

Clinical experience of using the method of endogenous bioresonance therapy  
in the treatment of Gilles de la Tourette's syndrome in adolescents

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Clinical experience of treating teenage patient with Gilles de la Tourette syndrome  
using endogenous bioresonance therapy (Clinical case report)

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RESUME

The possibilities of endogenous bioresonance therapy in treatment of Gilles de la Tourette syndrome case are considered. Application of endogenous bioresonance therapy is a mono-therapy allowed to achieve positive, long lasting therapeutic result and significant improvement of general condition of the patient. The clinical case indicates that bioresonance therapy can be used for treatment of Gilles de la Tourette syndrome.

Keywords: Gilles de la Tourette syndrome, electropunctural diagnostics, vegetative resonance test, bioresonance therapy.

SUMMARY

On the example of a case from clinical practice, the possibilities of using endogenous bioresonance therapy in the treatment of Gilles de la Tourette's syndrome in an adolescent patient are considered. It is noted that the use of endogenous bioresonance therapy as an independent method of exposure made it possible to achieve a positive and long-term therapeutic effect and a significant improvement in the general condition of the patient. This clinical experience indicates the possibility of using bioresonance therapy in the treatment of Gilles de la Tourette's syndrome.

Key words: Gilles de la Tourette's syndrome, electropuncture diagnostics, vegetative resonance test, bioresonance therapy.

Generalized tics are one of the most frequently encountered in modern neurology, but, unfortunately, a poorly studied problem that unites many diseases of different etiology [1, 7]. Gilles de la Tourette's syndrome (synonyms are: "Tourette's disease", "generalized tics", "convulsive tics disease") is a genetically determined disease that manifests itself with multiple local tics [1].

Inherited in an autosomal dominant manner with incomplete penetrance [5].

The disease was first described in 1884 by the French physician G. Gilles de la Tourette (1857-1904) [5].

The disease usually begins at school, less often in adolescence, debuts with the appearance of involuntary twitching of the muscles of the face, then violent involuntary contractions of the muscles of the larynx join. Patients suddenly make unusual sounds, words, cough involuntarily.

Later, when the muscles of the trunk and extremities are involved in the pathological process, impulsive lifting of the shoulders, squatting, jumping is observed [1]. Hyperkinesia becomes multivariate with age: involuntary grimaces, spitting, squatting, while tics practically do not lend themselves to volitional inhibition [1, 7]. In the classical version, Gilles de la Tourette's syndrome is characterized by: echolalia (repetition of heard words), echopraxia (repetition of various actions, including vulgar ones - copropraxia), coprolalia (involuntary use of swear words) [1, 5, 6]. However, in clinical practice, in each specific case, any of these symptoms may be absent, while multiple local tics in combination with at least one vocal one already suggest that the patient has Gilles de la Tourette's syndrome [1].

As noted in the literature, during neuropsychological examination in children with generalized tics (regardless of the causes of their occurrence, which can be very diverse), associated with tics disorders of attention, motor activity, perception and speech are revealed [7]. Patients with Gilles de la Tourette's syndrome can also have mental disorders in the form of weak will, negative attitude to their condition [1], various disorders of the emotional-volitional sphere are noted [5].

To date, there is no specific treatment for the pathology; haloperidol is often used in therapy, sometimes in combination with cyclodol [1], but the disease is characterized by resistance to many types of therapy [1, 6].

### Clinical case

At the reception, a mother and son are 15 years old. A child from the first pregnancy, which proceeded with toxicosis of the 1st half and the threat of termination throughout the entire period. Childbirth premature, at 32 weeks, cried out immediately, Apgar score 7/8. Early development was unremarkable.

At the age of 9, violent movements of the muscles of the face appeared, soon involuntary movements of the shoulders, coughing, and involuntary squats joined in. The child was fully examined, the diagnosis of Gilles de la Tourette's syndrome was established and confirmed in the children's psychiatric hospital No. 6 in Moscow, the children's consultative neurological clinic (DKNP) in Moscow. The boy was repeatedly consulted by a geneticist, monitored by a neurologist and a psychiatrist. Received courses of haloperidol, phenibut, sonapax, courses of vascular, dehydration, nootropic and sedative therapy. Therapeutic measures have no effect, by the time of treatment he is not receiving therapy. Complaints when referring to multivariate hyperkinesia: violent involuntary contractions of facial muscles, squatting, jumping, violent cough, according to my mother, episodes of echolalia and coprolalia appear more and more often. The child enters into contact reluctantly, he is ashamed of his condition, does not communicate with peers, according to his mother, he is mainly in his room, prefers loneliness, depressed, uncommunicative. Appetite is reduced, often suffers from respiratory infections, sleep with frequent awakenings, which are also accompanied by hyperkinesia.

