

Evaluation of the effectiveness of restoration by methods of traditional instrumental diagnostics in comparison with bioenergy information methods

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In existing clinical practice, the therapeutic effect is usually determined by the dynamics of the pathological process - a decrease in the number and severity of symptoms and deviations from the norm - and the patient's subjective sensations.

Methods of traditional instrumental diagnostics (functional, ultrasound, laboratory) make it possible to clarify the nosological diagnosis, stage and degree of the pathological process, but are not completely and not always applicable to assess the effectiveness of recovery, especially when assessing the most common recovery courses lasting no more than 2-3 weeks.

It is difficult to expect a noticeable change in pathology in such a short period when analyzing the results of transcranial Doppler, electromyography or electrocardiography. Clinical and laboratory methods for studying the function of external respiration have too "narrow" diagnostic meaning. The use of submaximal exercise tests (veloergometry) is theoretically justified, but it is complicated by their laboriousness and has an extensive list of contraindications [3].

Most of the developed methods used to study pain in general medical practice are based on the subjective assessment of the subjects, that is, on the feelings of the patient himself. These are mainly psychophysiological tests: visual analogue scale; digital scales; the method of the described definitions of pain; complex pain questionnaire; determination of pain thresholds in the actual and neutral zones; life quality questionnaire; analysis of patient diaries, etc.

According to the method of a visual analogue scale on a straight line segment 10 cm long, the patient notes the intensity of pain. The beginning of the line on the left corresponds to the absence of pain, the end of the segment on the right corresponds to unbearable pain. The patient should indicate the intensity of pain, knowing that "0" corresponds to no pain, and the final number of the scale is the most pronounced pain that the patient has ever experienced in his life.

The method of descriptive definitions is that the patient is offered definitions of pain: "mild", "moderate", "tolerable", "strong" and "intolerable" (usually no more than 10 definitions). The patient must choose a definition and emphasize it. Our comparative studies have shown that the majority of patients prefer a descriptive scale, since the intensity of pain expresses adjectives, not abstract marks on a line and not numbers, not percentages.

There are several quality of life questionnaires. With their help, the degree of activity, efficiency is assessed; feeling tired; change in mood; the effectiveness of the activities performed: emotionality (fear, anxiety, apathy, agitation, anger, etc.), as well as the duration of these states.

Using the above techniques, one can indirectly judge the severity of pain.

The fight against diseases and intensive searches for effective means of protecting the human body have not yet brought significant results, due to poor consideration of the general biological characteristics of a person.

Currently, there is a revision of the values and mistakes accumulated by society. Over 75% of people suffer from functional disorders (RF), while not detecting deviations from the norm in a clinical study. RF always arise when the body cannot compensate for irritation, resulting in a dysregulation, which is identical to a functional disorder.

Generalization and critical processing of the available literature showed that in modern pharmacognosy there is a tendency to search for new drugs, but there is no single point of view on methodological approaches to their use. Scientists from many countries are working on this problem, but people's health is deteriorating with each new decade.

For a long time, official and alternative medicine has evolved in different ways. Each of them has undeniable advantages and disadvantages. Therefore, both systems must coexist, mutually enriching each other. The end result is important for the patient. It is quite natural that the ways to achieve this result may be different.

According to modern concepts, the level of health of a healthy person is determined by the harmonious state of the internal environment of the body capable of protecting against the adverse effects of the environment [4].

During the research we used: electropuncture diagnostics, bioresonance therapy (BRT), vegetative resonance test (VRT) "IMEDIS-TEST".

The BRT method is based on the restoration of the natural biorhythm of the somatosensory system. The essence of the author's method BRT + EFSK is as follows: the wave oscillations emitted by our tissues and organs, in the interference mode, return to the body in the physiological mode. The patient's electropharmaceutical spectrum (EFS) is recorded directly on the most painful BAP, the signal frequency is inverted using the device for adaptive bioresonance therapy "IMEDIS-BRT-A" and, as a result, the value of electrical conductivity is restored to a physiological norm of about 53 cu. (LV Sharova, patent for invention No. 2204374 RF dated May 20, 2003) [7].

