

## Diagnosics and therapy of psychosomatic pathology in drug addiction remission in convicts with the use of APK "IMEDIS-EXPERT"

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Five years of experience in the use of equipment for electropunctural diagnostics and bioresonance therapy, supplied to the equipment of psychiatrists of the federal service for the execution of punishment to identify among convicted persons prone to drug use, has shown its undoubted effectiveness. Over the years, more than 40 thousand convicts have been tested and a huge array of reliable information in demand has been obtained. However, the unified hardware "IMEDIS" can be effectively used to solve a number of other important medical and psychological problems related to the prevention of drug use [1]. One of them is diagnostics and therapy of psychosomatic pathology of drug users in remission in prisons.

An analysis of the incidence of mental disorders, including those related to drug addiction, showed its high level (first place in the structure of overall morbidity), which generally reflects the existing picture. The main problem in the treatment of drug addicts is the formation of a stable and long-term remission with high-quality social rehabilitation. Numerous works of domestic scientists are devoted to the study of the causes of the onset, the duration of remission and the causes of relapses in drug addiction (Portnov A.A., 1962; Averbakh Ya.K., 1964; Strelchuk I.V., 1966; Korolenko Ts.P., Bochkov G. I., 1973; Gurieva V.A., Gindikina V.Ya., 1980; Ivanets N.N., Igonin A.L., 1983; Balashov P.P., 1987; Lichko A.E., Bitensky V. S., 1991; Sheludko V.S., 1991; Pyatnitskaya I.N., 1994; Ivanov V.G., 1995, etc.). At the same time, the related problem of the main factors,

The reality of today is that there is a category of people with pathological mental and somatic symptoms after stopping drug use, who are outside the field of supervision of psychiatrists and narcologists for a long time. The reason for this state of affairs is far from unambiguous. It is impossible not to take into account the "latent" psychosomatic pathology that occurs during this period, when some of these patients are being treated by a therapist and do not seek help from a psychiatrist.

To "psychosomatic" in the narrow sense are somatic diseases, in the etiopathogenesis of which play a significant role psychological factors. In the DSM-IV, psychosomatic disorders are categorized as psychological factors that influence the physical condition. In ICD-10, such disorders correspond to heading F54 "Psychological and behavioral factors associated with disorders or diseases classified elsewhere." With psychovegetative paroxysms, changes are observed on the part of the cardiovascular system in the form of palpitations, discomfort or pain in the left half of the chest, lifting, less often a drop in blood pressure, etc. Neuroses with

functional violations cardiovascular activities, defined as "cardioneurosis" (Richter H., 1986), represent one of the common and typical borderline disorders. The origin and clinical characteristics of hyperventilation syndrome are directly related to the assessment of the respiratory system, which has the highest "psychosomaticity index". Modern terminology distinguishes the concept of "general psychosomatic syndrome", which is widespread in psychosomatic medicine (OPS - Breutigam V., 1999), synonyms "vegetative dystonia", "psychovegetative," asthenovegetative "syndromes. L. Delius (1977), V. Broytigam (1999) distinguish two clinical types of OPS: organ (isolated, with localization of disorders in certain organs) and general (with polymorphism of symptoms due to the involvement of several organs or systems).

Revealing of psychosomatic pathology occurs during preventive examinations and at the reception upon request. Only a small proportion of patients come to see a psychiatrist, usually with a referral from a general practitioner or cardiologist. On the one hand, this is due to the existing attitude in society towards treatment by a psychiatrist, fear of stigmatization and possible consequences. However, in relation to convicts, this is also due to the specifics of their personal and psychological attitudes, which prevents the timely and targeted provision of the necessary assistance to them. The equipment produced by the IMEDIS Center, as shown by the results of an experiment carried out in 2007 in conjunction with the Educational and Methodological Center "Health-saving technologies and prevention of drug addiction among young people" N.E. Bauman,

