

# Innovative Diagnostic and Treatment Options

*An Interview with James R. Cowan, Jr., M.D., M.S. and Maryanne Cowan, L.C.S.W., Th.D.*

**Russ Mason, M.S.**

**I**t is not often that a successful psychiatrist and a social worker team up to use innovative diagnostics and treatments to help their patients, but James R. Cowan, M.D., M.S., and Maryanne Cowan, L.C.S.W., Th.D., are doing just that. What began 25 years ago as a professional association at East Orange General Hospital, (East Orange, New Jersey) has evolved into a marriage, a joint clinical practice, and an ongoing exploration of new technologies and therapies that blend allopathic and meridian-based protocols. Today, this team's work is unique, successful, and quite unlike any other practice in the United States.

Dr. James Cowan, a fourth-generation physician, has been a practicing psychiatrist in Northern New Jersey for 32 years. After graduating from Meharry Medical College (Nashville, Tennessee) in 1970, he completed his psychiatric training at Harlem Hospital and Columbia University Medical School (both in New York City). He also obtained a Master's degree in community psychiatry from Columbia Medical School. As director of psychiatry at East Orange General Hospital for 27 years, he has built a comprehensive psychiatric program there.

Dr. Maryanne Cowan received an L.C.S.W. degree from Rutgers (New Brunswick, New Jersey), and is a licensed clinical social worker. After receiving her degree, she was a social worker at East Orange General Hospital, and worked there for 3 years, and then established her own practice. This past March, she received a Doctor of Theology (Th.D. degree) in integrative health care and spiritual healing from the Holos Graduate Seminary in Fair Grove, Missouri.

Dr. Maryanne Cowan has long been interested in complementary and alternative medicine (CAM), as well as in therapies that are non-toxic and noninvasive, and that have fewer side effects than allopathic treatments. It was she who sparked her husband's interest in CAM protocols, and the team began to attend seminars on new diagnostic and treatment options to better serve their patients.

This led to their creation of *Advanced Dimensions in Healing*, a complementary medicine and wellness center in Ridgewood, New Jersey. A variety of allopathic and CAM services are offered at the center, with such recent protocols as Gas Discharge Visualization (GDV) for real-time energy-field analysis; Bioresonance to provide healing at a cellular level; and SotтоPelle,<sup>TM</sup> a form of bioidentical hormone replacement therapy.

**Russ Mason:** Dr. Cowan, you have been at East Orange General Hospital for quite some time. Tell us about the expansion you did in the hospital's psychiatric program.

**James R. Cowan:** In 1975, I went to East Orange General Hospital and headed its department of psychiatry. Over the course of 32 years, I built the department from a 4-bed facility to a 36-bed facility, and it has become one of the largest departments of mental health services in the state of New Jersey. We now offer outpatient services, crisis intervention, a children's program, and an addiction program. The department of psychiatry serves more than 10,000 patients per year in different types of services. So it has really grown.

It was at East Orange General Hospital that I met Maryanne. She had come to work there as the clinical social worker. She was right out of grad school. I should mention that we married in 1983 and have 3 children.

**Maryanne Cowan:** This was 25 years ago, and back then alternative medicine was not even a thought in the minds of most physicians. But I was interested in various forms of healing and the value of meditation, and I began to go to conferences. And, when I returned, I would tell Jimmy that he really needed to hear this stuff! He eventually began attending some conferences with me and he found them extremely insightful and useful.

## To Contact Dr. James Cowan and Dr. Maryanne Cowan

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## Gas Discharge Visualization Technique

The Gas Discharge Visualization (GDV) Technique was created by Konstantin Korotkov, Ph.D., a professor of physics at St. Petersburg State Technical University, in Russia. The technique is accepted by the Russian Ministry of Health as well as by 300 doctors, health care practitioners, and researchers worldwide. The GDV is several steps beyond Kirlian photography because GDV facilitates direct, real-time viewing of human energy fields—the physical, mental, emotional, and spiritual energies that emanate from the body. GDV works with a specially created camera, from which the images are sent to a computer, where special software translates the data into a color graphic display.

