

The effectiveness of the use of bioresonance and multiresonance therapy in the treatment of patients with various refractive errors

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Relevance

For 6 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;
- atrophy of the optic nerve (of any genesis);
- glaucoma (primary, advanced);
- progressive myopia (myopia);
- farsightedness (hyperopia) in adolescents;
- accommodation spasm, amblyopia, asthenopia, double vision;
- strabismus, ptosis;
- macular degeneration, retinitis pigmentosa;
- diabetic retinopathy;
- tapetoretinal abiotrophy;
- trigeminal neuralgia.

At the XIV conference, we shared our experience in the treatment of glaucomatous optic nerve atrophy.

This time we present the experience of using energy-informational methods in the treatment of patients with various refractive errors.

Currently myopia, hyperopia, astigmatism, accommodation spasm are the most common visual impairments in the modern world.

These diseases - the most common reason for the working-age population appeals for ophthalmological care, especially in developed countries.

The increasing visual loads associated with the intensification of teaching children and adolescents, working with computers, as well as the state of chronic stress and other "diseases of civilization" contribute to the ever wider spread of this pathology.

Traditional neurotrophic (medication and physiotherapy) and surgical treatment (scleroplastic operations) do not always give a lasting positive result.

Quite often, myopia progresses, which causes various serious complications, up to retinal detachment and loss of vision, and it is not always possible to stop the progression surgically.

In this regard, there is an increasing interest in non-traditional methods of treatment, for example, Ancient Eastern Chinese medicine, zhen-tsyu 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 positive experience of using energy-information technologies for diagnostics and treatment, especially BRT and MRI, opens up a fundamentally new

direction in ophthalmology.

Purpose of work: Grade efficiency application adaptive
bioresonance therapy for treatment of various refractive errors
(myopia, hyperopia, astigmatism, accommodation spasm).

Materials and methods

Over 6 years of follow-up, 152 patients with various refractive errors were examined and underwent BRT and IRT at the Vostok-Insight Eye Center, of which 93 patients with varying degrees of myopia, as well as accommodation spasm; 34 patients had myopic astigmatism, 25 patients with hyperopia. The age of the patients is from 5 to 18 years.

Primary and dynamic examination included refractometry, computed keratotopography of the cornea and aberrometry taking into account the wave background, measurement of visual acuity with correction, accommodation margin, measurement of the length of the anteroposterior axis of the eye using ultrasound, examination of the fundus.

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), In particular, P. Schmidt frequencies were used (31.5; 70.5; 95.5 Hz) and R. Voll (3.6; 4.9 Hz). Exogenous bioresonance therapy was performed using the MINI-EXPERT-DT apparatus of the IMEDIS Center. In most cases, induction therapy (according to indications), bioresonance therapy along the meridians (organs and systems) using the IMEDIS-BRT apparatus was used. Meridial and resonance complexes, organopreparations (according to indications) were often prescribed.

In parallel with BRT, acupuncture was used, as well as acupressure of the earlobes, inner corners of the eyes and temples.

The number of sessions per course of treatment was determined, first of all, 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 observation of patients was 4-6 months, the frequency of sessions, the intervals between courses were determined individually in accordance with the dynamics of indicators, the severity of the disease, the capabilities of the patients.

Results and its discussion

All patients tolerated the BRT and MRI procedures well, noted an improvement in general well-being, a decrease in irritability, and a normalization of sleep. After 4–5 procedures, there was a subjective improvement in vision, a decrease in visual fatigue. After the end of the course of treatment, almost all patients showed an increase in visual acuity without correction from 20 to 40%. In all 100% of cases, the spasm of accommodation was arrested. A decrease in the degree of myopia according to the data of automatic refractometry was noted on average by 0.5–2 diopters. In all cases of myopia progression (from 0.5 to 2.5 diopters per year), vision stabilized. In some patients, a decrease in astigmatism of 0.25–1.0 diopters was observed. In children and adolescents, the degree of hyperopia decreased by an average of 1.5 diopters, while uncorrected visual acuity increased by 10–20%.

Conclusions:

1. Bioresonance and multiresonance therapy are effective non-drug treatments for refractive errors.
2. According to our data, the use of bioresonance therapy in the treatment of refractive errors is significantly superior in efficiency to the currently existing conservative methods of treatment in ophthalmology.
3. When carrying out bioresonance therapy of adverse side effects no effects or complications were found.

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