

Prospects and real possibilities of bio- and multiresonance therapy Parkinson's disease and parkinsonism

Gotovsky Yu.V. , Deryabina N.K.

(Center "IMEDIS", Moscow, Saratov, Russia)

There have been some positive preliminary results in the treatment of Parkinson's disease and parkinsonism. The topic is relevant, but there are few publications on this pathology in the Conference Proceedings. It is one thing to treat parkinsonism (as a syndrome), and quite another to treat Parkinson's disease (as a hereditary familial degenerative disease).

The 6th International Congress (Barcelona, Spain, June 11-15, 2000) was dedicated to Parkinson's disease. Leading experts from all over the world working on this problem discussed many issues. There are a great many such Congresses and Conferences. This once again underlines the relevance of this topic, which is truly global. We took on this pathology, but at the same time applied the knowledge and existing treatment adopted in neurology and the methodology of bio- and multiresonance therapy, combining them. The treatment regimens were drawn up together with Yu.V. Gotovsky, they discussed the achieved, from the received "went further". Assessing the urgency of the problem, taking into account the positive results obtained, realizing that it is necessary to continue work in this direction, we started writing this article.

For many neurologists, a patient with Parkinson's is often a mystery with many unknowns. Outwardly - it is akinetic-rigid syndrome, often with a characteristic Parkinsonian tremor (tremors in the fingers, reminiscent of "rolling pills", "counting small coins"), hence another name for Parkinson's disease - tremor paralysis. The patient's posture is typical - the body is constrained and tilted forward (the patient seems to "look underneath legs"). The arms and legs are bent. Shuffling gait, without lifting the legs from the floor, in small steps, hands are pressed to the body. Pro, retro- and lateropulsions are often noted (uncontrollable movement back and forth and sideways, sometimes with a fall). Frequent "paradoxical kinesias", when under certain conditions the patient, who has almost lost the ability to walk, can run, relatively easily climbs the stairs, moves after the person in front, not lagging behind him. The patient's lifeless, quiet voice can become loud if the radio is turned on. In the later stages - complete immobility. From the very beginning of the disease, there is an absence of facial expressions - "Mask-like face". Pronounced vegetative manifestations: vasomotor lability, tachycardia, excessive sweating, greasiness of the facial skin, often - drooling. Often trophic changes in the skin, impaired function pelvic organs in the form of urinary retention, the development of prostate adenoma.

Speech is monotonous, quiet, fading, indistinct, voice is deaf. Changes in the psyche are characteristic. At first - a decrease in initiative, interest in the environment, irritability, then, as the process progresses, - egocentrism, importunity, hypochondriac syndrome, states of excitement with impulsive actions can develop. This is the clinical

painting. It is necessary to decide what it is:

1. Parkinson's disease - 85% (idiopathic parkinsonism).
2. Secondary parkinsonism.
3. Parkinsonism within neurodegenerative diseases (atypical parkinsonism, "parkinsonism-plus").
4. Pseudoparkinsonism.

The diagnosis of Parkinson's disease is simple and complex. It is better if it is placed on a patient in a stationary setting after all examinations, a detailed thorough examination, the selection of the necessary means, dose adjustment (specialists in bioresonance therapy have a marker - "Parkinson's disease"). It is important to decipher the classification presented above, since treatment (2-4) will be different than in Parkinson's disease, and in some cases with a more favorable outcome and course, although they have a common "point of suffering" - the estrapyramidal system. A big plus for doctors using the method of bioresonance therapy is that we have markers of subcortical formations ("Striatum" - inflammation, degeneration, "Substantia nigra" - inflammation, degeneration, and others).

