The effectiveness of the use of bioresonance and multiresonance therapy in treatment glaucomatous optic atrophy Anvarul Azim MD (Eye center "Vostok-Prozrenie", Moscow, Russia)

Relevance

For 5 years at the Vostok-Prozrenie Eye Center, we have been using bioresonance therapy (BRT) to treat diseases associated with pathology of the organ of vision. At the XI conference, we presented the generalized results of the treatment of eye diseases:

- vascular and degenerative pathologies of the retina;

- optic nerve atrophy;
- glaucoma (primary, advanced);
- progressive myopia (myopia);
- farsightedness (hyperopia) in adolescents;
- accommodation spasm, amblyopia, asthenopia;
- retinitis pigmentosa;
- tapetoretinal abiotrophy;
- trigeminal neuralgia and
- others.

This time we present the experience of using energy-informational methods in the treatment of glaucomatous optic nerve atrophy.

Currently, glaucomatous optic atrophy is a complex ophthalmic problem. Traditional neurotrophic (medication and

physiotherapy) and surgical treatment do not give a noticeable therapeutic effect.

In this regard, interest in non-traditional methods of treatment is growing, for example, Ancient Eastern Chinese medicine, zhen-tszyu therapy, acupuncture (IRT) (acupuncture) and modern energy-informational methods: electroacupuncture diagnostics (EPD) according to R. Voll, vegetative resonance test (ART), adaptive bioresonance therapy (BRT) according to Yu.V. Gotovsky.

The greatest international recognition was gained by EPD and therapy by the method of R. Voll, autonomic resonance test, which arose as a result of the integration of the concept of Chinese acupuncture and the most important achievements of electrophysiology.

The positive experience of using energy-information technologies for diagnostics and treatment, especially BRT and MRI, opens up a fundamentally new direction in ophthalmology in the treatment of glaucoma.

Purpose of work: Evaluation of the effectiveness of adaptive bioresonance therapy in the treatment of glaucomatous optic nerve atrophy.

Materials and methods: During 1 year of observation, 42 patients with glaucoma were examined and underwent IRT and BRT at the Vostok-Insight Eye Center. The therapy was carried out on the apparatus "MINI-EXPERT-DT" of the Center "IMEDIS".

General endogenous BRT was carried out in accordance with the diagnostic data and exogenous resonance therapy with fixed frequencies (Voll, Schmidt, Rife and individual, determined using BRT) e In particular, P. Schmidt frequencies were used (70, 70.5, 72.5 and

94.5 Hz, E342, E384, E386) and Voll (3.6, 4.9 and 7.5 Hz). In most cases, induction therapy was used (if indicated). Meridial and resonance complexes, organopreparations (according to indications) were often prescribed.

Acupuncture was used in parallel with BRT. During acupuncture, the following groups of points were used: 1) local paraorbital; 2) segmental - mainly of the collar zone; 3) distant or points of general action; 4) auricular (ear), also acupressure of the earlobes, inner corners of the eyes and temples.

Puncturing of both local and segmental points was carried out using a tonic or harmonizing method according to a generally accepted technique.

The number of sessions per course of treatment was determined primarily by the dynamics of the disease: on average, it was 6–10 sessions. The sessions were carried out daily or every other day. The number of courses is 1–3. The duration of the observation of patients was 4–6 months, the frequency of sessions, the intervals between courses were determined individually in accordance with the capabilities of the patients, the severity of the disease, and the dynamics of indicators.

The assessment of the dynamics of visual functions was based on the results of monitoring changes in the field of vision, visual acuity and the depth of excavation of the optic nerve.

Clinical studies were carried out on 42 patients (63 eyes). The age of the patients is 40-86 years. Most of the patients had an advanced and advanced stage of the disease: 30.7% of patients had the first stage of glaucoma, 17.5% had the second stage of the disease, 51.8% had the third stage. All patients were operated on for glaucoma. Ophthalmotonus was compensated for all of them. The relationship between the stage of glaucoma and the excavation of the optic nerve is presented in Table 1.

Table 1

Relationship between glaucoma stage and optic nerve excavation

Glaucoma stage	Excavation of the optic nerve		
Stage I	0.4-0.6		
Stage II	0.7-0.8		
Stage III	0.8-1.0		

In all patients, the visual field was examined by the method of automatic static computer perimetry (ASCP) on the automatic static perigraph "Pericom".

The percentage of loss of visual function was calculated as follows: complete loss of photosensitivity (absolute scotoma) at one of the points is 1% deficit, partial loss (relative scotoma 1 and 2) is 0.5% deficit.

Results and its discussion

All patients tolerated the acupuncture procedure well, noted an improvement in general wellbeing, a decrease in irritability, and normalization of sleep. After 4-5 procedures, there was a subjective improvement in vision, a decrease in visual fatigue. This was confirmed by an increase in visual acuity after an average of 6–8 procedures. After the end of the course of treatment, almost all patients showed an increase in visual acuity from 20 to 40% (Table 2), the percentage of loss of visual function after treatment decreased 1.5–2 times.

table 2

Dynamics of central visual acuity within a year after treatment (n = 63 eyes)

	Before treatment			After treatment		
visual aculty	Stage I	Stage II	Stage III	Stage I	Stage II	Stage III
0.6-1.0	fourteen	6	fifteen	sixteen	nine	25
0.3-0.5	4	3	fifteen	3	one	7
0.1-0.2	one	2	3	-	one	one

Disappeared and another subjective symptomatology: ceased to be calm down micropsia, metamorphopsia, color perception disorders. At the end of treatment, all patients showed a significant decrease in the threshold values of the light sensitivity of the macular region of the retina. Re-examination 6–8 months later showed no negative dynamics of pathological changes in the fundus, and visual functions remained stable.

Conclusions:

1. Bioresonance and multiresonance therapy are effective non-drug methods of treating glaucomatous optic nerve atrophy.

2. As a result of the application of these techniques, there is a partial or complete recovery visual functions, subjective negative phenomena such as central scotoma, metamorphopsia, etc. are eliminated.

3. When carrying out bioresonance therapy, the likelihood of adverse side effects no effects or complications were found.

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