Therapy for children and adults with astigmatism, myopia and strabismus using the techniques of bioresonance therapy and vegetative resonance test

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annotation

The paper presents the results of a study on the diagnosis and treatment of astigmatism, myopia and strabismus using the combined use of autonomic resonance test and bioresonance therapy (ART and BRT). The authors proposed a uniform algorithm for the diagnosis and treatment of astigmatism, myopia and strabismus, based on the idea that these diseases are, in fact, disorders of the oculomotor function (as a result, the shape of the eye in the case of astigmatism and myopia) as a result of chronic viral infection of its muscles and tissues, oculomotor nerves and visual pathway. The high cure rates for astigmatism, myopia, and strabismus achieved in the study support this hypothesis. Both diagnostics and therapy of the studied group of nosologies are carried out according to a single algorithm, which can be considered as an essential step of ART and BRT methods towards evidence-based medicine. It is concluded that astigmatism, myopia and strabismus are latently caused by chronic viral infections. New control signals (information drugs Anaferon, Triton regeneration and Triton metamorphosis) have been tested, which have shown themselves to be effective tools, respectively, of antiviral and restorative orientation in the treatment of astigmatism, myopia and strabismus.

Key words: vegetative resonance test, bioresonance therapy, astigmatism, strabismus, myopia,systemic nosological approach, KMH.

Introduction

Childhood astigmatism, myopia and strabismus represent a huge problem, both for children and their parents, and for the public, for the simple reason that they are not treated in any traditional way. In fact, astigmatism, myopia, and strabismus are disabling diseases, a terrible diagnosis of which is "erased" by their routine and, in the case of, for example, astigmatism and myopia, the possibility of immediate appointment of the patient's usual "crutches" in the form of glasses.

No less unpleasant - also, in fact, disabling - disease is astigmatism, myopia and strabismus in adult patients, especially with the prospect of worsening as age changes.

Our approach to the treatment of this group of diseases, both in children and adults, is based on the same basic methodological assumptions as the approach to Hashimoto's autoimmune thyroiditis [1]:

1. The development of early astigmatism, myopia and strabismus can certainly be based on epigenetic and even genetic prerequisites, which is confirmed by a hereditary predisposition to these diseases.

2. At the same time, the presumptive genetic or epigenetic prerequisites are obviously not enough for the development of diseases from this group, since in clinical practice we see their manifestation at different ages, with varying degrees of intensity, and, most importantly, as a rule, either after a viral infection (including a cold), or after an unsuccessful vaccination.

3. Such a history of astigmatism, myopia and strabismus suggests that the triggering factor for their manifestations are precisely viral infections, as for the genetic and / or epigenetic predisposition to them, then it plays a slightly different role than that which is attributed to it by academic medicine. The role of heredity in the development of this group of diseases can be reduced to an inadequate immune response to a viral infection, which leads, instead of elimination, to its chronicity, including in the muscles and tissues of the eye, oculomotor nerves and nerve tissues of the optic pathway. At the same time, chronic inflammation can be accompanied by an autoimmune component masking the situation (as in the case of Hashimoto's thyroiditis [1]), and being localized in nerve tissues, it can lead to local peripheral paresis and paralysis, which are perceived at the clinical level as strabismus, myopia or astigmatism. As a matter of fact,

4. Thus, a viral infection can be not only a triggering factor in the development of the considered diseases, but also after their chronicity is a key factor in their maintenance.

5. If the above hypothesis is correct, then the elimination of chronic viral burden and the subsequent regeneration of muscles and tissues of the eye, oculomotor nerves and the optic pathway should lead to a complete restoration of their functions and clinical cure of these diseases.

Thus, the present study was devoted to testing the above hypothesis about the key role of viral burden not only in the development, but also in the maintenance of the pathological process in the case of these diseases.

