

Bioresonance therapy in complex action for dorsopathies

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The present study is devoted to further assessment of the possibilities of bioresonance therapy included in the standard set of measures for vertebrogenic syndromes.

The study included 60 patients (34 women and 26 men) aged 33 to 62 years with dorsopathy at the lumbosacral level. The duration of the disease ranged from 2 to 10 years, the duration of the last relapse averaged 2.5 ± 0.9 months. As a result of syndromological analysis, reflex disorders were detected in 38 cases, compression disorders - in 22, with an equal ratio of muscular-dystonic and neurovascular manifestations.

The patients were divided into 3 treatment groups, each of 20 people. In all groups, basic therapy was used, which included minimal drug exposure, individual manual therapy techniques, and physiotherapy exercises. In addition, in the 1st group bioresonance therapy was carried out (device "IMEDIS-BRT-A", "IMEDIS", Russia), and in the 2nd group - placebo, imitating this technology. The treatment course consisted of 10 procedures carried out 4 times a week. In the comparison group, the impact was limited to basic therapy only. Evaluation of the effectiveness of treatment was carried out according to the following criteria: dynamics of the severity of complaints (including the level of pain), clinical manifestations, data of psychological and instrumental examination, integral assessment of the state, highlighting: positions improved, without change, with deterioration.

The analysis established a significant ($p < 0.05$) superiority of the method of bioresonance therapy over placebo and basic therapy. The effectiveness of treatment here was 70% of observations - versus 55% in the compared groups. At the same time, positive results in the 1st group were significantly ($p < 0.05$) more often observed in reflex syndromes.

The dynamics of the algic syndrome was recorded using a visual analogue scale. It is shown that the estimated indicator underwent significant ($p < 0.05$) shifts only in the 1st group, decreasing from 6.0 to 1.5 units. A distinct effect of the method on the myofascial component of dorsopathy and, to a lesser extent (unreliable), on the severity of reflex neurovascular reactions was clinically established. At the same time, the muscle syndrome index underwent distinct changes only in group 1, decreasing from 8.9 ± 1.3 to 1.9 ± 0.2 points ($p < 0.05$). Naturally, the improvement in the state was accompanied by the restoration of the characteristics of the SAN, also mainly in the patients of the 1st group.

Thus, both the expediency of bioresonance therapy for dorsopathies and the possibility of differentiated use, depending on the characteristics of the process, have been confirmed.

In addition, according to the results of the study, the multiplicity and frequency of

the use of bioresonance therapy for inclusion in the standards of medical rehabilitation of patients with common diseases.

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