

## Prospects for the combined use of bioresonance therapy and pharmacopuncture for dorsopathies S.K.

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In a series of publications, including his own (L.G. Agasarov, A.V. Boldin, 2012), the effectiveness of bioresonance therapy (BRT) in dorsopathies has been demonstrated. In this method, low-intensity pulsed low-frequency electrical signals are recognized as therapeutically significant. However, the instability of the achieved effects indicates the advisability of supplementing BRT with technology based on other therapeutic mechanisms, in particular, pharmacopuncture with various agents. The lack of information in the available literature on the combination of bioresonance therapy with local administration of chondroprotector Alflutop in dorsopathies led to this study.

The study included 110 patients (71 women and 39 men) with dorsopathy at the lumbosacral level, with the dominance of the muscular component of the process. The age of the surveyed ranged from 27 to 62 years, the duration of the disease - from 1 to 8 years, real relapse - from 1 to 5 months. The neurological examination data were compared with the results of X-ray, computed or magnetic resonance imaging. The degree of muscle disorders was characterized by the Index of Muscular Syndrome (IMS). All patients were questioned using the Visual Analogue Scale (VAS), the Roland-Morris Questionnaire "Pain in the lower back and disability". The Oswestry Inquiry Inquiry (ODI) was also assessed.

The patients were divided into four randomized groups: three main, each of 30 people, and one comparison, consisting of 20 people. In all groups, basic therapy was used, including minimal drug exposure, manual therapy techniques and physiotherapy exercises. In addition to this, in the 1st group, bioresonance therapy was used (apparatus "IMEDIS-BRT", "IMEDIS", Russia), and in the 2nd - the introduction of Alflutop ("Biotechnos", Romania) into the trigger points. In the 3rd group, a complex of bioresonance therapy and local injections of Alflutop was used. The treatment course in these groups consisted of 10 procedures, carried out 3 times a week. In the comparison group, the effect was limited to the already indicated basic therapy.

As a result of therapy, a tendency towards normalization of the neurological status was observed in all groups. This was manifested by regression, to varying degrees, of motor and sensory disorders, vegetative-trophic disorders, restoration of the functional activity of patients. However, in the course of a comparable efficacy analysis, a significant ( $p < 0.05$ ) superiority of the complex combining BRT and pharmacopuncture over other groups was established. In particular, the overall performance in this third group was 80%

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observations - versus 55–66% in the compared groups.

At the same time, according to the characteristics of the VAS, in all groups there was a high efficiency of analgesic stimulation. Nevertheless, this indicator underwent significant ( $p < 0.05$ ) positive shifts in the 3rd group, decreasing from 6.4 to 1.4 units. The regression of the VAS level observed in other groups was not so pronounced ( $p > 0.05$ ). In clinical terms, special attention was paid to myofascial disorders, focusing on the index of muscle syndrome (IMS). By the middle of the treatment course, the index in all groups decreased by half, and by the end - by four times. However, the most pronounced changes (from  $12.9 \pm 21$  to  $2.1 \pm 0.2$  points,  $p < 0.05$ ) this indicator underwent in the 3rd group, in response to the complex impact.

The results of the Roland-Morris Questionnaire underwent similar changes - the level of self-assessment of pain in patients of all groups decreased on average by 70–75% ( $p < 0.05$ ). However, as in the previous example, the greatest regression of pain was observed in patients of group 3, exceeding (unreliable,  $p > 0.05$ ) the indicators of the compared groups. The data presented correlated with the Oswestry Questionnaire (ODI) on the level of daily physical functioning of patients. An improvement in the quality of life was observed in all groups (a decrease on average from 30 to 12 points), but the maximum (from 31.5 to 8.5 points,  $p < 0.05$ ) in the case of complex exposure.

Thus, the prospects of using a complex combining adaptive bioresonance therapy and local administration of Alflutop in dorsopathies have been confirmed.

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