

## TITANIC XV: towards a reappraisal

### TITANIC XV: hacia una reevaluación

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#### To the Editor:

With great interest, I read the paper "A randomized study to compare bioactive titanium stents and everolimus-eluting stents in diabetic patients (TITANIC XV): 1-year results" by López-Minguez, *et al.*<sup>1</sup>. The authors concluded that "The everolimus-eluting stent (EES) is superior to the titanium-nitric-oxide-coated bioactive stents (NO-BAS) for clinical and angiographic endpoints in diabetic patients with lesions at moderate risk of restenosis". Yet, I would like to raise the following concerns.

First, the study enrolled 173 diabetic patients in 8 referral centers over a period of 33 months; this entails a rate of enrollment of 0.65 patients per center per month, a low enrollment rate that clearly speaks of selection bias.

Second, the sample size was calculated based on 15% absolute risk reduction in the "principal event". This is a too high absolute risk reduction to assume; in fact the absolute risk reduction of major adverse cardiac events (MACE) 1 associated with EES was 10%; therefore, the trial was actually underpowered to detect superiority in MACE 1.

Third, the primary composite endpoint of the trial 'MACE 1' included stroke, which is not an endpoint for an implanted coronary stent what so ever.

Forth, as the authors admitted, MACE 1 included target vessel revascularization (TVR) rather than target lesion revascularization (TLR). It is known that TLR is the specific event for the index stent: out of 13.3% TVR rate in the NO-BAS group, only 8.4% were TLR events; this means that 4.9% out of 13.3% (more than

one-third) TVR events in the NO-BAS group were not related to the index stent, although they were performed for the same vessel. By comparison, the rate of TLR was the same as TVR in the EES group (3.3% both). Interestingly, the difference in TLR rates between the 2 groups was not significant ( $p=0.15$ ). Furthermore, angiographic follow-up would have augmented the difference between the two groups in both TLR and TVR rates beyond that which would otherwise be observed with clinical follow-up alone.

Fifth, target-vessel related myocardial infarction occurred in one patient (1.1%) in the EES group versus 0% in the NO-BAS group. Such an event would have fulfilled the definition of probable stent thrombosis (ST) if not confirmed by coronary angiography, and definite ST if so confirmed, according to the criteria of the Academic Research Consortium<sup>2</sup>. The authors did not clarify which category of ST was adjudicated in the study: definite, definite or probable, or all ST including the possible category. Moreover, the timing of such target-vessel related myocardial infarction needs to be elucidated.

Sixth, 28.3% of patients were insulin-dependent diabetics. This proportion does not reflect real-world figures of insulin-dependent diabetes mellitus (DM); according to the American Diabetes Association, this form accounts for only 5-10% of those with DM<sup>3</sup>. Interestingly, the rates of both MACE 1 and MACE 2 were statistically similar between the two stent arms in patients with non-insulin-dependent DM patients, who are eventually the vast majority of diabetic patients in real-life.

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## More questions than answers

### *Más preguntas que respuestas*

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#### To the Editor:

With great concern we have read the article “BioAlberic method: origin, development and implementation in the control of cardiovascular risk factors” by Jesús A. Ramírez López, published last year by *CorSalud*<sup>1</sup>. We have also been able to consult other publications by the same autor<sup>2,3</sup> which reinforce the concern caused by the above article.

We will try to express our concerns as succinctly as possible, and would very much appreciate a response to these criticisms from the author and editor.

First, Ramírez López says he belongs to a so-called Health Integration Bureau (OIPS by its acronym in Spanish). We do not have information that the Ministry of Health, or any other national or international body accredited in the country, has the OIPS among its departments; therefore we would like to know what it is, if it is an official department of some Cuban ministry or international organization, or belongs to a legally constituted NGO.

In describing the basics of the method, the author makes a number of extraordinary claims, which in our

view are groundless:

#### a) “The presence of electromagnetic oscillations in living organisms: Fritz Albert Popp”.

The presence of electromagnetic activity in living beings is something known for some centuries. However, mentioning Fritz Albert Popp suggests that it refers to a type of activity whose existence we have some evidence of, but whose biological significance is completely unknown. While it may be true that, as a result of some DNA molecular processes, a photon is eventually produced (which is the only thing that Popp says<sup>4</sup>), its emission outside the body is only possible from the skin, as the opacity of body tissues prevents radiation from any other source. The physiological significance of these so-called biophotons does not seem to be important. Therefore, a possible biological function (if any) is only speculative, without studies to confirm it. It is totally unacceptable to create a therapeutic system from something that is so little studied; and, in principle, it is irresponsible to apply it to sick

people without a protocol approved by regulatory agencies and bioethics committees. The medical journal editors take great care that these requirements are met to publish results of studies in humans. Did the CorSalud editors adopt these precautions?