This display allows the doctor and patient to see images of imbalances that may be influencing an individual's well being. As a result, this technique reinforces the diagnosis of any disease, because GDV shows the specific area of the body and the organ systems involved. Concurrently, GDV can display the effects of various treatments and thus allow the physician to determine which is the most appropriate for the patient. More information about GDV may be found at: [www.korotkov.org](http://www.korotkov.org)

## Recommended Reading on GDV

### Books

*Human Energy Field:  
Study with GDV Bioelectrography*  
Konstantin Korotkov, Ph.D.  
New York: Backbone Publishing, 2002

### *Light After Life:*

*Experiments and Ideas on After-Death Changes of Kirlian Pictures*  
Konstantin Korotkov, Ph.D.  
New York: Backbone Publishing, 1998

### Articles

Bell IR, Lewis DA, Brooks AJ, et al. Gas Discharge Visualization evaluation of ultramolecular doses of homeopathic medicines under blinded, controlled conditions. *J Altern Complement Med* 2003;9:25–38

Bundzen P, Korotkov KG, Unestahl LE. Altered states of consciousness: Review of experimental data obtained with a multiple techniques approach. *J Altern Complement Med* 2002;8:153–165

Korotkov K, Williams B, Wisneski LA. Assessing biophysical energy transfer mechanisms in living systems: The basis of life processes. *J Altern Complement Med* 2004;10:49–57

Korotkov KG, Bundzen PV, Bronnikov VM, Lognikova LU. Bioelectrographic correlates of the direct vision phenomenon. *J Altern Complement Med* 2005;11:885–893

Vainshelboim A, Momoh KS. Bioelectrographic testing of mineral samples: A comparison of techniques. *J Altern Complement Med* 2005; 11:299–304



Left: James R. Cowan, Jr., M.D., M.S., and Maryanne Cowan, L.C.S.W., Th.D., Advanced Dimensions in Healing; right: Gas Visualization Discharge camera.

**JRC:** That's right. Maryanne said it was time for me to look into alternative medicine, about which I knew nothing—I was never trained in that area. So she took me to conferences and introduced me to doctors who were involved in alternative medicine. And that is how we began our joint practice.

**RM: What was your reaction when Maryanne first suggested that you look into alternative medicine?**

**JRC:** In my medical education there was almost no referral to, or mention of, alternative medicine. Even in my conventional training in psychiatry there was very little mention of CAM.

I must tell you, frankly, that as a psychiatrist, I was not completely satisfied that I was providing state-of-the-art care, or the only type of care that people could receive. So when Maryanne and I began to go to conferences, I began to hear about natural remedies and alternative types of treatments that were not necessarily invasive, compared to some of the conventional tools that I had been taught. But my main interest in alternative medicine was to find out if there were other ways I could help my patients, aside from doing what I had been trained to offer.

**RM: Did you begin to integrate what you learned about CAM into your practice at East Orange General Hospital?**

**JRC:** It is an inner-city hospital, and it is funded by the state to some degree. When I approached the hospital with some suggestions about incorporating CAM into the treatment options, I was turned down. The reason was that the people there didn't know much about it. In 1992, Maryanne and I set up our own practice in Ridgewood, New Jersey. This turned out to be a more receptive location for us to pursue our work in integrating conventional and alternative medicine. Maryanne continued to attend seminars about health and healing options, and I frequently accompanied her. These seminars, and subsequent educational follow-up, opened my eyes to the fact that there are many new, exciting options for the physician, in both diagnostics and treatment.

**RM: Maryanne, you recently got a rather unusual Th.D. Tell us about this degree.**

**MC:** It is a Doctor of Theology in Integrative Health Care and Spiritual Healing, from Holos Graduate Seminary, in a program developed by C. Norman Shealy.\* What is important about my

work at Holos is that, in addition to focusing on a holistic approach to wellness, the program is science-based. I was encouraged to study the mechanisms of various alternative therapies, and what occurs on a deep, cellular level that makes people heal.

