20 minutes (depending on the patient's condition). (3) Desensitisation treatment: Place 2~3 main allergens into the treatment cup; input desensitisation programme; duration: 6~10 minutes. Treatment is done once per week. Most patients achieved remission of symptoms after 5~8 treatments. The treatment stopped after review tests showed negative for all allergens.

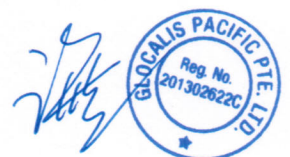
3. Results of detection and treatment

3.1 Result of allergen detection

Allergens were detected for all the 150 patients. The number of allergens detected for each patient ranged from 3 to 15. Total positive allergen count was 1,107, of which 689 were inhalation allergens (62.2%), 202 were food allergens (18.2%), 98 were food additive allergens (8.8%), 84 were contact allergens (7.9%) and 34 were chemical substances (3.1%). See Table 1 for the top ten allergens detected.

3.2 Comparison of two methods of detecting allergens.

Of the 150 cases of allergic asthma patients, 21 asthma patients were chosen to be tested simultaneously by two methods of allergen detection (bioresonance therapy device and skin allergy test) for comparison. 78.2% consistency was observed. See Table 2 for results.



3.3 Criteria for evaluation of therapeutic effect:

- (1) Significant effect: Repeat detection for allergen returns negative result; remission of allergic symptoms in patient; or significant improvement in patient's wheezing and coughing symptoms.
- (2) Improved: Repeat detection for allergen returns negative result; significant reduction in patient's allergic symptoms.
- (3) Not effective: No improvement in patient's symptoms after 5 treatments.

Table 1 Rate of allergen detected (in descending order) by bioresonance therapy device in 150 patients.

Allergen	Positive count	(%)
House dust mites	87	(58.0)
Herbal mixture	62	(41.3)
Dermatophagoides farinae	60	(40.0)
Artemisia argyi	53	(35.5)
Mixture of fungi	37	(24.6)
Smut spores	18	(12.0)
Chigger mites	16	(10.6)
Plant fungal wilt	11	(7.3)
Candida albicans	9	(6.0)
Fish mixture	9	(6.0)

Table 2 Comparison of rate of positive allergen detection using skin allergen test and bioresonance therapy device for 21 cases of asthma patients

Name of allergen	Skin allergen test	Bioresonance therapy detection	Number of cases (%)
			Consistency rate
Indoor dust	20 (95.2)	16 (76.2)	(80.0)
Cotton	6 (28.5)	4 (19.0)	(66.6)
Pillow materials	8 (38.0)	4 (19.0)	(50.0)
Other paddings	6 (28.5)	3 (14.2)	(49.8)
Polyvalent animal hair	12 (57.1)	1 (4.7)	(8.2)
Polyvalent feathers	10 (47.6)	9 (42.8)	(89.9)
Polyvalent mould I	13 (61.9)	15 (71.4)	(86.6)
Polyvalent mould II	18 (85.7)	17 (80.9)	(94.3)
Early spring pollens	16 (76.1)	17 (80.9)	(94.0)
Late spring pollens	12 (57.1)	10 (47.6)	(83.3)
Summer pollens	13 (61.9)	9 (42.8)	(69.1)
Smoke	17 (80.9)	11 (52.3)	(64.6)
Artemisia pollen	4 (19.0)	8 (38.0)	(50.0)
Mites	18 (85.7)	16 (76.1)	(88.7)
Ragweed	13 (61.9)	6 (28.5)	(46.0)

3.4 Desensitisation treatment

The effective rate of desensitisation treatment for 150 cases of allergic diseases was 94.6%. See Table 3.



Table 3 Observation on short-term therapeutic effect of treatment of 150 cases of allergic diseases using bioresonance therapy device

Name of disease	Number of cases	Significant effect	Number of cases (%)	
			Effective	Not effective
Combine rhinitis and asthma	95	54 (56.8)	38 (40.0)	3 (3.1)
Asthma	20	15 (75.0)	4 (20.0)	1 (5.0)
Allergic rhinitis	25	19 (76.0)	4 (16.0)	2 (8.0)
Eczema	5	3 (60.0)	2 (40.0)	0 (0)
Other chronic allergic diseases	5	0 (0)	3 (60.0)	2 (40.0)

4. Conclusion

For various reasons, allergic diseases are increasing at a rate of 5% annually [2]. Asthma is a common allergic disease today. The sooner paediatric asthma is given treatment – formal therapy or immune therapy and desensitisation therapy – the better; preferably, treatment should be given before puberty. Given active and proper treatment, the curative rate or long-term remission rate of paediatric asthma can be increased to 95% [3~5]. For adult patients who have not be cured, their symptoms will also be significantly reduced due to active treatment in their paediatric period; this will bring life-long benefit to patients. Our hospital performed detection and treatment of 150 cases of allergic diseases using bioresonance therapy device. The results showed a total effective rate of 94.6%. Comparison of another 21 cases of asthma patients using two different methods of allergen detection show a consistency rate of 78.2% In addition, we surveyed the type of allergens and listed the top ten allergen types for clinical reference.

In the course of treatment, none of the patients showed any adverse reactions. The treatment was painless, non-invasive and without side effects. The treatment showed reliable therapeutic effect especially in paediatric asthma and eczema patients. Due to its short treatment duration and quick desensitisation effect, it can be used as a new treatment alternative for paediatric allergic diseases or as a supplementary treatment method for long-term control of asthma. Its long-term therapeutic effect remains to be seen.

