## Experience of treating a child with hydrocephalus, post-traumatic encephalopathy Dobriyan M.B., Podgornaya V.N. (SKB KP IKI RAS, Tarusa, Russia)

1.12.04 for helprelatives of a 9-month-old girl applied, diagnosis:which was deliveredpost-traumatic encephalopathy,hydrocephalus, moderately compensated; rickets of the I-II century, dysbiosis.

During pregnancy, my mother was treated for chlamydia. In childbirth, the weakness of labor, rhodostimulation, the Kresteler manual was used (pressure on the fundus of the uterus to speed up labor). The child was born with ischemic-hypoxic lesions of the central nervous system, congenital heart disease (small IVS defect, open oval window, moderate stenosis of the pulmonary artery. Apgar score 7-8 points, but due to aspiration syndrome the child was in the intensive care unit for 6 days, 3 days of mechanical ventilation, was discharged after 1 month.

Later, the child was observed by a neuropathologist for post-traumatic encephalopathy, with a syndrome of increased nervous excitability, from 2 months old rickets 1 tbsp., Bilateral otitis media, dysbacteriosis, dystrophy (in some months weight gain - 200-370 grams).

According to repeated neurosonography, the expansion of the interhemispheric groove, lateral and 3 ventricles of the brain (from 4 to 8 mm). At 9 months, the child was diagnosed with hydrocephalus, moderately compensated. At 8 months old, the following were seeded from the intestines: hemolyzing E. coli, St. aureus, Pr. vulgaris.

On examination: 9 months old girl, undernutrition, pale skin - cyanotic, wrinkles the forehead, no decrease in intelligence was found, speech is not developed, signs of rickets I – II st. The head is enlarged, the circumference is 47 cm, the parietal bones are protruding, the large fontanelle is 5.5 5.5 cm, bulges, pulsates. The child does not stand on a full foot; he walks on "socks" in a walker. Restless sleep. Previous treatment had no effect.

Treatment at home on autonomous devices of the "IMEDIS" Center was started, at first 2 times a week, then - 1 time. During the first session of craniosacral therapy, a significant prevalence of the flexion phase over extension was revealed, signs of natal cervical trauma were found.

The set of activities included:

1. Craniosacral therapy.

2. Endogenous bioresonance therapy with drug loading

"HEEL" Cerebrum-compositum in the form of an energy-informational copy with a record of general-specific BR-preparations.

3. Exogenous BRT with fixed frequencies.

4. Resonant frequency diagnostics and therapy of bacteria that caused dysbiosis.

5. Induction therapy with brain rhythms - programs No. 7 (Children's) and No. 5 (Peace).

6. Used autonosodes in the treatment of dysbiosis.

7. Repeatedly used the capabilities of the equipment of the Center

"IMEDIS" in case of ARVI and difficulties in teething with a good quick effect.

8. Additionally - a course of massage and dietary supplements "Royal Jelly" KFH "Medonos", Udmurtia.

## **Results:**

Against the background of complex therapy, the child's condition quickly improved:

1) after 1 month, the configuration of the skull changed, almost disappeared swelling of the parietal tubercles, the size of the large fontanel has decreased by half, the child's sleep and mood have improved;

2) after 3 months - a significant improvement in neurosonography data: expansion of the lateral ventricles - up to 4 mm instead of 8 mm of the original;

3) the child began to stand, makes attempts to walk.

Conclusions: an integrated approach to treatment using the equipment of the IMEDIS Center in combination with other methods of treatment allows achieving good results in the treatment of complex diseases in all areas of medicine, accelerates the process of body recovery.

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