

Evaluation of the effectiveness of the use of the method of endogenous bioresonance therapy in the treatment of patients with the consequences of a closed craniocerebral trauma

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Evaluating the effectiveness of bioresonance therapy in the treatment of patients with consequences of closed craniocerebral injury  
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### RESUME

On clinical material and data of instrumental studies the use of endogenous bioresonance therapy in the treatment of patients with consequences of closed craniocerebral injury was explored. It was found that the use of endogenous bioresonance therapy, in combination with other therapeutic measures, and as an independent method significantly improves the efficiency of treatment of closed craniocerebral trauma symptoms. These studies suggest the possibility to use hardware-software complex "IMEDIS-EXPERT" in the treatment of the consequences of closed craniocerebral injury. According to the results of the preliminary study the necessity to perform randomized, placebo-controlled research was determined.

Keywords: vegetative resonance test "IMEDIS-TEST", method of R. Voll, bioresonance therapy, acupuncture, closed craniocerebral injury, asthenoneurotic state.

### SUMMARY

On the basis of clinical material and data from instrumental studies, the possibilities of using endogenous bioresonance therapy in the treatment of patients with the consequences of closed craniocerebral trauma were studied. It was found that the use of endogenous bioresonance therapy, both in combination with other therapeutic measures and as an independent method, significantly increases the effectiveness of treatment of the symptom complex of the consequences of traumatic brain injury. The data of the conducted studies indicate the possibility of using the hardware-software complex "IMEDIS-EXPERT" in the treatment of the consequences of closed craniocerebral trauma.

Based on the results of the preliminary study, the feasibility of conducting an appropriate randomized, placebo-controlled scientific study was determined.

Key words: vegetative resonance test "IMEDIS-TEST", method R. Voll, bioresonance therapy, acupuncture, closed craniocerebral trauma, asthenoneurotic state.

## INTRODUCTION

Treatment of traumatic brain injury is extremely important for modern medicine [4]. Traumatic brain injury remains one of the significant problems due to its high prevalence, high level of disability, disability of victims, significant mortality. Therefore, the study of various aspects of traumatic brain injury has not only medical, but also socio-economic importance [5]. According to statistical data, the frequency of visits to the Center for Manual Therapy of the city of Moscow of persons who have suffered a traumatic brain injury is 32-34%. This group of patients needs careful supervision by a neurologist for at least one year due to the fact that neuropsychiatric disorders arising in the post-traumatic period can cause serious disturbances in the human body.

The main feature of modern medical science is the introduction of new therapeutic methods for more effective treatment of various diseases.

One of the areas of medicine today is traditional medicine. "The methods of traditional medicine, which have withstood centuries of competition, have long been focused on stimulating the internal resources of the body, aimed at combating the disease, facilitating the processes of self-healing and rehabilitation" [2].

Recently, among new modern methods of traditional medicine, bioresonance therapy (BRT) has become increasingly popular [3].

The aim of this study is to assess the effectiveness of endogenous bioresonance therapy both in complex treatment and as an independent method of therapy for patients with the consequences of closed craniocerebral trauma (CCI).

## MATERIALS AND METHODS

The work was carried out on the basis of the Center for Manual Therapy in Moscow and is based on the results of clinical observation, treatment and follow-up examination of 54 patients (19 women and 35 men) aged 24 to 49 years with the consequences of closed craniocerebral trauma (CCI). CCI in the form of a moderate concussion was diagnosed in all 54 patients.

Upon admission to the Manual Therapy Center, patients were provided with a referral from a neurologist and an extract from the medical history.

The selection criteria for the study were:

1. The presence of a diagnosis of CCI in the form of a concussion of the middle severity.
2. Absence of contraindications to the use of electropuncture diagnostics (EPD) and bioresonance therapy (BRT).
3. Informed consent of the patient for EPD and BRT.

In accordance with the objectives of the study and the capabilities of the Manual Therapy Center, upon admission, patients were assigned to one of 2 formed groups (27 people each), matched by gender and age. In the first group (27 people), the subjects underwent endogenous BRT sessions both in complex treatment and as an independent method of therapy, the second group (27 people) was, respectively, a control in relation to the first.

Before and after the course of therapy, the patients of both groups underwent:

1. Consultation with a chiropractor.

2. Electropuncture diagnostics by the method of R. Voll.

3. Electro-acupuncture diagnostics by the method of vegetative resonance test "IMEDIS-TEST".

4. Electroencephalography (EEG).

5. Rheoencephalography (REG).

6. Doppler ultrasonography.

7. Consultation with an ophthalmologist and examination of the fundus.

For bioresonance therapy and electropunctural diagnostics, the device "IMEDIS-EXPERT", manufactured by LLC "CIMS" IMEDIS "(registration certificate No. FSR 2010/08232) was used.