Besides photons, other electromagnetic waves are generated from internal organs in higher organisms. The electrocardiography and electroencephalography, for example, illustrate this fact, but these waves, for the same reasons, hardly go beyond the physical threshold of our own skin. To be able to register them, it is necessary to use special electrodes, directly connected to the skin, high impedance amplifiers and complex equipment in highly controlled environments. Both the electrocardiography and electroencephalography are now important diagnostic tools, but no one has ever hoped that they are the basis for resonance treatments. Any other intended use lack the necessary evidence that may turn it into a reasonable hypothesis at least, not just in some people's imagination.

Living beings also emit electromagnetic waves in the form of infrared radiation, produced in our skin from the heat generated by metabolism, which is transferred through the bloodstream to the skin overcoming the obstacle of poor thermal conductivity of the adipose tissue. Indeed, it is known that all body or object with a temperature above absolute zero emit heat radiation in the form of electromagnetic waves. But with regard to what is analyzed, it is important to recognize that they are no consistent, and that the information they carry is just the temperature at which they were emitted; in other words, they are simply thermal noise. In that respect, any organ can emit heat radiation but this radiation would not allow you to establish any kind of "communication". Measuring this emission is important in metabolic studies, but, again, there is no hypothesis that seeks to produce health benefits from interacting with this radiation.

**b) Bioresonance Therapy: "is an energy treatment that uses the patient's own vibrations. It was created in Germany in 1977 by the physician Morell and the engineer Rasche. This therapy has reached a broad development, there are various key technology equipment and it is successfully applied in several countries of the world".**

Professor Edzard Ernst, Professor of Complementary Medicine, says this pseudoscience is a paradigmatic

example of how, with the use of a seemingly scientific language, you can build from scratch an alleged foundation<sup>5</sup>.

Just a minimal search on the topic and you will find reports of such nonsense. In Wikipedia, for example (<http://es.wikipedia.org/wiki/Biorresonancia>), we read: "Bioresonance is a pseudoscientific practice that its proponents believe is an 'alternative' method of diagnosis and treatment of diseases".

It seems unnecessary to add anything else to such a radically discredited practice.

**c) Water memory: "The French scientist Jack Benveniste demonstrated that water has the ability to store electromagnetic information".**

**Molecular signaling: "is an important concept derived from the work of scientists Jack Benveniste, French, and Fritz Albert Popp, German. According to biology, the active molecule of a drug acts by direct contact with the diseased cell «as a key fits a lock»".**

With regard to these two statements, it should be noted that the hypothesis of water memory was proposed by Jacques (not Jack) Benveniste to explain alleged results of basophil degranulation in the presence of antibody dilutions in homeopathic ranges<sup>6</sup>, and was experimentally discredited by a commission headed by John Maddox, editor of *Nature*<sup>7</sup>. A full account of this controversy appears in an excellent monograph by Rogelio Díaz Moreno<sup>8</sup>.

**d) Vibrational effect of drugs: "this effect of natural and allopathic medicines was discovered by Reynold Voll, a German scientist in the 1950s of last century".**

This German pathologist is said to have developed electro-acupuncture, but we could not find any references that link him to the alleged vibrational effect of drugs. This hypothetical effect has never been tested through rigorous experimentation.

We wish to make clear our opposition to this statement of the authors. If speculating about the possible biological meaning and use of biophotons is daring, doing so because of the belief that certain vibratory activity can be extracted from some chemicals, stored on a magnetic medium and then used to treat ailments, is downright delusional.

Figure 4 of the article<sup>1</sup> shows two pictures of drugs that are identified by the generic name BioAlberic.

What accredited laboratory or center produces these drugs? Do they have the required permit from the Centre for State Control of Drugs, Medical Equipment and Devices (CECMED for its acronym is Spanish) for use? The fact that BioAlberic is a registered trademark, or that some of its products have patent, means absolutely nothing from a scientific point of view, since neither registration process require confirmation that the product does what it says it does.