Objectives of the work:

1. To develop a unified effective algorithm for bioresonance therapy (BRT) under the control of autonomic resonance test (ART) strabismus, myopia and astigmatism.

2. Check the clinical effectiveness of this algorithm on a sufficiently large group of suitable software.

nosology of patients.

3. Based on the clinical results of the application of this algorithm, test the hypothesis of the key role viral burden in maintaining strabismus, myopia and astigmatism.

Materials and research methods

The study was carried out in 2009–2014 at the Vitamed clinic in Gabrovo. The study involved 14 patients of both sexes: 7 children and 7 adults, aged 4 to 54 years. The duration of the disease at the time of treatment in different patients ranged from several months to 27 years. In 4 cases, only strabismus was observed, in 4 others - strabismus and myopia, in 6 only myopia.

All patients gave informed consent to the study. In all cases, also with the informed consent of the patients, no other methods of treatment were used, except for the information therapy described below and compensatory therapy with glasses, which were canceled as the patient's condition improved.

For diagnostics and therapy was used apparatus for electropunctural diagnostics, drug testing, adaptive bioresonance therapy and electro-, magnetic and light therapy according to BAT and BAZ "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 dated September 16, 2005

Survey scheme

In all cases, the primary and subsequent general diagnostic ART examinations of the patient were performed in accordance with the approved ART methods [2–4].

In particular, to assess the general health of a patient through diagnostics using the ART method, his biological indices, adaptation reserves, the presence of radioactive, electromagnetic and toxic burdens, the degree of oncological resistance, and others were determined.

With the exception of the choice of the organic nucleus of oculomotor pathology (instead of thyroid tissue), this scheme repeats the examination scheme given in [1].

An ART examination to determine the condition of the muscles and tissues of the eyes, oculomotor nerves and the patient's visual pathway included the following sequence of tests:

1. Consecutive testing of organopreparations of muscles and tissues of eyes, oculomotor nerves and optic pathways in potencies D3-D30 in order to determine their dysfunction. Test-indicators of organopreparations of muscles and tissues of the eye, oculomotor nerves and visual pathway, giving a resonant response during testing, were combined into a total test-indicator∑Organic drugs Patient's eyes. This summary test pointer was taken as the model organic nucleus of oculomotor pathology (OGDP) for a group of pathological processes: astigmatism, myopia, strabismus.

2. Identification of resonance chains of the type ∑Organopreparations Eyes - + The degree of activity of catabolism - for the purpose determination of the average (according to ∑Organopreparations of the Eye) indicators of anabolism or catabolism in the IHDP.

3. Identification of resonance chains of the type ∑Organopreparations Eyes - + Degree of catabolic activity - + Degree of acidity - in order to determine the average indicators of acid-base balance in YGDP.

4. Identification of resonance chains of the type ∑Organopreparations Eyes - + Degree of catabolic activity - + Acidity Degree - + Degree Direction / Source VNS - in order to determine the relationship between the state of the IHD and the autonomic nervous system.

5. Identification of resonance chains of the type ∑Organopreparations Eyes - + Degree of catabolic activity - + Acidity Degree - + Degree Direction / Source VNS - + Anaferon - in order to confirm the viral etiology of the pathological process in the YGDP. For the preference of anaferon over interferon, which is available among ART indicators for testing viral load, see [1].

6. Identification of resonance chains of the type ∑Organopreparations Eyes - + Degree of catabolic activity - + Acidity Degree - + Degree Direction / Source VNS - + Anaferon - + Nosode Virus - in order to determine the specific type of virus that caused the chronic process in the IHD.

7. The criterion for making an ART diagnosis "Chronic disease of the muscles and tissues of the eye, oculomotor nerves and visual pathway of viral etiology "was the identification of at least one resonant chain of the form ∑ Organopreparations Eyes - + Degree of catabolic activity - + Degree of acidity - + Degree Direction / East. VNS - + Anaferon - + Virus nosode -. Any such chain identified in the process of examining a patient will hereinafter be called a diagnostic resonance chain (for the muscles and tissues of the eye, oculomotor nerves and the visual pathway in a clinical situation of strabismus, myopia and astigmatism).