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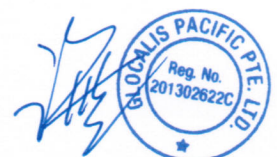
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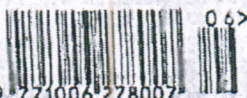
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生物共振治疗仪诊治小儿过敏性鼻炎及支气管哮喘的临床观察

黄水明 孙樟萍 方玉才

为了进一步提高治疗小儿过敏性鼻炎及支气管哮喘的疗效,我院2003年9月引进BICOM2000型生物共振治疗仪,并进行了临床观察,现将结果报道如下。

1 对象和方法

1.1 对象 2003年9月至2004年6月在本院接受生物共振治疗仪诊治的小儿过敏性鼻炎97例、过敏性支气管哮喘84例,其中4例过敏性鼻炎和5例过敏性哮喘因中途转学、迁家等原因未完成疗程或资料不完全剔除。过敏性鼻炎诊断按全国耳鼻喉科学会1997年海口会议修订的标准^[1],过敏性支气管哮喘诊断按中华医学会儿科学分会呼吸学组2003年修订标准^[2]。调查统计在治疗后6个月进行,172例患儿分为3组。第1组为初诊患儿,未服用任何抗过敏药物,共63例,其中男39例,女24例,年龄1~12岁,平均年龄(5.5±1.5)岁;经临床确诊为小儿过敏性鼻炎41例,过敏性支气管哮喘22例。第2组为经传统治疗未愈的患儿,即在本院已使用抗组胺类药物、过敏原阻断剂、可的松及强的松等皮质固醇或肾上腺素制剂,治疗后效果不明显或无效者,共54例,其中男31例,女23例,年龄1~14岁,平均年龄(7.0±1.8)岁;经临床确诊为小儿过敏性鼻炎22例,过敏性支气管哮喘32例。第3组也为同期初诊患儿(与另1组经抽签法随机分组),共55例,其中男34例,女21例,年龄2~15岁,平均年龄(6.0±1.2)岁;经临床确诊小儿过敏性鼻炎30例,过敏性支气管哮喘25例。3组患儿性别、年龄和病种的差别无显著性意义(均 $P>0.05$)。

1.2 过敏原检测 详细了解病史,筛选过敏原范围,利用生物共振治疗仪所提供的500余种过敏原,对机体通过红外扫描检测系统确定与测试盒中过敏原吻合频谱,在患儿双手指上的20个穴位点

进行变应原检测,必要时建议病人自己带可疑的过敏原来检测。

1.3 治疗方法 第1组和第2组患儿均采用生物共振治疗仪治疗,不用其他药物。按仪器操作程序及规定时间对患者进行脱敏治疗。急性患者脱敏治疗每日1次,连续5~6次;慢性患者每周1次,连续4~5周,若症状好转,14d后巩固治疗1次,若继续好转,后续巩固治疗1个月1次,连续2个月。第3组患儿在急性发作时静脉给激素加平喘药(氨茶碱或特布他林),缓解期采用喷雾吸入糖皮质激素,如合并细菌感染加用抗生素。

1.4 疗效判断标准 根据临床症状的改善及治疗后6个月内有无复发进行疗效判定。显效:过敏症状完全消失,停止治疗6个月内无复发;有效:过敏症状消失,停止治疗后复发,但症状较轻;无效:过敏症状无明显改善。

1.5 统计学处理 3组间疗效的比较采用 χ^2 检验。

2 结果

3组患儿治疗效果的比较见表1。

表1 3组患儿治疗效果的比较

组别	n	显效(%)	有效(%)	无效(%)
过敏性鼻炎				
第1组	41	19(46.3)	16(39.1)	6(14.6)
第2组	22	8(36.4)	10(45.5)	4(18.1)
第3组	30	10(33.3)	11(36.7)	9(30.0)
过敏性哮喘				
第1组	22	10(45.5)	9(40.9)	3(13.6)
第2组	32	11(34.3)	14(43.8)	7(21.9)
第3组	25	8(32.0)	9(36.0)	8(32.0)

从表1可见,生物共振仪治疗小儿过敏性鼻炎初诊患儿有效率达85.4%,对经传统脱敏治疗未愈患儿的有效率达81.9%,而第3组有效率为76.7%,但与前2组的差别无显著性意义($\chi^2=2.494, P>0.05$)。生物共振仪治疗小儿过敏性哮喘初诊患儿和

传统脱敏治疗未愈患儿的有效率分别为 86.4% 和 8.1%，而对照组有效率为 76.0%，但差别也无显著性意义 ($\chi^2=1.542, P>0.05$)。

3 讨论

生物共振治疗仪与传统治疗模式不同，不需要打针、服药，患儿和家长容易接受，而且治疗过程简单、安全，停止治疗后无任何不适，也无任何不良反应，尤其适用于长期服药疗效不明显和无效慢性过敏病人，避免了口服抗组胺药所致的嗜睡、乏力及全身或局部使用激素所引起的不良反应。

生物共振仪治疗过敏性疾病的机理可能为：生物共振仪能够消除机体内致敏淋巴细胞的“记忆”——即所谓的“过敏印痕”^[3]。国外学者已有 10 多年使用生物共振仪治疗过敏性疾病的临床经验^[4,5]。但国内报道甚少，宋克敏等^[6]2003 年首次报道使用生物共振治疗仪对 60 例过敏性疾病患者进行脱敏治疗，总有效率 70%，痊愈率 46.7%。杨金芝等^[7]也报道了应用生物共振仪治疗儿童哮喘的疗效。本文结果与他们相近。若过敏性鼻炎和过敏性哮喘患儿为急性发作，为迅速缓解症状，则使用激素治疗比生物共振仪治疗的效果要快。这两种疾病病因复杂、病程长，易复发，虽然两种治疗方法在短期内的疗效无明显差异，但用生物共振仪治疗无痛苦、无创伤，消除了患儿惧怕打针、输液所产生的恐慌心