This and other articles describe the results of clinical trials, conducted in Cuban health institutions by professionals from our healthcare system. Are these trials approved by the National Coordinating Centre for Clinical Trials (CENCEC for its acronym is Spanish)? Today, for the publication of results from clinical trials, it is mandatory that they are registered and certified by a regulatory agency. The editors of medical journals are very careful in this respect, because it gives a guarantee of transparency in the process, and because it is an essential measure of protection for the volunteers participating in studies. To do otherwise, as well as a violation of ethics, is an irresponsible behavior on the part of all those involved in research and publishing.

We will not comment on the results because their description is so vague that it is not possible to properly interpret them. The curves shown do not differ, the legends are unidentifiable and although the text mentions only two groups, 4 curves appear. However, in another article by the same author, published in the same magazine, appears a surprising conclusion that illustrates what in scientific literature is called wishful thinking (thinking that springs from desire and not from objective evidence): Although the use of the product BioAlberic coltríce was effective in a small percentage of patients with hypercholesterolemia, it could be a therapeutic option for those who show adverse reactions to statins<sup>2</sup>.

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## More questions than answers. Author's response

### *Más preguntas que respuestas. Respuesta del autor*

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**To the Editor:**

“You cannot love or hate something if you have not understood it first, (...) that would be the foundation of ignorance”.

Leonardo Da Vinci

We welcome the letter by Bergado *et al*, and will gladly answer some of their questions.

Dear colleagues, we are deeply grateful that people like you have spent some of your valuable time not only reading, but studying in depth our articles. However, we sincerely regret that the reading has caused you concern, because these articles were never written with that intention.

Although we disagree with some of your points, we have carefully read your letter, viewing it as an aid to our work, and, no doubt, will consider some aspects in your opinions. However, we would have preferred that with the use of our email, available in the article, you would have contacted us. So, we would have immediately informed you the location of our institution in Cuba and could have gladly welcomed you and listen to your arguments.

First, we must tell you that our research group is not a group of irresponsible individuals who are ignorant of the most basic precepts of science and have invented a supposedly therapeutic method that violates all established rules.

We have been working on the development of the BioAlberic method for several years and can say that we have not been able to find yet the entire scientific basis that it surely should have. We may terminate this task after working so long; however, this has not happened and will not happen, simply because the field tests and preliminary studies done so far show that in some cases patterns are modified and improvements are seen in people or animals under treatment. We wanted to share this as case studies, representing only a question in view of a fact that needs further research. However, not all have been this way; other investigations have not shown changes in the measured variables. All these questions that need to be

answered are part of the studies that are being undertaken, with rigor, in some institutes of the country, with which we have close cooperation.

The researcher' attitude is not based on discarding what is not known by the simple fact that it does not match today's standards and orthodox stances, which impede the development of research hypotheses that could be demonstrated. The mere denial of a phenomenon just because it is unknown is not a scientific attitude. Could anyone imagined a few years ago that quantum mechanics could play a role in such a simple phenomenon (although very much important for the planet) as photosynthesis, making the process more efficient? This was discovered only a few years ago by researchers in Canada and Australia<sup>1</sup>.

Nature is so rich it could be said that everything that human beings, who are part of it, have created or invented is just the understanding or discovery of what nature has within it, therefore it will always be risky making statements about this or that phenomenon.

We respect and praise your great concern for the health of the people and allopathic medicine itself, but we are concerned that you do not do it by recommending what medicine itself needs to be better, but wanting to rid the world of any therapy that diverge from conventional medicine. In this regard, we should remember the following historical passage: William Thomson, child prodigy, turned into Lord Kelvin by the grace of the Queen, illustrious scientist of the late nineteenth century, declared that physics seemed a perfectly harmonious and mainly finished whole. He said he only saw two small dark clouds on the horizon: the negative result of the Michelson-Morley experiment, and ultraviolet catastrophe of Rayleigh-Jeans law<sup>2</sup>. Relativity was discovered to clear up one of these clouds and quantum for the other<sup>2-4</sup>.

In this context, it is worth remembering that all human activity emerges or emanates from a need. In this regard, it would be good to mention that unconventional therapies increasingly proliferate in the world, particularly in the developed world, and this

proliferation must meet some need. The National Health Interview Survey (NHIS), conducted in 2007 by the National Center for Health Statistics (NCHS) in the USA<sup>5-7</sup>, showed that approximately 38% of adult Americans and 12% of children used complementary and alternative medicine at a cost of 33.9 billion dollars. Our country has also implemented this type of medicine, so acupuncture and homeopathy, among others, have the official acceptance of our Ministry of Public Health, according to the Ministerial Resolution 261<sup>8</sup>.