It was this path that ultimately led me to the Gas Discharge Visualization [GDV] Technique, Bioresonance [see boxes entitled, respectively, Gas Discharge Visualization Technique and Bioresonance Therapy], and so forth. We know that the allopathic community will never accept any of these new protocols unless there is verifiable, supporting science behind them. Doctors want to see numbers and statistics, and this will lead to recognition. So we are carefully tracking our work and results.

**JRC:** One of the reasons that I took hold of CAM and Dr. Shealy's work is that he is a neurosurgeon. And he is one of the first medical doctors that I came to know who really believes in—and knows a great deal about—alternative medicine. Dr. Shealy founded the American Holistic Medical Association [see box entitled About the American Holistic Medical Association]. So now, for me, there was good science supporting CAM.

**RM: How did you first learn about GDV?**

**MC:** When I was studying under Dr. Shealy, and getting ready to do my research, I was approached by my professors on my doctoral committee. My committee chair, Robert Nunley, [Ph.D.; professor emeritus, University of Kansas, Kansas City, Kansas], and Bernard Williams [Ph.D.; president, Center for Environmental Energy Medicine Studies, Lawrence, Kansas] suggested that the use of GDV would make a very interesting study. Dr. Williams had edited Konstantin Korotkov's [Ph.D.; professor of physics, St. Petersburg State Technical University, St. Petersburg, Russia] books on GDV [see box entitled Recommended Reading on GDV] and trained me to use GDV. Both professors were of great help throughout the study.

