

Therapy of children and adults with impaired function of
the equilibrium auditory nerve using bioresonance therapy
and autonomic resonance test

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Introduction

Diseases of the equilibrium auditory nerve are disabling diseases with the prospect of deterioration as age changes.

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

The disorders of the equilibrium auditory nerve, of course, can be based on epigenetic and even genetic prerequisites, which is confirmed by a hereditary predisposition to these diseases.

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, or after some viral infections (including colds), or after vaccinations.

Such anamnesis in the dysfunctions of the equilibrium-auditory nerve suggests that it is viral infections that are the triggering factor for their manifestation, as for the genetic and / or epigenetic predisposition to them, it plays a slightly different role than the one 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 instead of eliminating it leads to chronicity, including in the equilibrium auditory nerve, in the vestibular apparatus and in the nerve tissues of the auditory tract. In this case, 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 inflammation and subsequent degeneration.

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

If this hypothesis is correct, then the elimination of chronic viral burden and the subsequent regeneration of the equilibrium-auditory nerve, vestibular apparatus and auditory tract 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 single effective algorithm for bioresonance therapy (BRT) under control of the autonomic resonance test (ART) of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory pathway.
2. Check the clinical effectiveness of this algorithm for a sufficiently large a group of patients suitable for nosology.

3. Based on the clinical results of the application of this algorithm, check hypothesis about the key role of viral burden in maintaining conditions - tinnitus and dizziness.

Materials and research methods

The study was conducted in 2011–2015. in the clinic "Vitamed-plus" in Gabrovo. The study involved 37 patients of both sexes: aged 18 to 67 years. The duration of the disease at the time of treatment in different patients ranged from several months to 44 years. 12 people had only tinnitus, 16 had dizziness, 9 had both dizziness and tinnitus.

All patients gave informed consent to the study. In all cases, also with the informed consent of the patients, no other treatment was used other than the therapy described below and compensatory therapy with a hearing aid in two patients, which was canceled as the patient's condition improved.

For diagnostics and therapy, an apparatus was used 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 G.

Survey scheme

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

In particular, to assess the general health of a patient by 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 the equilibrium-auditory pathology (instead of thyroid tissue), this scheme repeats the examination scheme given in [1].

An ART examination to determine the state of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the patient's auditory tract included the following sequence of tests:

1. Consecutive testing of organopreparations of hearing organs, equilibrium auditory nerve, vestibular apparatus and auditory tract in potencies D3-D30 in order to determine their dysfunction. Test indicators of organopreparations of hearing, equilibrium auditory nerve, vestibular apparatus and auditory tract, giving a resonant response during the testing process, were combined into a total test indicator \sum Organopreparations of hearing the patient. The last test-indicator was taken as a model of the organic nucleus of equilibrium-auditory pathology (JARP) for a group of pathological processes: hearing and balance disorders.

2. Identification of resonant chains of the form: \sum Organopreparations of Hearing - + Degree activity of catabolism - in order to determine the average (according to \sum Organopreparations of Hearing) indicators of anabolism or catabolism in JARSP.

3. Identification of resonant chains of the form: \sum Organopreparations of Hearing - + Degree activity of catabolism - + Degree of acidity - in order to determine the average indicators of acid-base balance in the NRSP.

4. Identification of resonant chains of the form: \sum Organopreparations of Hearing - + Degree activity of catabolism - + Degree of acidity - + Degree eg / source. ANS - in order to determine the relationship between the state of the JRSP and the autonomic nervous system.

5. Identification of resonant chains of the form: \sum Organopreparations of Hearing - + Degree

activity of catabolism - + Degree of acidity - + Degree eg / source. ANS - + Anaferon -, in order to confirm the viral etiology of the pathological process in JARSP. For the preference of anaferon over the interferon standard used for viral load testing, see [1].

6. Identification of resonant chains of the form: \sum Organopreparations of Hearing - + Degree activity of catabolism - + Degree of acidity - + Degree eg / source. ANS - + Anaferon - + Virus Nosode - in order to determine the specific type of virus that caused chronic process in YARSP.

7. The criterion for making an ART diagnosis "Chronic disease of equilibrium auditory nerve and vestibular apparatus of viral etiology "was to identify at least one resonant chain of the form \sum Organopreparations of Hearing - + Degree of catabolism activity - + Degree of acidity - + Degree of eg. / Source. VNS - + Anaferon - + Virus nosode -. Any such chain identified in the process of examining a patient will henceforth be called the diagnostic resonance chain (for the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory pathway in a clinical situation of tinnitus and dizziness).

