

Experience in the use of bioresonance technologies for the prevention of drug addiction among the youth of the Ural State Mining University

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Young people are not inclined to view their own health as a capital that pays dividends; rather, on the contrary, they are ready to view their physiological substance as a source of thrill, pleasure and pleasure.

Under the influence of chronic, continuously increasing in intensity, stressful situations, young people are not ready mentally and physically to overcome them. This encourages young people to look for various means, including psychoactive substances (PAS), to help get away from painful experiences and solve problems.

At the Ural State Mining University (USMU) in Yekaterinburg, the specificity of many acquired professions is not compatible with the use of surfactants. The factor of professional unsuitability is very relevant as one of the components of the economic security of our country. Therefore, the USMU pays great attention to the prevention of drug addiction among students.

To identify persons who use psychoactive substances and control the drug situation among USMU students, hardware testing is carried out in the current mode in accordance with the document "Method for identifying persons who use drugs" Methodical instructions No. 2001/98, approved by the Ministry of Health of the Russian Federation. 04.04. 2001 using the equipment of the Center "IMEDIS" (Moscow).

In the process of solving the problems of primary prevention of drug addiction, identifying the facts of the use of psychoactive substances and preventing the continuation of use, we have developed our own system of approach to solving this problem.

The tactics of interaction between a doctor and a student directed to hardware testing to establish the fact of taking psychoactive substances can be divided into several stages.

The first stage includes an initial, first of all, visual inspection student, assessment of his behavioral reactions and psycho-emotional state, collection of anamnesis of life.

The task of the doctor: to identify the presence of a propensity in a young person to use psychoactive substances and risk factors that contribute to the intake of psychoactive substances.

It is very important to assess the student's appearance and behavior when entering the doctor's office (neatness of clothes, gait stability, mood, tendency to aggression, desire to voluntarily undergo hardware testing).

A competently conducted examination will help not only to develop tactics of interaction with the patient, but will also allow to determine priorities when selecting a program to prevent further use of psychoactive substances.

The next no less important stage is the collection of a life history. A complete life history collection and adequate professional assessment are important for choosing a testing algorithm.

The main focus of questions when collecting a life history is regulated by the goal of identifying important points: the social status of parents, close relatives and friends, whether they have convictions and bad habits, whether they turned to a narcologist for help and whether they are registered in a narcological dispensary.

Be sure to find out from which settlement the tested person came, his permanent place of residence at the moment, where and how he prefers to rest, the presence of bad habits.

We identify risk factors that contribute to the formation of a tendency to take psychoactive substances: traumatic brain injuries, chronic diseases of the gastrointestinal tract with pain symptoms, signs of vitamin deficiency, a tendency to depression, unreasonable attacks of aggression, lability of the nervous system, symptoms of chronic fatigue and intoxication, the presence of asthenovegetative syndrome and psycho-emotional overload, increased anxiety, anxious-suspicious accentuation of character, a tendency to self-medicate.

The second stage is to conduct hardware testing and identify specific reasons for the use of surfactants when receiving a positive result.

The task of the doctor at this stage (when using this hardware method) is to answer extremely important questions:

- whether the fact of the use of a narcotic substance really took place;
- what specific narcotic or toxic substance was used;
- how long this substance has been used;
- when was the last use;
- what is the reason for the use of surfactants.

The third stage is drawing up a plan of medical and tactical measures for prevention of subsequent drug use.

For persons with an established fact of using surfactants, the following algorithm of actions is applied:

1. Groups of "active" observation are formed depending on the reason use. Re-testing is planned at various times until drug use is completely stopped.

2. Developed and implemented activities for people with sporadic

experience of using surfactants without signs of chronic drug intoxication.

3. Persons with an established fact of systematic drug use substances are sent for consultation to a narcologist at a specialized medical institution to solve the following tasks:

- clarification of the reliability of the results of hardware testing using biochemical diagnostic methods and establishing a diagnosis of the disease;
- provision of specialized medical care.

For each student who has identified the fact of the use of psychoactive substances, an individual program for the prevention of further use is developed, taking into account the general mental and somatic status.

Of course, everyone has their own reason for taking a drug potion. Nevertheless, most often the use of psychoactive substances, which are "mood moderators" (D. Edwards, 1975), is aimed at changing the mental state. The most important motive for such a change is the desire to "overcome melancholy, anxiety and guilt" (E. Stehelin, 1967), to alleviate frustration, i.e. depression and anxiety when there are obstacles to desires and intentions (E. Morris, 1983). The use of psychoactive substances is often accompanied by anxiety.

Considering that students very often have increased psycho-emotional stress, leading to stress, insomnia, increased nervousness; errors in nutrition and as a result of this chronic diseases of the gastrointestinal tract, the use of general therapeutic approaches in the appointment of treatment is justified.

In our practice, we are guided by the treatment concept of A.V. Samokhin. and Gotovsky Yu.V. We apply the following algorithm:

- drainage LM-means (D4 – D6);
- psychotherapy;
- optimization of hygiene, diet;
- regular consumption of liquid in sufficient quantity (1.5–2 liters);
- potentiated allopathic drugs and homeopathic immunomodulators;

- constitutional drugs, which are prescribed in potency corresponding to the state.

We also get good results when applying the following scheme: 1.

Optimization of nutrition, water regime.

2. Selection of drainage and detoxification homeopathic remedies (for example, DRE and DIS by ONOM).

3. Removal of psychological stress (Bach Flowers, preparations "GUNA", "Rostock", "Medpharma", "Aura Soma").

4. Elimination of the leading subjective symptoms, if any - the removal of pain syndrome;

5. Application for the purpose of detoxification of enterosorbents, herbal medicine, enzyme replacement therapy (allopathic), homeopathic immunomodulators.

6. Induction therapy using the P13 program (Depression Program II).

We annually monitor the drug situation in the student environment of the USMU of 1-3 courses of full-time education using the method of hardware testing.

Table 1 shows the results of drug screening using the equipment of the IMEDIS Center for the 2013 calendar year.

Table 1

The results of hardware testing of identifying the fact of the use of surfactants among students of 1–3 courses of the USMU full-time education (January-December 2013)

Well	To be inspection	Viewed	M	T1 T2	KS
1	908 people	897 (98.8%)	8 (0.9%)	27 (3.0%) 19 (2.1%)	43 (4.8%)
2	552 people	453 (82.0%)	5 (1.1%)	17 (3.8%) 12 (2.6%)	6 (1.3%)
3	707 people	464 (65.6%)	0	4 (0.9%) 8 (1.7%)	0
TOTAL:	2167 people	1,814 (83.7%)	13 (0.7%)	48 (2.6%) 39 (2.1%)	49 (2.7%)

Legend:

M - marijuana (use up to two times within 10 months with an interval of 2-5 months).

T1 - pharmacological drugs containing codeine, used without a doctor's prescription for 10 months up to three times.

T2 - pharmacological medicinal products containing codeine, used for therapeutic purposes 3-4 times within 10 months according to the doctor's prescription (the fact of appointment is confirmed by medical documents).

KS - smoking mixtures containing surfactants.

Note: according to the order of the rector of USMU, hardware testing is subject to 1–3 year students of full-time education, subject to the signing of an informed voluntary consent.

The experience gained in the application of the method of screening studies for the use of narcotic substances using the equipment of the Center "IMEDIS" confirmed its high diagnostic efficiency, safety and significance for the development of measures for primary prevention and prevention of further intake of psychoactive substances among students.

Literature

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