

Application of multiresonance and bioresonance therapy  
in the complex treatment of patients with acute lower back pain  
and lower limbs of vertebral origin

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Bo problem left syndromes associated with pathology of the spine,  
remains alone frommost relevant in clinical medicine.  
Vertebral pain is the leading neurological cause of disability among temporal  
the most active part of the adult population.  
It is believed that by the age of 50, about 80% of men and 60% of women suffer  
from spinal diseases.

Acute lower back pain can be triggered by trauma, 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.

Pain in the lumbosacral region is not a nosological unit, the causes of its  
occurrence may be different... In some cases, the pain is associated with a  
pathology of the structures of the spine (vertebral pain), in others it is of non-  
vertebral origin. Sometimes back pain is reflected in nature and is caused by  
diseases of the internal organs.

Causes of acute pain in the lower back and lower extremities: Vertebrogenic  
Nonvertebrogenic  
Herniated disc Stretching of muscles and ligaments  
Instability / Blockade Myofascial Syndrome  
PDS Fibromyalgia  
Facet joint arthrosis Somatic diseases  
Spinal stenosis Processes in the retroperitoneal  
space  
Spondylolisthesis Osteoarthritis of the hip joint  
Injury Mental disorders Others  
Other

To establish the cause of back pain, a thorough examination of the patient is  
necessary. The examination of the patient begins according to the generally  
accepted scheme (collection of complaints, anamnesis, somatic, neurological,  
neuro-orthopedic examinations, if necessary - additional studies) [1].

Based on the data obtained, the doctor draws a conclusion about the nature  
of pain, localization, mechanism and cause of pain, decides on the sources and  
causes of pain syndrome.

By using the Autonomic Resonance Test, it is possible to optimize both  
patient examination and therapy. 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 the so-called "serious pathology".

Differential diagnosis of acute lower back pain is carried out with the following diseases:

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).

Therefore, the investigation of patients with acute pain in the lumbosacral region should be started with the exclusion of acute pathology requiring urgent measures.

In cases of suspicion of the presence of "serious pathology" it is necessary to conduct additional research. Analyzing the data obtained, the doctor decides on the further tactics of patient management. In the presence of such etiological factors as a volumetric process, stenosis of the spinal canal, tuberculous spondylitis, treatment is aimed mainly at eliminating the underlying cause of the disease using appropriate surgical and specific conservative approaches.

But most often, vertebral pain is caused by degenerative dystrophic changes in the spine and osteoporosis.

The tasks of managing these patients with acute pain in the lumbosacral region are to relieve pain, prevent chronicity of pain syndrome, provide conditions for a full course of rehabilitation measures, and prevent relapse of exacerbations.

In the presence of radiculomyeloischemia, inpatient management is usually recommended. Most patients with acute lumbosacral pain receive outpatient treatment (or home management), which includes:

1. Non-drug treatment

1. During an exacerbation, it is necessary to exclude excessive physical load. The duration of strict bed rest for radiculopathies is approximately 2 weeks, and for back pain without signs of root damage, it can be reduced to 2-3 days.

2. Strict immobilization is advisable for 1-3 days, while long-term outcomes of treatment in patients who followed bed rest for 2 and 7 days did not differ significantly.

3. Shown as early as possible return to the usual level activity in order to prevent the formation of chronic pain

syndrome.

4. Dosed physical activity should be started after

the first 3-4 days of complete rest: first lying down, then sitting. In this case, the movements should not provoke an increase in pain, and they should be carried out under the supervision of a doctor.

5. A very important condition: learning the correct independent lying down and getting out of bed, avoiding rotational movements in the spine. These rules should be included in the category of "good habits" for life.

6. Light dry heat is used. If physical activity is limited is impossible, temporary immobilization can be provided using orthoses, fixing belts (corsets) equipped with vertical stiffeners. Specially selected exercises should be used as the pain syndrome regresses with subsequent continuation.

7. Non-pharmacological methods of treatment are of priority importance: post-isometric muscle relaxation (PIR), manual therapy, acupressure, acupuncture, physiotherapy (magnetotherapy, electrophoresis, phonophoresis).

Manual therapy is a fairly effective method of treating back pain of vertebral origin. However, it has a number of contraindications: the presence of a verified radicular or radiculomyeloischemic lesion in the acute period, pronounced spondylosis and osteoporosis, instability of the vertebral-motor segment with spondylolisthesis. PIR has practically no contraindications and can be widely used as a therapeutic method in any period of pain.

