

Application of multiresonance therapy and homeopathic treatment
in patients with impaired statodynamic function
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Currently, there has been an increase in the number of patients who lost their ability to work after 40 years due to impaired statodynamic function. This is due to an increase in the number of disorders of cerebral circulation, brain and spinal cord injuries, neuroinfections, post-trepanation encephalopathy. The increase in indicators of persistent disability in this category of the population determines the relevance of various methods of treatment and rehabilitation of these patients.

An important area of therapeutic measures is the provision of high-tech medical care in the field of rehabilitation treatment of patients with partial or complete loss of support and movement function (Kochetkov A.V., 2007).

The study was carried out in accordance with the Order of the Ministry of Health of the Russian Federation No. 296 of 01.07.2003 "On improving the organization of rehabilitation treatment in the Russian Federation."

The subject of the study was: the degree of loss of statodynamic function by patients, stages multiresonance therapy, the effectiveness and efficiency of combined rehabilitation methods treatment, taking into account the use of locomotor kinesiotherapy.

A total of 25 patients were treated with varying degrees of impairment of the statodynamic function between the ages of 40 and 55.

1 degree of violation statodin. function	2 sepeve of violation static and dynamic functions	3 degree of violation satodin. function	4 degree of violation function statodine.
5 people	9 people	8 people	3 persons

To control the results of treatment, we took the 2nd group of 25 people who did not undergo restorative therapy in the form of bioresonance and multiresonance therapy, but received sessions of traditional (non-robotic) kinesiotherapy. Focus groups were organized according to the type of round tables for 5 people, which were held once a month. Bioresonance therapy sessions were conducted once a week. Only 10-12 sessions.

Stages of autonomic resonance test (ART) and multiresonance therapy

1. Testing by the ART method.

- determination of the photon index of the organism;
- determination of the presence of burdens in the form of geopathogenic load and electromagnetic fields, presence of radiation load;
- determination of the functions of the endocrine and immune systems;
- determination of the level of cholesterol in the body;
- determination of the level of functioning of the central nervous system.

2. The tactics of conducting multiresonance therapy was determined by the need for induction programs: "Endocrine regulation program", "Cerebral program", aimed at improving cerebral hemodynamics.

3. All patients underwent bioresonance therapy sessions, with weakening according to the first strategies with placing electrodes on the head without recording on a medium; private bioresonance preparations were made.

4. Homeopathic treatment has been of great help in improving the state of the central nervous system. We used complexones of the firms "WALA", "HEEL", "WELEDA", "OHOM" in the form of electronic copies and in the form of natural preparations.

Patients with mild and moderate cerebrovascular accidents with hemiplegia and stiffness of the hands and feet, trembling of the fingers, obscure speech, difficulty swallowing, and dizziness were selected for treatment.

Therapy was determined by the main views of traditional Chinese medicine on the causes of cerebrovascular accident:

- the main cause of apoplexy was determined to be emptiness - the Yin of the liver, when the predominance of Yang of the liver is realized through "fire" and is further transformed into a pathological "wind". It rises along the inner course of the liver canal into the cranial cavity. From the point of view of physiology, the movement of the "wind" reflects the viscerovascular reflex;
- the second cause of apoplectic stroke is the emptiness of Yin - kidneys, which, by a destructive connection, generates a strong "fire" of the heart and by a creative connection determines

- predominance of Yang of the liver with further development of "fire" and "wind" of the liver;
- the third reason is when, with a hypersthenic constitution, especially with obesity caused by the channels of the stomach and spleen-pancreas, there is an abundance of mucus. The mucus causes a blockage of the lo-points and causes a "fever". The latter is considered the source of the wind.

Therefore, for paralysis of the upper limbs, Arnica Montana, Causticum. Alumina- unilateral apoplexy with a feeling of weakness and heaviness in the body and limbs with their numbness, severe paretic weakness of the legs, trembling of the limbs.

Phosphorus - hemiplegia with right-sided paresis of the muscles of the palate, indistinct speech, with flaccid paralysis limbs, with spasms of fingers, trembling of hands and fingers, with stiff joints.

For left-sided dysfunctions of the limbs, we used Cocculus, Sulfur, Lachesis, Nux vomica.

5. Patients of the first group also received locomotor kinesiotherapy. Patients second the group underwent traditional kinesiotherapy using mechanical simulators.

The criteria for excluding patients from the study were purulent-septic complications of the post-stroke period; urological infections in the acute stage with disorders of the pelvic organs; severe angiopathy of diabetic and atherosclerotic origin.