理，减少了用药种类及因此而产生的毒副作用，同时还降低了医疗费用，值得推广应用。

生物共振仪治疗过敏性疾病的适应症很广，我们自去年开展此项工作以来，已治疗近 700 例病人，在治疗急性发作的过敏性疾病时，先用传统方法（使用激素和抗组胺药）迅速缓解症状，同时进行生物共振仪治疗，发现联合治疗的效果比单项生物共振仪治疗的效果要好，特别是反复发作的病人复发次数明显减少，间隔时间明显延长。

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经皮下埋泵硬膜外隙给药治疗顽固性癌痛的临床应用

陈祥明 柳子明

晚期癌症患者往往出现剧烈疼痛，按 WHO “三阶梯原则” 治疗后大部分患者疼痛虽暂得以缓解，但部分患者即使较大剂量地应用阿片类镇痛药物效果依然不佳，严重影响生活质量。为解决这些病人的痛苦，1998~2002 年间我科应用经皮下埋入泵予硬膜外隙给药技术用于顽固性癌痛，治疗 52 例，疗效满意，现报道如下。

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1 资料和方法

1.1 一般资料 52 例患者均按照 WHO “三阶梯原则” 治疗仍有剧烈疼痛而转入我科治疗，其中男性 41 例，女性 11 例，年龄 32~65 岁。癌症类型和转移部位包括肺癌后腹膜转移、肺癌股骨转移、肝癌、胃癌及胰头癌等。疼痛的部位有腹部、腰背部、骶尾部及下肢等。

1.2 方法 患者取侧卧位，术者以美蓝标记穿刺



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Clinical observation on treatment of paediatric allergic rhinitis and bronchial asthma using bioresonance therapy

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To further improve the therapeutic effect of treatment of paediatric allergic rhinitis and bronchial asthma, the hospital brought in the BICOM2000 bioresonance therapy device in Sep 2003. Clinical observation of its application is reported below.

1. Subjects and method

1.1 Subjects: From Sep 2003 to Jun 2004, 97 cases of paediatric allergic rhinitis and 84 cases of allergic bronchial asthma were treated using bioresonance therapy. Of these, 4 cases of allergic rhinitis and 5 cases of allergic bronchial asthma were excluded due to incomplete treatment or data as a result of patients changing school or relocated. Allergic rhinitis was diagnosed based on the revised standard set in the National Otorhinolaryngology Association Conference held in 1997 in Haikou [1]. Allergic bronchial asthma was diagnosed based on the revised standard set by the Subspecialty Group of Respiratory Diseases of the Society of Paediatric of Chinese Medical Association in 2003 [2].

The research survey was conducted 6 months after treatment where the 172 cases were divided into 3 groups. Group 1 consisted of newly diagnosed paediatric patients who have not been treated with any anti-allergy drugs. This group totalled 63 cases including 39 males and 24 females of age ranging from 1 to 12 years; the average age was 5.5 ± 1.5 . Of these, 41 cases were clinically diagnosed as allergic rhinitis and 22 cases as allergic bronchial asthma. Group 2 consisted of paediatric patients who failed to respond effectively to conventional treatments. They have been treated in this hospital with antihistamines drugs, allergen blockers, cortisone, prednisone or other corticosteroids or adrenalin preparation. However, the results were insignificant or ineffective. This group totalled 54 cases including 31 males and 23 females of age ranging from 1 to 14 years; the average age was 7.0 ± 1.8 years. Of these, 22 cases were clinically diagnosed as allergic rhinitis and 32 cases as allergic bronchial asthma. Group 3 also consisted of newly diagnosed paediatric patients (the cases are selected by random balloting from Group 1). This group totalled 55 cases including 34 males and 21 female of age ranging from 2 to 15 years; the average age was 6.0 ± 1.2 . Of these, 30 cases were clinically diagnosed as allergic rhinitis and 25 cases were diagnosed as allergic bronchial asthma. There were no significant statistical differences in gender, age and types of diseases between the three groups (Average $P > 0.05$).

1.2 Allergen detection: Studied detailed medical history of patients to narrow down the range of allergen types. Conducted allergen testing using an infrared scanning detection system attached to 20 acupressure points on the fingers of both hands by matching the frequency spectrum of the allergen in the body or the input cup against 500 or more samples supported by the bioresonance therapy device. If necessary, the patients were asked to bring their own suspected allergen for testing.

1.3 Treatment method: Group 1 and group 3 were treated using bioresonance therapy equipment without any other drugs. Desensitisation treatment was given to patients according to the procedures and time duration stipulated by the device. Acute patients were treated once daily for 5~6 consecutive days; chronic patients were treated once weekly for 5~6 consecutive weeks. If symptoms improved, a consolidation treatment was given at day 14; and if symptoms continue to improve, additional consolidation treatment was given once a month for 2 consecutive months. For

Group 3, the paediatric patient was given intravenous steroids and asthma drugs (aminophylline or terbutaline) during acute attack or glucocorticoid spray for inhalation during the remission period supplemented by antibiotics if there are bacterial infections.

1.4 Criteria for evaluation of therapeutic effect: Based on improvement in clinical symptoms and recurrence within 6 months of treatment. **Significant effect:** Complete remission of allergic symptoms; no recurrence within 6 months after treatment stopped. **Effective:** Remission of allergic symptoms; recurrence after treatment stopped but the symptoms were milder. **Not effective:** No significant improvement in allergic symptoms.

1.5 Statistical analysis: Therapeutic effects of the 3 groups were compared using χ^2 tests.

2. Results

See Table for comparison of therapeutic effects of the 3 groups.

