

On the advisability of using segmental diagnostics  
in the work of a neurologist in a sanatorium

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People with chronic diseases of the cardiovascular system, respiratory organs, functional disorders of the nervous system, diseases of the digestive system, endocrine system, and musculoskeletal system mainly come to the spa treatment in accordance with the medical profile of the sanatorium.

The most typical neurological complaints were headaches, dizziness, decreased visual acuity, numbness of the fingertips, pain in the cervical spine, lower back pain radiating to the legs, pain in the hip and knee joints, unstable blood pressure readings, fatigue, irritability ... Often, patients complain about the difficulty of restraining emotions, they note poor sleep with frequent waking up and difficulty falling asleep, sometimes noise or ringing in the ears. These complaints fit into the picture of clinical manifestations of spinal osteochondrosis and, as a consequence, cerebral ischemia. In neurological practice, manifestations of pathological changes in the cervical spine, which lead to the development of vertebrobasilar insufficiency (VBI), deserve the greatest attention. The diagnostic criteria for VBI are the indicators of magnetic resonance imaging (MRI) of the cervical spine, where it is possible to determine the consistency of the vessels responsible for the blood supply to the brain. However, with all the positive aspects, MRI does not provide information about the functional state of the nervous system and its effect on the state of the vascular wall. The complexity of the technical support and the rather high cost of the diagnostic procedure do not allow this study to be carried out at every visit to the neurologist for patients with VBI, which is inappropriate. As a more informative type of research, allowing to determine the functional state of the patient's nervous system, and, consequently, the state of organs and systems,

The aim of this work was to find out the changes in the process of treatment. clinical and diagnostic indicators of patients of the sanatorium with chronic cerebral ischemia (Ischemic cerebral disease). The motivation for this study was a large number of patients with typical complaints. Moreover, it is interesting that, according to the survey and hardware diagnostics, such a disease occurs both at a young and an older age. The main reason is the insufficient capacity of the arteries that supply blood to the brain, and, consequently, the development of hypoxia due to congenital or acquired (cervical spine injury) changes. Subsequently, blood pressure reflexively rises to improve the supply of oxygen to the central nervous system, then, after normalization of the blood supply to the brain, blood pressure decreases, so that patients

characterized as "pressure jumps." At an older age, with long-term ischemic brain disease, brain cells may die, and a transient ischemic attack (TIA) and ischemic stroke gradually develop. In addition to the pathology of the spine, the development of cerebral hypoxia is facilitated by disorders of lipid metabolism, hypercholesterolemia, and an increase in blood viscosity. A certain role is also assigned to viruses of the herpes family, according to the literature, affecting the nerve ganglia (Orlov M.N.). Also, do not forget about such a pathology as a skewed pelvis, which is a consequence of the unequal length of the legs (very common) and causes diseases of the spine, mostly of the cervical spine.

Each patient who applied for neurological help underwent segmental functional diagnostics, functional tests of the state of the spine, and if desired, diagnostics using the ART method was performed. A total of 300 people were examined at the age from 14 to 80 years.

The predominant complaints of a neurological nature were head pain, dizziness, weakness, meteosensitivity, poor sleep, irritability, cramps, tension and soreness of the neck muscles. From the anamnesis: there was often an infection with viruses of the herpes family. Objective indicators: almost all of them had postural disorders, painful areas along the spinal column. The older age group had different leg lengths due to uneven flattening of the foot (most often the left leg is shorter). According to the results of the segmental functional diagnostics, pituitary dysfunction, thyroid dysfunction, and often hyperfunction of the functional systems of the heart and lungs were determined. Dysfunction is determined almost everywhere along the spine, and in most cases the worst indicators were in the cervical spine. The C1-T5 segments of the spinal cord were the worst in terms of the sympathetic nervous system. According to the parameters of the carotid and vertebral arteries, pronounced hypofunction is observed. According to the integral analysis, the leading syndromes were determined: cerebrovascular hypo, cardiorespiratory hyper.

Spa treatment was carried out: physiotherapy, massage, mud therapy, swimming pool, exercise therapy, speleotherapy, ozone therapy, correction of posture disorders with orthopedic products. Endogenous bioresonance therapy, magnetic therapy using resonance-frequency programs and programs for treatment of brain rhythms, drug treatment were carried out at will. Here I would like to note the observations on the treatment of neurological disorders with vitamin B3 (niacin or nicotinic acid). According to the literature, niacin significantly enhances the immune system, so that the body is able to resist many bacteria and viruses, and removes toxins from the body. Vitamin B3 is necessary for the release of energy from carbohydrates and fats, is part of the enzymes that ensure cellular respiration, and has a pronounced vasodilator effect.

LDL), has hypolipidemic, vasodilating, hypotensive and fibrinolytic effects. Nikotinic acid was prescribed for almost all patients with cerebrovascular pathology. As a result of the treatment, subjective indicators improved, complaints decreased or completely disappeared. From the objective indicators: the data on SFD significantly improved, the degree of dysfunction of the vertebral and carotid plexuses significantly decreased.

#### Clinical example

The patient is 32 years old. Complaints of frequent headaches, dizziness, decreased visual acuity, especially recently, in the morning, numbness of fingertips, poor sleep, irritability. From the anamnesis: periodically herpes appears on the lips.

Objectively: SFD - hypofunction of the pituitary gland, hyperfunction of the thyroid gland; hypofunction of the cervical spine on the left and right; hyperfunction of the left heart, pronounced hyperfunction of the right and left lung. For vertebral diagnostics: C1-C3 - functional disorders, C4-T3 - pre-pathological disorders, T4-T5 - pathological disorders, moderate hypofunction of the vertebral plexus. Leading syndromes: cerebrovascular hypo, cardiorespiratory hyper.

When carrying out diagnostics by the method of vegetative resonance test (ART), a geopathogenic load, burdening the body with herpes simplex virus type 1, aspergillus niger fungus, and streptococcal infection were revealed.

The treatment was carried out: magnetic therapy, a complex of procedures provided by the sanatorium, the intake of nicotinic acid.

As a result of the treatment, the patient's condition significantly improved, no complaints were presented. According to the results of SFD: mild hypofunction of the cervical spine. The rest is the norm. Vertebral - C1-C3; T1-T4 - mild hypofunction, mild hypofunction of the vertebral plexus. The leading syndrome is cerebrovascular hypo. The results of diagnostics by the ART method: the geopathogenic load virus is not detected, the body burden with the herpes simplex virus type 1, the Aspergillus niger fungus, and streptococcal infection are not detected.

#### conclusions

It is advisable to use segmental functional diagnostics in the work of a neurologist at each appointment, because it allows to determine the patient's neurological status in a fairly complete volume and to draw up a treatment algorithm.

#### Literature

1. Gotovsky M.Yu., Perov Yu.F. Segmental bioelectronic functional diagnostics. Physiological mechanisms and application prospects // Traditional medicine. Scientific and practical journal. - 2007, No. 1 - P.46–52.

2. Gotovsky Yu.V., Kosareva LB, Kempe N. Segmental bioelectronic functional diagnostics. Toolkit. - M.: IMEDIS, 2004. -- 48 p.

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