

Diagnosics and rational therapy of epilepsy in the medical center  
"Ledum"  
IN. Shapkarin  
(Medical center "Ledum", Krasnodar, Russia)

Effective restoration of lost brain functions in patients with epilepsy is not an easy task of modern medicine.

The range of diseases with which epilepsy has to be differentiated is quite wide - from spasmophilia in childhood to vascular and atrophic brain lesions in old and senile age. The literature often confuses the concept of an epileptic seizure as a general biological phenomena, and epilepsy as a disease.

Epilepsy is a disease characterized by repeated (two or more) epileptic seizures, not provoked by any specific reasons, and an epileptic seizure is a stereotyped violation of behavior, emotions, motor, sensory functions, consciousness, short in time.

It should be emphasized that solitary seizures do not constitute epilepsy. The diagnosis of epilepsy can be made if there are two or more epileptic seizures in the anamnesis.

Epileptic reaction, epileptic syndrome and epilepsy require different medical tactics and need to be clearly distinguished. Differential diagnosis is important here not only for solving therapeutic and preventive problems, but also for considering social and legal issues.

Epilepsy is one of the most common diseases of the nervous system, difficult with the flow, but potentially curable.

Its prevalence in developed countries is 5-10 cases per 1000 population. In developing countries - 3.6 per 1000 in India, up to 40 per 1000 in rural Nigeria. In the CIS countries, the prevalence of epilepsy varies from 0.96 to 10 per 1000 population.

Currently, epilepsy is considered as a disease based on two factors: hereditary, in the form of increased convulsive readiness of the brain, and exogenous, usually associated with organic brain damage.

The most common causes of the development of epilepsy are neuroinfections (21.7% of cases), severe craniocerebral trauma (18.8%), masses of the brain (18.8%), acute cerebrovascular accidents (10.1%), perinatal encephalopathy ( 8.7%), cortical dysplasia (4.3%); tuberous sclerosis, mesiotemporal sclerosis and Sturge-Weber syndrome (in the amount of 1.5-3%).

Mental disorders in epilepsy are common and constitute a significant problem in treatment. Some of the mental symptoms are caused by primary structural or metabolic brain damage, a manifestation which is epilepsy. Epilepsy in 2/3 cases accompanied by severe mental retardation.

To establish a diagnosis, clinical research is essential. From additional methods, the most important role belongs to

electroencephalography (EEG), neuroimaging (CT, MRI, PET, SPECT) are also used. dysmetabolic, degenerative hereditary infectious cerebral process laboratory, biochemical, immunological and other special studies are carried out.

and various methods  
If you suspect  
type of pathology or

The goal of antiepileptic therapy, not explicitly stated, is to cure the patient from epilepsy.

The goal of pharmacotherapy is to completely stop seizures without neuropsychiatric and somatic side effects and to ensure the patient's pedagogical, professional and social adaptation. This result can be achieved in half of all patients with epilepsy. In about 30% of cases, cessation of seizures can be achieved with dosages of drugs that cause certain side effects. Pharmacotherapy in almost all cases must be prolonged and intense, and all antiepileptic drugs are potentially toxic. In certain cases, they lead to neuropsychiatric and somatic, sometimes irreversible, disorders; have teratogenic properties.

In addition to the specific side effects inherent in each of the drugs, there is a common effect for all of them on the level of wakefulness, attention, integrative processes of thinking, memory, behavior and emotions, and intellectual indicators. This is of particular importance in childhood and adolescence, with which epilepsy is mainly associated. In cases of improper prescription of drugs, adaptation and learning processes are hampered.

The correct choice of drug in accordance with the form of epilepsy is the basis for the success of treatment. An incorrectly chosen drug will not only not have a positive effect, but can cause an increase in frequency, aggravation or the appearance of a new type of seizures, delaying the treatment process and undermining, at the very initial and crucial stage, faith in the success of the patient and the doctor.

Antiepileptic drugs are chosen depending on the form of epilepsy and the nature of epileptic seizures. In accordance with the likelihood of a beneficial effect, they are divided into drugs of the first (presumably the most effective for a given form), second and third, or further choice.

Pharmacological treatment should be strictly regular. Even a one-day break can cause long-term breakdown in remission or status epilepticus. All antiepileptic drugs should be taken with or immediately after a meal, or with plenty of fluids.

Relapses after discontinuation of successful drug therapy occur in 20–25% of cases in children and in 30–40% in adults. The duration of treatment is determined by the form of epilepsy, the patient's age and a number of individual characteristics.