The objectives of the study were to study the dependence of psychosomatic pathology in convicts with a possible remission of drug addiction, as well as to clarify the features of the manifestation of the clinical course of the remote stage of remission of drug addiction in convicts. For this, at the first stage of the study, a group of patients with severe psychosomatic pathology was formed by the standard procedures of a complete examination and study of the available documentation, by the method of random sampling. The group included 162 people aged 23 to 58 years. According to the experimental conditions, the specialists forming the group were not informed about which of the patients had a diagnosis of mental and behavioral disorders due to drug use. (The clinical diagnosis of such patients was previously established during a forensic psychiatric or narcological examination). The duration of drug use for them ranged from 3 months to 15 years, the period of remission at the time of the study was from 2 months to 3 years. In 45.7% of the subjects of the experimental group, diagnoses of concomitant somatic pathology prevailed (of which 17.9% were due to previous hepatitis; 19.8% - dermatitis and streptoderma; 8.0% - stomach ulcer). Clinically, upon examination, 22.8% of the subjects showed periodic violations of the trophism of the skin and pathological manifestations in the form of dryness, peeling with a tendency to easy infection and the development of pustular skin lesions. 9% due to previous hepatitis; 19.8% - dermatitis and streptoderma; 8.0% - gastric ulcer). Clinically, upon examination, 22.8% of the subjects showed periodic violations of the trophism of the skin and pathological manifestations in the form of dryness, peeling with a tendency to easy infection and the development of pustular skin lesions. 9% due to previous hepatitis; 19.8% - dermatitis and streptoderma; 8.0% - gastric ulcer). Clinically, upon examination, 22.8% of the subjects showed periodic violations of the trophism of the skin and pathological manifestations in the form of dryness, peeling with a tendency to easy infection and the development of pustular skin lesions.

At the second stage of the study in patients of the experimental group

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the diagnostics of indicators of psychophysical health was carried out according to the developed algorithm, including:

- clarification of the fact of drug use, their type and duration

reception;

- assessment of the mental and somatic state of the body;
- determination of the severity of concomitant somatic

pathology and specificity of damage to organs and systems of the body against the background of a long period without drug use.

The patients were provided with information about the examination methodology, the procedure, rules and objectives of the study were explained in detail. Informed consent was obtained for the examination.

When clarifying the picture of the experience of drug use, the load of drugs was tested according to the classical scheme: the sum of the sums of drugs, the sum of drugs 1; the amount of narcotic substances 2; indications of the use of opiates, cannabinoids, etc. (according to indications in the range of potencies D3-D200) [2]. In 79.0% of the surveyed, various periods of drug use were revealed in the past. 29.6% previously did not report such information during a clinical-anamnestic study. According to the results of testing and subsequent measures prescribed by law, 89.2% of them have reliably confirmed drug addiction from other sources, which indicates a high diagnostic efficiency of the method.

In the course of the implementation of the rest of the diagnostic program using hardware, it was found that psychopathological disorders and somatic pathology identified in the remote stage of remission in the period from 1 month and later (1, 2, 3 years after the last drug use) have clinical features and frequency in development. The assessment of the mental and somatic state of the organism was carried out according to the method of R. Voll, i.e. by measuring hand and foot QTY with further automatic data processing. Subsequently, according to the method of the vegetative resonance test "IMEDIS-TEST", the indicators were selectively tested according to the indications [3].

The study made it possible to clarify the main stages of the dynamics of psychopathological disorders in the period of remission of drug addiction in convicts.

The first stage is acute withdrawal disorders (withdrawal symptoms). Upon arrest, the use of narcotic substances is stopped and there is no possibility of acquiring them. In the period up to three days, the clinic of withdrawal symptoms develops. This period is distinguished by the severity of the development of clinical symptoms and rapid dynamics, the most difficult is experienced drug user and is associated with both mental and somatic symptoms. As a rule, it is during this period that the majority of patients seek medical help in order to relieve withdrawal symptoms. When testing the KTI, the main pathology was revealed in the form of a moderate and pronounced degree of depletion of the immune system. Almost all of them had pathology in the form of vegetative-vascular dystonia, dysfunction of the gastrointestinal tract, and immune responses to exercise. Of all those examined with symptoms of drug addiction, the indicators for

corresponding KTI were pathological in 95.7% of cases, which was mainly expressed in the "drop of the arrow" by 25-30 conventional units.