Table 1 Comparison of therapeutic effects of 3 groups of paediatric patients

Group	n	Significant Effect (%)	Effective (%)	Not effective (%)
Allergic rhinitis				
Group 1	41	19 (46.3)	16 (39.1)	6 (14.6)
Group 2	22	8 (36.4)	10 (45.5)	4 (18.1)
Group 3	30	10 (33.3)	11 (36.7)	9 (30.0)
Allergic asthma				
Group 1	22	10 (45.5)	9 (40.9)	3 (13.6)
Group 2	32	11 (34.3)	14 (43.8)	7 (21.9)
Group 3	25	8 (32.0)	9 (36.0)	8 (32.0)

It can be seen from Table 1 that the effective rate of treatment of children with newly diagnosed allergic asthma was 85.4%; the effective rate for paediatric patients not responsive to conventional desensitisation treatment was 81.9%. The effective rate for Group 3 was 76.7% but this is statistically insignificant when compared to the 2 former groups ($\chi^2=2.494$, $P>0.05$).

The effective rate of treatment of children with newly diagnosed allergic asthma was 86.4%; the effective rate for paediatric patients not responsive to conventional desensitisation treatment was 78.1%. The effective rate for the control group was 76.0%. The differences were also statistically insignificant ($\chi^2=1.542$, $P>0.05$).

3. Discussions

Contrary to conventional treatment methods, bioresonance therapy does not require injection and drugs and is more acceptable to paediatric patients and their parents. The treatment process is simple, safe and without adverse effects after the treatment is stopped. It is especially suitable for patients of chronic allergic diseases who show insignificant or no response to long-term medications; they can avert drowsiness and fatigue induced by oral antihistamines or adverse effects caused by systemic or topical application of steroids.

The possible mechanism of bioresonance therapy for treatment of allergic diseases is the ability of bioresonance device to eliminate the "memory" of sensitised lymphocytes in the body, the so-called "allergic imprint" [3]. Although foreign scholars have had more than 10 years of clinical experience in the use of bioresonance therapy in treatment of allergic diseases, there were few reports in the domestic scene. In 2003, Song Kemin et al [6] reported the first use of bioresonance therapy device in desensitisation treatment of 60 patients with allergic diseases achieving a total effective rate of 70% and recovery rate of 46.7%. Yang Jinzhi et al [7] also reported the therapeutic effect of bioresonance therapy device in treating paediatric asthma. Similar results were obtained in this paper. If the



allergic rhinitis or allergic asthma attack in paediatric patients is acute, use of steroid therapy will provide faster relief of the symptoms as compared to bioresonance therapy. These two diseases have complex causal factors, long disease course and ease of recurrence. Although there are no significant differences in the two treatment methods for short-term treatment, the application of painless and non-invasive bioresonance therapy should be encouraged. It eliminates the paediatric patients' fear of injection and transfusion, reduces toxic side effects caused by drug use, and in addition, reduces medical cost.

Application of bioresonance therapy device in treatment of allergic disease covers a wide range of indications. We have treated nearly 700 patients since we started the project last year. In treating acute attack of allergic diseases, the conventional method (use of steroids and antihistamines) is first applied as a relief for the symptoms followed by bioresonance therapy. We noted that results of combined therapy are better than the results obtained when bioresonance therapy is used alone. This is especially so for patients with recurring attacks; their frequency of attack is significantly reduced and the interval between attacks is significantly longer.

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BICOM (百康) 生物共振治疗仪治疗儿童哮喘 300 例

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【摘要】 目的: 采用德国产百康生物共振治疗仪治疗儿童哮喘。方法: 将过敏原信息波逆转、放大后输入人体, 对患儿进行脱敏治疗。结果: 300 例患儿经脱敏治疗总有效率 85.4%。结论: 百康治疗仪治疗儿童哮喘疗效好, 无不良反应。

【关键词】 BICOM 百康 生物共振治疗仪 脱敏治疗 儿童哮喘

临床观察显示, 儿童哮喘发病率有逐年增加的趋势。然而, 以往过敏原检测方法尽管很多, 但都有一定痛苦, 尤其不适合儿童病人, 而且只能检测不能脱敏治疗。2003 年 5~12 月我院哮喘中心在全国率先引进德国 BICOM (百康) 生物共振治疗仪应用于临床脱敏治疗, 对 300 例儿童哮喘患者进行了过敏原检测及脱敏治疗, 取得满意效果, 现将结果报告如下。

1 资料与方法

1.1 一般资料。 所有人选病例均为在我院哮喘中心就诊并根据 2002《全球哮喘防治倡议》中诊断标准确诊的病人。300 例病人随机分两组, 观察组 213 例, 男 197 例, 女 103 例, 年龄最大 15 岁, 最小 2 岁 3 个月。停用口服激素类药物和抗过敏药物 7~10 d 后, 应用百康治疗仪进行脱敏治疗, 同时病人执行GINA 方案, 仅局部吸入皮质激素类药物。对照组 87 例, 男 50 例, 女 37 例, 年龄最大 13 岁, 最小 3 岁, 病人执行 2002《全球哮喘防治倡议》中的GINA 方案, 给予抗过敏及吸入皮质激素类药物。

1.2 方法。

1.2.1 过敏原检测。 利用百康治疗仪随机所带的 491 种过敏原样本, 通过红外线接受器, 在患者双手指上的 20 个穴位点进行检测, 必要时建议病人自己带可疑的过敏原来检测。

