Application of the vegetative resonance test in the differential diagnosis of acute pain in the lower back and lower extremities of vertebral origin

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The problem of pain syndromes in the lumbosacral region remains one of the most urgent in clinical medicine.

Sharp pain is a signal of a problem caused by trauma, infection, inflammation; decreases under the action of analgesics. Acute lower back pain can be triggered by injury, lifting a heavy load,
unprepared movement, prolonged stay in a non-physiological position, hypothermia - in the absence of pathological changes in the spine, but more often it occurs against the background of the current degenerative process.

Chronic the pain lasts more than 3 months, i.e. beyond the usual period of healing of damaged tissues, becoming an independent disease that combines a somatogenic pathological process, functional changes in the nervous system and psychogenic pain.

In some cases, the pain is associated with the pathology of the structures of the spine (vertebral pain), in others it has a non-vertebral origin. Sometimes back pain is reflected in nature and is caused by diseases of the internal organs. [one]

When analyzing the primary appeal to general practitioners for acute lumbosacral pain areas vertebrogenic (directly or indirectly associated with changes in the spine and paravertebral structures) causes are detected in 97% of patients. At the same time, compression radiculopathy of the lumbosacral roots is detected in 4%, and neurological complications of lumbar stenosis - in 3% of cases. Compression fractures of the vertebral bodies associated with osteoporosis (4% of visits) and spondylolisthesis (2% of cases) are often found. In the vast majority of casesacute back pain is of musculoskeletal origin, and the exact source of pain impulses in routine clinical examination in some cases it is not possible to identify. Discogenic pain and pain associated with dysfunction of the facet (facet) joints are observed in 10% of patients withacute back pain. [2]

Diagnostic search in cases of acute back pain, according to current clinical guidelines, should be carried out between:

1) "serious pathology" of vertebrogenic and non-vertebral origin (compression of the cauda equina, traumatic, tumor, inflammatory and infectious lesions of the spine, osteoporosis and diseases of internal organs);

2) compression radiculopathy of the lumbosacral roots;

3) benign musculoskeletal ("nonspecific") back pain [4]. To establish the cause of back pain, a thorough examination of the patient is necessary, including clarification of complaints, taking anamnesis, somatic, neurological and neuro-orthopedic examinations, and in some cases additional studies. [3] By using the vegetative resonance test method, it is possible to optimize both patient examination and therapy. This is especially important if you suspect a possible "serious pathology".

The vegetative resonance test (VRT) allows the doctor to effectively conduct a comprehensive examination of a patient with acute pain in the lumbosacral region, expanding the possibilities of differential diagnosis and shortening the examination time, especially in relation to patients with "serious pathology". The examination of the patient begins according to the generally accepted scheme: collection of complaints, anamnesis, somatic, neurological, neuro-orthopedic examinations, during which the doctor draws a conclusion about the nature of pain, localization, mechanism and cause of pain,

solves the question of the sources and causes of pain syndrome.

Table 1

Back and lower limb pain

Causes of pain	Pain mechanism	Localization	Flow
Vertebrogenic Herniated disc Instability / blockade PDS Facet arthrosis joints Stenosis vertebrate channel Spondylolisthesis Injury Other Nonvertebrogenic Crick and ligaments Myofascial syndrome Fibromyalgia Somatic diseases Processes in retroperitoneal space Arthrosis of the hip joint Mental disorders Other	Nociceptive Local Reflected (reflex) Neuropathic Sciatica (radiculopathy) Nekoreshkovaya (neuropathy sciatic nerve, lumbar sacral plexopathy) Psychogenic (psychalgia)	Lumbodynia Sacralgia Coccygodynia Sciatica radicular	Sharp Chronic

1. Character pain - acute (determined based on the analysis of patient complaints and anamnesis data).

2. Localization - is determined based on the analysis of complaints, anamnesis, data somatic, neurological, neuro-orthopedic examination, the results of the examination by ART: lumbodynia, sacralgia, coccygodynia, lumboischialgia, sciatica.