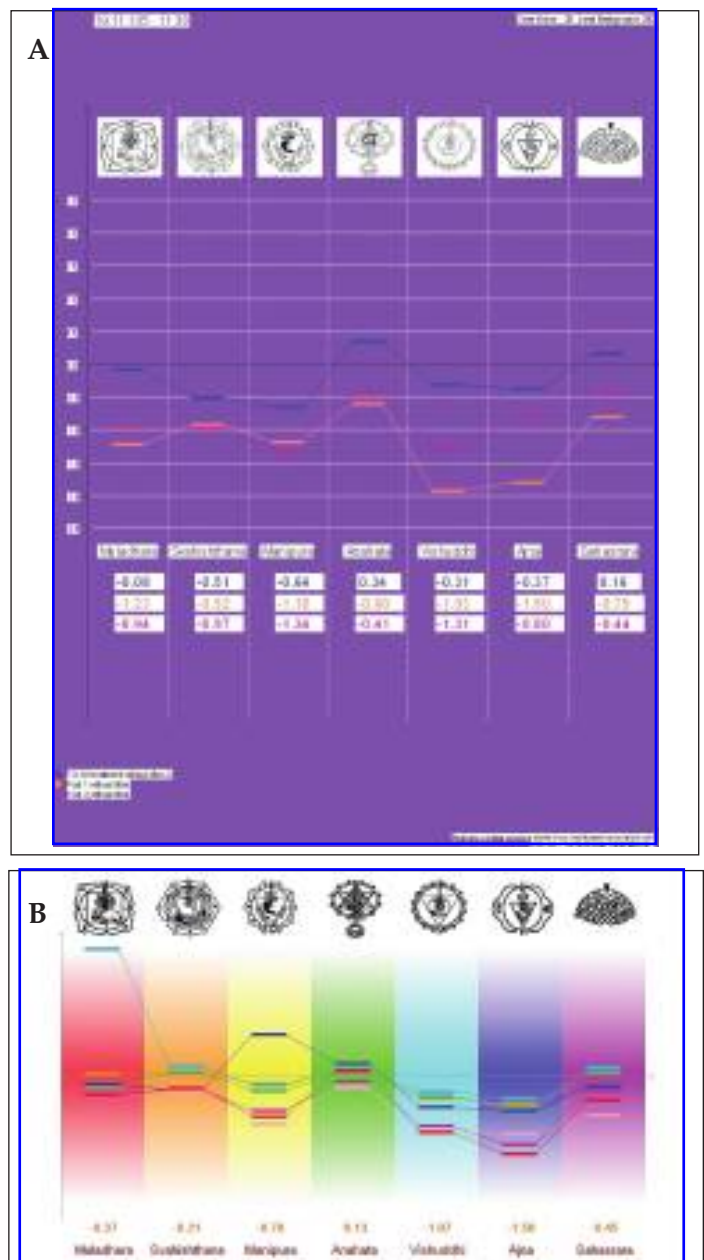
**RM: Please explain what GDV is.**

**MC:** GDV was developed by Dr. Korotkov. It uses an electronic device, which displays the status of an individual's energy fields, chakras, and organ systems. The device itself looks like a camcorder, which one hooks up to a computer with special software.

**RM: How does it work?**

**MC:** You place your fingertips on the lens of the GDV device and a picture of each fingertip is taken and then analyzed, by the computer software program, and a picture is displayed on the computer screen. All of this is based on Chinese medicine and

\*C. Norman Shealy, M.D., Ph.D., is a board-certified neurosurgeon. He has embraced an alternative approach to wellness using a variety of protocols. He is the founder of the American Holistic Medical Association; president of the Holos Institutes of Health, in Springfield, Missouri, and is a member of various boards. He also holds several U.S. patents for treating pain and for holistic care. For more information, visit: [www.normshealy.com/](http://www.normshealy.com/)



Gas Visualization Discharge diagnostic analysis readouts, with (A) with filter and (B) without filter.

the meridian system in the body. GDV is extremely accurate in terms of diagnostic assessment.

**RM: I have heard about GDV, but you and Dr. Cowan are the first practitioners I have met who use it as part of a medical practice.**

**MC:** I think there are about 10 GDV devices in use in the United States at the present time. I did a lot of research about it before Jimmy and I actually purchased one. My interest at that time was how sound can affect the chakras, and I would do a number of baseline readings using the GDV and a crystal bowl, which had a vibrational rate, and then do GDV "post" readings

## Bioresonance Therapy

Bioresonance Therapy (BRT) is based on the principle of using biofeedback generated by electromagnetic (EM) signals of a treated organism, or one of its elements, in the healing process. BRT is a new communication technology in the area of electromagnetic biostimulation.

Using such instruments as the photomultiplier and various high-resolution spectrum analyzers, the EM nature of this direct signaling system began to be investigated in the 1970s. The authors of these studies described direct, rapid, and very efficient EM signals as comprising fundamental communication throughout the body (see below for website where these studies are described). This complex communication is required to coordinate the chemical reactions in each cell at a speed of approximately 7000 reactions per second.

The BRT device was created by Gabor Lednyiczky, L.Ac., director and founder of the Hippocampus Institute, in Budapest, Hungary. For more information, visit: [www.hippocampus-brt.com](http://www.hippocampus-brt.com)

on the subject. I had significant results, and this was after using it on 80 test subjects.

### RM: Tell me about the readings the GDV displays.

MC: There are two: I first take an emotional reading, which is done without a lens filter, and then, with the filter, I get a physical reading. The beauty of it is that one can immediately “see” what is going on with a person, whether it is emotionally based or is a physically based, organic, condition. After doing so many readings, I can pretty much determine what an illness is, almost intuitively. So, in addition to reading the energy fields, one can tell what the illness may be.

### RM: How do these readings benefit a patient?

MC: From the diagnostic readings, a practitioner can immediately assess the patient’s sympathetic and parasympathetic nervous systems. The software program takes the data from the camera and extrapolates them so that one can see a picture of the energy fields, the organ systems—whether they are in the normal range, or out of range—and the chakras.

For a patient, we can print out all of the readings. That way he or she can take the readings home and see exactly what is going on. For a person with health challenges, I will do a reading every couple of weeks to see how he or she is progressing. A patient may be doing a wellness program, or taking medications, or doing Bioresonance. We look at each patient from every angle. Readings are saved in the system and may be compared as the patient progresses through a course of treatment. So the GDV has become a significant diagnostic tool for us.