1.2.2 脱敏治疗。 观察组 213 例患者均采用生物共振治疗仪进行脱敏治疗, 将病人少许体液 (血液、唾液) 放入信息杯中, 先做基础治疗和后续治疗, 再将过敏原样本放入信息杯中做脱敏治疗, 每次仅脱 1~2 种主要过敏原, 时间 20~30 min, 每周 1 次, 病情重或急性期病人可每 3 d 做 1 次, 直到找不到过敏原时治疗结束, 一般患者做 7~10 次结束。

1.3 疗效判断。

1.3.1 显效。 鼻痒、打喷嚏、流鼻涕等过敏的症状消失, 咳嗽、喘息、肺部哮鸣音消失, 半年内无复发。

1.3.2 有效。 鼻痒、打喷嚏、流鼻涕等过敏的症状由 (++) 转为 (+), 半年内发作次数较前明显减少, 即使发作, 症状也很轻微不需住院治疗或静脉用药。

1.3.3 好转。 鼻痒、打喷嚏、流鼻涕等过敏的症状由 (++) 转为 (++), 半年内发作次数较前减少, 因哮喘发作而住院的次数减少。

1.3.4 无效。 治疗后喘息症状及过敏症状仍有发生且较治疗前无明显改善。

2 结果

生物共振治疗仪治疗儿童哮喘 213 例, 总有效率 85.4%, 对

照组总有效率 75.8%。

2.1 300 例患者治疗效果, 见表 1。

2.2 300 例哮喘病人中常见的导致过敏的过敏原类别, 见表 2。

表 1 生物共振治疗仪脱敏治疗后 7 个月疗效观察

治疗效果	观察组 (213 例)		对照组 (87 例)	
	例数	(%)	例数	(%)
显效	92	43.2	37	42.5
好转	67	31.4	17	19.5
有效	23	10.8	12	13.8
无效	28	13.1	21	24.1
总有效率		85.4		75.8

注: 总有效率包括显效、好转、有效。

表 2 300 例哮喘病人中常见的导致过敏的过敏原类别

过敏原	例数	百分比 (%)
牛奶	158	52.6
尘螨	166	55.3
花草混合物	140	46.7
霉菌	132	44.0
海产品	130	43.3
装饰材料	44	14.7
坚果类	30	10.0
鸡蛋	50	16.7

3 讨论

生物共振治疗技术应用于临床是利用法国科学家 DeBroglie 提出的量子物质波理论⁽¹⁾, 每种物质都有其特定的波形, 当某种过敏物质接触机体时, 就会刺激机体产生一种特异性波形, 当机体再次接触该过敏原时, 就会产生强烈的电磁振动波, 扰乱的电磁振动波形通过置于患者身体上某些部位的电极片吸收并输入 BICOM 设备, 在设备内部, 这些波形被逆转、放大后以治疗振动波的形式返回患者体内, 将体内存留的电磁振动波形调整为正常波形, 则机体恢复正常。

哮喘的发生发展与过敏因素关系很大。曾有报道⁽²⁾, 儿童哮喘正规系统治疗和免疫治疗以及脱敏治疗越早越好, 争取在青春期之前治愈, 如果给予积极而正确的合理治疗, 小儿哮喘的治愈率或长期缓解率可上升至 95%, 对于成年后仍未治愈的



患者,由于儿童期的积极治疗也会使成年后的病情明显减轻,使患者终身受益。

我院应用百康生物共振治疗仪治疗儿童过敏性哮喘 213 例,总有效率 85.4%,疗效可靠,特别是婴幼儿哮喘患者疗效尤为显著,对于变应性哮喘的治疗效果与文献^[3]大致相同,故可作为控制哮喘的一种有效的辅助手段,减少患者用药种类及发病频率,降低医疗费用。所有患者治疗过程中均没有明显不良反应。

百康生物共振治疗仪过敏原样本齐全,确保检测过敏原样本的广泛性及准确性,治疗过程无痛苦、无创伤、治疗时间短、见效快,可取代以往所有的过敏原检测及治疗方法,生物共振

治疗仪用于脱敏治疗,可作为长期控制哮喘的一种辅助治疗方

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[编校 邹庆红]

婴幼儿枕秃发生的相关因素分析及临床意义

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【摘要】 目的:探讨小儿枕秃发生因素及临床意义。方法:采用问卷式调查 487 例,进行血清骨碱性磷酸酶、血清钙、左腕、左膝 X 线摄片、骨密度检查,进行综合分析。结果:发生枕秃 205 例 (42.1%),其发生因素有:①年龄以 3~月龄发生率最高,随月龄增加而减少。②使用过硬枕头,如书、谷枕。③睡眠姿势以仰卧者易发生。④头面部湿疹者易发生。⑤头部多汗、夜惊等。所有病例进行血清骨碱性磷酸酶测定、枕秃组与对照组各 40 例进行血清钙测定分析无明显差异 ($P>0.05$)。结论:枕秃为小儿的生理现象,与钙、维生素 D 的摄入量关系不明显。

【关键词】 枕秃 钙 维生素 D

在婴幼儿中,经常可见到头后部出现环状无头发现象,俗称“枕秃”。在儿童保健临床工作中,枕秃常被医生诊断为维生素 D 缺乏性佝偻病初期,或家长认为“缺钙”而给予相应的药物治疗。为进一步探讨小儿枕秃发生的危险因素以及与维生素 D 缺乏的关系,本文对 487 例 1 月~1.5 岁的小儿进行枕秃发生因素调查分析。

1 对象与方法

1.1 对象。采用随机抽样的原则,选择 2002 年 4~7 月来本院儿童保健门诊健康体检的 1 月~1.5 岁的小儿为调查对象,共 487 人,其中男 259 人,女 228 人。