When viewed in a neurological status, attention is drawn to the presence of multiple involuntary contractions of the facial muscles, twitching of the shoulders, violent cough, involuntary squatting and jumping. Tendon reflexes are revitalized, reflex zones are enlarged. It is not possible to carry out coordination tests due to the presence of multivariate, practically never-ending ticks.

Due to the child's resistance to the ongoing drug therapy and the gradual deterioration of the patient's condition (both in terms of the appearance of new hyperkinesia, and in terms of worsening emotional-volitional disorders), given the urgent request of the mother about the possibility of using any new therapeutic effects, not previously used, it was decided to conduct a course of endogenous bioresonance therapy (BRT) [3, 4].

The work was carried out on the basis of the consultative and diagnostic center of the children's polyclinic №81 in Moscow.

Before treatment, the patient was consulted by a neurologist, psychiatrist, a full course of additional examinations was carried out:

1. General blood test.
2. Biochemical blood test.
3. Doppler sonography.
4. Electrocardiography (ECG).
5. Electromyography (EMG).
6. Consultation with an ophthalmologist and examination of the fundus.

It should be noted that these studies did not reveal significant deviations from the age norm.

The patient also underwent: 7.

Electroencephalography (EEG).

8. Electro-acupuncture diagnostics by the method of vegetative resonance test (VRT) [2].

It should be emphasized that the patient's EEG revealed a pronounced dysfunction of the structures of the limbic-reticular complex in the form of bilaterally synchronous flashes of theta- and delta-range waves in all leads, turning into generalized activity of theta-delta waves during functional tests.

The results of the ART study indicated that the patient had grade 4 mental stress, grade 4 autonomic nervous system (ANS) tension, grade 2 ANS depletion, and a pronounced degree of immune system tension were determined. During the study by the ART method, no deviations from the norm were detected when testing other indicators: the child had 2 biological indices (5th and 8th), high adaptation reserves, 2 photon indices (3rd and 7th), the state of the organs of pathology was not determined.

Before the beginning of the course of BRT patient was re-consulted by a specialist geneticist, the diagnosis of Gilles de la Tourette's syndrome was confirmed.

According to laboratory and instrumental studies and according to the conclusions of specialists, there are contraindications for endogenous bioresonance

therapy has not been identified.

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

The course of endogenous BRT included 12 sessions carried out with an interval of 7-14 days.

The directionality of BRT was determined on the basis of clinical data, as well as the results of preliminary testing before each session by the ART method.

For bioresonance therapy, the following operating modes of the IMEDIS-EXPERT apparatus were used:

1. Organotropic endogenous BRT along all meridians.
2. Endogenous BRT according to the activity of the circadian rhythm in the "golden section".
3. Use of induction rhythm programs in the endogenous BRT mode brain, which were also determined by the results of testing by the ART method. The most frequently tested: "Cerebral Program", "Muscle Relaxation Program", "Depression Program", "Schumann Wave Program", "Children's Program".

4. Endogenous BRT in frequency modulation mode (frequency range was selected individually before each BRT session).

During treatment, the following dynamics was noted.

After the first two sessions of endogenous BRT (the interval between sessions is 1 week), there were no significant positive dynamics on the part of hyperkinesis, and no side effects were observed either. However, the child's mother characterized the boy's condition as calmer, more balanced, the manifestations of the depressive mood significantly decreased. After the third session (using the induction program of brain rhythms "Muscle relaxation" in the endogenous BRT mode), a significant decrease in vocal tics (coughing), torsion hyperkinesis (violent movements of the shoulders, squatting) was noted. In this case, no dynamics was observed when tested by the ART method.

Between the third and seventh sessions of endogenous BRT, the patient's condition remained stable, hyperkinesis continued, while the polymorphism of their manifestations somewhat decreased: violent movements of the facial muscles, jumping up and down. At the same time, a significant improvement in the general condition of the patient was noted: the child became much calmer, his appetite improved, and he began to communicate with close relatives. At the same time, sleep remained superficial with frequent awakenings.