The impact of EFSK on acupuncture points causes an increase in the amount of bioactive substances in the blood. This leads to complex reflex responses, which are manifested by the development of sedation, analgesia, and changes in mental functions. Reflex responses are also implemented in the form:

- anti-inflammatory effect;
- return to normal physiological parameters of electrophysiological measurements of biologically active points (EFI BAP);
- reduction of stress load;
- normalization of blood pressure, pulse;
- increasing the adaptive reserves of the body.

Measurements of electrical parameters of biologically active points by the method of R. Voll, we carried out using the apparatus "MINI-EKPERT-DT".

For evaluating the effectiveness the use of BRT + EFSK, in comparison with traditional prevention and treatment of cervical dorsopathy (CD), the indicators of EFI BAP and electromyography data were studied. In accordance with the international classification of diseases of the tenth revision (ICD-10), osteochondrosis of the spine (M-42) is included in the section of deforming dorsopathies (M-40-43).

The patients were divided into 3 groups.

The first group included 15 patients with exacerbation of pain syndrome (ABS) of the CD who received the BRT + EFSK complex, exercise therapy, massage.

The second group - "Placebo" - consisted of 15 patients who received the imaginary effect of BRT + EFSK, they were carried out only by exercise therapy and massage.

The third group consisted of 15 patients who received only drug therapy, exercise therapy and massage.

The electrical conductivity of seven BAP meridians was studied: lymphatic system, nervous degeneration, joint degeneration, endocrine system, small intestine, gall bladder, and urinary bladder. The measurements were carried out on BAPs, which have the most pronounced functional connection with the musculoskeletal system.

The input parameters were EFI BAT indicators before exposure to BRT + EFSK and after: after 2, 8, 12, 14, 24 and 48 weeks.

As evidenced by the data table. 1, in patients of group 1, the parameters of EFI BAP significantly increased in all meridians after exposure to BRT + EFSK (ST, WT, $p = 0.0001$). In the "Placebo" group, which received the imaginary exposure to BRT + EFSK, there was a slight increase in the EFI BAT indices, as in group 3, statistically insignificant [WW (1-2), 0.03669 ($p < 0.05$)]; [WW, M-W, K-S (1-3) $p = n. s$].

Test conventions: WW - Wald-Wolfowitz runs test; MW - Mann-Whitney U test; KS - Kolmogorov-Smirnov test. Our data indicate the specificity

indicators of EFI BAP at selected points of the corresponding meridians in relation to diagnosis, prevention and treatment of CD, which is consistent with the data of E.V. Rybolovlev and T.Yu. Kravtsova (1991, 1992) on the example of the effect of magnetopuncture [5].

Table 1

Dynamics of EFI BAT indicators in patients before and after exposure to BRT + EFSK

Group	No. 1- "BRT + EFSK" (n = 15)	# 2 - "placebo" (n = 15)	No. 3 - "Medicinal therapy "(n = 15)
Method of exposure	BRT + EFSK, exercise therapy, massage	Imaginary impact BRT + EFSK, exercise therapy, massage	Medicinal therapy, exercise therapy, massage
Date of examination	Indicators (in conventional units)		
Before treatment	3.60 ± 0.40	2.71 ± 3.05	10.70 ± 3.08
After treatment			
later 2 weeks	32.94 ± 1.75	14.75 ± 3.58	13.76 ± 2.87
later 2 months	30.86 ± 3.12	12.29 ± 7.35	15.28 ± 3.34
later 3 months	34.60 ± 1.10	12.33 ± 3.45	13.60 ± 2.33
later 14 weeks	15.04 ± 5.05	8.47 ± 3.56	12.04 ± 1.46
later 6 months	5.76 ± 1.08	4.64 ± 3.12	13.30 ± 1.02
one year later	4.73 ± 4.2 3	5.08 ± 4.00	10.34 ± 3.2

The following parameters were determined by electromyography in patients of the first and second groups: distal latency, amplitude of potentials, speed of impulse conduction, threshold of nerve excitability, form of M-response.