1.2 方法。采用问卷式询问调查法,询问小儿父母或看护人。并对小儿进行血清骨碱性磷酸酶 (BALP)、血清钙、左腕、左膝 X 线摄片;骨密度检查。

1.3 诊断标准。头后部出现明显环状无头发现象并排除其他脱发性疾病。

1.4 实验室方法。用北京金城高科诊断技术有限公司生产的小儿骨碱性磷酸酶试剂盒检测血清骨碱性磷酸酶活性;用 OCPC 法测定血清钙。

1.5 数据处理。全部数据输入计算机内,应用 SAS 软件,分别选用 χ^2 检验、 t 检验及 Logistic 多元逐步回归方法进行单因素、多因素分析。

2 结果

2.1 单因素分析。

2.1.1 枕秃的发生与年龄有关。其中以 3~月龄婴儿枕秃发生率最高,以后随着月龄的增长,枕秃发生率逐渐下降 ($\chi^2=87.9$, $P<0.001$)。见表 1。

表 1 枕秃与年龄分布相关分析

年龄组 (月)	例数	枕秃者	检出率 (%)
1~	46	12	0.261
3~	178	117	0.657
5~	53	27	0.509
7~	51	20	0.392
9~	60	16	0.267
11~	48	8	0.167
15~18	51	5	0.098
合计	487	205	0.421

2.1.2 枕秃的发生与使用枕头的硬度有关。使用枕头质地越硬,越易发生枕秃。以枕头的硬度排列,书、谷类制作的枕头最硬,枕秃发生率最高;其它中等硬度如糠壳、茶叶、麸皮、荞麦皮等制作的枕头次之;棉枕最软,枕秃发生率最低。卡方检验 $\chi^2=49.61$, $P<0.001$ 。见表 2。

2.1.3 枕秃的发生与睡眠姿势有关。睡眠时,头部与枕头接触面积越大,汗水越不容易蒸发,头皮因汗水刺激发痒,枕部与

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Treatment of 300 cases of paediatric asthma with BICOM bioresonance therapy device
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[Abstract] Objective: Treatment of paediatric asthma with German-made BICOM bioresonance therapy device. **Method:** Carried out desensitisation treatment of children by inverting and amplifying the allergen's biowave and returning it back to the human body. **Results:** The total effective rate of desensitisation treatment of 300 cases of child patients was 85.4%. **Conclusion:** BICOM Bioresonance therapy is highly effective in treatment of paediatric asthma without any adverse reactions.

[Keyword] BICOM; bioresonance therapy device; desensitisation; paediatric asthma

Clinical observations showed that there is an increasing trend in the incidence of paediatric asthma. Many allergen detection methods were used in the past. However, all of these methods caused pain which were not suitable for children. Moreover, these methods can only be used for detecting allergens but not for desensitisation treatment. The Asthma Centre of our hospital was the first in China to introduce German-made BICOM bioresonance therapy device and used it for allergen detection and desensitisation treatment of 300 cases of paediatric asthma patients from May to Dec 2003. The results, reported below, were satisfactory.

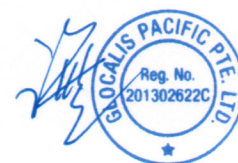
1. Data and Method

1.1 General data. All selected cases were patients of the Asthma Centre of this hospital and were diagnosed in accordance with the diagnosis standard stipulated in the "Global Initiative for Asthma 2002". The 300 cases were randomly divided into two groups. The observation group consisted of 213 cases: 197 males and 103 females, with age ranging from 2 years 3 months to 15 years. After stopping oral steroid drugs and anti-allergy drugs for 7~10 days, the group was given desensitisation treatment using BICOM bioresonance therapy device. Meanwhile, the group followed the GINA programme and partially inhaled corticosteroid drugs. The control group consisted of 87 cases: 50 males and 37 females with age ranging from 3 to 13 years. The group followed the GINA programme stipulated in the "Global Initiative for Asthma 2002" and were taking anti-allergy drugs and inhaling corticosteroid drugs.

1.2 Method

1.2.1 Allergen detection: Patients were tested for allergen through the infrared scanning detector attached to 20 acupressure points in the fingers of both hands against the 491 allergen sample embedded in the BICOM bioresonance therapy device. If necessary, the patients were asked to bring their own suspected allergen for testing.

1.2.2 Desensitisation treatment: All 213 patients in the observation group underwent desensitisation treatment using the bioresonance therapy device. A small quantity of the patient's bodily fluid (blood, saliva) was placed into the input cup for initial basic and follow-up treatment. Thereafter, allergen samples were placed in the input cup for desensitisation treatment. Each treatment, lasting 20~30 minutes, would only desensitise 1 to 2 types of allergen. The patients were treated once per week. Patients with severe symptoms or acute allergies may be treated once every 3 days. The



treatment stopped when no more allergen could be detected. Generally, a patient underwent 7~10 treatments.

1.3 Evaluation of therapeutic effect:

1.3.1 Significant effect: Remission of nasal itching, sneezing and runny nose and other allergic symptoms; remission of symptoms of coughing, wheezing and pulmonary wheezing; no recurrence within 6 months.

1.3.2 Effective: Nasal itching, sneezing and runny nose other allergic symptoms improved from (+++) to (+). There is significant reduction in the number of allergic attacks within a 6 month period. When an attack occurs, the symptoms are mild and the patient does not require hospitalisation or intravenous drug treatment.

1.3.3 Improved: Nasal itching, sneezing and runny nose other allergic symptoms improved from (+++) to (++) . There is reduction in the number of allergic attacks within a 6 month period with reduction in the number of hospital stays due to asthma attack.

1.3.4 Not effective: Wheezing and other allergic symptoms still occur and the patient shows no significant improvement after treatment.