The rapid development of neuropharmacology, the synthesis of new highly effective anticonvulsants, and a fundamental revision of many mechanisms for treating epilepsy have made it possible to increase the effectiveness of antiepileptic therapy and improve the prognosis of the disease. Nevertheless, the effectiveness of pharmacotherapy throughout the world currently does not exceed 70–75%. So, according to WHO,

the number of patients resistant to standard therapy with antiepileptic drugs reaches even 30%, and with the combined use of anticonvulsants (the number of which sometimes reaches 5), the risk of complications can sharply increase without a significant increase in the therapeutic effect. In this regard, increasing importance at the present stage in treatment is given to complex therapy using a combination of drug and non-drug methods of treatment.

The use of methods of non-drug therapy for epilepsy is determined by the need to provide assistance to patients with drug resistance, as well as the ability to improve the result with minimal pharmacological loads.

In each case of epilepsy, a thorough psycho-social analysis is required and an attempt to apply, as an additional (and in some cases, the only) approach, the method of non-drug influence on the course of the process.

In the complex therapy of epilepsy, a potentially important place is occupied by such non-drug methods impact, how diet therapy, reflexology, herbal medicine, therapeutic gymnastics, psychotherapy, ketogenic diet.

One of the most common methods of non-drug treatment was and is exorcism (exorcism), clinically accurately described in the Gospel of Mark and in the lives of many saints. The mechanism of such influences, carried out within the framework of the traditional cultural and social environment, modifies and motivates the behavior of the healed person to suppress the epileptic activity of his own brain. Religious commitment is itself a curative factor.

In traditional oriental medicine, acupuncture is used, which, according to Chinese sources, gives 92–95% improvement. A decrease in the frequency of epileptic seizures is also observed in patients who practice yoga meditation.

The only dietary method for treating epilepsy that has a scientific basis and developed principles of practical application is the ketogenic diet, the physiological basis of which is the creation in the body of conditions similar to those observed during prolonged fasting. This effect is achieved by switching to a diet predominantly of fats and a small part of proteins with an almost complete exclusion of carbohydrates. This diet can be used from one year of age.

Finally, in cases where conservative methods are ineffective, and the form of the disease meets certain indications, surgical treatment is used.

Surgical treatment of epilepsy is currently carried out in two directions: classical operations and minimally invasive surgical interventions.

Patients with frequent severe seizures or severe cognitive and behavioral impairments that do not respond to conservative (mainly pharmacological) treatment are subject to surgical treatment.

The development of new technologies in the field of neuroscience has led to the emergence of specific therapies based on various mechanisms.

brain stimulation using the BRT and multiresonance technique.

In the MC "Ledum", as part of the treatment of epilepsy, complex therapy of patients is carried out using the hardware-software complex "IMEDISEXPERT" with a system of multiresonance therapy.

Using the ART method, we test the level of psychological, toxic and exogenous loads, the state of the immune system and reliably identify the causes of the development of epilepsy. Based on the analysis of the results obtained with the use of the vegetative resonance test, we individually select programs for induction therapy with the frequencies of the human brain rhythms, prepare individual bioresonance frequency drugs, select and prescribe homeopathic drugs, and carry out resonance frequency therapy.

The results obtained by us in the treatment of patients with epilepsy give grounds to assert that complex multiresonance therapy allows us to achieve significant positive changes in the nervous systems of patients. So, in our patients, there is a decrease in the average number of seizures and their duration, and also there is a positive trend according to the data of recording the bioelectric activity of the brain.

The greatest positive changes are manifested in the period 1-3 months after therapy, after 5-6 months an additional course of treatment is required.

Thus, the complex use of individually selected programs of induction therapy with the frequencies of the human brain rhythms for the treatment of epilepsy can significantly help in the fight against this serious disease of the central nervous system.

In addition, if a decision is made on drug treatment, with the help of ART we select the anticonvulsant drug and its dose that is optimal for the patient, which makes it possible to shorten the time to achieve stable remission and subsequently painlessly cancel the prescribed drug without relapses of the disease.

Thanks to all this, in 95% of cases, we achieve a complete cure of patients recognized as hopeless by academic medicine. With the help of ART and BRT, it is possible to achieve harmonization and improvement of the psychoemotional state of the body, relieve depression, increase efficiency, which largely helps to improve the social adaptation of patients.

#### Literature

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