With respect to the points mentioned in your letter, I answer:

#### a) Electromagnetic oscillations in living organisms

We do not have a technology that allows us to give an accurate answer to your claims, but it seems to us that they do not correspond to what was stated by Popp and other researchers from around the world, as may be seen in the references<sup>9-12</sup>.

Fritz Albert Popp<sup>9-11</sup> says that biophoton emission is a general phenomenon in living systems. They are of low intensity and are issued a few hundred photons per second on a surface or area of a square centimeter. They are within the spectrum from 200 to 800 nm. Popp adds that the experimental results indicate that biophotons originate in a photon field within the living organism.

Moreover, he states that: "...biophotons are photons emitted spontaneously by all living systems." He makes it clear that this phenomenon is not related to thermal radiation in the infrared spectrum. It is well known that biophotons are also emitted in the spectrum from the visible to the ultraviolet. Currently, the intensity of biophotons may be recorded from a few photons per second over an area per cm<sup>2</sup><sup>12</sup>.

The German scientist says he has shown that biophoton is not the result of the products of a specific enzymatic reaction, and that it is, therefore, a chemiluminescence of biological origin which differs from bioluminescence by the absence of a related enzymatic mechanism, and by an ultra-low magnitude or intensity. So, he defined biophotons by the intensity of their emission on the surface of living tissue, which is in the order of 10 to 1000 photons per cm<sup>2</sup>, per second<sup>10,12</sup>.

Popp and his colleagues have been able to make a more efficient and reliable work with biophotons

because they created a photomultiplier which has allowed them to achieve a better checking of their existence in *Daphnia* species (freshwater microcrustaceans)<sup>13</sup>.

However, with the development of charge-coupled device sensors (CCD sensors), Kobayashi *et al*<sup>12</sup>, from the Tohoku Institute of Technology in Sendai, Japan, claim to have photographed, macroscopically, the emission of biophotons, regardless of the temperature and the emission of infrared radiation, on the surface of resting individuals with exposure times less than 20 minutes, which is without doubt a more accurate way to verify their existence.

Moreover, Popp argues that biophotonics covers a wide range of uses such as basic biology research, quality control of food, cancer research, pharmacology and health prophylaxis<sup>10,11</sup>.

Biophotons must have some physiological significance because researchers from different countries such as Iran<sup>14,15</sup>, Canada<sup>15</sup>, Hungary<sup>15</sup>, USA<sup>16</sup>, China<sup>17</sup>, South Korea<sup>18,19</sup>, Brazil<sup>20</sup>, Russia<sup>21</sup> and The Netherlands<sup>22</sup> conduct research on them. Some of these with the objective of demonstrating the existence of biophotons in living organisms, and some others, more developed ones, starting from a proven existence, try to delve into their functioning. In both types of studies, very interesting and important results have been obtained<sup>14-23</sup>.

The BioAlberic method has assumed the existence of these biophotons because we cannot prove it, at least for the moment, due to the lack of appropriate technology. The first therapeutic trials were not conducted with humans, but with animals, in prestigious research centers. Without this being a justification, from the point of view of the safety of the research subjects, it is good to note that the fact that we do not work with chemical drugs which could pose a risk of toxicity is an advantage.

Electrocardiography, electroencephalography and even more, ultrasound, computed tomography, and others, are indeed important diagnostic tools, it is common knowledge; however, it does not mean this is the end of the road. What prevents these tools from being used as therapeutic means someday? We are not assuring at all that this has been achieved to its full extent. We believe that there is a long way to go; however, we can say we have obtained evidence and results.

### b) Bioresonance

Our method has been nurtured by studies in other parts of the world including bioresonance therapy<sup>24,25</sup>, which in fact has been repeatedly discredited and described as pseudoscience, a term that is very controversial, as evidenced in various studies abroad<sup>24,25</sup>, and in ours<sup>26-28</sup>, considering one of the multiple tests that were conducted.