The testing procedure for determining the condition of the muscles and tissues of the eye, oculomotor nerves and the optic pathway, as well as the subsequent therapy algorithm, did not differ for patients of different age groups.

Therapy regimen

The therapy was carried out in accordance with the methodological guidelines for BRT [5], in two stages: at the first stage, the task was to eliminate viruses, presumably parasitizing in the muscles and tissues of the eye, oculomotor nerves and the patient's optic pathway, at the second stage, the regeneration of the muscles and tissues of the eye, up to the complete restoration of the oculomotor function and the shape of the eye. In general, excluding the selection of organic

the nucleus of pathology, this scheme literally repeated the scheme of therapy given in [1].

A systemic nosological approach (SNP) to therapy was used, which consisted of step-by-step compensation with therapy drugs for the patient's individual test-indicator KMH and its subsequent enhancements. Recall that the patient's KMX test-indicator is the sum of biologically significant signals "written off" using special BRT techniques from the end and nodal points of the main chiroglyphic lines of his palms [6]. Gains KMX, hereinafter referred to as KMX2, KMX3, and so on, were carried out on the IMEDIS-EXPERT apparatus by rewriting the original test pointer through container No. 4 of this device for a certain amount of homeopathic grains in container No. 1. In the process of rewriting, it was checked that the amount of homeopathic crumbs for which it was applied was sufficient to reproduce vegetative resonance (lowering the initial measuring level).

In all cases and at all stages of therapy, the initial (not reinforced) CMH of the patient was made at the beginning of the next therapy session. Subsequent enhancement of CMH was always created after the initial enhancement had been compensated for in the previous step of the SNP by the previous therapy drug, the tested dose of which was taken by the patient. In work, the Nth gain of KMX is designated KMX-N, for example, KMX-2, KMX-3, and so on.

When describing therapy drugs, the following abbreviations are used:

1) electronic potency Pot-drug Z, obtained by rewriting it from container No. 2 to container No. 1, at position - knobs of the signal amplification regulator of the AIC "IMEDIS-EXPERT" and compensating for the individual test indicator KMX (respectively KMX-N), that is, such that:

KMH - + Pot-Z -,

denoted, briefly, through Z / KMX (respectively, Z / KMX-N). The value is not included in the final designation of the obtained drug, since it is an individual parameter that depends on the ratio of the effects of Z and KMX drugs on the patient's body.

2) the electronic potency of the blood autonosode (ANKr-a) of the patient, which compensates for his KMX marker, is denoted as NANCr / KMH. If this autonosode was previously rewritten through container No. 3 of the "IMEDIS-EXPERT" apparatus, then the corresponding preparation is designated as iHANCr / KMH.

3) special drugs - Systemic Spiritual Adaptants, described in [7] and briefly referred to as SDA. At the first stage, all patients received the following set of drugs aimed at eliminating viruses parasitizing in the muscles and tissues of the eye, oculomotor nerves and the visual pathway:

1. NANCr / KMX or (iNANCr) / KMX, depending on whether the test was positive or negative for "Key nosode".

2. Cerebral response to the patient's load with the following therapeutic resonance chain: ∑Organopreparations Eyes - + Catabolism level - + Acidity level ↓ + VNS voltage ↑ + Anaferon - + Potentiated snake venom - / KMX-2.

In the process of constructing the therapeutic chain, test indicators were used for the Levels of catabolism, the degree of acidity and the VNS voltage, which were identified during the diagnostic ART examination.

