

## Bioresonance technologies in complex therapy children with chronic convulsive conditions

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Convulsive syndrome is a group of the most common disorders of the nervous system, characterized by a variety of clinical and paraclinical manifestations. Such conditions are characterized by paroxysmal disorders of consciousness with movement disorders - convulsions. They arise spontaneously or as a result of provoking moments (psychogenic factor, febrile state) and are caused by abnormally excessive or synchronous activity of brain neurons. The duration, severity of the attack fluctuates in a fairly wide range.

The high social significance of the problem is determined not only by the deterioration of the patient's quality of life, the limitation of his professional capabilities, but also by potentially serious consequences: traumatism of both the patient himself and those around him, the possibility of death. It should also take into account the adverse effect on the psycho-emotional sphere, cognitive functions, the patient's intelligence, both the disease itself and the actions of pharmacotherapy.

The prevalence of convulsive conditions reaches 2.1% among the child population, in more than half of cases it has a debut before the age of 9 years. Convulsive syndrome is a polyetiological pathology, and its causes may be: birth trauma, hypoxia and cerebral ischemia, congenital malformations, genetic and chromosomal diseases, hereditary metabolic defects, infections (primarily TORCH infections), tumors, hydrocephalic syndrome.

The main method of treatment of convulsive states is a pharmacotherapy. And although it is believed that some progress has been made recently, drug therapy has a number of disadvantages:

1. The use of anticonvulsants is a therapy symptomatic.
2. In most cases, requires lifelong use.
3. The complexity of the selection of the drug due to the activity of the seizures.
4. Difficulties in the selection of the dose of the anticonvulsant drug.
5. Monotherapy is not always enough, and the doctor has to solve the problem drug interactions.
6. Not always effective. Even with the advent of anticonvulsants on the market drugs of the "new generation", their effectiveness in the control of seizures is highly questionable. The effectiveness of medications depends on the nature of the attacks, their severity, and the individual characteristics of the organism. In more than 80% of cases, the problems of seizures are not completely resolved by pharmacological drugs, and 30% of such children are resistant to drug therapy.
7. Always accompanied by side effects in the form of mental oppression activity and a decrease in the level of intelligence. Adverse clinical effects with the use of anticonvulsants can develop both acutely and

gradually and be quite diverse: from minor (excessive sedation, dizziness, headache, tremors, memory and attention loss, increased mental fatigue, rash, etc.) to very serious, potentially fatal and requiring immediate withdrawal (loss of coordination, arrhythmias, toxic hepatitis, teratogenic risk to the fetus). Sometimes the risks of treatment outweigh the risks of the disease.

The fact that the US FDA has registered 8 new anticonvulsants over the past 10 years indicates a lack of adequate seizure control and the development of side effects in a significant proportion of patients.

The possibilities of non-traditional methods (ketogenic diet, chronic stimulation of the vagus nerve, acupuncture, laser therapy, homeopathy, herbal medicine, aromatherapy) are not sufficiently highlighted in the literature. For some methods, convulsive conditions are a contraindication.

In 2012, NICE (National Institute for Health and Care Excellence) issued guidelines for the diagnosis and treatment of epilepsy in children and adults. They noted that, despite significant progress in understanding and treating these conditions, the introduction of new methods of diagnosis and treatment, the problem of optimizing the treatment and diagnostic process remains relevant, and joint efforts of various specialists are required to solve it.

We are monitoring 27 children with convulsive syndrome at the age from 6 months to 14 years. The onset of seizures is at the age of 5 years. Clinical diagnoses were made in specialized neurological clinics. All children are under the supervision of neurologists, epileptologists. They have been clinically examined, including biochemical analyzes (blood glucose, electrolyte balance, etc.), instrumental methods of neuroimaging (electroencephalography - registration of bioelectrical activity of the brain in dynamics and at different periods after seizures, ultrasound examination of the brain - neurosonography - for children under one year old, X-ray computed or magnetic resonance imaging, ophthalmoscopy). Some - rheoencephalography.

In the group of observed: 7 children with generic hypoxia and cerebral ischemia; TORCH infection of mother and child - 5 children; 2 cases of congenital anomaly - Arnold-Chiari syndrome I degree (displacement of the structures of the posterior cranial fossa below the plane of the foramen magnum); 2 children under the age of one year with West syndrome, cryptogenic form; 3 children with benign dysresorptive-communicating hydrocephalus, which does not require surgical treatment; 1 child - after bypass surgery.

In some cases, specific etiological factors have not been clinically established.

Among our patients, there are no children with hereditary metabolic diseases and other anomalies of amino acid metabolism, with the consequences of traumatic brain injury in the postnatal period, brain tumors.

The main complaints from parents are about convulsive seizures of varying frequency and severity: from absences to extensive generalized seizures with loss of consciousness. By the nature of the convulsions are often mixed tonic-clonic.

Other complaints were also noted: headaches, migraines, cognitive impairments: decreased memory, attention; sleep disorders - dreaming; in young children - delayed psychomotor development.