The National Laboratory of Parasitology, in San Antonio de los Baños, Artemisa, has the documentary evidence of the results obtained in the in vitro tests performed from 2009 to 2011 with cattle ticks (*Boophilus microplus*). The study assessed the efficiency of BioAlberic method for the control of this parasite. The results showed, beyond discussion, the effectiveness of this method<sup>26-28</sup>.

It has also been effective in the treatment of skin, ear, parasitic and endocrine diseases in pets; preliminary tests have been conducted in dogs<sup>29,30</sup>. After the implementation of treatments, skin and ears diseases receded in less time than usual, without giving other drugs. These products were tested for internal parasitic diseases and did not produce side effects, demonstrating their effectiveness in both the antiparasitic and prophylactic treatments. As for metabolic diseases, there was an ostensible reduction in body weight and the levels of the biochemical variables analyzed, when compared with existing levels at the start of treatment with these products<sup>29</sup>. It also offers great results for achieving the reduction in blood glucose levels in a short time<sup>30</sup>. In the future, these treatments may be used as an alternative to meet the needs of animals with different diseases, and thus contribute to save money in the country.

### c) Water memory and molecular signaling

We have had opportunity to learn about the sad story of what happened to the French scientist Jacques Benveniste. We know that after publishing his work in the journal *Nature*, where he suggested the hypothesis of the memory of water, it was later discredited by a committee (a clown by profession was also part of it) led by John Maddox<sup>31</sup>. Unfortunately Benveniste could not prove the veracity of the results of his research<sup>32,33</sup>. Apparently, the economic interests of pharmaceutical corporations were involved in the affair<sup>34</sup>.

This story is not over yet, because a new character has got involved, the French scientist Luc Montagnier

<sup>35-37</sup>, Nobel Prize in Medicine, co-discoverer of the HIV virus, who is doing much to vindicate the work of Benveniste, and considers him the Galileo of this century. When Montagnier tried to complete the work of Benveniste, he immediately received criticism from a part of the scientific community that considered this work to be pseudoscientific. This scientist has abandoned France, invited by the Chinese, who he said are more open-minded, to continue his work in a research institute created by them in the Jiaotang University<sup>36</sup>. Apparently, he has already started to get results in the treatment of autism and Parkinson's disease with unconventional methods<sup>35-37</sup>. No doubt, the end of this story will be the truth, let's hope for it.

### d) Vibrational effect of drugs

In 1953, the German physician Reinhold Voll, who had practiced classical acupuncture for several years, joined an electronic engineer, Dr. Werner, and built a machine they called DIATHERA PUNKTEUR, which was later referred to as Voll's electroacupuncture machine<sup>23,38</sup>.

He discovered, accidentally, that when homeopathic or allopathic medications, organic substances, natural plant extracts, mineral solutions, or any other type of substance were in contact with the patient, the instrument recorded changes in its results. This gave rise to the so-called test of substances, which allowed them to discover which substances were beneficial or harmful to the patient's body.

The author of this reply letter has abundant experience in the practical use of the above mentioned test<sup>39</sup>, which has also served to improve the development of BioAlberic method, by inferring that if you could assess a drug from its vibrations, they could be used for therapeutic purposes. And indeed it has been fantastic" to see evidence in different species of animals, where products made from the vibrations of various chemical and natural drugs have been used<sup>26-28,29,30</sup>.

### e) Products used

The products shown in Figure 4 of the article on the origin, development and implementation of the BioAlberic method<sup>40</sup> are not considered medications, since this term is reserved for allopathic medicine. These are products under experimentation and pro-

duced exclusively for subjects who, at a given time, are part of a research project. In the making of these products, only duly attested water in sealed vials is used, because it has the advantage that since they are not chemical drugs, our still incipient technology allows us to incorporate the active ingredient of the product without opening the bottle.

#### f) Coltricé

The work mentioned by Bergado *et al* is a pilot study<sup>41</sup>, which is not further explained in the document, but was conducted in dyslipidemic individuals with one or none cardiovascular risk factor, with control of the treatment and of the lifestyle changes, who were not able to normalize their serum cholesterol levels. They reported side effects (myalgia, arthralgia, and muscle weakness, especially in the elderly) with the use of statins, and were sent from their health area to the lipid specialist consultation of the National Institute of Endocrinology by the family doctor. They also expressed their disagreement to continue such treatment despite having been explained its benefits. A previous research had been conducted in dogs and it was decided to conduct a small study in humans, after discussing it on the ethics committee of the Health Integration Bureau. This study has limitations: first, a complete lipid profile was not carried out, and second, clinical variables such as weight, body mass index, waist circumference and blood pressure were not assessed at the beginning and end of the investigation. This study refers only to a preliminary report of the exploration of this method in patients with dyslipidemia. According to its design, it is not a clinical trial, because we know the risks and responsibilities involved if we had done it. The appropriateness of conducting an investigation (controlled clinical trial) that complies with the relevant regulations will also be discussed.

