

Local and systemic bioresonance therapy for dorsopathy

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Dorsopathies include pain syndromes in the trunk and extremities of non-visceral etiology associated with degenerative diseases of the spine. The most important type of dorsopathies is dorsalgia - back pain (BS), which, according to WHO experts, at the end of the 20th century acquired the character of a non-infectious epidemic. Over the age of 25, due to chronic pain (CP), 30% of the population are disabled for at least a week a year, after 40 years - more than 60% [1]. The problem of back pain of vertebrogenic origin remains relevant at the present time throughout the world, including in Kazakhstan [2], and has great clinical, social and economic importance for society. In acute pain, treatment is less differentiated [3, 2]. There are no universally effective treatments for chronic back pain [4].

Currently, reflexology has developed new methods of therapy and diagnostics based on bioresonance technologies [5-7], using targeted exposure to small doses of electromagnetic radiation (quanta) for diagnosis, prevention, treatment and rehabilitation. In this regard, bioresonance therapy (BRT) is of particular interest [8]. The theoretical substantiation of BRT was made in the 80s of the XX century on the basis of fundamental science - quantum physics. It considers a living organism as a new quantum level of organization of matter, which allows any disease to be considered a deviation from the norm in the "electromagnetic frame" of a person, restored by the effect of extremely low intensity electromagnetic oscillations at the patient's resonance frequency [9].

Currently, various options for the treatment of dorsopathy by using BRT are known [10-13].

We offer you an optimized version of the use of BRT for dorsopathy using the hardware-software complex (APC) "IMEDIS-EXPERT" or the device for adaptive BRT "IMEDIS-BRT-A"

[fourteen]. Recently, in the treatment of dorsopathy with signs of myofascial pain syndrome (MFPS), more attention is paid to painful muscle compaction and trigger points [15]. In this connection, this method includes carrying out a certain diagnostic algorithm (DA) in order to identify the sources of pain, with subsequent bioresonance effect simultaneously on all identified sources of pain using magnetic therapy devices (UMT), along the entire cerebrospinal axis until the normal values of electropuncture indicators are reached. diagnostics (EPD) and / or regression of the activity of the pain source. For DA, the patient is in the prone position. The axis of the spinal column is maximally straightened along the cerebrospinal axis. Then, regardless of the patient's complaints, the patient is visually diagnosed by palpation,

facet and sacroiliac joints; overt and latent myofascial trigger points (MPTP) in the area of the back muscles and muscles of the upper and lower extremities; painful foci of myogelosis in the places of attachment of tendons to bones.

The BRT process consists in the fact that the information of the amplified pathological signal (UPS) is read and recorded, sequentially from the epicenter of each identified source of pain, using the UMT "small inductor" or UMT "point inductor" connected to the frontal sockets in the "transfer" mode or in the mode of acupuncture meridians with deviations from the norm, followed by inversion of the UPS during the BRT process.

To perform BRT, the UMT is laid along the whole cerebrospinal axis. UMT "inductors" with a fixing bandage fit locally to all identified sources of pain. At the same time, the UMT "belt" is placed along the entire spine, along the problem limb and the UMT "loop" on the head, which provides systemic impact on the human body at the level of the central and peripheral nervous system, thereby covering the central and peripheral links of the pathological algic chain. The method makes it possible to exert a biophysical effect on the meridian, organismal and organ levels and can be implemented both in the mode of endogenous BRT and in combination with exogenous BRT, without the use of drugs of chemical origin, especially non-steroidal ones.

anti-inflammatory drugs (NSAIDs).

With severe pain syndrome, it is possible to carry out BRT without EPD, with the obligatory visual-palpation diagnosis. Sessions are held every other day, 1-2 times a week, depending on the severity of the pain.

Duration of the BRT session is determined by the achievement of the norm of EPD indicators, regression of the activity of the source of pain: a clear decrease in the intensity of pain in the BZ, a decrease in muscle spasm, a decrease in the activity of trigger points, a decrease or elimination of functional blockade of the joints right during the session. The duration of the session is 10-40 minutes.

