

## The use of the vegetative resonance test "IMEDIS-TEST" in the diagnosis of neurotic and neurosis-like disorders in children and adolescents

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### Introduction

The study of the etiology and pathogenesis of neurosis-like disorders (nocturnal enuresis, tics, paroxysmal somnambulism, logoneurosis) is relevant for modern medicine. This is due to the fact that in recent years there has been an increase in the prevalence of this pathology in children and adolescents. Such diseases are difficult to treat, and the success of therapy largely depends on how correctly it is possible to identify the cause of the disorders and to trace the main pathogenetic mechanisms of the development of the disease.

### Purpose of the study

To study the influence of various etiological factors on the occurrence of neurosis-like disorders in children and adolescents.

### Materials and methods

The work was carried out on the basis of the consultative and diagnostic center of the children's city polyclinic in Moscow.

To assess the state of the organism as a whole and its individual functional systems, the method of electropuncture testing was used - the vegetative resonance test (ART) "IMEDIS-TEST" [1-3].

The examination and treatment of children was carried out on the hardware and software complex (APC) "IMEDIS-EXPERT" (registration certificate No. FS 022a2005 / 2263-05), developed at the Center for Intelligent Medical Systems "IMEDIS" (Moscow) under the guidance of Professor Yu.V. ... Gotovsky.

428 children and adolescents (285 boys and 143 girls) aged 5 to 18 years suffering from neurosis-like syndrome were under observation for 3 years. Among them, bedwetting was noted in 286, tics - in 46, paroxysmal somnambulism (sleepwalking) - in 28, and logoneurosis - in 68 patients. It should be noted right away that the examination of patients was carried out on the basis of their complaints, and only then a more clear gradation was carried out into a neurosis-like or neurotic symptom complex.

### Results obtained and their discussion

In accordance with the etiological factor, which, according to the conducted studies, was the cause of the development of this pathology, all patients were divided into 3 groups.

The first group (204 subjects) consisted of patients with neurotic reactions, in whom enuresis, hesitation in speech, as well as violent movements of the facial muscles of the face were a manifestation of a situationally conditioned neurotic reaction that arose in response to a stressful child

impact. These impacts included:

1. Emotional experiences in the presence of a conflict situation in the family (quarrels between parents, divorce of parents, physical punishment of the child).
2. Anxiety about a difficult situation at school (quarrels and even fights with peers, conflicts with teachers).
3. Postponed states of fear (dog bite, car accident, cases getting stuck in an elevator, watching so-called "horror films", etc.).

The data available in the literature indicate that the main role in the occurrence of neurotic enuresis belongs to the traumatic effect [4, 5]. Our studies are in accordance with the information available in the literature on the main link in the development and occurrence of this pathology in children and adolescents. As our observations have shown, neurotic enuresis, from the point of view of etiopathogenesis, has the following distinctive features:

1. It is always necessary to have a neurogenic (or psychogenic) effect, that is, a situation that provokes the emergence of such a neurotic reaction.
2. The content of this situation is clearly traced and many times repeated in the drawings of patients, their dreams and when talking with the subject.
3. Occurrence of bedwetting, stuttering or tics clearly associated with the action of a psychogenic factor. In particular, enuresis (which has never been noted in the patient before) appears against the background or immediately after the action of the neurotic situation. When the neurotic influence is eliminated, enuresis often stops spontaneously, even in the absence of special treatment.

Unfortunately, it is not always in the power of a doctor to eliminate a conflict situation, especially in a family. In this regard, the main therapeutic measures were aimed at relieving those psychological stresses that were tested by the ART method in all, without exception, examined in this group. It should be noted that psychological loads were quite high - 3-6 degrees, and in 29 patients - 7 and 8 degrees (the gradation of psychological loads by the ART method "IMEDIS-TEST" provides for 8 degrees).

It was in this group that the largest number of patients (44 children) was noted, in whom the indication of depressive disorders was tested using the ART "IMEDIS-TEST".

It should be emphasized that the results of ART "IMEDIS-TEST" were reliably confirmed by the data of experimental psychological research. This examination was carried out in all patients using the pictogram and self-assessment techniques according to Dembo-Rubinstein. During psychological testing, significant conflict experiences and violations of the emotional-volitional sphere in children were revealed. At the same time, during the implementation of the methods, when talking with the child, in the comments to the drawings, the same indications of the presence of a traumatic situation and a depressive background were observed, which was also determined using ART.

The second group consisted of 144 patients, who were characterized by two features that distinguished them from the examined other groups.

First, the burdened perinatal background attracted attention:

- unfavorable course of pregnancy in the mother - toxicosis 1st and 2nd half of pregnancy (69.4%), the threat of termination of pregnancy (38.2%);  
- childbirth by cesarean section (20.8%), hypoxia in childbirth (50.7%). The majority of children in this group (77.8%) under the age of 1 year were observed by a neurologist for the consequences of perinatal encephalopathy.