2. Secondary parkinsonism:

a) medicinal (barbiturates, long-term treatment according to psychiatrists' schemes with neuroleptics, reserpine-containing drugs, Cinnarizine, Stugeron, Dopegit can also contribute to the development of parkinsonism);

b) toxic (in case of alcohol intoxication, in drug addicts against the background of drug use, often - intoxication with manganese, carbon monoxide - "carbon monoxide" in history, mercury);

c) vascular (in this case, the genetic factor is of great importance, and not only the vascular process itself. There are markers for most problems);

d) post-encephalitic (Economo encephalitis - its consequences: drowsiness, double vision against a background of fever in history, later - increased "eye disorders": pupillary reactions, gaze cramps - "oculogyric crises." We have nosodes for diagnosis and treatment, there are resonant frequencies);

e) traumatic (with the so-called "boxer dementia" caused by multiple traumas of the skull);

f) with volumetric processes (tumors of the anterior hemispheres, median structures of the brain);

g) hydrocephalic;

h) syphilis of the nervous system - in its late period.

3. Parkinsonism within the framework neurodegenerative diseases (atypical parkinsonism, "parkinsonism-plus"). This is a large group with Parkinsonian Syndrome. It includes: multiple systemic atrophy, parkinsonism - ALS-dementia, Konovalov-Wilson disease, Alzheimer's disease (with progressive dementia), Pick's disease, and so on.

4. Pseudoparkinsonism:

a) essential tremor (Minor's disease, named after the author who described

this disease. It begins in childhood and is hereditary. Shallow trembling, intentional, as in multiple sclerosis, increased when approaching the target. It is impossible to perform a finger-nose test - the closer to the nose, the stronger the tremor. Patients live long, adapting to their condition. The intellect of such patients does not suffer, they usually have many children. There is a well-known 78-year-old patient who works in leadership positions, a good family man. On holidays, when he had to make a toast, he never held a glass in his hand, only at the end of the speech, he quickly took it and also quickly brought it to his mouth. By the way, those around him considered it a simple habit, and not a manifestation of the disease;

- b) apraxia of walking ("forgot how to walk correctly");
- c) catatonic stupor (frozen, no movement, the face does not express emotions);
- d) hysteria (picture - "chameleon", but clearly the presence of a characteristic factor - "playing on the viewer" with a host of other hysterical manifestations).

Parkinson's disease differs from all of the above (taking into account the specific characteristics of each disease), a positive reaction to L-Dopa. This is the main differential diagnostic feature. However, it is incorrect to prescribe this drug at the very beginning of the disease for diagnosis. The purpose of this article is not to describe the drugs that exist at the present stage and were discussed at the International Conference in Barcelona for new treatment regimens. However, to carry out bioresonance therapy, doctors of different specialties need some information on this pathology. (Although neurologists know this). The description will be brief, but it is necessary for further work with the possible application of energy-informational medicine.

Trembling paralysis, idiopathic - owes its subsequent name to the English doctor who first described this pathology in 1817 - Parkinson. This is a chronic, progressive disease, degeneration with a predominant lesion of the extrapyramidal system. It starts around the age of 50, sometimes at the age of 40. More often men are ill. The onset of the disease is typical - stage hemiparkinsonism, when one side suffers. The progressive course leads to the involvement in the process of degeneration of all new subcortical formations - "Substance nigra", "Striated body" and others (these organopreparations are in the IMEDIS Drug Selector), the appearance of vegetative manifestations described above. As a result - already bilateral symptomatology. Cortical manifestations are gradually added - memory and behavior disorders, psychotic changes described above. Starting from one side (1st stage - hemiparkinsonism), the disease goes through all 5 stages: 2nd stage. - bilateral (bilateral) parkinsonism, 3rd stage. - accession of postural disorders - advanced stage of parkinsonism, 4th stage. - you need help with moving, servicing yourself, 5th. Art. - immobility (completely in need of care).

In the etiology and pathogenesis of Parkinson's disease, external unfavorable environmental factors, heredity (autosomal dominant type), mitochondrial defects, activation of apoptosis, metabolic

violations. With the degeneration and death of nigrostriate neurons, neurotransmitter (dopamine) metabolism disorders occur and, as a result, are typical for Parkinson's disease.

