

The influence of individual music therapy "musical energy key" on functional state of patients with chronic viral hepatitis

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Music therapy (MT) is widely used in modern preventive and restorative medicine, as an additional factor in the treatment of many internal diseases and harmonization of the functional and psychophysical state of the body of sick and healthy people [1]. MT is used in various fields of medicine. For example, in oncology to relieve anxiety, alleviate the side effects of chemotherapy, in the treatment of Alzheimer's and Parkinson's diseases, brain injuries and neurological disorders. MT is used to correct the psychoemotional state of patients, treat fatigue, insomnia, diseases of the cardiovascular system and gastrointestinal tract, respiratory organs, etc. [2, 3].

Individual MT "Musical Energy Key" (IEC) refers to the clinical direction of MT, which uses receptive technologies: music reflexology and neuromusical programming.

The concept of MT IEC is based on knowledge about the biorhythms of human birth, which are carriers of information about the nature of the individual: year, day, month and hour. The creation of MT IEC was preceded by studies of analogies and correspondences of the laws of nature in systems of knowledge about natural cycles and rhythms and music [4, 5].

The therapeutic effect of MT IEC is due to the following factors:

- the biological effect of superweak factors and the connection between the biorhythms of a living organism and the space "clock" [6];
- the field structure of the DNA cell has an electromagnetic and acoustic nature, being an antenna that records incoming information and has wave immunity; the study of the phenomenon of Fermi - Pasta - Ulama (FPU) return has proved the existence of the wave type of genome memory; Human DNA is capable of interacting with specific commands of a linguistic nature and melodic (vibrational) coloration [7];
- the concept of choice and feedback in information theory, on which musical influence is based; in a musical message "is just a sequence of signals that control the choice of meanings from the stock that the recipient has; listening becomes the process of decoding this information "[8];
- from the point of view of a synergistic approach in the field of controlling and organizing influences on complex systems, weak, properly organized resonant influences (acoustic) are consistent with the internal properties of a nonlinear system, which result in strong responses [9];
- reflex psychophysiological reactions and resonant responses to field effects from sound-sensitive functional systems [10];
- the use of the phenomenon of resonance as a means of optimal harmonious self-adjustment of the body.

MT MEK, as an acoustic model, resonates with the natural harmonious program of human energy states existing at the field level, since the listener already unconsciously disposes of the store of meaning that is in this sound information for establishing a certain context, and listening becomes the process of decoding this information, which manifests itself on the physical plane.

The study of the effect of individual MT MEK was carried out at the Infectious Clinical Hospital No. 2 (Central Research Institute of Epidemiology of Rospotrebnadzor, Moscow, Russia) in the Viral Hepatitis department.

Tasks research: define impact individual MT IEC on energy-informational balance of the organism of patients with viral hepatitis (VH) of various etiology and healthy individuals. For this, the dynamics of changes in indicators was studied: the electrical conductivity of the meridian system.

Research methods and materials

81 people were examined, including 65 patients with viral hepatitis (VH) of various etiology in

ages from 18 to 73 years and 16 apparently healthy individuals (HA). The patients were divided into groups: 34 people listened to music (MT) and 31 people made up a control group (C), receiving only drug therapy. According to nosologies, the patients were distributed as follows: acute viral hepatitis (AVH) - 37 people, of which MT - 20, K - 17; chronic viral hepatitis (CVH) - 15, of which MT - 9, K - 6; cirrhosis of the liver of various etiology (LC) - 13, of which MT - 5, K - 8.

The recruitment of patients into groups was carried out by random sampling (by days of the week). MT was performed for 7–30 days, depending on the length of hospital stay. Individual music was written for each person - a sound fragment in mp3 format. All studies were carried out before and immediately after MT, then once a week until discharge from the hospital. The level of average electrical conductivity, the number of meridians in a state of norm and pathology were registered according to the method of I. Nakatani (apparatus "ARM-PERESVET", registration certificate 29/23041098 / 1567-01, Certificate No. ROSS.RU.IMO2.B14772 European certificate Reg.- No . V0-6-045 CE1252). For mathematical and statistical processing of the results, the Student's test, Fisher's exact test, chi-square and others were used using the Microsoft Excel program (version 7.0 for Windows 2000),