Potentiated Snake Venom is an electronic copy of the snake venom homeopathic remedy taken from the selector. As "Potentiated snake venom" such a homeopathic preparation of snake venom and such a potency were selected that ensured the fulfillment of the following condition:

KMH-2 - + Therapeutic Chain ↑. (1)

It was always possible to find such a drug, and often it was not the only one. In the course of therapy, all snake venoms in the selector were used, most often Bottrops, Lachesis, Naya and Elaps. From a formal point of view, the Therapeutic Chain was obtained from the patient's diagnostic resonance chains, by replacing their last links - the virus nosodes - with a suitable "Potentiated Snake Venom" or the sum of them. The condition Virus nosode - + "Potentiated snake venom" - has not been tested. Condition (1) was considered the criterion for the therapeutic value of the constructed resonance chain.

3. SDA / KMH-3.

This scheme was repeated several times (from 2 to 6) until criterion A.

Criterion A. Absence of vegetative resonances with viral nosodes when filtering through a composite test index ∑Organopreparations of the Eyes: if (∑Organopreparations of the Eyes) -, then (∑Organopreparations of the Eyes + Nosode of the virus) -, for all viruses in the selector nosodes.

Criterion A was used as a criterion for the end of the stage of antiviral therapy. If criterion A was met, criterion B was checked.

Criterion B. Against the background of fulfillment of criterion A, the existence of vegetative resonances:

- with at least one of the potencies of one of the components of the compound test-index ∑Organopreparations of the Eye so that it is possible to construct a new compound test-index of ∑Organopreparations of the Eye -;
- with at least one of the potencies of the drugs Triton-regeneration or Triton metamorphosis, when filtered throughnew composite test pointer ∑Organopreparations of the Eyes - so that for this potency the VRT condition is fulfilled: ∑Organopreparations of the Eyes - + Potency of Triton regeneration - or + Potency of Triton metamorphosis - ". Criterion B was used as a criterion of the body's readiness to restore functions (regeneration)thyroid gland.

If criteria A and B were met simultaneously, the doctor proceeded to the stage of restoration of functions (regeneration) of the muscles and tissues of the eye, oculomotor nerves and the visual pathway according to the scheme, which was also repeated

from 1 to 3 times.

1. Cerebral response to the patient's load with a resonant chain "∑Organic drugs Eyes - + Potency Triton regeneration - or + Potency of Triton metamorphosis - "/ KMH.

2. SDA / KMH-2.

In the case when criterion A was met, but criterion B was not met, the patient underwent an intermediateconstitutional therapy according to the scheme:

1. NANKr / KMH,

2. Cerebral response to the patient's load with a test indicator Element (subgroup "Elements" of the group "Medpharma") selected based on the criterion: Element / KMH-2, that is, KMH 2 - + Element -.

2. SDA / KMH-3,

up to the fulfillment of criterion B. After that, they proceeded to the stage of restoration of the functions (regeneration) of the muscles and tissues of the eye, oculomotor nerves and the visual pathway up to the complete restoration of the oculomotor function and the shape of the eye in the patient (with astigmatism and myopia).

As the oculomotor functions were restored, the glasses of myopic patients were corrected. The duration of therapy, carried out according to the specified algorithm, ranged from 3 months to 2 years, depending on the age, individual constitution, duration of the disease and the degree of damage to the oculomotor function and the shape of the patient's eye at the time of treatment initiation.

Research results

The ART diagnosis of “chronic disease of the muscles and tissues of the eye, oculomotor nerves and optic pathway” based on the results of the initial examination was made to all 14 out of 14 patients.

Table 1 shows the results of testing a group of patients for viral burdening of the muscles and tissues of the eye, oculomotor nerves and the optic pathway.