2.1. When collecting complaints and anamnesis, it is necessary to find out: localization and irradiation pain, dependence of pain on body position and movement in the spine, previous injuries and diseases (malignant neoplasms and others), emotional state, reasons for simulating or intensifying complaints of back pain.

2.2. Somatic examination is aimed at identifying malignant neoplasms, infectious processes and somatic diseases, which can manifest as back pain. At neurological examination should assess the emotional state of the patient, determine whether there are paresis, sensitivity disorders and loss of reflexes. Neuro-orthopedic the examination allows you to determine the mobility of various parts of the spine, the range of motion of the limbs, the presence of local pain in the back and limbs, muscle tension and pain on palpation.

2.3. Survey data on ART. Based on the data obtained, having determined in

in general, localization (lumbodynia, sacralgia, coccygodynia, lumboischialgia, sciatica), when diagnosing by the ART method, through a number of test indicators, it is possible to clarify and detail the localization of the process. The set of test indicators is determined by the cause and mechanism of pain development and therefore is different in each case. The following test indicators are most often tested: Determination of the affected organ, Indication of obvious acidosis, Psychovegetative loads, Stress load (4, 5), Violation of acid-base balance, Foci and interference fields, Mesenchyme blockade, BI, "Morphology" scale - through who are testing organopreparations related to a previously defined area. Analyzing the data obtained, already at this stage of testing it is possible to understand the picture of the development of the process: the etiology of the pain syndrome, the sources and causes of pain, the nature of the pain syndrome.

3. The mechanism of pain

Nociceptive pain is caused by injury and is directly related to the activation of pain receptors (nociceptors).

ART results: the tested organ preparations of the musculoskeletal system or internal organs speak about the nociceptive mechanism of pain. Neuropathic pain is associated with damage to the peripheral or central nervous system that involves structures related to the conduction, perception, or modulation of pain. In this case, organopreparations related to the peripheral nervous system (high potencies) are tested, and in some cases, the central one (depending on the process, potencies below D6, D6, as well as high potencies of organopreparations can be tested).

Psychogenic pain (psychalgia) diagnosed in the absence of an organic disease, or when the latter cannot explain the nature and severity of the pain syndrome. In diagnostics, it is important to take into account the discrepancy between the patient's complaints and standard pain syndromes, the absence of objective signs of pain, the non-localized nature of pain, pain migration, ineffectiveness or poor tolerance of treatment, the presence of numerous “crises”, quirkiness or amorphousness in describing the nature or localization of pain. Psychogenic pain is always chronic and occurs against the background of mental disorders. It is especially closely associated with depression. Nevertheless, when examining patients with acute pain, it is imperative to test mental loads and assess their significance in the development of pain syndrome (through test indicators of optimality). If the available load is optimal and is associated with organ products of the painful zone, it is secondary and compensatory. In the case of its non-optimal and also the existing connection through the structures of the brain with organ preparations of the painful zone, the load is primary in relation to the pain syndrome (psychosomatic process).

4. Causes of pain (vertebrogenic, non-vertebral) are determined based on the whole complex of examination in combination with the results of ART.

Vertebrogenic: disc herniation, instability / blockade of the VMS (vertebral motor segment), arthrosis of the facet joints, stenosis of the spinal canal, spondylolisthesis, trauma, and others [1].

Example: stenosis of the spinal canal - typical complaints, the picture of stenosis on the roentgenogram (CT, MRI), the results of ART - organopreparations in low potencies of the lumbar vertebrae, intervertebral joints, discs, longitudinal ligaments. The selected organopreparations, especially those related to the ligamentous apparatus and intervertebral joints, are characterized by anabolic processes, the corresponding indicators on the "Morphology" scale - HL 5-11, AF 5-11.

Nonvertebrogenic: sprains of muscles and ligaments, myofascial syndrome, fibromyalgia, somatic diseases, processes in the retroperitoneal space, arthrosis of the hip joint, mental disorders, and others.