2. Drug treatment

Pain relief is one of the main tasks of the acute period.

The pharmacological treatment of back pain is very diverse. non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, vascular drugs, vitamins. Are applied analgesics,

The choice of the drug and the method of its administration are individual. The use of local or conductor medicinal blockades to relieve radicular pain and inflammation.

3. Multiresonance and bioresonance therapy

The use of multiresonance and bioresonance therapy opens up new possibilities in the management of patients with acute pain in the lumbosacral region.

In patients with pain syndrome of weak or moderate intensity, it is possible to conduct a more complete examination by the ART method with the determination of all types of general loads, the affected organs and systems, the identification of nosodes, the selection of homeopathic remedies, resonance frequency programs. As a result, the therapy will be more optimal and balanced for the given patient.

1. Pain of mild to moderate intensity

1.1. Determination and therapy of external and psychological stress.

1.2. Determination of the affected organs, the types of available loads, creation of private bioresonance preparations.

1.3. Exogenous BRT according to its effects (decongestant, analgesic, etc.), in cases of an existing viral load - carrying out resonance frequency therapy.

1.4. Potentiation of the autonosome urine with <sup>taking into account</sup> optimization organopreparations of the problem area, available types of loads.

1.5. Homeopathic treatment method.

1.6. Creation of a general bioresonance preparation.

2. Severe pain, significant limitation of motor function

The testing time is limited by the patient's condition. In cases of severe pain with significant limitation of motor function, it is difficult for the patient to withstand a long examination. In this regard, testing is limited to the differential diagnosis of "serious pathology" and the task of relieving pain. To solve this problem, it is necessary to test organopreparations (potencies) related to the problem area, types of loads (viral load is often tested), nosodes, homeopathic remedies, resonance frequency therapy programs are selected.

Treatment option:

2.1. Endogenous bioresonance therapy is carried out according to the option "Subtraction with erasure" until the moment of optimization (on average 5–10 minutes), recording of the drug, which is prescribed for 1 day.

2.2. Further, exogenous BRT is carried out according to the selected programs, chatotny drug.

2.3. Potentiation of urine autonosome (direct or inverse test results) taking into account the tested organopreparations, viral (or other) nosodes.

2.4. Against the background of the load of already created drugs, a selection is made homeopathic remedies.

It is effective to use the preparations of the company "HEEL", "OTI", used in vertebrogenic pathology.

For example, HEEL preparations - Discus compositum., Zel T, Traumeel S, Spaskuprel, Hina-Gomaccord, Gelsemium Gomaccord, etc. Solution for injection: daily or every other day, 1 ampoule (subcutaneous, intramuscular, intravenous, intravenous) or pharmacopuncture "cocktail".

2.5. Creation of a general bioresonance preparation.

In a day, test the potency of the created drugs, if necessary, create anew.

3. Severe pain, significant limitation of motor function, signs radiculopathy

Treatment of patients with vertebrogenic radiculopathies from the first days of the disease is recommended to be carried out in a neurological hospital, since compression and edema of the nerve root require intensive drug therapy...

When managing this category of patients at home, all therapy should be aimed primarily at optimizing the problem area, taking into account the tested organopreparations and nosodes.

Particular attention during therapy and drug creation is paid to organopreparations related to the peripheral nervous system (high

potency), and in some cases, and central (depending on the process, potencies below D6, D6, as well as high potencies of organopreparations can be tested). It is effective to include a potentiated autosode in therapy, which is disharmonic oscillations written off in one of the modes of bioresonance therapy from the projection of the problem zone (in a straight line, in inversion). It is advisable to check the effectiveness of drugs: in the first week - 2 times, then - depending on the course of the process.

#### Conclusions:

##### 1. Modern therapy of acute pain in the lumbosacral region

It is carried out in several stages: setting a correct and timely diagnosis, separating primary and secondary tasks in examination and treatment, combining non-drug and drug treatment. The use of ART is effective in order to optimize treatment due to the selection of adequate therapy with minimization of side effects for the patient's body.

2. Application of multi-resonance therapy and bioresonance therapy allows you to achieve relief of pain syndrome, taking into account the integrity of the body, shortens the treatment time, leads to stable remission in chronic pathologies.

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