# Experience in the use of bioresonance and multiresonance therapy in the treatment of patients with optic nerve atrophy

A.V. Tarakanovsky, T.A. Malinovskaya, A.N. Ivanov (Federal State Budgetary Institution "Helmholtz MNII GB" Ministry of Health of the Russian Federation, Moscow, Russia)

Optic atrophy (ADN) is one of the main causes of visual impairment and visual disability. In the structure of diseases leading to loss of vision, it ranks third after glaucoma and retinal pathology and is 14%. Over the past 15–20 years in the Russian Federation, the level of blindness and low vision has increased from 13.6 to 17.0 per 10 thousand of the population. The urgency of the problem is determined both by the general increase in the number of patients with ADH, and by the increase in the number of disabled young people of working age among them [1].

The most etiopathogenetically significant and more common are ADS of inflammatory, vascular and traumatic genesis. ADS can also be caused by: increased intracranial pressure in the presence of masses of the brain, glaucoma, congenital hereditary diseases, intoxication (methyl alcohol, quinine, etc.), profuse bleeding.

Currently, it is believed that the most effective in the treatment of ADH are physiotherapeutic methods, such as transcutaneous electrical stimulation of the optic nerve, exposure to an alternating magnetic field, magnetophoresis of drugs that stimulate reparative processes, and acupuncture.

However, the existing methods of ADS treatment often do not allow achieving a stable positive result, therefore, the search for new methods of ADS treatment remains one of the urgent problems of ophthalmology.

In recent years, the method of adaptive bioresonance therapy (BRT) and multiresonance therapy has become more widespread [2].

We have accumulated experience in the use of BRT and multiresonance therapy in the treatment of patients with ADF of various origins (Patent for invention No. 2192899 dated October 26, 2001) [4].

## Materials and methods

70 patients with ADN aged from 6 to 62 were under observation. Of these, in 28 (40%) ADS was caused by an inflammatory process, in 18 (25.7%) patients - by circulatory disorders, in 21 (30%) - traumatic ADN. etiology, 3 (4.3%) - ADS of toxic etiology. The observation period ranged from 2 to 24 months.

Primary and dynamic examination included visometry, computerized perimetry, color campimetry, electrophysiological studies (threshold, lability, VEP). Initial visual acuity ranged from correct light projection to 0.8.

Patients received from 2 to 20 sessions of therapy, usually 8–10 procedures, daily or with an interval of 1 to 15 days, depending on the severity of the lesion and the duration of the disease. Visual functions were monitored at the end of the course of therapy (7–15 days after the start of treatment) and upon repeated examination 2 or more months after the start of therapy.

Treatment results

Visual acuity increased in 63 patients (90%), on average by 35% from the initial level, in some cases, with a short duration of the disease (4–8 weeks), visual acuity increased from 0.01–0.03 to 0.7 –1.0 for 10–20 days.

In all patients, the number of cattle decreased, on average by 30–40%, and brightness sensitivity increased.

Electrophysiological studies were carried out in 15 patients, and in 12 cases a significant improvement was noted.

In all cases, an improvement in the general condition of patients was noted, general somatic symptoms from the circulatory system, digestion, etc. disappeared or significantly decreased.

Clinical example

Patient S., born in 1985 The patient presented himself with complaints of progressive decrease in vision within 1 month.

At the time of admission: Visual acuity of the right eye - 0.02 is not corrected, the left eye - "0" (within 5 days). According to the kinetic perimetry data, in the only seeing right eye, a concentric narrowing of the visual field up to 20 degrees from the fixation point was revealed; according to computer perimetry data - 66% absolute and 29% relative livestock. Normal light perception was only at 5% of the points.

From the anamnesis of the disease. Felt blurred vision in both eyes about a month ago. He was admitted to the eye department of the hospital at his place of residence in the city of Tver with a diagnosis of retrobulbar neuritis of unclear etiology in both eyes with a visual acuity of 0.1 with Shp -2.5D in two eyes. Against the background of the generally accepted anti-inflammatory treatment with Diprospan 0.5 ml, parabulbar vision began to decrease even faster. The patient applied to the N.I. Helmholtz to the outpatient department, was consulted by a senior consultant in the retinal pathology department. The diagnosis of retrobulbar neuritis was confirmed. Examination by a neuropathologist and neurosurgeon revealed no other neurological pathology, including from the side of the brain.

Comorbidities: arterial hypertension with increases in blood pressure up to 200/100 mm Hg. Art., is on antihypertensive therapy. An immunological examination revealed Ig G to HSV (herpes simplex virus) and CMV (cytomegalovirus).

The patient was proposed trial treatment bioresonance and multi-resonance therapy without a guarantee of a functional effect.

To establish the etiology of the disease, diagnostics was carried out using the ART method, the results of which revealed a viral burden on the membranes of the brain and optic nerves; the Epstein-Barr virus was tested. The selection of frequencies for exogenous bioresonance therapy has been carried out: F93, F94; E9, E10, E50, E77, E95, E97, E100, E102, E173.

A session of endogenous and exogenous BRT was performed, after which the patient

noted a significant subjective improvement in visual acuity. Visual acuity objectively became 1.2 in the right eye with the same correction. Repeated computer perimetry revealed a significant decrease in the number of absolute (12%) and relative (8%) cattle, normal perception became at 80% of points. To consolidate the result obtained, 7 more sessions of therapy were carried out. The frequencies were recorded on the homeopathic grits and on the Semax 0.1% solution, a general BR-preparation was prepared. As a result of the treatment, the visual functions were stable, in addition, the blood pressure level returned to normal.

Dynamic observation was carried out 3 months after treatment. Visual acuity in the right eye - 1.0 without correction, according to computer perimetry data - normal light perception was at 88% of points.

5 years after the therapy, the patient came to the department due to the recurrence of arterial hypertension, the visual functions remained normal.

Bibliography

1. Libman E.S., Shakhova E.V. Blindness, low vision and visual disability in the Russian Federation - Sat. materials of the Russian interregional symposium “Elimination of removable blindness. WHO World Initiative ". - M., 2003. - pp. 38–42.

2. Gotovsky M.Yu., Perov M.Yu., Chernetsova M.Yu. Bioresonance therapy. - M .: IMEDIS, 1995. - P.11, P.359–367.

3. Morell F. Die Mora-Therapie // Friesen heim Med-Tronic. - 1978. - 50 P.

4 Malinovskaya T.A., Ivanov A.N., Tarakanovsky A.V. Energy information medicine in ophthalmology // Modern technologies of diagnostics and treatment in ophthalmology // Coll. scientific work, dedicated. 70th anniversary of the Department of Ophthalmology of the DSMA. - Makhachkala, 2004. - pp. 166-169.

Tarakanovsky, A.V. Experience in the use of bioresonance and multiresonance therapy in the treatment of patients with optic nerve atrophy / A.V. Tarakanovsky, T.A. Malinovskaya, A.N. Ivanov // XXIII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". - M .: IMEDIS, 2017 .-- pp. 15-18.

To favorites