When testing by the ART method after the 7th session of endogenous BRT, a decrease in the degree of mental stress was noted (the 2nd degree was tested), the indicators of depletion of the autonomic nervous system were not tested, however, the ANS tension of the 4th degree remained. An improvement in the state of the immune system was also noted - instead of a pronounced degree, a low degree of tension of the immune system was tested.

After the 8th session of endogenous BRT, a fast and stable

positive dynamics: the number of tics and the polymorphism of their manifestations significantly decreased, the child began to study with a teacher at home, began to communicate with peers on the phone, but was still embarrassed to go outside. An electropuncture study using the ART method showed a complete disappearance of mental stress, and indications of the tension of the immune system disappeared. The VNS voltage remained, but not of the 4th, but of the 2nd degree.

At the same time, no dynamics was observed on the EEG - pronounced manifestations of dysfunction of the subcortical structures persisted.

At the end of the full course of endogenous BRT (12 sessions on average every 7-14 days), which totaled 5 months of treatment, a significant improvement in the patient's condition was noted: a significant decrease in the number of hyperkinesis was observed, vocal tics, jumps, squats and involuntary grimaces practically disappeared ... However, violent movements of the facial muscles and muscles of the shoulder girdle remained, while a decrease in these tics was noted. The patient's mood improved, he became more sociable with close relatives, however, complete socialization was not achieved - the boy was embarrassed to leave the house, although at the same time he began to communicate with some acquaintances at home. Appetite improved, sleep remained superficial, but frequent awakenings were not accompanied by attacks of multivariate hyperkinesis, as it was before treatment.

Improvement of the patient's general condition was accompanied by a significant positive dynamics of ART indicators: mental load was not tested, VNS tension of the 1st degree was determined, VNS depletion was tested. The indicators of the state of the immune and endocrine systems were determined within the framework of the age norm.

At the same time, the EEG picture remained the same: pronounced manifestations of dysfunction of the subcortical structures were noted.

Endogenous BRT in a patient with Gilles de la Tourette's syndrome did not cause side effects. Deterioration of health, exacerbation and deterioration of ART parameters were not identified in any case of BRT sessions. At the same time, attention was drawn to a particular improvement in symptoms and the appearance of positive dynamics when conducting programs of brain rhythms in the endogenous BRT mode (the most effective were the "Muscle relaxation program" and "Cerebral program") and endogenous BRT in the frequency modulation mode (the most effective were frequencies anticonvulsant effect - 6.0 and 6.8 Hz).

The follow-up period was 1 year. The patient's condition remained stable: involuntary hyperkinesis of the muscles of the face, shoulder girdle, and neck persisted. At the same time, no vocal tics and episodes of coprolalia were noted over the past time. Also, involuntary squats and jumps were not bothered. The boy has become much more sociable, attends college, tries to draw (which was previously impossible due to the constant tics of the torso and limbs), began to engage in the sports section. Sleep and appetite are normal.

The results of ART after 1 year were unchanged, the tension of the autonomic nervous system of the 1st degree remained, the rest of the indicators were within the limits

age norm.

At the same time, a slight positive dynamics was noted on the EEG in the form of a decrease in the manifestations of dysfunction of the structures of the limbic-reticular complex and the appearance of greater differentiation of zonal differences.

The patient was examined in the follow-up by a neurologist, psychiatrist, geneticist - there was a clear improvement in the condition of the underlying disease and an improvement in the general well-being of the patient.

#### CONCLUSIONS:

1. Given the results of clinical observation, it can be assumed that endogenous bioresonance therapy is one of the most effective methods for correcting the condition of patients with Gilles de la Tourette's syndrome. Unfortunately, it was not possible to achieve complete clinical remission, however, given that Gilles de la Tourette's syndrome is a rare form of severe pathology that is resistant to many types of treatment (including in the given example), the presence of persistent positive dynamics in the patient makes it possible to assess endogenous BRT as an adequate type of therapy for this pathology.

2. The choice of endogenous BRT as one of the methods in the treatment of patients with Gilles de la Tourette's syndrome may be appropriate.

3. The device "IMEDIS-EXPERT" can be recommended for carrying out diagnostic and therapeutic measures in the complex of examination and treatment of patients with rare complex types of pathology, in particular with Gilles de la Tourette's syndrome.

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