## RESULTS AND DISCUSSION

All 54 patients of the examined group were found to have an asthenoneurotic state, the appearance of which was noted 1–3 months after the previous concussion. The manifestations of the astheno-neurotic state were different: the patients complained of headache, fatigue, memory loss, lethargy, tearfulness, and mood swings.

After trauma, 39 patients developed anxiety, nervousness, and worsening sleep in the form of sleep disturbance and frequent awakening at night.

In the group of patients in whom trauma was associated with acute emotional stress - 8 people (a car accident, beating on the street or in family conflicts), almost all of the surveyed had persistent phobias (fear of going out, fear of death), and 4 - x surveyed - depressive states.

Examination in the neurological status in 40 people revealed diffuse focal microsymptomatics: horizontal small-amplitude nystagmus, tremor and deviation of the tongue, hyperreflexia with anisoreflexia and expansion of reflexogenic zones, ataxia and dizziness in the Romberg position.

Using the ART method "IMEDIS-TEST" [1], the psychological load of the 2-3rd degree was determined in 38 people, and psycho-vegetative loads were also tested. Indication of vegetative burden of a weak degree was tested in 9 patients, average - in 39. In 4 people (2 patients after a car accident and 2 people after beating by their spouse) depressive disorders were detected by the ART method "IMEDIS-TEST". Indication of the tension of the autonomic nervous system of the 1st-2nd degree was observed in 12 patients, the 3rd degree - in 20, and the 4th degree - in 2 patients.

During examination by the method of R. Voll [4], 42 patients showed a pronounced imbalance of autonomic nervous regulation (asymmetry of indicators

on BAP of the autonomic nervous system up to \$ 20 on the right and left with the prevalence of increased indicators on the left). This was combined with the revealed disorders in the arteriovenous bed of the brain. Thus, 34 patients showed a depletion of arterial blood flow in the form of a decrease in the measurement values at the points of the arteries up to 30 cu, signs of arterial spasm in the form of an increase in indicators at the same points - up to 70 cu. At the same time, manifestations of venous stasis and impaired venous outflow in the form of an increase in indicators at venous points from 70 to 85 c.u. with the "falling arrow" from 8 to 20 USD was observed in almost all subjects.

Clinical and anamnestic data, revealed changes in neurological status and examination results using the ART "IMEDIS-TEST" method and R. Voll's method were reliably confirmed by the results of rheoencephalography (REG), electroencephalography (EEG) studies and the nature of the fundus picture. Thus, in all 42 patients in whom the above pathological disorders of the nervous system were tested using the ART methods "IMEDIS-TEST" and R. Voll, according to the results of the REG study, the greatest changes in cerebral blood flow were observed with signs of depletion in the arterial bed, insufficient blood supply, arterial spasm, excess blood filling in the carotid or vertebral arteries and venous stasis. According to EEG data, manifestations of dysfunction of the structures of the limbic-reticular complex were observed in 42 patients, a decrease in the threshold of convulsive readiness - in 13, the presence of a specific "peak-wave" epiativity - in 2 patients. Signs of intracranial hypertension according to REG and fundus patterns were observed in 47 patients.

Thus, all examined patients required neurological correction of these disorders.

As already noted, in accordance with the objectives of the study, all observed patients (54 people) were divided into 2 groups of 27 people each.

In the first group, in addition to standard courses of neurological correction (dehydration, vascular, sedative, restorative, symptomatic therapy) and acupuncture (IRT) courses, endogenous bioresonance therapy was performed.

The directionality of the BRT was determined on the basis of clinical data, as well as the results of preliminary testing before each session with the "IMEDIS-TEST" ART method.

Most often, the following operating modes of the IMEDIS-EXPERT apparatus were used for bioresonance therapy: organotropic therapy, BRT in frequency modulation mode (the frequency range was selected individually), BRT in the mode of induction programs of brain rhythms (most often the "rest program", "cerebral program", "stress program", "depression program"). Also, according to individual indications, BRT was performed along the selected meridians.

The second group consisted of 27 patients who were prescribed only allopathic treatment and courses of acupuncture (IRT); bioresonance therapy was not carried out in this group. Accordingly, the second group of patients

was a control in relation to the first.

The course of treatment for patients in both groups was 1 year. The results obtained can be summarized as follows. Positive dynamics was observed in the subjects of both groups.

At the same time, in the group of patients who received courses of bioresonance therapy in the complex of treatment, a faster and more pronounced therapeutic effect was noted than in the control group.

At the end of the courses of complex treatment, which included sessions of bioresonance therapy, the patients did not complain, there was a marked improvement in both neurological status and indicators according to the ART methods "IMEDIS-TEST" and R. Voll, which correlated with the data of EEG, REG studies and fundus pictures. At the same time, in the subjects of the control group, the recovery process proceeded somewhat more slowly, and in some cases there were side reactions to allopathic drugs (nausea, vomiting, pain in the epigastric region, daytime sleepiness), as well as intolerance to the prescribed drugs. There were no adverse reactions to IRT sessions.

