

The effectiveness of the use of bioresonance and multiresonance therapy in the treatment of patients with progressive myopia (myopia)

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Relevance

For 8 years at the Vostok-Prozrenie Eye Center we have been using bioresonance therapy (BRT) and multiresonance therapy (MRI) 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);
- accommodation spasm, amblyopia, asthenopia, double vision;
- astigmatism, strabismus, ptosis, nystagmus;
- "computer vision syndrome";
- presbyopia;
- macular degeneration, diabetic retinopathy;
- tapetoretinal abiotrophy / retinitis pigmentosa;
- trigeminal neuralgia;
- in combination with pre- and postoperative treatment, etc.

At the XIV conference, we shared our experience in the treatment of glaucomatous optic nerve atrophy, at the XV conference - in the treatment of patients with various refractive errors, at the XVI conference - in the treatment of patients with tapetoretinal abiotrophy / retinitis pigmentosa.

This time we present the experience of using energy-informational methods in the treatment of patients with progressive myopia (myopia).

Progressive myopia is one of the urgent problems of modern pediatric ophthalmology, since it is the most common cause of decreased vision in children and adolescents (ES Avetisov, 1996, 1998). The unrelenting interest in the problem of myopia is due to the fact that in recent years there has been an alarming trend towards an increase in myopia.

Methods used to stabilize myopia treatment (scleroplastic surgery, electrical and laser stimulation, medication, visual gymnastics) give a lasting positive effect only in 50–65% of cases.

In this regard, there is growing interest in modern innovative methods of treatment, for example, energy-informational methods: electroacupuncture diagnostics (EPD) according to R. Voll, vegetative resonance test (ART), adaptive bioresonance therapy (BRT) and MRI according to Yu.V. Gotovsky, ancient eastern Chinese medicine, zhen-tszyu therapy, acupuncture (IRT).

The positive experience of using energy-information technologies for diagnostics and treatment, especially BRT and MRI, opens up a fundamentally new direction in ophthalmology.

Target work: grade efficiency application adaptive
bioresonance therapy in the treatment of progressive myopia.

Materials and methods

In the eye center "Vostok-Insight" for the last 2 years of observation, 17 patients with progressive myopia of varying degrees at the age from 6 to 18 years were examined and underwent a course of BRT and MRI in combination with IRT.

The primary and dynamic examination included the measurement of corrected visual acuity, accommodation margin, refractometry, computer perimetry, measurement of the length of the anterior-posterior axis of the eye using ultrasound, ultrasound examination of the scleral density, measurement of intraocular pressure, and fundus examination.

The study of the energy-informational state of the patient's body was carried out using the vegetative resonance test (ART) "IMEDISTEST", EPD according to R. Voll. Bioresonance therapy was carried out on the apparatus "MINI-EXPERT-DT" of the Center "IMEDIS" according to the method of Yu.V. Gotovsky.

General endogenous BRT was carried out in accordance with the diagnostic data and exogenous resonance therapy with fixed frequencies (R. Voll, P. Schmidt, R. Rife and individual, determined using BRT). In particular, P. Schmidt's frequencies were used (31.5 Hz; 64.5 Hz; 88.5 Hz; 70.5 Hz; 95.5 Hz) and R. Voll (3.6 Hz; 4.9 Hz). In most cases, induction therapy (according to indications), bioresonance therapy along the meridians (organs and systems) with the device "IMEDIS-BRT-A" was used. 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 primarily by the dynamics of the disease: on average, it was 10–12 sessions. The sessions were carried out daily or every other day. The number of courses is 1-3. The duration of observation of patients - from 6 months to 1.5 years, the frequency of sessions, the intervals between courses were determined individually in accordance with the dynamics of indicators, the severity of the disease. The assessment of the dynamics of visual functions was based on the results of monitoring changes in visual acuity, and the criterion for stabilizing myopia was the absence of its growth for a year or more.

Results and its discussion

As a result of treatment, 11 patients achieved stabilization of myopia for 1.5 years or more. In the rest of the children, myopia continued to progress much more slowly than before treatment. At the same time, all patients showed an increase in visual acuity without correction, an increase in the supply of accommodation, in some cases - a decrease in the degree of myopia by 0.5–2 diopters.

All patients tolerated the BRT, MRI and IRT procedures well, noted an improvement in general well-being, a decrease in irritability, and a normalization of sleep. After the first course, there was a subjective improvement in vision, a decrease in visual fatigue. After the end of the course of treatment, almost all patients had an increase in visual acuity without correction by 10–50%, while visual acuity with correction increased to 100%.

Gone and another subjective

symptomatology.

On repeated

Examination, after 6–8 months, showed no negative dynamics of pathological changes in the fundus, visual functions remained stable.

We explain this result by the systemic effect of BRT at all levels of self-regulation, including the activation of metabolic and energy processes in the cells of the retina and the central nervous system, activation of blood flow in the organ of vision and the brain, and normalization of the hormonal and immune systems. All these pathogenetic mechanisms ultimately lead to an increase in the stock and habitual tone of accommodation, increase the resistance of the sclera to stretching, and increase the functionality of the entire visual tract for information processing.

Thus, according to our data, the use of bioresonance therapy in the treatment of progressive myopia is significantly superior in efficiency to the currently existing methods of treatment.

Conclusions:

1. Bioresonance and multiresonance therapy in combination with acupuncture are effective non-drug treatments for progressive myopia.
2. According to our data, the use of bioresonance therapy and acupuncture in the treatment of progressive myopia significantly surpasses the effectiveness of the currently existing conservative methods of treatment in ophthalmology.
3. When carrying out bioresonance therapy and acupuncture no adverse side effects or complications were identified.

Literature

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