Along with clinical examinations, electro-acupuncture diagnostics of mother and child was carried out, which included:

- R. Voll's method with measuring the electrical parameters of the skin at representative distal points of the hand and foot;
- vector zone diagnostics (AIC "Vector-Diacor-Bio-PSI") for 12-15 minutes, with objective control of the test and therapeutic effects (for children over 6 years old and their mothers);
- testing by the method of vegetative resonance test (ART) "IMEDIS-TEST" (apparatus "MINI-EXPERT-DT" with software). Testing involved the obligatory determination of loads (geopathogenic, radioactive, electromagnetic force fields, psychological and psychovegetative), toxic burdens, etiological factors, the state of functional systems (nervous, immune, endocrine)

When identifying parasitic loads, electronic analogs of nosodes and resonant frequencies were tested. The frequencies of toxoplasmosis, viruses of the herpes group (herpes type I, cytomegaly, Epstein-Barr), rubella, and mumps were more often determined.

Since the group of patients is heterogeneous in terms of clinical diagnoses, etiopathological factors, age, and only the presence of a convulsive syndrome acted as a unifying point, we did not set the task of generalizing the diagnostic results, but only using the data obtained to select therapeutic actions in relation to a particular patient, since our goal was studying the possibilities of BRT in the treatment of convulsive conditions.

In the treatment of this group of patients, we used the therapeutic capabilities of the equipment of the Center "IMEDIS": "MINI-EXPERT-DT" with software, "IMEDIS-BRT-A", "MINI-EXPERT-T". The following therapeutic effects were applied:

1. Endogenous bioresonance therapy along classical meridians (apparatus "IMEDIS-BRT-A") with inversion from the projections of problem areas of the brain. The duration of the BRT session depended on the response to the therapeutic load and the state of the reserves of the functional systems, primarily the neuro-immune-endocrine system. As a rule, the therapeutic process began with the fourth strategy with the inversion of pathological fluctuations.

2. Exogenous bioresonance induction therapy. Applied devices for magnetic therapy (UMT) "loop" or "belt" with fixation on the child's body; intensity with a gradual increase during the session and from session to session with 5-10 units. up to 30 units The most commonly used programs: P7, P15, P16.

3. Exogenous bioresonance therapy with fixed frequencies. We used only non-contact therapy with an alternating magnetic field using a UMT "loop" with fixation in the head area, the intensity with a gradual increase during the session and from session to session with 5-10 units. up to 30 units for each program. The programs of the groups were used: "Epileptic seizures" (E200,

E165), "Brain", "Sedative", "Epilepsy" (more often - E244, E168, E48).

4. Exogenous resonance frequency therapy using antiparasitic programs, if such were tested during the diagnostic process. Only non-contact therapy with an alternating magnetic field was used using the UMT "loop", with fixation in the head region and "belt", with fixation on the body. The duration of the procedure - according to general rules, the intensity - with a gradual increase depending on the age of the child, from 20-30 units. up to 100 units

The frequency of sessions is individual, depending on the severity of convulsive symptoms, the persistence of the result; for antiparasitic programs - every day in the first year with subsequent control of effectiveness. The frequencies of the programs used during the procedure were recorded on the homeopathic crumbs through the inductor and were subsequently taken by the patient to prolong the therapy.

Particular attention was paid to the condition and reserves of the immune and drainage systems.

For immunocorrection, transfer factors were used - oligopeptides of the cytokine class from 4 Life Research and electronic analogues of the SEROIMMUN group (OTI), which were prepared using the IMEDIS drug selector.

To improve the performance of drainage systems, in addition to induction frequency programs, we used Lymphomyosot (Heel), electronic analogues of homeopathic complexes OTI, Roy Martina preparations of the Detox and Endotox groups, and a polymineral preparation with a predominant silicon content "Minerol".

With regard to drug therapy, the following tactics were followed: if the child's condition and the results of control diagnostic measurements allowed, a gradual decrease in the dose of the medication was carried out from session to session, if possible, interruption of the intake of anticonvulsants until complete cancellation with further control. A potentiated pharmacological base drug was always prescribed to relieve the side effects of drug therapy.

In all cases, a positive result was observed, while in 15 children it was possible to achieve a reduction in the dose of anticonvulsants, and in 12 cases - complete cancellation. There was never a provocation of an attack by the action of induction programs or endogenous BRT. In children with West syndrome, seizures are so frequent, even with pharmacotherapy, that the procedures were carried out during the seizure. The positive result of therapy was confirmed by an improvement in the indicators of the bioelectrical activity of the brain, in particular, an increase in the threshold of excitability of nerve cells. The effectiveness of therapy was also noted by the parents of children: a decrease in the frequency of seizures or their complete absence, an improvement in general well-being (absence of headaches, normalization of sleep, improvement of attention, memory, thought processes, assimilation of educational material),

With the absence of seizures without pharmacotherapy for more than 7 years, 8

patients.

Along with targeted therapy, health problems of a general somatic nature were also solved.

#### Output

The use of bioresonance therapy methods significantly increases the effectiveness of complex therapy for children with various forms of convulsive syndrome: it reduces the frequency or completely eliminates seizures, improves the general condition, cognitive functions, reduces the side effects of anticonvulsants and allows them to reduce their dose, and in some cases, to achieve cancellation.

The results obtained make it possible to recommend the methods of bioresonance therapy for the treatment of children with convulsive syndrome.

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