### RM: But once you interpret the readings and arrive at a diagnosis, how do you treat the patient?

MC: We offer a variety of allopathic and CAM treatment options. However, one treatment we are excited about is Bioresonance Therapy. Bioresonance was created 20 years ago by a Hungarian acupuncturist, Gabor Lednyiczky [L.Ac.] Incidentally, in

Europe this kind of research is funded. Mr. Lednyiczky determined that each part of the body produces a unique, vibrational signature. Each illness also produces a unique signature. So, based on the person’s symptoms, one can provide specific treatment for certain illnesses and energy-field disturbances. There are many program options to help patients, using the Bioresonance device.

### RM: How does it work?

MC: There are three electronic leads. A lead is attached to each wrist and one goes around the neck. These leads are connected to the Bioresonance device. One lead transmits information used to assess abnormalities or imbalances within the body. Then, another lead transmits the corresponding signal for healing. This makes the cells harmonious within a specific area, so that healing can occur. If the cells are not functioning harmoniously, then their signaling is off. The body can either remain in that state, deteriorate, or be remedied with Bioresonance. The third lead, which goes around the neck, assesses for missignaling and works harmoniously with the other two leads, sending the appropriate signals into the body through the spinal region.

### RM: How do you know that it works?

MC: Because, 20 minutes later, I will take another GDV reading and I will see a symmetry that had replaced the discordant signal. One of our goals is to help create research on this device, since there is very little in the United States and comparatively little in Europe.

### RM: Your combined use of the GDV and Bioresonance is interesting.

MC: It would be a great study, because one can just “eyeball” it and see the difference. Bioresonance complements GDV so well because Bioresonance works on the same theories of Chinese Medicine—exogenous and endogenous waves in and around the body. Much of the early science noted in my literature review<sup>†</sup> came from the same theorists who are noted for work with Bioresonance. I really feel I was intuitively led to these things. It was not a process of elimination of using either this or that. I was looking for something that was the healing complement to GDV. And, as a result of attending a seminar, and learning about Bioresonance, I knew that was it.

### RM: It strikes me that the GDV device can confirm the efficacy of any therapy, whether it is energetic, conventional, pharmaceutical, or something else. Is this correct?

MC: That’s right. That is what we are hoping to do. The GDV reading provides us with a quick and accurate general overview of what is going on with the person. And, we can check later to see how well they are responding to a given treatment by taking a “post” GDV reading.

### RM: Has the U.S. Food and Drug Administration [FDA] approved the use of these devices?

JRC: The FDA has not given formal approval, but neither has it withheld approval. Many doctors and clinics in Europe—Russia in particular—routinely use this kind of diagnostic equipment.

<sup>†</sup>Dr. Maryanne Cowan’s literature review is a chapter of her dissertation.

**MC:** GDV is used in the hospitals over there! Many patients receive a Bioresonance treatment as a matter of course. It's a whole different mindset.

**RM: Dr. Cowan, since you are a physician, am I right in thinking that Maryanne does the diagnostic work and then you handle the treatments?**

**JRC:** We both do that. When people come to us with medical complaints, we do full medical and psychiatric histories, blood work, and complete serum analyses, and GDV readings are also offered. Then, as you know, we have a variety of treatment options, depending on each patient and situation.

**RM: Do you and Maryanne tend to see a particular kind of patient or treat specific ailments?**

**JRC:** Since I am known, primarily, as a psychiatrist, a significant number of our patients, especially women, come in with complaints of anxiety and depression.

**RM: Are there CAM treatments you use for this?**

**JRC:** Absolutely. About 5 years ago, Maryanne suggested I look into hormone balancing. This led me to do some research and I found a program with Gino Tutera [M.D., F.A.C.O.G.; Scottsdale, AZ]. Tutera developed SottoPelle,<sup>®</sup> which is a form of bioidentical hormone replacement therapy using pellets made from soy and sweet potato (yam). The pellets are surgically inserted under the skin and slowly release either bioidentical estrogen or testosterone.

