The use of bioresonance therapy in the complex treatment of the consequences of perinatal encephalopathy in infants

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Introduction

Perinatal encephalopathy (PEP) is one of the urgent problems of modern pediatrics and pediatric neurology. Epidemiological studies have shown that perinatal damage to the central nervous system accounts for 35–40% in the structure of childhood disability [1]. According to the WHO expert committee, up to 10% of the child population have neuropsychiatric disorders, among the causes of which 80% are perinatal encephalopathies. At the same time, in 67% of patients, AED is a consequence of hypoxic-ischemic injury (HIE), 10% are accounted for by birth trauma and developmental anomalies, 15% of neurological disorders are caused by previous neuroinfections [1].

The most common manifestations of the consequences of perinatal encephalopathy include the syndrome of increased neuro-reflex excitability, muscular dystonia syndrome and hydrocephalic syndrome. For children with such disorders, not only systematic supervision of a neurologist is necessary, but also the appointment of complex therapy, including neurological correction with medications, therapeutic massage, physiotherapy exercises (exercise therapy), physiotherapy.

In recent years, in modern pediatrics and pediatric neurology, new technologies have been actively used, which are based on the latest achievements of medical science and imply an individual approach to the child and the treatment of not individual symptoms, but the body as a whole. One of these methods is bioresonance therapy (BRT). Bioresonance therapy is a treatment with endogenous and (or) exogenous electromagnetic oscillations of low intensity of a strictly defined form and frequency, causing a resonant response in the body [2].

The purpose of this study is to study the effectiveness of bioresonance therapy in the complex treatment of the consequences of perinatal encephalopathy in infants.

Materials and methods

The work was carried out on the basis of the Consultative and Diagnostic Center of the Children's City Polyclinic No. 81 in Moscow, where the hardware and software complex (APC) "IMEDIS-EXPERT" (registration certificate No. FS 022a2005 / 226305) developed at the Center for Intelligent Medical Systems "IMEDIS "Under the guidance of Professor Yu.V. Gotovsky. The study involved 128 children aged 1 month to 1 year, followed up by a neurologist for the consequences of perinatal encephalopathy. To the surveyed group

included children with the consequences of AED in the form of a combination of two syndromes - increased neuro-reflex excitability and muscular dystonia.

Results obtained and their discussion

In the anamnesis, 62.35% of children had toxicosis in the 1st and 2nd half of pregnancy, in 18.00% of children - the threat of termination of pregnancy throughout the entire period, in 32.60% - rapid delivery, in 38.40% of children - protracted labor with a long anhydrous period.

In the clinical picture, the examined group of patients showed symptoms of hyperexcitability, sleep disturbances (difficult falling asleep, frequent awakenings with an unreasonable cry), frequent regurgitation, tremors of the chin and arms. Examination with a neurological status in 77.90% of children revealed diffuse residual-organic focal microsymptoms in the form of horizontal small-amplitude nystagmus, tremor of the chin and arms. In the motor sphere, 82.78% of children showed symptoms of muscular dystonia (in most cases with a predominance of diffuse muscle hypertonicity), impaired support, adductor thigh spasm. In 47.80% of children, hyperreflexia was noted, in 28.78% of children with anisoreflexia with predominance on the right (18.00%) or on the left (10.78%), expansion of reflexogenic zones (24.44%). A delay in the rates of pre-speech and motor development was noted in 6.86% of children.

In accordance with the objectives of the study, all children were divided into 2 groups. The first group consisted of 80 children who, in addition to drugs for neurological correction (diacarb, asparkam, cavinton, dibazol, mydocalm in age-specific dosages according to standard schemes), were prescribed endogenous and exogenous BRT sessions. Endogenous bioresonance therapy was carried out for each child in courses of 6 sessions 1 time in 10-14 days. The duration of each session was 5–7 minutes for children under 6 months of age. and 10-15 minutes for children aged 6-12 months. Circular BRT was mainly used along all meridians according to the activity of the circadian rhythm. Exogenous BRT was performed at fixed frequencies: sedation (3.9 Hz and 6.3 Hz), antiangiospastic (5.55 Hz and 9.5 Hz), anticonvulsant (6.0 Hz and 6.8 Hz), neurotropic (5, 8 Hz). The frequency for the impact was selected, firstly, depending on the clinical picture and, secondly, it was tested using the vegetative resonance test "IMEDIS-TEST" [3]. The duration of exposure to the required frequency was 2 minutes per frequency, the intensity of exposure was selected individually.

