

The use of bioresonance therapy to suppress the primary pathological
cravings for alcohol

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The effectiveness of treatment of patients with alcoholism is largely determined by the success in stopping the primary pathological craving for alcohol. The features of primary attraction or mental dependence are: the appearance against the background of abstinence from alcohol in the absence of signs of alcohol intoxication and withdrawal disorders, mood disorders and a feeling of comfort, which is provoked by hunger, physical fatigue, decreased mood, and drinking alcohol causes a feeling of satisfaction and comfort. For the treatment of this syndrome, there are a number of methods of drug therapy and psychotherapeutic programs, but their use is either accompanied by certain side effects, or remain ineffective. The use of bioresonance therapy significantly expands the therapeutic possibilities,

25 patients with chronic alcoholism of the middle stage were examined. Of these: frequent systematic alcohol consumption was found in 9 patients, periodic multi-day consumption in 8 patients and mixed type in 8 patients. These were males aged 30 to 47 years with a disease duration of 8 to 16 years. Taking into account the history of patients abstaining from alcohol consumption, 4 groups were formed, the periods of abstinence were: less than 6 months, more than 6 months, more than 1 year and more than 3 years.

Traditional anti-alcohol therapy was carried out with sessions of mediated therapy with a conditional period of abstinence for 6 months in 7 patients and 13 patients with a conditional period of abstinence for 1 year, 2 patients received sessions of bioresonance therapy with a conditional period of abstinence for 6 months, and 3 -m patients with a conditional period of abstinence for 1 year. Each patient was offered an individual bioresonance therapy (BRT) program for a certain period of abstinence from alcohol. The program of the BRT device "IMEDIS-BRT-PC" was used according to the 1st strategy along all meridians for 20 minutes. The course of treatment consisted of 5 to 10 sessions during the period of abstinence from alcohol consumption. Before the BRT session, the patients were interviewed by the psychotherapist under the program of supportive therapy only in traditional cases of therapy.

The criterion for evaluating the effectiveness of treatment was the duration of remission and the absence or decrease of pathological craving for alcohol.

The results of the treatment are given in table. 1 and 2.

Table 1

Comparative data on abstinence from alcohol intake in patients from anamnesis and after anti-alcohol therapy and BRT

Anamnesis		Patients abstained from alcohol intake		
Abstinence period	Patient	Less than 6 months	More than 6 months	More than 1 year
Less than 6 months	nine	five	2	2
More than 6 months	eight	3	3	2
More than 1 year	five	one	one	3
More than 3 years	3	0	one	2

table 2

Comparative data of the conditional period of abstinence and abstinence from admission alcohol in patients after anti-alcohol therapy and BRT

Conditional period of abstinence		Patients abstained from alcohol intake		
Abstinence period	Patient	Less than 6 months	More than 6 months	More than 1 year
6 months	7	4	2	one
6 months (BRT)	2	one	one	0
1 year	13	2	4	7
1 year (BRT)	7	4	2	one

When analyzing the results obtained, as reasons for failures were identified manifestations of associated and spontaneous drives, respectively, in 7 and 6 cases. At the same time, various degrees of severity of pathological attraction were noted: lack of attraction - 2 cases, mild intensity of attraction - 3 cases, pronounced attraction - 5 cases, maximally pronounced - 2 cases in patients who withstood the conditional period of abstinence. And also the absence of attraction - 0 cases, mild intensity of attraction - 2 cases, pronounced attraction - 5 cases, the most pronounced 6 cases in patients who failed to suppress the attraction to alcohol.

Suppression of the primary pathological craving for alcohol depends on its components and degree. In most cases, the main components of the pathological drive were ideational, emotional, vegetative, and less often sensory and behavioral. However, during therapy, these components were easily stopped during BRT sessions, and the degree of attraction decreased.

Influencing the mental dependence of patients with the method carried out, it was possible in a number of cases not only to reduce it, but also to completely suppress it. The periods of abstinence from alcohol consumption increased. So in the group where abstinence from alcohol was less than 6 months, 2 resumed drinking after 8 and 10 months, and 2 after 12 and 14 months. In the group where abstinence from alcohol was more than 6 months, 2 patients did not drink alcohol for 14 months (Table 1). These are the most difficult groups of patients, it is they who have the highest degree of attraction, and the effectiveness of treatment is much lower.

The results show that the conditional and real terms of abstinence of patients from alcohol intake are different. Only 4 out of 9 patients withstood a period of abstinence for more than 6 months and 8 out of 16 patients for a period of more than 1 year (Table 2). The use of only BRT for anti-alcohol therapy is equivalent to traditional methods, however, the small number of cases does not fully assess the technique.

In order to adequately evaluate this method of treatment for suppressing the primary pathological drive, one should take into account the peculiarities of the actualization of the craving for alcohol.

The resulting craving for alcohol can differ in varying degrees of intensity, the strength of which can be roughly judged by the patient's behavior. With extreme intensity of attraction, it is satisfied immediately and to satisfy the need for intoxication, the patient is ready to overcome any obstacles. In some cases, usually with a not very intense craving for alcohol, it appears for a while and disappears with distraction. With its high intensity, a struggle of motives, resistance to the arisen attraction is possible. If it, despite all the measures taken by the patient, including the ongoing therapeutic measures, continues to increase, it is possible that the resumption of alcohol intake is possible. In most cases, there is no struggle of motives. The attraction is satisfied as soon as it arises, although it may not be very strong.

Various psychological factors affect the intensity of attraction. If a patient has the opinion that alcohol consumption is extremely dangerous to health, after the anti-alcohol treatment carried out to him, the attraction may disappear for a long time. If it occurs, then it may not be very intense and easily overcome. With the exclusion of alcohol consumption and the desire to continue anti-alcohol treatment, attraction in some cases does not arise.

The main reasons for mental dependence are the patient's desire to experience a positive emotional state that occurs during alcoholic euphoria, or to suppress anxiety, fear, guilt, dissatisfaction, etc., which can be considered as violations of adaptive mechanisms. And this causes internal tension, which is relieved by the intake of alcohol. As you abstain from use

alcohol, asthenization of the patient is observed, mood swings, exacerbation of somatic diseases are characteristic. Mild asthenic, affective and psychopathic manifestations actualize the craving for alcohol, and then BRT alone is not always enough. In these situations, additional programs of multiresonance therapy should be prescribed, under the control of diagnostics by the method of vegetative resonance test according to the generally accepted method.

Taking into account the experience and possibilities of influencing the body of patients with multiresonance and bioresonance therapy, it seems possible to use this method in solving the complex problem of treating alcoholism.

Bioresonance therapy can be used to suppress the primary pathological drive quite successfully, both as an independent method and in combination with traditional methods of treating alcohol dependence.

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