I found that, with more than half of women patients—whom I would normally put on antidepressants or sleeping medications—I could use the pellets. As a result, these patients did not need prescription medications, because it was their hormone imbalances that were causing the depression, anxiety or sleeplessness, and not necessarily psychiatric illness. Women have a sense of relief knowing what is really causing their symptoms and that they do not require pharmaceutical medications.

**RM: Have the hormone replacement pellets been successful?**

**JRC:** Very much so. There are absolutely no side effects and they are well tolerated. This treatment has been so successful that we had to expand our treatment facility from two rooms to seven rooms.

**RM: Please explain a little more about the pellets.**

**JRC:** As you know, there are a variety of ways to treat hormone imbalance: patches; injections; creams; pills. . . but Dr. Tutera trained me in the surgical procedure for the implants. Prior to the implants, of course, one must do blood work. There are certain tests that we do here that we uniquely offer, such as follicular stimulating hormone [FSH] and estradiol, a complete look at the thyroid including the thyroid stimulating hormones T3 and T4, and testosterone levels.

From the blood work results, we can make specific prescriptions, which are coordinated with patients' complaints about mood swings, irritability, depression, hot flashes, night

## SottoPelle<sup>®</sup> Hormone Replacement Therapy

Although hormone replacement pellet therapy has been in use—primarily in Europe—since 1935, this treatment was not widely used in the United States. In 1992, Gino Tutera, M.D., F.A.C.O.G., founded SottoPelle,<sup>®</sup> in Palm Desert, California. This is a treatment that Dr. Tutera developed in which bioidentical hormones are put into small, rice-size pellets, in amounts based on testing and analysis of each patient's condition. The pellets are implanted under the skin, and release either estrogen or testosterone slowly over a 6-month period, at which time a new pellet may be required.

For more information, visit: [www.sottopelletherapy.com/](http://www.sottopelletherapy.com/)

## About the American Holistic Medical Association

### American Holistic Medical Association (AHMA)

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The AHMA was founded in 1978 as an alternative medical association for physicians who seek to integrate a more comprehensive form of medicine than that taught in conventional (allopathic) medical schools. For more than 25 years, the AHMA has educated physicians about new treatment options and diagnostic procedures. Its membership consists of physicians and other health care professionals who seek to integrate holistic methods into a conventional medical practice.

sweats, low libido, low energy, and so forth. Once I review the blood work with a patient, he or she will come in for the procedure.

We have a surgical suite here. I anesthetize the implant area, in the hip, with sodium bicarbonate and lidocaine. The pellets are not set deeply into the muscle tissue; they just go under the skin. They begin to work within 12 hours and are fully effective within 10 days, and last for 6 months. The pellets produce a steady-state of hormone release (estrogen or testosterone) and work better than pills, creams, or patches.

**RM: How many implants have you done with the pellets?**

**JRC:** More than 100—and everybody is pleased with this. As I said, the pellets are made from soy and yams, and are bioidentical to the estrogen and testosterone made in the body. The pellets come in various dosages, from 6 mg, incrementally, to 200 mg, and I order them from Solutions Pharmacy in Chattanooga, Tennessee. The dosage is determined after the blood work is analyzed.

**RM: Is hormone deficiency common within the general population?**

**JRC:** There are a great many things I am beginning to associate with hormone deficiency; I cannot believe I was not taught this in medical school.

**RM: What other conditions can be possibly connected with hormone deficiency?**

**JRC:** Heart disease, osteoporosis, hypertension, high cholesterol, diabetes, and Alzheimer's disease, and some antiaging proponents are using the pellets to promote youthful hormone levels.