Secondly, it was in this group of patients that the greatest changes in the EEG were noted: a decrease in the threshold of convulsive readiness in the form of the presence of waves of theta and delta ranges both in the background recording and during functional loads (light stimulation, hyperventilation), manifestations of dysfunction of limbic structures -reticular complex. In a number of children (27.1%), the EEG revealed specific peak-wave epi-complexes.

If in the first group of patients, according to the results of ART "IMEDIS-TEST", psychological stress prevailed, then in the second group of patients, indications of vegetative burdens came to the fore. A strong vegetative burden was observed in 47.9%, and a very strong one - in 13.9% of patients. An indication of the tension of the autonomic nervous system of the 3-4th degree was revealed in more than half of the children in this group.

The obtained results of ART in patients of the 2nd group in combination with EEG data were regarded as manifestations of dysfunction of subcortical structures.

The third group consisted of 80 children in whom the onset of complaints was observed immediately or some time after the child had suffered the so-called flu, proceeding with a high fever, severe intoxication. The stereotypical nature of the clinical picture (acute onset of an infectious disease, hyperthermia, then the appearance of a disorder in the form of bedwetting or sleepwalking, tics or stuttering), suggested the possibility of the child having the consequences of a neuroinfection, which proceeded in an erased form, without focal neurological symptoms under the guise of toxic flu ... During diagnostics using ART "IMEDIS-TEST", influenza pathogens in patients of this group were not determined, but at the same time, two types of virus were clearly tested: Epstein-Barr (1)

- in 73.7% of children and Coxsackie B, serological type 4 (1) - 26.2% of patients. In 14 subjects, both of these pathogens were tested.

These were the distinctive features of the anamnesis, EEG and the results of ART "IMEDIS-TEST" in the three indicated groups of patients.

If the first group, as already noted, consisted of patients with neurotic disorders, then the disorders revealed in patients of the 2nd and 3rd groups represented a neurosis-like syndrome, and the cause of its occurrence, as follows from the results of the studies performed, was different.

Our 5-year observation of patients suffering from enuresis, tics, paroxysmal somnambulism and logoneurosis, as well as the results of the therapy, made it possible to identify a number of significant etiopathogenetic factors.

First of all, it should be noted that all of these disorders (enuresis, tics, logoneurosis, paroxysmal somnambulism) are divided into

neurotic (in the genesis of which the leading role belongs to a neurogenic or psychogenic factor) and neurosis-like. Moreover, if the nature of a neurotic disorder is often easy to establish, then the causes of a neurosis-like syndrome are manifold. The main etiological factors of this pathology, apparently, include:

- violations of cortical-subcortical regulation (manifestations of dysfunction hypothalamic structures, a decrease in the threshold of convulsive readiness of the cortex), resulting from the existing residual organic disorders (in particular, a burdened perinatal background). Thus, in this case we are talking about a paroxysmal nature, for example, enuresis or stuttering;

- transferred neuroinfection caused, in particular, by viruses Epstein-Barr and Coxsackie, causing enuresis or tics. It should be emphasized once again that neuroinfection often occurs in a "erased" form and is diagnosed as influenza or ARVI.

Of course, it should be noted that such a division of the indicated pathology according to the etiological criterion is very conditional. In clinical practice, mixed forms are often found, when the action of several pathological factors is observed. At the same time, the ability to isolate the main etiopathogenetic link often plays a decisive role in the selection of the appropriate therapy. Based on this, it can be assumed that the presented materials will help to highlight the prevailing pathological mechanism of disorders and the choice of adequate treatment for patients suffering from enuresis, tics, sleepwalking or stuttering speech.

#### Clinical example 1

Boy 8 years old. The mother has a course of pregnancy and childbirth without pathology, early development according to age. According to the mother, the child was bitten by a dog on the street two weeks ago, after which he developed bedwetting. The child's sleep is restless, in a dream he sees a large dog biting him, wakes up crying, it was twice noticed that the child gets out of bed and walks in his sleep, and in the morning he does not remember this. Enuresis practically every night, sometimes twice a night. Has become irritable, complains of a headache.

Neurological status - no residual organic symptoms. EEG picture is a variant of the age norm. ECHO-EG and fundus pattern indicate moderate intracranial hypertension.

Psychometric results: intelligence according to age, pictogram - on the theme of "fear" draws a huge black dog.

During ART-diagnostics "IMEDIS-TEST" tested pronounced psychological load.

Against the background of the sessions of bioresonance therapy and treatment with homeopathic preparations, the complaints disappeared after 3 weeks, the course of therapy was continued for another 2 months prophylactically. Follow-up for 5 years. Enuresis has not resumed, the boy is doing well.

This example illustrates a typical neurotic enuresis, when there is a certain traumatic situation, the plot of this situation can be traced

in the dreams and drawings of the child, when the psychological load is removed, the complaints disappear.