When analyzing the results of electromyography, the most informative indicators were the speed of impulse conduction and the threshold of excitability of the studied nerves (Table 2).

table 2

Dynamics of the parameters of the nerve excitability threshold in patients with CD

	Group 1	Group 2	Group 3
	M ± m	M ± m	M ± m
Md before treatment	63.00 ± 2.00	37.95 ± 2.43	40.05 ± 0.05
Md after treatment	20.46 ± 0.28	21.60 ± 0.73	37.60 ± 2.40
	Wilcoxon before-after p = 0.0431 B-Bp (1-3) = 0.048295		
Ms before treatment	40.24 ± 0.24	40.00 ± 0.71	40.85 ± 0.35
Ms after treatment	20.04 ± 0.60	21.68 ± 0.98	33.05 ± 3.95
	Wilcoxon before-after p = 0.0431 B-Bp (1-3) = 0.048295		
Ud before treatment	40.62 ± 0.36	40.80 ± 0.27	40.50 ± 0.50
Ud after treatment	20.22 ± 0.79	19.80 ± 0.53	33.10 ± 1.90
	Wilcoxon before-after p = 0.0431 B-Bp (1-3) = 0.048295		
Us before treatment	40.64 ± 0.26	36.33 ± 5.08	40.80 ± 0.70
Us after treatment	18.90 ± 0.20	19.40 ± 0.40	32.30 ± 1.70
	Wilcoxon before-after p = 0.0431 B-Bp (1-3) = 0.048295		

Legend: Md - n. medianus on the right; Ms - n. medianus on the left; Ud - n. ulnaris on the right; Us - n. ulnaris on the left. M - mean, m - standard error.

In the process of BRT, attributed to physical factors of ultra-low intensities, we managed to obtain experimental confirmation of the positive effect of BRT of biological and physical nature by means of electromyography. Data indicate the presence of a stimulating effect on the amplitude parameters in persons who received BRT + EFSK. In particular, a statistically significant increase in distal latency in CD in group 1 immediately after BRT + ESPC may indicate some destabilization of neuromuscular regulation at the cellular and intercellular levels, at the level of neuromuscular switching, which contributes to imbalance of the existing pathological stereotype caused by a long-term energy-informational block. Against this background, 2 weeks after BRT + EFSK, there is a growing trend towards the normalization of regulatory processes and the effectiveness of treatment.

At the same time, the threshold of nerve excitability decreased significantly, mainly in the first group [B-Bp (1-3) = 0.048295, before treatment; B-Bp (1-3) = 0.048295 after treatment (p < 0.05)], table. 2; the speed of the impulse conduction and its amplitude increased, indicating an increase in the energy flow along the studied nerves.

We made the conclusion that the proposed by us restorative measures are physiological, easily reproducible, do not require expensive equipment, and are highly effective; allow you to correct the physiological state of patients, prolong the period of remission in CD, correlate with the methods of traditional instrumental diagnostics.

The use of testing by the ART method "IMEDIS-TEST" and further correction with the help of BRT + EFSK, contribute to the improvement of the health of practically healthy people and patients with CD. This is evidenced by a decrease in the psychological load, an increase in EFI BAP and adaptive reserves of the body, as well as a decrease in the high level of anxiety against the background of an increase in resistance to stress and the level of emotional stability. In 2-3 days after the exposure, the main indicators of the quality of life - well-being, activity and mood - increase.

Conclusion. Energy information technologies, which include various methods and techniques of BRT and diagnostic technologies, should occupy a worthy niche in

the system of diagnostics and treatment, to become a link between traditionally clinical and energy-information technologies at the stages of early diagnosis, treatment and prevention, increasing the effectiveness of special treatment methods used in academic medicine, improving the quality and standard of life of patients.

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