**RM: What do your medical colleagues say about your use of these various alternative remedies, such as the pellets?**

**MC:** Many physicians are not aware of the advantages of natural bioidentical hormone-replacement therapy.

**RM: Are you considering other new diagnostic procedures or treatments in your practice?**

**MC:** We are constantly looking at new diagnostic and treatment options and evaluating them to determine whether or not they are scientifically based, and if other practitioners have had success with them. We do our "homework," and as a result, have found many therapies that initially looked promising but didn't have enough scientific support or other encouraging factors to justify using them at this time.

One thing we are looking into now—just within the last couple of months—is neurotransmitter testing. This is a state-of-the-art way to analyze an individual and assess the state of the neurotransmitters in the brain.

**RM: How does one test neurotransmitters?**

**MC:** One does this with a kit, which has a saliva and urine test, and the specimens are sent to a laboratory in North Carolina. Based on the test results we can use targeted nutritional therapy to balance the brain.

**JRC:** This is fascinating to us, because a lot of the suffering with anxiety, depression, attention-deficit disorder, attention-deficit hyperactivity disorder, and bipolar disorder can be associated with abnormalities in the neurotransmitters. Interestingly, these abnormalities can be effectively treated with various amino acids, as opposed to conventional psychopharmacological drugs. Since the amino acids are natural compounds, they are useful for correcting the imbalances found in the neurotransmitter profile. We are going forward with this testing; the scientific support is there, and it looks good.

**RM: Your practice is extremely multifaceted, and you both are doing many different things. Do you accept only certain kinds of patients? Or will you see anybody who walks in the door?**

**JRC:** We accept anybody who comes to us. A significant number of our patients have come from reading about us in a local holistic publication, *Inner Realm* magazine. Word of mouth has increased our referrals enormously.

**MC:** That is because we are diagnosing and treating them from all different directions. They can get conventional medical treatment and psychotherapy if that is what they want. We also have a naturopathic physician, Sloan Smiloff, [an N.D. practicing in

Ridgewood, New Jersey] working with us, and we all confer about certain patients, about what might be the best treatment approach.

**JRC:** What is interesting also is that one of our team members, our naturopathic doctor, is highly intuitive. When we moved into our new office suite, she suggested that we paint one of our rooms the color of a pumpkin, which is a color used in Tibetan healing. I was skeptical but we did it, and our patients love it. And it is better, energetically.

**MC:** Every room in our office suite is a different shade of sacred Tibetan colors, and this is supposed to raise people's energy fields. If a person sits in any of our treatment rooms, he or she really feels good! People tell me that all the time. So our rooms are colored in gold, pumpkin, red. . .the Tibetan sacred colors.

**JRC:** But not the surgical suite—that is Navaho white!

**RM: It seems that, in terms of a healing practice, you are using a diverse set of treatments, even extending to the paint on the walls. So what is the future for your practice?**

**JRC:** I think that we will always be open to different types of therapies, so we are continually reading and discussing what might help our patients. I will tell you this: We just moved into this office a few months ago, and now we have to find a larger space. I mentioned that Maryanne and I attend seminars and educational programs, and we still do that. It is very important to keep up with the newest technologies, whatever they may be.

**RM: Was there a guiding philosophy that led you to create your practice that incorporated the new diagnostic and treatment modalities?**

**JRC:** There was no real agenda we were pursuing, it just made sense and we are doing what we think is best for all.

**MC:** We found also that, with the exception of acupuncture and Traditional Chinese Medicine [TCM], the meridian system of diagnosis and treatment was not being fully explored within the allopathic community. So when I looked at GDV and Bioresonance, I found that not only are they each based on the meridian system, but they work together beautifully: One diagnoses, the other treats.

**RM: You mentioned setting up a larger practice, in order to handle the number of patients you are seeing. What sort of personnel would you hire?**

**MC:** We would like to find the "right" acupuncturist to work with us. There are many different kinds of acupuncture out there. But the Bioresonance device really does work on the meridians and energy flow, and, on a deeper level, on a cellular level. It is a more targeted, specific healing, utilizing computer-generated technology. □

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To order reprints of this article, e-mail Karen Ballen at: Kballen@liebert-pub.com or call at (914) 740-2100.