Waiting for a response from you. With best regards.

We take this opportunity to express our thanks and appreciation to *CorSalud* for allowing the creation of a space that has served as a meeting place for these less conventional researches with other researchers and practitioners of science. From them, we have received and welcomed valuable and stimulating opinions to further develop the research proposed for the benefit of our society

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## More questions than answers. Editor's response

### *Más preguntas que respuestas. Respuesta del Editor*

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Editor in Chief. CorSalud. Cardiocentro Ernesto Che Guevara. Villa Clara, Cuba.

**Key words:** Knowledge management, Electronic Journals  
**Palabras clave:** Gestión del conocimiento, Revistas electrónicas

First of all we want to thank Bergado *et al*<sup>1</sup> for their interest in our journal, which is a sign that, despite being young, *CorSalud* is read by prestigious professionals.

We believe that your letter was sent to us with the sole purpose of finding scientific answers to a topic that, like some others, has not had enough proven value, or, simply, has not been sufficiently demonstrated. We do not think it was sent with the intention of discrediting the article it refers to<sup>2</sup>, and much less to question the professionalism of some institutions of

the Ministry of Public Health and the Cuban State (which have been aware of those researches), or the CITMA, which has certified the quality of *CorSalud*.

The author of the BioAlberic method<sup>2</sup> has had the politeness, and responsibility, to answer the scientific questions you have asked. It is now our duty to discuss your concerns about the journal. The Health Integration Bureau (OIPS by its acronym in Spanish), which has recently changed its name to Social Welfare Integration Bureau, is, as stated on their website (<http://www.oibs.cu>), "a Cuban governmental organi-

zation designated for the implementation and progressive development of human welfare through scientific and research activities, and technological innovation, including the ecosystem, animals and plants. It also provides consulting services with a holistic approach, and conducts educational activities and community programs with a preventive and promotional approach, dealing with the quality of life and social welfare”<sup>3</sup>.

Clearly, there are many gaps in our knowledge, which is natural, and the things we know are much less than the things we do not know. Therefore, the fact that we do not know about the existence of something does not mean it does not exist.

*CorSalud* has never published any clinical trial on BioAlberic method. We have been very careful in this regard, which has led us to a strict compliance with the CONSORT requirements/standards<sup>4-7</sup>. In addition to the referred article<sup>2</sup>, the other ones related to this topic and published in our journal<sup>8-10</sup> are experimental, preclinical and pilot studies, something that is explicit in the method of each one. We could mention many similar studies that have been published in national and international journals; however, it is not the purpose of this response.

According to Bergado *et al*<sup>1</sup>, Figure 4 of Ramírez’ article<sup>2</sup> shows photos of drugs; however that is not the case. The figure caption says literally “BioAlberic products in water and paper vehicles”<sup>2</sup>, and in the text the author states: “These forms do not contain any chemical medicine in its physical form (...) the BioAlberic method is a technology whose main function is to transport or administer therapeutic actions in the form of electromagnetic radiation to human and animal organisms, in various formats, and not through drugs”. Perhaps this will answer the questions of Bergado *et al*<sup>1</sup> about it.

*CorSalud* is a peer-reviewed scientific journal. The manuscript<sup>2</sup> that has caused so much controversy, which resulted from researches having the approval of the Ethics Committee of OIPS, was accepted for publication after being assessed by Cuban and foreign specialists in Natural and Traditional Medicine. The editor and the rest of the Editorial Board cannot master the entire body of existing knowledge. Something that is confirmed by the fact that you, professionals trained by the Revolution with a PhD degree, did not know that there was a Cuban Government Institution called OIPS.

*CorSalud*’s mission is to publish science, especially what is done in Cuba, and stimulate the development of our professionals. With your letter we have achieved that goal. We do not think we have a monopoly of truth, we know we can make mistakes, but I assure you that we work with the utmost seriousness and professionalism possible.