The testing procedure to determine the state of hearing organs and tissues, the equilibrium auditory nerve, the vestibular apparatus and the auditory tract, 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 organs of hearing, the equilibrium auditory nerve, the vestibular apparatus and the patient's auditory tract. At the second stage, their regeneration, up to full restoration of hearing and balance. In general, with the exception of the choice of the organic 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, denoted hereinafter 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 the apparatus for a certain amount of homeopathic grains placed in a glass located in container No. 1. During the rewriting process, it was checked that the amount of homeopathic grits for which it was administered was

In all cases and at all stages of therapy, the initial (non-amplified) 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 was compensated for at 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 into container No. 1 with the position of the knob of the signal amplification regulator of the AIC "IMEDIS-EXPERT" in the position - and compensating for the individual test indicator KMX (respectively, KMX-N), that is, such that:

KMH - + Pot-Z -,

denoted briefly by 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. Electronic potency of the blood autoantibody (ANAKr-a) of the patient, compensating for it KMX marker, designated as NANAKr / KMX. If this autoantibody was previously rewritten through container No. 3 of the "IMEDIS-EXPERT" apparatus, then the corresponding preparation is designated as iHANAcr / KMH.

3. Special drugs - Systemic Spiritual Adapters described in [7] and briefly designated as SDA.

At the first stage, all patients received the following set of drugs aimed at eliminating viruses parasitizing in the organs of hearing, the equilibrium auditory nerve, the vestibular apparatus and the auditory tract:

1. NANAKr / KMX or (iNANAKr) / KMX, depending on whether it was positive or negative test for "Key nosode".

2. Cerebral response to the patient's load of the next therapeutic resonance chain:

\sum Organopreparations of Hearing - + Level of catabolism - + Degree of acidity \downarrow + VNS voltage \uparrow + Anaferon - + Potentiated snake venom - / KMX-2.

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

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

KMX2 - + Therapeutic Chain \uparrow (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 available in the selector were used, most often Bortrops, Vipera, Lachesis, Naja 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. Condition Virus nosode - + "Potentiated snake venom" - not checked. The criterion for the therapeutic value of the constructed resonance chain was considered condition (1).

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 during filtration through the composite test-index \sum Organopreparations of Hearing: if (\sum Organopreparations of Hearing) -, then and (\sum Organopreparations of Hearing + Virus nosode) - for all viruses in the nosode selector.

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:

1. With at least one of the potencies of one of the components of the compound test-index \sum Organic Hearing Products so that you can build a new composite test pointer

∑Organopreparations of Hearing -.

2. With at least one of the potencies of the drugs Triton-regeneration or Triton-metamorphosis during filtration through a new composite test-indicator ∑ Organopreparations of Hearing - so that the VRT condition is fulfilled for this potency: ∑ Organopreparations of Hearing - + Potency of Triton regeneration - or + Potency of Triton-metamorphosis -.

Criterion B was used as a criterion of the body's readiness for recovery.functions (regeneration) of the organs of hearing and the vestibular apparatus.

If criteria A and B were met simultaneously, the therapist proceeded to the stage of restoration of functions (regeneration) of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory pathway according to the scheme:

1. Cerebral response to the patient's load with a resonant chain:

∑Organopreparations of Hearing - + Potency of Triton-regeneration - (or + Potency of Triton-metamorphosis -) / KMH.

2. SDA / KMH-2,

which was also repeated from 1 to 3 times.

In the case when criterion A was met, but criterion B was not met, the patient underwent intermediate constitutional 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 "Medpharma" group) selected based on the criterion: Element / KMX 2, that is, KMX 2 - + Element -;

3. SDA / KMX3

until criterion B was fulfilled.After that, we proceeded to the stage of restoration of functions (regeneration) of the hearing organs, the equilibrium-auditory nerve, the vestibular apparatus and the auditory pathway until the complete restoration of hearing and balance or to the maximum possible recovery of the patient at this stage.

The duration of therapy, carried out according to the indicated algorithm, ranged from 8 months to 3 years, depending on the age, individual constitution, duration of the disease and the degree of damage to the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory pathway in the patient at the time of the start of treatment.

Research results

According to the results of the initial examination, the ART diagnosis of "chronic disease of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory tract" was made to all 37 out of 37 patients.

Table 1 shows the results of testing a group of patients for viral burdening of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory tract.