### Clinical example 2

Boy 9 years old. Suffering from the age of 3 years of violent contraction of the facial muscles of the face. Repeatedly received treatment from a neurologist and neuropsychiatrist (Pantogam, Phenibut, dehydration therapy, sedative herbs), the effect is short-term. At the age of 7 I went to school and, in addition to facial tics, tics of the muscles of the neck and shoulder girdle began to appear. A child from 6 pregnancies (the previous 5 pregnancies ended in miscarriages), a real pregnancy with the threat of termination throughout the entire period, the mother was treated in a hospital, childbirth at 36 weeks, secondary birth weakness in childbirth, the use of obstetric forceps. Up to 1 year, the child was observed by a neurologist for perinatal encephalopathy.

Neurological status - mild disseminated residual organic microsymptomatology.

EEG - pronounced manifestations of dysfunction of subcortical structures in the background recording, in response to hyperventilation, the appearance of generalized theta rhythm and single epi-complexes "peak-wave", mainly in the temporal zones, is noted.

Psychometric data - a slight decrease in the volume of short-term memory; emotional-volitional sphere without pathology.

In ART-diagnostics "IMEDIS-TEST" the frequency program of the anticonvulsant effect is clearly tested. There is no psychological stress. The tension of the autonomic nervous system of the 2nd degree.

The child underwent a course of complex treatment, which included sessions of endogenous bioresonance therapy, exogenous bioresonance therapy with fixed frequencies, allopathic drugs were also prescribed and courses of acupuncture were conducted.

The complete disappearance of tics was achieved after 2 years from the start of therapy, and the EEG picture normalized after 3 years.

Follow-up was not carried out (the child moved with his parents to another city). This example illustrates tics of a neurosis-like nature, while the cause of the disease, apparently, is determined by the presence of paroxysmal activity of brain structures as a result of residual-organic disorders of perinatal genesis. In contrast to the previous example, the period of treatment in this case is much longer, since the restoration of normal cortical-subcortical relationships requires much more time than the removal of even high psychological stress.

### Clinical case 3

A 12-year-old girl, she was growing and developing normally, her academic performance is excellent. Six months ago, she suffered an acute respiratory viral infection with a high temperature, after which, after 2-3 months, stutters appeared in her speech. With emotional stress, excitement, stuttering intensifies.

Neurological status - residual organic disorders were not revealed, EEG picture and psychometric data - no pathology was revealed.

ART diagnostics detects the presence of the Coxsackie virus (serological type 4).

Etiotropic treatment was carried out using the APK "IMEDIS-EXPERT". Complete clinical remission was achieved within 10 months from the start of therapy. Follow-up for 4 years, no complaints.

These examples illustrate that the etiology of these disorders can be different. Often in clinical practice, there are cases when there is a combination of several reasons, for example, the emergence of a traumatic situation or the defeat of a viral burden of a child with a residual organic background or paroxysmal activity of a different nature. As long-term observations show, the ART method "IMEDIS-TEST" in some cases is the only way to find the true cause of the disease and study the pathogenesis of existing disorders. At the same time, adequate therapy, also selected with the help of ART "IMEDIS-TEST", in the overwhelming majority of cases has a stable positive effect.

#### conclusions

Enuresis, tics, paroxysmal somnambulism and logoneurosis in childhood and adolescence are complex polyetiological diseases, for which successful treatment a detailed diagnosis is required with the identification of a key factor (or a group of factors) that causes the development of a pathological process.

The use of ART "IMEDIS-TEST" showed the possibility of diagnostics with the identification of significant etiopathogenetic factors of the disease, which are psychological stress and viral burdens. This diagnostic approach makes it possible to make subsequent therapy targeted and, accordingly, more effective.

#### Literature

1. Vasilenko AM, Gotovsky Yu.V., Meizerov E.E., Koroleva N.A., Katorgin BC Electro-acupuncture vegetative resonance test: Methodical recommendations. - M.: Scientific and Practical Center of Traditional Medicine and Homeopathy of the Ministry of Health of the Russian Federation, 2000. - 28 p.

2. Gotovsky Yu.V., Kosareva L.B., Makhonkina L.B., Sazonova I.M., Frolova L.A. Electro-acupuncture diagnostics and therapy using the vegetative resonance test "IMEDIS-TEST": Methodical recommendations. - M.: IMEDIS, 1997. -- 84 p.

3. Gotovsky Yu.V., Kosareva LB, Makhonkina LB, Frolova LA. Electropuncture diagnostics and therapy using the vegetative resonance test "IMEDIS-TEST": Methodical recommendations (addition). - M.: IMEDIS, 1998. -- 60 p.

4. Isaev D.N. Psychosomatic disorders in children. - SPb., 2000. -- 420 p.

5. Kovalev V.V. Child psychiatry. - M.: Medicine, 1995. -- 185 p.

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