Research results

When analyzing the indicators of the average electrical conductivity, it was revealed that they did not change significantly when listening to the MEC, both in patients with various forms of GV and in ZD. A reliable dynamics of the number of meridians in the normal corridor was found under the influence of musical therapy of the MEK both in patients with VH and in the ZD group (Table 1). After MT, the number of meridians in the normal corridor in the group of GV patients (1) significantly increased ($p = 0.000$) by 188%, in the ZD group (3) the number of meridians in the normal corridor after MT significantly (0.01) increased by 116%, in (K) in the group of patients with GV (2), the number of meridians in the normal corridor by the end of hospital stay insignificantly ($p = 0.553$) decreased by 8.2%. The number of meridians in a state of imbalance in group 1 significantly ($p = 0.000$) decreased by 49%, in group 3 it significantly ($p = 0.017$) decreased by 35%, in group 2, the number of meridians in a state of imbalance by the end of hospital stay insignificantly decreased by 3.8%. The study between the groups showed the reliability of the increase in the number of meridians in the norm corridor after MT in patients with GV in group 1 and in group 3, compared with patients with GV from group 2 who did not receive MT ($p_{1-2} = 0.000$; $p_{2-3} = 0.007$; $p_{1-3} = 0.0407$).

Table 1

Dynamics of the number of meridians in the corridor of the physiological norm and the state of imbalance in patients with CH and healthy individuals in% of the initial level before and after MT

group	number of people	The number of meridians in the corridor physiological norm				Number of meridians in a state of imbalance			
		n to	R	n after	% change	n to	R	n after	% change
MT (1)	34	49	0.000	141	<188	187	0.000	94	> 49
R 1-2		0.000				0.000			
K (2)	31	61	0.553	56	> 8.2	158	0.664	152	> 3.8
P 2-3		0.007				0.092			
ZD (3)	16	25	0.013	54	<116	71	0.017	46	> 35
R 1-3		0.0407				0.317			

A reliable dynamics of changes in the number of meridians in the normal corridor was found under the influence of MT MEK in groups of patients with IH by nosology: OVH (including subgroups OVGA, OVHV, OVH mixed), CVH and CP. (Table 2) In the OVG group, the number of meridians in the normal range after MT significantly increased by 354.5%. In the (C) group, the number of meridians in the normal corridor decreased by 80%. Comparison of indicators between groups of AVH is reliable ($p = 0.05$). In the CVH group after MT, the number of meridians in the normal corridor increased by 172.2% and is reliable ($p = 0.05$) compared to the group (C), in which this indicator decreased by 93%. After MT in the CPU group

the number of meridians in the normal corridor increased by 620%, which is significant ($p = 0.05$) compared to the group (K), in which this indicator decreased by 58.3%. The number of meridians in a state of imbalance in the OVG group after MT decreased by 51.5%, in group (K) this indicator increased by 110.8%. Comparison between the two groups is significant ($p = 0.001$). In patients with CVH after MT, the number of imbalanced meridians decreased by 46.7%, which is significant ($p = 0.05$) in comparison with the group (C). After MT in the CP group, the number of meridians in a state of imbalance decreased by 33.3%, in group (C) it decreased to 84.8%. Comparison of indicators in groups is reliable ($p = 0.05$).

table 2

Dynamics of the number of meridians in the corridor of the physiological norm and the state of imbalance in GV patients by nosology in% of baseline before and after MT

nosology	number human		Number of meridians in the corridor of the physiological norm			Number of meridians in a state of imbalance		
			n to	n after	% change	n to	n after	% changes
OVG	MT	19	22	78	354.5	103	53	51.5
	t		t = 2.3 P = 0.05			t = 4.1 P = 0.001		
	TO	17	35	28	80	74	82	110.8
CVH	MT	nine	eighteen	31	172.2	45	21	46.7
	t		t = 2.0 P = 0.05			t = 1.5 P = 0.05		
	TO	6	fourteen	13	93	35	29	82.9
Cpu	MT	5	5	31	620	36	12	33.3
	t		t = 2.0 P = 0.05			t = 1.9 P = 0.05		
	TO	eight	24	fourteen	58.3	46	39	84.8

conclusions

In patients with GV, the initial number of meridians in a state of imbalance was significantly greater than in the ZD group. After MT, the frequency of occurrence of meridians in the norm corridor significantly increases and decreases in a state of imbalance more in patients than in healthy individuals. In the course of the research, the influence of MT IEC on various meridians was revealed. In the ZD group, the meridians more often normalized: lungs, heart, small and large intestine, pancreas (P, C, IG, GI, VB). In patients with GV, the meridians more often normalized: lungs, blood circulation, heart, triple heater, small and large intestine, gallbladder, liver, pancreas, stomach (P, MC, C, TR, IG, GI, RP, F, VB, E). After MT, the number of meridians in the corridor of the physiological norm increased and decreased in a state of imbalance to a greater extent in patients with AVH and CP than in patients with CVH. That is, the body's response to the effects of MT MEK is more active in patients with acute and severe forms of the disease. The results of the study showed a harmonizing effect on the energy-informational balance of the body of both HV patients and healthy individuals, which is an indicator of an improvement in the functional state of the body.

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