The second stage is post-withdrawal disorders (post-withdrawal syndrome). It is characterized by the smoothing out of acute withdrawal symptoms and the predominance of psychopathological symptoms. The clinic is dominated by psychopathic symptoms with rapid exhaustion of affective outbursts and a predominance of asthenic and hypochondriac symptoms. During this period, exacerbation of somatic pathology is characteristic, after the relief of acute somatovegetative manifestations, algic symptoms.

The third stage is a long-term period of drug addiction remission (duration 1-2 years with an undulating course). Is different consistent clinical dynamics of symptoms and long-term undulating current. Asthenohypochondriac prevails more often. symptomatology combined with lethargy, apathy, anxiety, and mild flare-ups lasting up to six months. Against the background of a long period of cessation of drug use, some patients develop partial criticism with an awareness of drug addiction.

Thus, it has been reliably established that up to 30% of drug addicted convicts hide their drug past and mask the consequences of drug addiction remission in psychosomatic pathology. Accordingly, this makes it possible to clarify the therapy prescribed for them. First of all, by conducting bioresonance therapy according to 4 strategies (unloading technique with inversion and neutralization of toxins with targeted drainage of lymph). When selecting a recipe, ONOM drains are especially effective (DRE 2 for skin, DRE 6 for lymph, DRE 16 for mesenchymal-metabolic, DIS 3 - detoxification of chemicals). Secondly, due to the selection and prescription of Bach Flowers, as the most tolerable and effective. Against the background of corrected therapy, patients effectively relieved symptoms such as: pathological craving for drugs, lethargy, weakness, sleep disorders. The activity of the gastrointestinal tract has normalized, the discomfort when eating has disappeared.

The analysis of the results of the experiment also showed that with a hardware-confirmed narcotic past, it is much easier for convicts who hide this to identify the causal dependencies of functional disorders, pathology in a particular organ, system, and it is also possible to clarify the differential diagnosis of the disease. When diagnosing by the method of the vegetative resonance test "IMEDIS-TEST", the main attention was paid to indicators of the depletion of the immune system of varying severity, lymphatic burden, mesenchyme blockade,

psychovegetative and toxic loads. It is noteworthy that against the background of corrected therapy, as a rule, there are no cases of exacerbation of symptoms. Symptoms of vascular lability disappear. It is this period that is the most favorable and productive for the entire range of possible therapeutic and rehabilitation measures in order to achieve the maximum effect. This becomes possible when

an individual approach, high-quality diagnostics and complex therapy, both traditional and bioresonance methods and means. As a result, the emerging unstable attitudes towards drug refusal against the background of

forced remission turns into persistent, and remission becomes therapeutic.

Conclusions:

1. Testing using the vegetative resonance test "IMEDIS-TEST" of convicts with psychosomatic pathology allows to reveal the latent group of drug users and promotes reliable

establishment of the fact, quality and stability of remission.

2. The information received allows for adequate correction mental and somatic disorders and exacerbations with the prevention of breakdowns and relapses. The use of the hardware-software complex "IMEDIS-EXPERT" allows diagnostics, selection of drugs and the use of various methods of therapy. At the same time, the examination procedure itself is greatly simplified, the time of its implementation is reduced, the possibilities of using various drugs are greatly increased with a quick assessment of the degree of their effectiveness.

3. Vegetative resonance test "IMEDIS-TEST" allows not only to correct the history of drug use, to reveal the latent group of drug users and to clarify the clinical symptoms of drug addiction remission, but also to clarify the stages of the course of psychopathological disorders.

4. At the initial stage (withdrawal syndrome), primary pathological attraction against the background of polymorphic psychopathic symptoms. The second stage (post-withdrawal syndrome) is characterized by a decrease in the severity of manifestations of pathological attraction and the appearance of affective disorders, smoothing of psychopathic symptoms. In the future, there is a stage of distant mental disorders with a protracted undulating course of asthenic and hypochondriac symptoms. The IMEDIS equipment allows for targeted therapy at each of these stages.

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