

Application of multilevel systemic diagnostics and therapy  
in the treatment of sequestered disc herniation L4 – L5. Clinical case  
A.E. Kudaev, N.K. Khodareva, V.V. Vinokurov. (LLC  
MCIT "Artemida", Rostov-on-Don, Russia)

Introduction

Herniated disc is a fairly common disease and occurs in 60–70% of patients with disorders of the musculoskeletal system. A hernial protrusion, depending on the size and direction, leads to compression of the spinal cord, roots or squeezes the vessels feeding them, which leads to trophic disturbance and the death of the neural structures concerned. The incidence of intervertebral hernias in the general population is 20% under the age of 60 and 30–40% over the age of 60 and varies in severity from protrusion (protrusion of the disc - displacement towards the spinal canal of the nucleus pulposus and bulging into the spinal canal of the fibrous rings of the intervertebral disc without violating the integrity of the latter) before sequestration (sequestration, or

sequestered hernia disk - displacement of the dropped out fragments  
degenerated nucleus pulposus along the spinal canal, only for subject  
surgical treatment).

The effectiveness of surgical treatment for this pathology amounts to on average 50–70%, conservative therapy does not give statistically confirmed persistent positive results. This is due to the fact that not all manifestations of the degenerative-dystrophic process occurring in the spine are explained only by the pathology of the intervertebral disc. The state of metabolic processes, microvasculature, as well as constitutional predisposition is of great importance. Therefore, it is believed that the treatment of intervertebral hernias requires a strictly differentiated approach in each specific case. In the absence of effect from conservative treatment and persisting severe pain syndrome, progression

neurological symptoms, patients are shown only surgical treatment. The main diagnostic criterion when deciding on a surgical intervention is the indicators of magnetic resonance imaging (MRI).

Clinical case

Patient Z., 31 years old. She turned for help to LLC MCIT "Artemida" in August 2009 about a sequestered hernia of the mesovertebral disc L4L5. Complaints of pain in the lumbar region, radiating to the back of the thigh, hyperesthesia in the L4 - L5 zone. The patient categorically refused the operation offered by the vertebrologists.

Anamnesis - multiple concomitant trauma in 2001 (car accident); after discharge from the hospital in the period from 2001 to 2009 - 8 courses of rehabilitation therapy - acupuncture, non-specific anti-inflammatory therapy, muscle relaxants - 6 months each, treatment on an outpatient basis. In February 2009, due to increased pain syndrome after physical exertion, a second MRI scan was performed, which for the first time revealed a herniated disc L4-L5. To conservative therapy

the attending physician added phonophoresis with caripain, vitamin therapy and vasoprotectors - without effect. After the course of treatment, control MRI in August 2010 - paramedial hernia L4-L5 with sequestration.

Due to the refusal of the patient from the operation and the ineffectiveness of the previously carried out conservative events, was started bioresonance therapy informational preparations aimed at:

- relief of pain syndrome;
- stabilization of the vascular bed;
- correction of metabolic processes;
- correction of the patient's psychological and psychosomatic status.

Informational preparations were made on the equipment of the company "IMEDIS", namely, on the device "IMEDIS-BRT-PC" (set 2, "Drug selector") for storing and testing medicines, as well as information transfer of medicines with possible regulation of their potency (registration certificate No. FS 022a3066 \ 0414-04 dated 08.07.2004); as well as on the author's apparatus for information transfer "Golden Section".

In the course of treatment, the patient began to notice a decrease in pain, restoration of sensitivity in the leg. At the same time, the accompanying drug therapy was not carried out.

On control MRI in February 2010 - paramedial hernia L4-L5 with sequestration is not detected, circular protrusion L4-L5 is noted, which is the least severity of this pathology. In terms of the frequency of occurrence, protrusion occupies one of the first places in the list of diseases of the spinal column and in 70% of cases it may not give any clinical symptoms, i.e. does not significantly affect the patient's quality of life.

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