- hypokinesia (poverty, slowness of movement),
- rigidity (stiffness),
- tremor (tremors - like "rolling pills", "counting coins").

Since the 60s, L-Dopa replacement therapy, aimed at restoring the level of dopamine in the basal ganglia (substantia nigra, striatum, and others), has brought cardinal changes in treatment. There are many LDopa-based drugs. Having prescribed a remedy, having determined the dose, they are used for a long time. Correctly selected drugs almost completely neutralize the manifestations of the Parkinsonian syndrome complex. The previously existing opinion about the possibility of a "vacation" in the use of drugs is not relevant - we get all the symptoms that were previously covered by the prescribed treatment regimen. There is a term - "horror from what he saw." The drugs have to be taken all my life. A certain tactic in treatment is required, taking into account the stage of the disease - the initial, moderate clinical manifestations, the expanded stage. It is very important to prepare receptors with neuroprotective agents, since the high efficiency of L-Dopa at the beginning of treatment is replaced in the subsequent addition of complications: "fluctuation of the dose effect" (improvement in 20-30 minutes after taking the drug is replaced by deterioration) due to "wear of the receptors" , in other cases, there are "dyskinesias of the peak dose" (at the maximum concentration of the drug, involuntary rapid convulsive choreic movements occur in the muscles) or "dystonic syndromes" in the morning (rotation of the foot inward), while the morning dose of the drug removes the rotation, but in the future, if do not adjust the treatment, foot dystonia is formed. In addition, there are daily fluctuations in motor activity and behavior (the phenomenon of "on-off" - the patient "turns off" for a short time), which often frightens the patient and others. For the correct treatment, it is necessary to draw up individual regimens of several drugs, determine the doses, apply them "often, but little by little," and this is not always easy. The "IMEDIS" equipment helps to determine the effectiveness, tolerance, compatibility of drugs, to specify the dose. We used this feature when treating our patient (see below).

Discussing the socio-economic aspects of Parkinson's disease at the 6th International Congress in Barcelona (Spain), it was emphasized that the treatment of Parkinson's disease is one of the most expensive among all neurological diseases. For example, in 1997 in the United States, for the treatment of every patient suffering from Parkinson's disease, daily spent \$ 240, and the total cost in the same year for the treatment of Parkinson's disease was estimated at \$ 24 billion. Various techniques, suggestions are welcomed that allow to somehow improve the patient's quality of life, to alleviate his condition.

The main areas of treatment for Parkinson's disease:

1. Neuroprotection (Pronoran is widely advertised for monotherapy or together with L-Dopa).
2. Symptomatic treatment.

3. Prevention and correction of side effects of long-term treatment.
4. Medical and social rehabilitation.
5. Neurosurgical treatment.

Methods of neurosurgical treatment of Parkinson's disease (the indicated subcortical structures, one way or another involved in the manifestations of "parkinsonism", can be used in drawing up our treatment regimens):

- 1) Stereotactic destruction: thalamotomy, pallidotomy;
- 2) Stimulation with implanted electrodes: thalamus, subthalamic nucleus, inner segment of the globus pallidus;
- 3) Intracerebral transplantation of dopamine-producing cells: embryonic cells, adrenal cells, xenotransplantation, transplantation of cells of cultures created by the method of genetic engineering.

The operation is more indicated in the trembling form. The side of the operation is determined by the prevalence of the lesion. With a symmetrical process - on both sides. The effect of the operation is small and unstable.

Neuroprotection:

- 1) MAO-B inhibitors - antioxidant effect, activation antiapoptosis mechanisms;
- 2) Amantadine - blockade of NMDA receptors;
- 3) Dopamine receptor agonists - decrease in synaptic circulation of dopamine, antioxidant effect, stimulation of autotrophic activity of neurons;
- 4) Akatinol.

