

The results of treatment of patients with multiple sclerosis with impaired visual functions using bioresonance therapy methods

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Multiple sclerosis is one of the most common organic lesions of the central nervous system, caused by the occurrence of foci of demyelination scattered throughout the brain and spinal cord. The etiology of the disease is not known, however, in the pathogenesis of development, the important role of disorders on the part of the immune system is undoubted.

The disease usually occurs at a young age and is remitting in nature. Gradually, the severity of clinical manifestations increases, up to complete disability due to ataxia, paresis and visual impairment. Most often, there are lesions of the pyramidal system, cerebellar disorders, atrophy of visual nerves. The alternation of exacerbations and remissions, accompanied by partial restoration of disturbed functions.

At the initial stage of the disease, the differential Potential diagnostics can present significant difficulties: transient motor, sensory and visual disorders are not pathognomonic in nature. Magnetic resonance imaging and computed tomography, changes in the evoked potentials of the brain, examination of the fundus and visual functions, as well as changes in the composition of the cerebrospinal fluid play a significant role in the examination.

However, these techniques do not always allow us to identify the cause of the above symptoms. In this regard, electropuncture diagnostics using the Voll method or vegetative resonance test ("IMEDIS-TEST") can provide significant assistance.

Within the framework of this work, we analyzed the results of observation and treatment of 18 patients with a verified diagnosis of multiple sclerosis who had visual disturbances caused by damage to the optic nerve. It should be noted that retrobulbar optic neuritis in 90% of cases is caused by multiple sclerosis and is very often the first clinical manifestation of this disease. As a result of this inflammation, atrophy of the optic nerves develops, and each exacerbation leads to the progression of a decrease in visual function.

The average age of the patients was 22 years. The period from the onset of the disease is from 1.5 months to 3 years. The duration of follow-up is from 1 to 7 years. Fifteen of them had general neurological disorders - peresthesia, paresis of varying degrees, cerebellar disorders (including the so-called Charcot triad), changes in mental state. In 16 cases, treatment began at the stage of optic nerve atrophy, in 2 - at the stage of acute neuritis. The degree of decrease in visual functions varied from light projection (lack of object vision) to 20%. In all cases, changes were noted in the study of the visual field, visual evoked potentials, determination of lability and the sensitivity threshold of the optic nerve.

Diagnostics was also carried out on the apparatus "MINI-EXPERT-DT" using a vegetative resonance test, while in 5 patients the diagnosis of multiple sclerosis was revealed by this method and was later

confirmed by general clinical methods (MRI, etc.).

After testing according to generally accepted algorithm treatment was carried out on the devices "IMEDIS-BRT-A" and "MINI-EXPERT-T" in accordance with the results of examination and testing. BRT was carried out against the background of loading with organopreparations, meridian and other complexes. All patients had a viral burden, which was eliminated by prescribing FM-complexes. Induction magnetotherapy was also carried out (usually programs Stress II, Stress III, Cerebral), local therapy with fixed frequencies using devices for magnetic therapy "inductor" and "loop". Programs and frequencies were selected individually according to ART data and recorded on crumbs or liquid media (taufon, semax).

The frequency and duration of treatment sessions depended on the age and severity of the process, on average it was 1–2 times a week, with a course of up to 10–12 procedures. At the same time, patients received vitamin complexes, nootropic drugs according to the usual scheme for this pathology. During treatment and at various times after the end, a dynamic study of visual functions was carried out (the maximum period was 7.5 years).

All patients showed positive dynamics in the neurological and general somatic state, psychoemotional sphere. The degree of vision improvement, as a rule, depended on the age of the process and the initial state of visual functions, however, in all cases, positive dynamics were obtained. None of the patients we treated had a relapse of neuritis or progression of optic nerve atrophy, although there were episodes of deterioration of neurological status after prolonged remission (paresthesia or movement disorders). The results of treatment and clinical observations will be presented in more detail in the report.

Thus, our experience with the use of BRT in the treatment of such a severe and practically incurable disease as multiple sclerosis has shown the high efficiency of this method in the absence of complications and negative side effects characteristic of conventional treatment methods, primarily the use of corticosteroids. Comparative analysis of clinical cases similar in basic parameters shows an undoubted the advantage of BRT over drug treatment.

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