The average age of patients in group 1 was 43.8 ± 1.98 years. The average age of patients in group 2 was 43.6 ± 1.95 years. The first group included 8 men and 17 women. The second group consisted of 10 men and 15 women.

As a result of the analysis of the depth and severity of violations of the statodynamic function in patients, it was established:

- 20% lost their walking function and could move with additional support means (1 degree of SDF impairment);
 - 36% partially lost their walking function and could not move with additional support means (2 degree of SDF impairment);
 - 32% lost the function of supporting and maintaining body balance in a standing position (grade 3 of SDF impairment);
 - 12% had severe SDF impairments in the form of partial and complete loss of the function of maintaining support and body balance in the sitting and standing position (4 degree of SDF impairment). The criteria for evaluating the results of treatment with the methods of multiresonance therapy of locomotor kinesiotherapy were: and methods
- the ability to sit down independently;
 - the ability to stand up independently;
 - step width;
 - the number of steps per minute;

It was found that after sessions of induction therapy and bioresonance therapy, the SDF of the patients improved: the width of steps increased, the number of steps per minute increased, the function of sitting and standing up independently, and speech improved.

The effectiveness of the therapy in the structure of rehabilitation measures in patients with 1 degree of impaired statodynamic function is higher than with 2 and 3 degrees. In patients with group 4, there was a slight improvement in functions.

The positive results of using multiresonance therapy

results therapy	1st degree		2nd degree		Grade 3		4 degree	
	1 gr.	2 gr.	1 gr.	2 gr.	1 gr.	2 gr.	1 gr.	2 gr.
Step width	50 cm	5 cm	45 cm	35 cm	35 cm	25 cm	25 cm	20 cm
Verticalization patient	100%	95%	80%	75%	56%	46%	thirty%	25%
Quantity 10 s steps	8 ± 0.3	6 ± 0.2	6 ± 0.2	4 ± 0.4	4 ± 0.6	2 ± 0.2	3 ± 0.4	2 ± 0.5
Profile. vicious compensation walking (adj. step, varusn. and valgus. installed feet	68%	75%	54%	67%	32%	59%	13%	22%

The total number of positive results of rehabilitation of patients with varying degrees of dysfunction of support and movement was significantly higher in the group that used multiresonance therapy and homeopathy. This therapy is more effective in patients with grade 1 SDF impairment. Conducting multiresonance therapy in patients with grade 4 SDF disorders is irrational.

In patients with 2 and 3 degrees of SDF impairment, multiresonance therapy is recommended as additional method recovery functions, at predominantly using locomotor kinesiotherapy.

Conclusion: the use of traditional methods of diagnosis and treatment, such as: Vegetative resonance test, bioresonance therapy, homeopathy at the stages of rehabilitation and restorative treatment in patients with impaired statodynamic function is of practical importance along with other methods of treatment and is recommended as a method of restorative therapy in people with impaired support function and movement.

Bibliography

1. Vavilova N.M. Homeopathic pharmacodynamics.
2. Tarasyuk S.V. Treatment of polyneuropathies and encephalomyelitis with homeopathic preparations. - M., 1995.
3. Frenkel L. D. Homeopathic Medicine. - SPb., 1913.
4. Nesh Ye.B. Leading symptoms in homeopathy. - Kharkov: Progress. Ltd., 1993.
5. Gotovsky Yu.V., Perov Yu.F. Features of the biological action of physical factors small and ultra-low intensities and doses. - M.: IMEDIS, 2000.
6. Ulashchik V.S. The principle of optimality in physiotherapy. // Optimization of effects in physiotherapy / Ed. V.S. Ulashchik and V.A. Kobrik. - Minsk: Belarus, 1980.
7. Gotovsky Yu.V., Kosareva LB, Mkhitarian KN, Sazonova IM, Samokhin AV, Frolova LA. Resonant homeopathy, FM complexes and FM special preparations, meridian complex preparations, FM meridian chords: a methodological guide. 5th ed. revised and add. - M.: IMEDIS, 2006.
8. Samokhin A.V., Gotovsky Yu.V. Electropuncture diagnostics and therapy by the method of R. Voll. - M.: IMEDIS, 1995.
9. Gotovsky Yu.V., Kosareva LB Electro-acupuncture diagnostics and therapy using vegetative resonance test "IMEDIS-TEST +". - M.: IMEDIS.
10. Arushanyan E.B., Beyer E.V. Conjugated relations between the pineal gland and the hippocampus during the formation reactions to stress // Zh. higher. nervous active them. I.P. Pavlova. - 1997. -T.47. No. 4.

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