There are publications of successful treatment of Parkinson's disease, but during the analysis and examination, doubts arise - is it really Parkinson's disease? In particular, it may be one of the above diseases, and the result of the treatment of Parkinson's syndrome is obtained. Often it turns out to be drug, toxic or vascular parkinsonism, the treatment of which is not the same as in Parkinson's disease and does not present any particular difficulties for specialists when using multiresonance therapy (we have a lot of such patients). The correct diagnosis and treatment algorithm are important.

Criteria for the diagnosis of vascular parkinsonism (based on the materials of the 6th International Congress-Barcelona. Spain 2000)

Signs of cerebrovascular disease plus at least 2 of the following three:

1. Atypical nature of parkinsonism
  - lack of effect of levodopa;
  - the presence of additional symptoms.
2. Atypical course of parkinsonism
  - acute / subacute development followed by stabilization and / or partial regression;
  - stepwise progression with periods of stabilization and regression of symptoms.
3. Neuroimaging changes
  - defeat of strategic zones (subcortical white matter,

lenticular nucleus, midbrain, deep sections of the frontal lobe, thalamus).

It is important to emphasize that often patients have a combined process when there are several factors in the etiopathogenesis. In such cases, combined treatment is required to eliminate them. Beginning as Parkinson's disease at the age of 45, having passed the stage of hemiparkinsonism, atherosclerotic manifestations join by the age of 55–58. Our patient had this option, we used a combination therapy.

Criteria for the diagnosis of Parkinson's disease (Huges, 1992) (based on the 6th International Congress - Barcelona, Spain 2000)

1. The presence of hypokinesia and at least one of the following symptoms: rigidity, resting tremor, postural disturbances.

2. Persistent positive effect of levodopa L-Dopa preparations.

3. Asymmetric debut of the disease (stage of hemiparkinsonism).

4. Progressive current.

5. Absence of the following symptoms:

a) at all stages of the disease:

- distinct cerebellar or pyramidal symptoms;

- supranuclear gaze palsy;

- oculogyric crises;

b) in the early stages of the disease:

- gross postural disorders;

- gross progressive autonomic insufficiency;

- severe dementia.

We have obtained good results when using multiresonance therapy in patients with parkinsonism - vascular, drug (intoxication). The diagnostic schemes were used by the ART method: determination of loads - GPN, Radioactive, False polarity and others. Prescribed drugs to eliminate them. We always used the general BR-preparation 1-2 globules once, the use of BRT with the introduction of OP through 2 containers. In case of vascular parkinsonism, correction and treatment of vascular disorders was carried out, in case of drug (intoxication) - "elimination" of the drug that caused intoxication through 3 containers in inversion. From the result obtained, we "went further". Each case is unique in its own way, there is no one scheme. But the fact that we get a positive result is a fact: Parkinsonian tremor, hypomimia, disappears or significantly decreases, patients become more active. Before prescribing a drug, we always determine its effectiveness and tolerance, combination with others.

#### Example

We have obtained preliminary positive results in the treatment of Parkinson's disease. This is a special case. Constantly resorted to the help and advice of Yu.V. Gotovsky, to whom we are enormously grateful. We have combined the knowledge and views that exist in neurology on this issue with the methodology and principles of treatment that exist in bioresonance and multiresonance therapy. The diagnosis was not in doubt, it was confirmed by various medical institutions, including the Moscow Institute of the Brain. Moreover, the patient underwent stereotactic surgery, and before it - numerous

treatment schemes (including Amino acids, Zhen-tszyu, etc.) in order to somehow alleviate the condition. The disease arose in 42-43 for no apparent reason (now the patient is 60 years old, disabled of the 1st group). I felt awkward in my right hand when twisting the bulb into the socket. He continued to work (specializing as a surgeon), was engaged in Chzhen-chiu. However, after a short time, weakness arose and gradually increased in the right limbs, and Parkinsonian tremor appeared in them. For a while, the prescribed treatment helped, then I had to leave work and became disabled. Stereotactic surgery performed on one side gave only temporary improvement. A second operation on the other side was supposed, as the process became two-way. The disease has progressed. Work with the patient began in 2002.