During the sessions of both endogenous and exogenous BRT, the child was in the circuit of the device for electromagnetic therapy, which was connected to the hardware-software complex "IMEDIS-EXPERT" operating in the appropriate mode. The control group consisted of 48 children who received courses of drug therapy with the same drugs as in the first group of patients in combination with massage sessions, exercise therapy, but without a course of bioresonance therapy.

Children of both groups were examined by a neurologist before the start of the course of treatment, after its completion and were systematically observed by a neurologist throughout

course of therapy at least 1 time per month. All children underwent an electroencephalographic (EEG) study before and after the BRT courses.

In the course of clinical observation of children of both groups, as a result of the analysis of the dynamics of the neurological status and EEG data, the following data were obtained. In the group of children who received bioresonance therapy courses in the course of complex treatment, the following differences were observed:

1. A decrease in complaints up to their complete disappearance has already been noted after 2-3 sessions of BRT, that is, after 1-1.5 months from the start of therapy. According to the parents, the children became much calmer, normalization of sleep was noted, there was no tremor of the chin when crying, flinching, gratuitous crying, regurgitation. At the same time, in children of the control group, it was possible to achieve similar dynamics after 4–6 months from the start of therapy.

2. In the group of children who received bioresonance therapy, at the end of the course treatment in 88.65% of cases, a complete normalization of the neurological status was observed, while the disappearance of diffuse focal microsymptomatics, disorders of the motor sphere, restoration of the age-related rates of pre-speech and motor development was noted after 3-4 months, that is, much faster than in children of the control group ... At the same time, in children of the control group, an improvement in neurological status was observed after 6 months or more, and in 14.56% of cases by the age of 1 year in children who did not receive BRT courses, residual symptoms of muscle hypertonia, hyperreflexia with expansion of reflexogenic zones, and motor awkwardness remained.

3. On an EEG study after a full course of BRT in 78.90% of children The first group showed an improvement in the alpha rhythm, a decrease in the theta- and delta-range waves that were present in the background recording before the start of treatment, and the complete disappearance of the previously existing “peak-wave” flashes in response to photo- and sound stimulation. That is, against the background of both endogenous and exogenous bioresonance therapy, EEG dynamics positively changed towards a decrease in the manifestations of oxidative deficiency, the disappearance of manifestations of dysfunction of the structures of the limbic-reticular complex and an increase in the threshold of seizure activity. Such dynamics of the EEG pattern, combined with the data of the study of the neurological status of children, indicated a decrease in residual organic disorders against the background of BRT, and in a shorter time than in children of the control group.

4. In the group of children who received sessions in the complex of therapeutic effects endogenous and exogenous BRT, in addition to the normalization of the neuropsychiatric sphere, the disappearance of many concomitant disorders of the somatic sphere (dermatitis, eczema, dysbiosis) was noted.

5. In children receiving BRT, compared with the control group of the surveyed, not only a faster, but also a more stable positive effect was noted. This was expressed not only clinically, but also correlated with a clear positive EEG dynamics. The follow-up was 2 years, while children who received a course of BRT in the course of complex therapy in infancy did not need neurological correction and were assessed by a neurologist as neurologically healthy.

It should be noted that the negative impact of bioresonance therapy on the child's body was not observed in the examined group in any case.

conclusions

1. The use of endogenous and exogenous BRT in the complex treatment of children with the consequences of perinatal encephalopathy significantly increases the effectiveness of therapy for both neurological disorders and concomitant somatic disorders.

2. The hardware and software complex "IMEDIS-EXPERT" can be recommended for bioresonance therapy in infants with the consequences of AED.

Literature

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