Table 1

Viral burdens of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory tract of the studied patients

Patient	Age, years	1. Ger- dog simple	2. Ger- dog toast.	3. Ger- dog Type 6	4. Cyto- megalovirus	5. Ep- matte Barr	6. Cock- saki AT 4	7. V- rus flu	8. Ro- ta- virus	9. Ade- no- rus
1. A.G.	eighteen					+				
2.G.D.	19		+					+		
3. Ch.D.	19				+					+
4. M.Ts.	21	+				+				
5. A.B.	23					+				
6. A.A.	25		+			+				+
7. G.M.	25				+				+	
8. M.I.	26					+		+		+
9. M.M.	31					+				
10. Z.G.	37	+								+
11. S.I.	39					+		+		
12.L.S.	41	+				+				+
13. I.K.	42		+				+			+
14. L. L.	44		+			+				
15. Ts.Z.	44				+	+				
16.Z.K.	49	+				+		+		
17. Ts. Ts.	51		+				+			+
18. M.Ts.	52			+				+		
19.V. A.	54				+			+		
20. V.V.	54					+		+		+
21. G.N.	55			+		+				+
22. N.S.	55					+		+		
23.D. I.	55					+				+
24. H.H.	56	+				+			+	
25. M.V.	57				+	+				
26.S.S.	57				+			+		+
27. A.K.	58					+		+		
28. L. L.	58				+	+				+
29. K.B.	59	+								+
30. V.V.	60		+		+	+				
31. E.M.	61					+				+
32. J.Z.	61					+		+		
33. J.V.	62					+				+
34. K. D.	63	+	+							
35. N.Y.	64	+				+		+		
36. O.S.	65	+	+							+
37. Kh.S.	67	+				+		+		+

The most common viruses with lesions of the hearing organs, the equilibrium auditory nerve and the auditory tract are Epstein-Barr virus, influenza virus, Adenoviruses. Clinical disappearance or a significant reduction in the symptoms of the disease was achieved in all 37 patients, which allows us to speak, in this case, of the high efficiency of therapy for this group of diseases. In all cases, the fact of the patient's cure was recorded based on the results of his examination by a neurologist and otorhinolaryngologist with generally accepted tests.

Complete disappearance of symptoms was observed in 26 out of 37 patients, in all the remaining 11 cases there was a significant decrease in symptoms, also confirmed by a neurologist and otorhinolaryngologist.

In some cases, the therapy was very long in terms of time. Moreover, the timing of therapy depended to the greatest extent on the duration of the disease before the start of therapy and on the degree of manifestation of symptoms and, to a much lesser extent, on the patient's age. Thus, the maximum duration of therapy - 3 years - was observed in a patient aged 65 years with a previous duration of the disease of 44 years. And in one of the oldest patients - at the age of 64 - therapy was successfully completed within 11 months, while the problem arose 2 months before going to the doctor.

Table 2 "+" marks nosologies that were completely cured in patients during therapy or with a significant decrease in symptoms.

table 2

A patient	Age, years	Noise in ears	Dizziness	Significant diminution noise	Significant decrease dizziness
1. A.G.	eighteen		+		
2.G.D.	19	+			
3. Ch.D.	19		+		
4. M.Ts.	21	+			
5. A.B.	23		+		
6. A.A.	25		+		
7. G.M.	25		+		
8. M.I.	26		+		
9. M.M.	31		+		
10. Z.G.	37	+	+		
11. S. I.	39		+		
12.L.S.	41	+	+		
13. I.K.	42	+			
14. L. L.	44	+	+		
15. Ts.Z.	44		+	+	
16.Z.K.	49	+	+		
17. Ts. Ts.	51			+	
18. M.Ts.	52		+		
19.V. A.	54	+			
20. V.V.	54	+			
21. G.N.	55		+		
22. N.S.	55				+
23.D. I.	55			+	
24. H.H.	56	+			
25. M.V.	57			+	
26.S.S.	57		+		
27. A.K.	58			+	
28. L. L.	58			+	
29. K.B.	59	+	+		
30. V.V.	60				+
31. E.M.	61	+			
32. J.Z.	61		+		

33. J.V.	62				+
34. K. D.	63			+	
35. N.Y.	64	+	+		
36. O.S.	65	+	+		
37. Kh.S.	67	+			+

Discussion

1. The high efficiency of therapy raises the question of multicenter checking the method and collecting more statistics. As far as the authors know, this has already been dealt with: V.A. Shadrachev in Yaroslavl and a team of authors consisting of I.A. Siventsova and S.K. Golikov in Moscow.

2. Our understanding of the relationship between the role of viral infection and genetic prerequisites for the onset 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 of natural selection both for a species that lives in the wild and in civilization.

conclusions

1. A unified algorithm for bioresonance therapy under the control of vegetative resonance test for the therapy of hearing organs, equilibrium auditory nerve, vestibular apparatus and auditory tract.

2. Clinical efficiency of the constructed algorithm in the study approaches 75%, which allows us to speak 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 unambiguously testifies in favor of hypotheses about chronic viral burden as a key factor in maintaining the processes of diseases of the hearing organs, the equilibrium auditory nerve, the vestibular apparatus and the auditory tract in both children and adults suffering from these diseases.

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