*CorSalud* has had to face and overcome many obstacles and difficulties since its creation... and even today. However, nowadays the situation is different, and the journal has achieved enough prestige and respect to:

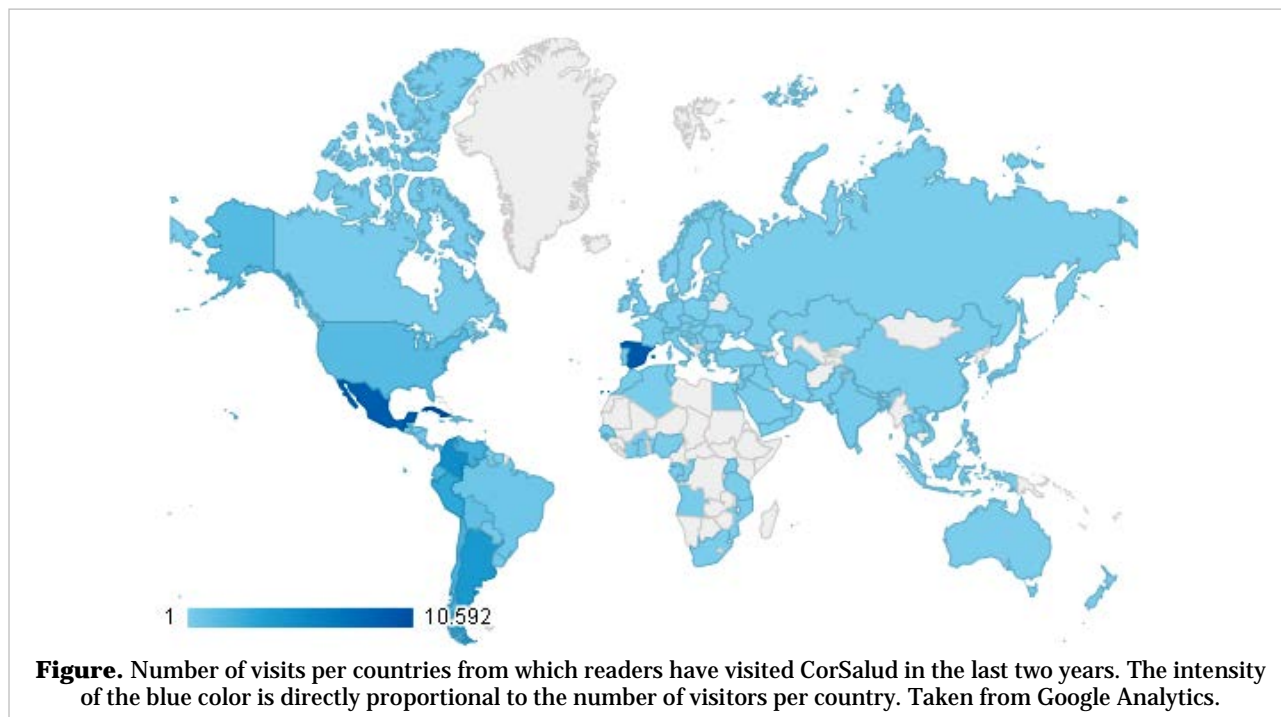
- a) Publish articles by renowned authors, from Cuba and other countries, and from Cuban collaborators in other nations, and graduates of the Latin American School of Medicine,
- b) Be read by professionals from almost every country in the world (**Figure**),
- c) Be invited to attend the meetings of the Editor’s Networks of Ibero-American Cardiovascular Journals and the European Society of Cardiology Journals,
- d) Share the services of external evaluators of all cardiovascular journals in Ibero-America, and
- e) Being the only Cuban medical journal that publishes its full text articles in Spanish and English, without automatic translation.

Once more we thank you for your Letter to the Editor. We are sure it encourages debate and a healthy and friendly discussion, which is one of the factors that lead us to reflect, and reassess actions and attitudes, and, ultimately, to increase our scientific knowledge. Because debate is the basis for development; which is an ascending spiral with points linking to the past.

*CorSalud* supports and defends scientific controversy and debate, but advocates that critical remarks are made with respect, without any trace of insults.

Research is valuable, both when its outcome is favorable, and when it shows that the assessed matter was not useful. Therefore, it is up to you (the researchers) to argue with the author if what he does may or may not be useful, effective or efficient, depending on the type of study. However, demonstration is needed from the two parties.

Whoever believes has the answers, stops looking for them.



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