Duration of therapy is determined by the elimination of trigger points, non-coarse muscle seals, functional articular blockages, which leads to the complete disappearance of pain and discomfort, an increase in the range of motion in the spine. The BRT course ranges from 6.7 to 8.5 sessions, followed by 1-2 courses per year. A stable positive follow-up is observed from 6 months to a year or more.

conclusions

A variant of the use of BRT as low- local and systemic exposure to low-intensity pulsed frequency electrical fluctuations in dorsopathy leads to the achievement of early and lasting therapeutic effects, a reduction in the duration of treatment, a decrease in relapses and indications for the use of non-steroidal anti-inflammatory drugs (NSAIDs) and can be an optimal alternative to the use of NSAIDs.

Literature

1. Svinitskiy A.S., Yaremenko O.B., Puzanova O.G., Khomchenkova N.I. Rheumatic diseases and syndromes - K.: Kniga plus, 2006. - P. 680.

2. Nurguzhaev E.S., Raimkulov B.N., Klipitskaya N.K., Mitrokhin D.A. Modern approaches to the treatment of patients with neurological manifestations of osteochondrosis of the spine / Seytbaev A.N. Guidelines. - Almaty, 2009.

3. Levin O.S. The effectiveness of Alflutop in chronic vertebral lumbaischialgia according to the data of a double-blind placebo-controlled study // Scientific-practical. Zh-I Rheumatol. - 2004; 4. - P. 80-84.

4. Popelyansky Ya.Yu., Shtulman D.R. Diseases of the Nervous System / Ed. N.N. Yakhno, D.R. Shtulman. - M.: Medicine, 2001. - S. 293-316.

5. Gotovsky M.Yu., Perov Yu.V., Chernetsova LV. Bioresonance therapy. - M.: IMEDIS, 2008. - pp. 8, 9, 13, 22-31.

6. Zilov V.G., Sudakov K.V., Epshtein O.I. Elements of information biology and medicine. - M.; Monograph MGUL, 2000. - p. 37.

7. Schmid A. Optimierung diologischer Reinigungsstufen mit dem Phenomen der Biologischen Resonanz Chem.Ing.Tech. - 2004. - V. 76, N. 1-2. - P. 171-175.

8. Meizerov E.E., Blinkov I.L., Gotovsky Yu.V., Koroleva M.V., Katargin VS Bioresonance therapy Methodical recommendations №2000 / 74-M; Scientific and practical Tradition center Medicine and homeopathy, Ministry of Health of the Russian Federation, 2000.

9. Zilov V.G. Informational homeostasis. Information entity traditional medicine Elements of information biology and medicine. - M.; MGUL, 2000. - pp. 177-237.

10. Gotovsky M.Yu., Perov Yu.F., Chernetsova LV. Bioresonance therapy. - M.: IMEDIS, 2008. -- P. 40.

11. Efankina O.N., Bobrovskaya A.N., Multiresonance therapy vertebrogenic pain syndromes of cervical localization // Abstracts and reports. IX International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy". Part I. - M.: IMEDIS, 2003. - p. 255.

12. Usacheva L.V. RF application No. 2001104774/14, 20.02. 2001, RF Patent No. 2204374 (13) C 2 (51) IPC 7 A61H39 / 00, A61H5 / 00).

13. The use of multi-resonance therapy for homeopathic treatment in patients with impaired statodynamic function // Abstracts and reports. Xv International conference "Theoretical and clinical aspects application of bioresonance and multiresonance therapy". Part I. - M.: IMEDIS, 2009. - P. 80.

14. Makina S.K. Priority application No. 2010/1784.1 of December 27, 2010. Way the use of bioresonance therapy for dorsopathy.

15. Alekseev V., Solokha O.A. Myofascial pain syndrome: the use of botox. Nevrol. zhurn. 2001: 6: 2; 30-35.

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