2. Results

The total effective rate of treatment of 213 cases of paediatric asthma using bioresonance therapy device was 85.4%; the total effective rate for the control group was 75.8%.

2.1 See Table 1 for therapeutic effect on 300 cases of patients.

2.2 See Table 2 for common types of allergen that cause allergy in the 300 cases of asthma patients.

Table 1 Observation of therapeutic effect 7 months after desensitisation treatment using bioresonance therapy device

Therapeutic effect	Observation group (213 cases)		Control group (87 cases)	
	Number of cases	(%)	Number of cases	(%)
Significant effect	92	43.2	37	42.5
Improved	67	31.4	17	19.5
Effective	23	10.8	12	13.8
Not effective	28	13.1	21	24.1
Total effective rate		85.4		75.8

Note: Total effective rate includes significant effect, improved and effective cases.

Table 2 Common types of allergen that cause allergy in the 300 cases of asthma patients.

Allergen	Number of cases	Percentage (%)
Milk	158	52.6
Dust mites	166	55.3
Herbal mixtures	140	46.7
Moulds	132	44.0
Seafood	130	43.3
Decorative materials	44	14.7
Nuts	30	10.0
Egg	50	16.7

3. Discussions

The clinical application of bioresonance therapy technology is based on the quantum matter wave theory proposed by the French scientist DeBroglie [1] which states that every substance has a specific matter wave. When an allergen comes into contact with the body, it will stimulate the body to produce a specific waveform. When the body comes into contact with the allergen again, it will produce strong electromagnetic vibration waveforms. These disrupting electromagnetic vibration waveforms are absorbed into the BICOM device by electrodes attached to some parts of the patient's body. These waveforms are inverted and amplified in the device and returned to the patient's body as a therapeutic vibration waveform. The body will then recover to its normal state.

There is a close relationship between allergic factors and the occurrence and development of asthma. It was reported [2] that the sooner paediatric asthma is given treatment – formal therapy or immune therapy and desensitisation therapy – the better; preferably, treatment should be given before puberty. Given active and proper treatment, the curative rate or long-term remission rate of paediatric asthma can be increased to 95%.

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No. 9 First half of the month 127

For adult patients who have not be cured, their symptoms will also be significantly reduced due to active treatment in their paediatric period; this will bring life-long benefit to patients.

We obtained a total effect rate of 85.4% in using BICOM bioresonance therapy device to treat 213 cases of paediatric allergic asthma. The therapeutic effect was reliable and especially significant in infant and young children patients with asthma. Therapeutic effect on allergic asthma is largely consistent with reported literature [3]. Therefore, it can be used as an effective supporting therapy for controlling asthma and reducing the frequency of attack and types of drugs needed by the patient, thereby reducing cost of treatment. All patients did not show any adverse reaction during the course of treatment.

BICOM bioresonance therapy device comes with a complete range of allergen samples to ensure a wide coverage of allergen for accurate detection. The treatment process is painless and non-invasive. The treatment duration is short and the result is fast. It can replace all previous methods of allergen detection and treatments. A method of desensitisation treatment, the use of bioresonance therapy as a supporting therapy for long-term control of asthma should be encouraged. Due to the short duration of the study, its long-term therapeutic effect remains to be seen.

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和减轻发生 HIE 的严重程度使预后良好。

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生物共振脱敏治疗仪治疗过敏性皮肤疾病 79 例临床疗效观察

杜霞 刘元霞 杨金芝

【文献标识码】 B

【文章编号】 1684-2030(2005)03-0259-01

2003年5月我院率先进德国百康生物共振脱敏治疗仪应用于临床。对79例皮肤过敏患者进行过敏原检测及治疗的临床观察,现将结果报告如下。

1 资料与方法

1.1 病例选择 79例患者中成人12例,儿童67例。婴幼儿湿疹27例,异位性皮炎20例,荨麻疹30例,银屑病2例。病程3天~21年。

1.2 方法

1.2.1 过敏原检测 利用随机所带的491种过敏原样本,通过红外线接受器,对患者的双手指上甲褶点进行检测,3岁以下的婴幼儿不能配合检测者,可采用生物肌张力法测出过敏原;或根据病史经验判断;或利用婴儿的母乳作为过敏原。特殊的过敏原病人可自带可疑过敏原来检测。

1.2.2 治疗方法 79例患者均采用生物共振脱敏治疗仪进行脱敏治疗,将病人体液(血液、尿液、唾液)少许放入信息杯中,先做基础治疗和后续治疗(毒素排除,应力干扰等),最后做脱敏治疗,每次治疗1~2种主要过敏原,时间6~30min,每周1次,病情重或急性期病人可每周2次,约7~8次为1个疗程。

1.3 疗效判断 根据皮疹的消退情况及治疗后1年内复发的情况进行判定。治愈:皮疹完全消失,治疗后1年接触过敏原无复发;显效:皮疹完全消失,1年后接触过敏原有轻微反应;有效:皮疹数量减少,皮疹面积变小,皮肤瘙痒减轻;无效:皮疹较前略有改善,或疗程没有结束又复发。有效率包括治愈率、显效率。

2 结果

见表1。

百康生物共振脱敏治疗仪治疗过敏性皮疹79例,治愈率74.7%,有效率89.9%,全部病人治疗过程中均没有明显不良反应,仅少部分病人述疲劳感,部分患儿述食欲增

加,排便较前明显通畅。

表1 百康生物共振脱敏治疗仪治疗79例过敏性皮肤疾病的效果评价 (例)

疾病	例数	治愈	显效	有效	无效
湿疹	27	21	4	2	0
荨麻疹	30	25	4	1	0
异位性皮炎	20	12	3	3	2
银屑病	2	1	1	0	0
总计	79	59(74.7%)	12(15.2%)	6(7.6%)	2(2.5%)

