Using the method of adaptive multilevel system diagnostics and therapy in the treatment of children

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Consequences generic trauma with labor give in treatment allopathic methods. We made an attempt to treat children with consequences of perinatal damage to the central nervous system using the method of multilevel systemic adaptive diagnostics and therapy [1, 2]. Currently, in accordance with agreement No. 3 of 15.01.2010 on cooperation with FGU "RNIIAP", 19 children with various pathologies are observed: atopic dermatitis - 7, frequently ill children - 13, sleep disorders - 4, various lesions of the nervous system - 6, including 3 children diagnosed with epilepsy.

Epilepsy is one of the most common diseases of the nervous system, which, due to its characteristics, presents a serious medical and social problem. Among the child population, the incidence of epilepsy is 0.75–1% [3]. The causes of epilepsy depend on age. In young children, the most common causative factor of acquired epilepsy is hypoxia, as well as congenital malformations of the brain, intrauterine infections; less often - birth trauma [4].

Various treatments for epilepsy have been sought for centuries. Antiepileptic drugs are highly effective, but they have
various, sometimes very serious, side effects. It is also necessary to take into account the fact that with severe attacks, doctors are forced to prescribe several drugs at the same time, which means that the likelihood of toxic effects increases. In addition, a combination of two or more antiepileptic drugs is often less effective than monotherapy.
[five].

This work presents the results of treatment of a child suffering from epilepsy from the age of two months for four years.

Clinical example

Extract from the medical history of the child B.A. Born in 2005, who was undergoing examination and treatment in the children's rehabilitation department of FGU "RNIIAP" and MCIT "ARTEMIDA"
The main diagnosis: Residual organic damage to the central nervous system, delayed psycho-speech development, mixed tetraparesis.
Symptomatic epilepsy, partial secondary generalized seizures

Complaints: delayed psycho-speech development (speech is indistinct, commands perform elementary, complex does not understand, self-care skills are not developed), gait disturbance (unsteadiness), fine motor skills, seizures accompanied by loss of consciousness, clonic-tonic character in the left half of the face, left limbs followed by generalization for 20-30 minutes once a month.

Anamnesis: The child was born from the 1st pregnancy, which proceeded against the background

chronic intrauterine fetal hypoxia, a true umbilical cord node, from urgent labor complicated by discoordination of labor, an Apgar score of 7/8 points, weighing 4100.0. During the first three hours after birth, the baby's condition worsened due to an increase in respiratory distress. The child was undergoing ARC treatment, then at the OPN RNIIAP. Subsequently, at the age of 2 months, he was re-admitted to the acute renal failure of the RNIIAP due to the appearance of seizures of a clonic nature. From 3.5 months, he was observed and treated in the thoracic department of the RNIIAP. Received anticonvulsant therapy with valproic acid preparations (Konvulex, Depakin-Chrono). Currently - topiromat.

Due to the fact that treatment with allopathic methods did not give a significant improvement in the patient's condition, it was decided to use the method of multilevel systemic adaptive diagnostics and therapy. Informational preparations were made on the equipment of the company "IMEDIS", namely, on the apparatus "IMEDIS-BRT-PC" (registration certificate No. FS 022a3066 / 0414-04 of 08.07.2004) (module
"Drug selector") for storage, testing and energy-information transfer of drugs with the ability to regulate their potency; as well as on the author's apparatus for information transfer "Golden Section".

The patient's condition at the time of contacting the ICIT "Artemis": epileptic seizures 3-4 times a month, frequent colds, runny nose, loud breathing with wheezing. Not asking for a pot. The right hand is in hypertonicity, bent inward, the left hand is hypotonic, the right leg is thrown forward when walking.

1st visit 05.10.10. During the diagnosis, the first level of development of the disease was established [2], the following targeted informational preparations were prepared and prescribed: 1 - adaptation to parents; 2 - removal of external influence; 3 - the sum of Systemic Spiritual Adaptants (SDA), aimed at neuroinfection; 4 - Nazo-Heel; 5 - nosode of nasal discharge, aimed at organopreparations and nosodes of the respiratory system (patient portrait - PP).

2nd visit 27.10.10.

Objective status: the child immediately after the first visit began to ask for a potty. The runny nose is gone. Emotionally became more balanced. During this time, there were 2 epiliptic seizures in intensity weaker than usual.

When diagnosing, the first level of development of the disease (sycosis) was established [2], targeted informational preparations were prepared and prescribed: 1 - The amount of fears, Childbirth: mother's milk inversion aimed at KMH; 2 - SDA "Life-Giving Fire" and "Icon of Jesus Christ", aimed at a mini-portrait from organopreparations of the brain and nervous system.

3rd visit 01.12.10.

Objective status: The child has decreased tonicity of the arms and legs, takes a pen and draws. There was one attack on 30.11.10.

During the diagnosis, the second level of development of the disease was established, the following informational preparations were prepared and prescribed: 1 - the second response, including the complete PP [2]; 2 - Life-giving cross.

Su-Jok seed therapy is recommended [6, 7].

4th visit 20.01.11.

Objective status: within 1.5 months, the child has no seizures, however, restless sleep from 3 to 5 hours, hoarse breathing is noted.

When diagnosing, the first level of development of the disease (in psora) was established, targeted informational preparations were prepared and prescribed:

1 - removal of external influence; 2 - saliva nosode, aimed at the respiratory tract, 3 - SDA "Icon of Jesus Christ".

The conclusion of the attending physician as of 01.02.11. Against the background of the therapy, the child's unsteadiness when walking significantly decreased, motor activity appeared in the left hand, the motor skills of the right hand improved, speech became clearer; acquired some household skills (began to ask for a potty, eats on his own), repeats “counting-rhymes”, there have been no seizures since 8.12.2010 (previously, seizures were noted 2-3 times a month). There is a positive trend according to EEG data in comparison with previous studies:

- a decrease in the indices of epileptic activity,
- localization of epileptide complexes,
- a decrease in the tendency to diffuse spread,
- an increase in the indices of age rhythms.

Summary

As a result of the course of treatment, there was a significant improvement in the child's condition, the observation and treatment of which continues. The obtained positive results give grounds for continuing the research of the method in the treatment of epilepsy resulting from perinatal damage to the central nervous system.

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