The results of ART: through the test-pointers (Determination of the affected organ, Indication of obvious acidosis, Psychovegetative loads, Points of interference fields, BI) organopreparations of the ligamentous-muscular apparatus are tested (scale "Morphology" HL6-29, AF6-11, more often - AF11-20), when stretching the ligaments, muscles - the OP of the ligaments, muscles in high potencies with catabolic processes, joints, organs and tissues. Having looked through the selected indicators the state of metabolism, the available loads, it is possible to draw a conclusion about the ongoing processes in the selected organs or systems.

Although in 90–95% of cases the pain is benign and is due to physical activity against the background of ongoing degenerative spinal lesion, attention should be directed to not overlooking the few cases when back pain is caused by more serious causes (Table 2).

table 2

Differential diagnosis of back pain [1]

Infectious diseases	tuberculous or nonspecific spondylitis, epidural abscess, ascites
Inflammatory diseases	seronegative spondyloarthropathies, rheumatic polymyalgias
Metabolic diseases	osteoporosis, hyperparathyroidism, Pagett's disease
Neoplastic diseases	primary and metastatic tumors of the spine, multiple myeloma
Somatic diseases	aneurysm or thrombosis of the aorta, diseases of the pancreas, genitourinary system, gastrointestinal tract, pathology of the retroperitoneal space, gynecological diseases

To conduct a survey given from the standpoint of evidence-based medicine, the algorithm within specified diagnostic "diagnostic triangle" is necessary be guided by the already well-known anamnestic and clinical markers of "serious pathology". These include the absence of a connection between pain and movement, its persistence at night, a history of malignant neoplasm, HIV infection, the use of immunosuppressants, intravenous infusion, unreasonable weight loss, fever and nocturnal hyperhidrosis, the age of patients over 50 and under 20 years old. , weakness in the leg muscles, decreased sensitivity in the anogenital region ("saddle anesthesia"), pelvic disorders [4]. When examining by ART, a number of infectious, neoplastic, metabolic diseases can be detected already according to the general algorithm through the ART indicators. Confirmation - testing of resonant frequency programs. It is more difficult in cases where somatic diseases are the cause of acute pain. In such situations, organ products of the affected organs will be tested through common test pointers. Next, we determine the processes in these organs, their optimality, the existing loads and the connection of these organs with organ products related to the pain projection zone. If this state of the organ associated with the pain zone is not optimal, the pain syndrome is secondary in relation to the processes in the identified organ. Difficulties in differential diagnosis relate to diseases such as aneurysm and thrombosis of the aorta, pathology of the retroperitoneal space. pain syndrome is secondary in relation to the processes in the identified organ organ. Difficulties in differential diagnosis relate to diseases such as aneurysm and thrombosis of the aorta, pathology of the retroperitoneal space. pain syndrome is secondary in relation to the processes in the identified organ organ. Difficulties in differential diagnosis relate to diseases such as aneurysm and thrombosis of the aorta, pathology of the retroperitoneal space.

To clarify the localization of the process in the vertebral body, testing with the use of endogenous bioresonance therapy is very effective. In the mode of drug testing along all the meridians (either along the selected ones, or in the swing mode) it is possible to clarify the area of the greatest damage by moving the inductor over the surface of the tested area. Against the background of the test pointers to the problem included in the drug selector, we determine the area that gives the greatest response. This is especially necessary when

clarification of the localization of neoplastic processes. So, for example, in the first block of the diagnosis, the etiology and topic of vertebral pain syndrome are formulated. For example: “Osteochondrosis at the level of the lumbar intervertebral discs L3-L4, L4-L5. Hypertrophy and ossification of the ligamentum flavum. "

The vegetative resonance test (VRT) expands the range of examination of patients with acute pain in the lower back and lower extremities, significantly reducing the time of diagnosis, and makes it possible to establish the etiological factors of pain syndrome, pathogenetic mechanisms of its development. thereby providing an opportunity for the doctor to optimize the tactics and strategy of therapy.

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