3 讨论

生物共振技术应用于临床是利用法国科学家 DeBroglie 提出的量子物质波理论,每种物质都有其特定的波,当某种过敏物质接触机体时,就会刺激机体,在体内留下一种印记,这种印记作为一种异常波,当机体再次接触该过敏原时,机体会产生强烈的电磁振动波(印记活跃),病人出现症状,带来扰乱的电磁振动波,通过置于患者身体部位的电极片吸收并输入 BICOM 设备,在设备内部,这些波被逆转、放大后以治疗振动波的形式返回患者体内,将体内存留的电磁振动波调整为正常波(印记消失),则症状消失机体恢复正常^[1]。笔者应用百康生物共振治疗仪1年,治疗过敏性皮肤疾病79例,治愈率74.7%,有效率89.9%,所有病人治疗过程中均无不良反应,疗效显著,特别是婴幼儿湿疹疗效尤为显著,设备过敏原样本齐全,治疗过程无痛苦、无创伤、无副作用;可取代以往的过敏原检测及治疗方法;病人容易接受,尤其适合儿童患者;治疗时间短;见效快,值得推广应用,有关长期治疗效果有待观察。

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Clinical observation on treatment of 79 cases of allergic skin diseases using bioresonance desensitisation therapy device

Du Xia, Liu Yuanxia, Yang Jinzhi

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In May 2003, our hospital (the first in China to do so) introduced German-made BICOM bioresonance desensitisation therapy device for clinical applications. The clinical observation of its use for allergen detection and desensitisation treatment of 79 cases of skin allergy patients is reported below.

1. Data and Method

1.1 Case selection. The 79 patients consisted of 12 adults and 67 children. There were 27 cases of infant or young children with eczema, 20 cases of atopic dermatitis, 30 cases of urticarial and 2 cases of psoriasis; the course of disease ranged from 3 days to 21 years.

1.2 Method

1.2.1 Allergen detection: Patients were tested for allergen through infrared scanning detector on the finger nail folds of both hands against the 491 allergen samples embedded in the therapy device. For children below the age of 3 who were not able to cooperate in the testing procedure, allergen may be determined by muscle tension method; or based on experience and medical history; or using the mother's milk. Patients with specific allergens may bring their own suspected allergen for testing.

1.2.2 Treatment method: All 79 patients underwent desensitisation treatment using bioresonance therapy device. A small quantity of the patient's bodily fluid (blood, urine, saliva) was placed into the input cup for initial basic and follow-up treatment (toxin elimination and stress relief). This was then followed by desensitisation treatment. Each treatment, lasting 6~30 minutes, would only desensitise 1 to 2 types of allergen. The patients were treated once per week. Patients with severe symptoms or acute allergies may be treated twice per week. Each treatment course consisted of 7~8 treatments.

1.3 Evaluation of therapeutic effect:

Effect was determined based on the remission of skin rashes and recurrence of symptoms within 1 year after treatment. Recovered: Total remission of skin rashes with no recurrence of symptoms when in contact with the allergen within 1 year after treatment. Significant effect: Total remission of skin rashes with slight reaction when in contact with the allergen within 1 year after treatment. Effective: Reduction in number of skin rashes; smaller area of skin rashes; reduction in skin itching. Not effective: Only a slight improvement in skin rashes; or recurrence before the end of treatment course. Effective rate include both recovered and significant effect cases.

2. Results

See Table 1.

The recovery rate of 79 cases of allergic skin diseases treated using BICOM bioresonance desensitisation therapy device was 74.7%; the effective rate was 89.9%. All patients showed no adverse reaction during the treatment course; only a small number of patients complained of fatigue and some child patients reported increase in appetite and smoother defecation.



Table 1 Clinical therapeutic assessment of 79 cases of allergic skin diseases treated using BICOM bioresonance desensitisation therapy device

(Number of cases)

Type of disease	Number of cases	Recovered	Significant effect	Effective	Not effective
Eczema	27	21	4	2	0
Urticaria	30	25	4	1	0
Atopic dermatitis	20	12	3	3	2
Psoriasis	2	1	1	0	0
Total	79	59(74.7%)	12(15.2%)	6(7.6%)	2(2.5%)

3. Discussions

Clinical application of bioresonance therapy technology is based on the quantum matter wave theory proposed by the French scientist DeBroglie which states that every substance has a specific matter wave. When an allergen comes into contact with the body, it will stimulate the body and leave an imprint in the body. The imprint takes the form of a specific waveform. When the body comes into contact with the allergen again, it will produce strong electromagnetic vibration waveforms (imprint activation) and the patient exhibits symptoms of allergy. These disrupting electromagnetic vibration waveforms are absorbed into the BICOM device by electrodes attached to some parts of the patient's body. These waveforms are inverted and amplified in the device and returned to the patient's body as a therapeutic vibration waveform. The remaining electromagnetic vibration waveforms in the body will be reinstated into normal waveforms (Imprint deactivation); the symptoms disappear and the body returns to normal state. Using BICOM bioresonance therapy device for 1 year to treat 79 cases of allergic skin diseases, the authors achieved a recovery rate of 74.6% and effective rate of 89.9%. All patients showed no adverse reaction during the treatment course. The therapeutic effect was reliable and especially significant in paediatric patients with allergic skin diseases. The device comes with a complete range of allergen samples. The treatment process is painless, non-invasive and without side effects. It can replace all previous methods of allergen detection and treatments. The treatment method will find easy acceptance with patients and is especially suitable for paediatric patients. The treatment duration is short and the result is fast. Its use should be promoted. Its long-term therapeutic effect remains to be seen.

References

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