Thus, the severity of the therapeutic effect after a complex course of treatment using endogenous bioresonance therapy was traced quite clearly.

In accordance with the classical management scheme for patients who underwent craniocerebral trauma, the duration of treatment in both groups was 1 year, after which all patients were consulted by a neurologist. There were no indications for the continuation of neurological correction in any case; dynamic observation with a follow-up examination by a neurologist after 1 year was recommended for all patients.

Since one of the objectives of this study was not only to analyze the effectiveness of endogenous BRT in combination with other therapeutic measures, but also to assess the effectiveness of endogenous BRT as an independent method of treatment, all patients in the surveyed group (27 people) underwent endogenous BRT sessions for another 6 months. The selection of the nature and frequency of endogenous BRT sessions was carried out individually. Patients of the control group (27 people), after the completion of allopathic treatment and courses of IRT therapy, did not receive, but were, in accordance with the recommendations of a neurologist, under dynamic observation.

The follow-up period was 2 years.

During the follow-up examination, attention was drawn to a significant improvement in well-being in persons who received sessions of endogenous BRT.

First, there was a complete disappearance of complaints of an asthenic-neurotic nature and a complete normalization of the neurological status in all 27 people of the surveyed group. In addition to the disappearance of headaches, dizziness, visual disturbances, patients receiving BRT noted a significant improvement in overall well-being, a surge of strength, increased efficiency, and improved mood.

According to the ART "IMEDIS-TEST" psychological and psycho-vegetative loads were not tested. Also, no patient was tested

previous indications of depressive disorders.

In addition, in this group of patients, normalization of indicators was observed according to the method of R. Voll - the previously observed manifestations of autonomic imbalance disappeared, normalization of indicators of the arteriovenous bed was noted. These data were reliably confirmed by the data of the REG study and Doppler ultrasonography. So, when performing Doppler sonography, a significant decrease in the signs of angioedema and an increase in blood flow through the vertebral arteries were reliably determined.

Secondly, in addition to the disappearance of neurological complaints, patients on the background of BRT noted an improvement in their general well-being. The ART methods "IMEDIS-TEST" and R. Voll, as well as ultrasound examination revealed a clear tendency towards the normalization of concomitant somatic disorders (biliary dyskinesia, chronic cholecystitis, chronic gastroduodenitis, chronic tonsillitis, neurodermatitis).

Thirdly, at the end of the course of treatment, the patients' complaints did not recur. Patients subjectively noted good health, fatigue during physical and mental work was not observed. There were no headaches and pathological symptoms from other organs. That is, the existing therapeutic effect differed in duration and persistence; new foci of pathology were not detected. It should be especially noted that no negative results and side effects were observed during endogenous BRT in any case.

In the control group, 13 patients showed indications for re-prescribing a course of allopathic drugs. 14 patients complained of new headaches, dizziness, 17 patients showed manifestations of an asthenic-neurotic state: fatigue, emotional lability, sleep disturbances. In 4 patients with neurological status, mild scattered microsymptomatology of a residual-organic nature were revealed. According to the ART "IMEDIS-TEST" data, 3 patients showed indications of depressive disorders. Mental stress was tested in 4 people. It should also be noted that according to the ART "IMEDIS-TEST" data, 17 patients showed indications of geopathogenic and electromagnetic load, 5 - a decrease in the adaptive reserves of the body and indications of stress and (in 2 cases) depletion of the immune system.

It should be emphasized that in the group of persons who received endogenous BRT, the manifestations of disorders in the immune system and integrative indicators of the body's vital activity were not determined by the ART method "IMEDIS-TEST".

#### CONCLUSIONS

1. Application of endogenous bioresonance therapy in a complex of treatment patients who have undergone a closed craniocerebral injury is an effective method for correcting existing neuropsychiatric disorders. It was noted that such complex therapy did not cause side effects typical for treatment using allopathic agents.

2. Conducting endogenous bioresonance therapy as an independent method in the treatment of a symptom complex of disorders resulting from

a closed craniocerebral injury of varying severity is a highly effective method not only for treating existing neuropsychiatric disorders, but also for correcting concomitant somatic disorders.

3. Conducting endogenous BRT in the treatment of the consequences of a closed cranial brain injury presents ample opportunities not only for adequate therapy of existing disorders, but also for the prevention of possible complications. Carrying out such therapy significantly increases the state of immunity and improves the adaptive reserves of the body, which is the prevention of not only the recurrence of existing disorders, but also the emergence of new diseases.

4. Treatment of patients using endogenous BRT as independent method is physiological, individual, harmless and painless.

5. The hardware and software complex "IMEDIS-EXPERT" can be recommended for diagnostic and therapeutic measures in the complex of examination and treatment of patients with the consequences of closed craniocerebral trauma.

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