On examination: a typical picture of Parkinson's disease, looks older than his age. Hypomimia - "mask-like face", without external expression of emotions, a typical posture - the torso is bent, arms are brought to the torso, shuffling gait, in small steps (against this background, an irresistible forward movement with a full fall - propulsion), there were states of "on-off" (as a manifestation of the symptom of "wear" of receptors). Parkinsonian tremors in the arms and legs. A lot of vegetative manifestations: greasy skin of the face, hypersalivation - saliva flows out of the mouth, choking on it. The nails are disfigured, thick, their plate is uneven, longitudinally "Streaked". Violations of the urinary system: frequent urination at night, there are conditions with urinary retention (they call an ambulance team at this time). Constantly - constipation, do enemas. Changes in blood pressure, pain in the heart. Reduced memory, criticism, intelligence, the patient is as if "loaded".

At the first visit, diagnostics by the ART method was carried out, the loads were determined, drugs were prescribed to eliminate them, private and general BR drugs were prepared, after testing, drainage agents were prescribed, a deficiency of minerals and vitamins was determined, remedies were prescribed to eliminate it, BRT was performed. What feature? We confirmed the diagnosis of Parkinson's disease by the marker we have, and then used it for BRT.

At the next appointment, resonance-frequency therapy was carried out according to the programs of fungi, a drug was prepared for taking at home. We checked the condition of some subcortical formations: "Striatum" - inflammation and degeneration, "Substantia nigra" - inflammation and degeneration. These OPs are available in the Medication Selector. Revealed the presence of two processes - inflammation and degeneration in the above substances. Work has begun with inflammation (then with degeneration). At one of the receptions, they worked with the Life Line.

The prescribed treatment brought some improvement: the patient became less constrained, salivation stopped. Further, the drugs that the patient was taking were tested, including: Nakom, Cyclodol and others. Efficiency, tolerance, compatibility, dosage have been determined. Some correction was made, (partially) electronic analogs of drugs were used. The treatment was carried out under the control of BI. In the future, we continued to work with the prostate gland, eliminated dysuric phenomena. Cyclodol is the cause of many urological problems, this is one of its side effects.

action.

It should be noted that the work carried out with the patient was painstaking and complicated. Indeed, at the very beginning, he barely served himself. Gradually, the condition improved, the tremor decreased significantly, the patient began to walk more (including down the street), falls stopped, bruises from numerous injuries disappeared, since there was no propulsion. The face became more vividly reflecting emotions. The stool became regular, without enemas. The skin has changed, it is not as oily as before. Instead of the old, rough, disfigured nails (on the hands and feet), healthy ones began to grow. The treatment algorithm used RFT, diseases caused by protozoa, bacteria, viruses, against the background of drainage therapy. Of course, the general BR-drug was always used, 1-2 globules once a day. Work was carried out with the immune, endocrine, and nervous systems (according to the developed schemes).

We started working with the patient in May, and the next New Year he met with his friends outside the house, played the button accordion. This is the result of our work. It is impossible to say that "we have cured", but we have somewhat improved the quality of life. This result is preliminary, further treatment is required, possibly some research methods. For reasons beyond the control of the patient and the doctor, we had to suspend our treatment. But the good news is that even now the patient is active, goes with his wife to the theater, there are no severe symptoms described above. From the drugs Nakom and Cyclodol were abandoned almost at the very beginning, they made a significant correction in treatment, while paying attention to neuroprotectors and antioxidants. Used electronic analogs.

The preliminary results allow the continuation of work in this direction. hope using what with multiresonant therapy can be received bio- and substantial positive shifts in the treatment of such complex pathologies as Parkinson's disease and parkinsonism.

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