Table 1

Viral burdens in mice and eye tissues, as well as oculomotor nerves and the visual pathway of the studied patients

Patient	Age, years	1. Herpes simplex	2. Herpes Zoster Type 6	3. Cytomegalovirus	4. Epstein-Barr	5. Coxsackie AT 4	6. Measles	6. Rotavirus	7. Adenoviruses	eight.
1.Z. G.	4						+			
2.G. E.	5		+						+	
3.L.S.	6					+				
4. L. B.	eight		+			+				
5. A.K.	nine	+				+		+		
6. Ts. E.	eleven		+				+			+
7. L.Kh.	16	+	+						+	
8. M.V.	31			+	+	+				
9.S.Kh.	37			+	+			+		
10. A.K.	41									
11. L.L.	44		+		+	+				+
12. K.B.	49	+					+			+
13. V.Z.	53		+		+	+				
14. H. NS.	54	+								+

The clinical disappearance of the symptoms of the disease was achieved in all 14 patients, which allows us to speak, in this case, of approaching 100% effectiveness of therapy for this group of diseases. In all cases, the fact of the patient's recovery was recorded based on the results of his examination by an ophthalmologist, with the conduct of generally accepted ophthalmological tests. Table 2 shows the cure time for patients. The duration of therapy was recorded from the moment of initiation of therapy until the moment of an ophthalmological examination, which confirmed the normalization of the patient's visual functions.

table 2

A patient	Age years	Time to successful completion therapy
1.Z.G	4	1 year and 7 months
2.G. E.	5	9 months
3.L.S.	6	6 months
4. L. B.	eight	5 months
5. A. K.	nine	1 year and 5 months
6. Ts. E	eleven	3 years
7.L. Kh.	16	1 year and 6 months
8. M. V.	31	2 years and 1 month
9.S. Kh.	37	1 year and 5 months.
10. A.K.	41	2 years and 4 months
11. L.L.	44	2 years and 1 month
12.K.B.	49	1 year.
13. K.G.	53	1 year and 1 month
14. Kh. Sh.	54	3 months

From table. 2 shows that in some cases the therapy was very long. Moreover, the timing of therapy depended to the greatest extent on the duration of the disease, before the start of therapy - that is, the patient's history, and to a much lesser extent on his age. Thus, the maximum duration of therapy - 3 years - was observed in a patient aged 11 years, with a previous duration of the disease of 8 years. And in the oldest of the patients, 54 years old, therapy was successfully completed within 3 months, while the problem itself arose 1 month before going to the doctor.

Table 3 “+” marks nosologies that were cured in patients during therapy.

A patient	Age, years	1. Myopia	2. Strabismus	3. Astigmatism
1.Z. G.	4		+	
2.G. E.	5		+	
3.L.S.	6	+	+	
4. L. B.	eight	+		
5. A. K.	nine	+	+	+
6. Ts. E	eleven	+	+	+
7.L. Kh.	16	+	+	
8. M. V.	31	+		+
9.S. Kh.	37	+		+
10. A.K.	41	+		
11. L.L.	44		+	
12.K.B.	49	+		+
13. K.G.	53		+	
14. Kh. Sh.	54	+	+	

Discussion

1. The high efficiency of therapy makes it necessary to raise the question of a multicenter verification of the method and a set of more statistics. As far as the authors know, V.A. Shadrichev (Yaroslavl) and the team of authors consisting of I.A. Siventsova and S.K. Golikova in (Moscow).

2. Our ideas about the relationship between the role of viral infection and genetic prerequisites for the emergence of severe chronic diseases are described both in [1] and in the introduction to this work. We only note that it is genetically determined immune variability that seems to us the most plausible factor in natural selection both for a species that lives in the wild and in civilization.

Conclusions:

1. Developed a unified algorithm for bioresonance therapy of strabismus, myopia and astigmatism under control vegetative resonance test.

2. The clinical efficiency of the constructed algorithm in the study is close to 100%, which allows us to talk about its exact hit not only in the pathogenesis, but also in the etiological basis of the studied diseases.

3. The success of therapy according to the developed algorithm unequivocally testifies in favor of the hypothesis of chronic viral burden as a key factor in maintaining the processes of astigmatism, myopia and strabismus in both children and adults suffering from these diseases.

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