

## Treatment of patients with neurogenic oculomotor disorders. case from practices

T.A. Malinovskaya, A.V. Tarakanovsky, A.N. Ivanov, L.O. Bolotova, M.V. Chuvilina  
(Department of reflexology, homeopathy and physical methods of treatment, FG BU "Moscow

Research Institute of Eye Diseases. Helmholtz Ministry of Health of the Russian Federation, Moscow)

Treatment of patients with oculomotor disturbances. Case from practice  
TA Malinovskaya, AV Tarakanovsky, AN Ivanov, LO Bolotova, MV Chuvilina Department of  
Reflexology, Homeopathy, Physical Medicine and Rehabilitation, Helmholtz Moscow  
Institute of Ophthalmology, Ministry of Health Care of the Russian Federation (Moscow,  
Russia)

### SUMMARY

Neurogenic oculomotor disorders lead to the development of not only cosmetic defects, but also to a pronounced impairment of visual performance in adults. Treatment options for this pathology are very limited. In view of this, the search for new methods of treating this pathology is relevant.

The aim of the work was to summarize the data on the use of acupuncture and bioresonance therapy in the treatment of patients with neurogenic oculomotor disorders.

Keywords: ophthalmology, reflexology, bioresonance therapy, oculomotor disorders, paralytic strabismus.

### RESUME

Neurogenic oculomotor disorders lead to the development not only to cosmetic defects, but also to a marked disturbance of visual capacity in adults. The possibilities of treatment of this disease are very limited. Therefore, the search for new ways of treating the disease is currently important.

The aim of this work was an integration of the information of using acupuncture and bioresonance therapy in the treatment of patients with neurogenic oculomotor disorders.

keywords: ophthalmology, reflexology, bioresonance therapy, oculomotor disorders, paralytic strabismus.

### INTRODUCTION

neurogenic oculomotor disorders, appearing v violation mobility of the oculomotor muscles, the development of paralytic strabismus, often leading to diplopia (double vision), can be caused both by damage to the central parts of the visual analyzer and peripheral oculomotor nerves due to traumatic brain injuries, brain tumors, neuroinfections, multiple sclerosis, strokes.

The most common paralysis of the external rectus muscle, which depends on the characteristics of the course and structure of the abducens nerve.

The main signs of paralytic strabismus are:

1. Restriction or lack of movement towards the action of the affected muscle.
2. Deviation angle of the healthy eye (secondary) is greater than that of the affected eye (primary).

3. Diplopia, which occurs as a result of the fact that, with the preservation of binocular of vision, images of a fixed object in both eyes are obtained at disparate points and do not merge in the cortex, projecting as two separate ones. Diplopia disappears after the restoration of the normal position of the eye or with long-term paralytic strabismus, when the cerebral cortex suppresses the image of the squinting eye and binocular vision is lost.

4. Frequent dizziness.

5. Forced position of the head. The patient turns his head in the direction actions of the affected muscle and often at the same time gets rid of painful doubling. Children sometimes have a so-called eye torticollis. The child tilts his head down to get rid of doubling. True torticollis (torticollis) does not depend on the condition of the eyes.

6. With a long-term strabismus, a decrease in vision is possible (up to blindness) squinting eye.

The arsenal of conservative methods for the treatment of paralytic strabismus is limited. It includes the elimination of the cause that caused paresis of the oculomotor muscle, and local effects (physiotherapy). To correct double vision, prismatic glasses are prescribed. If conservative therapy is ineffective, surgical treatment is used, which consists in strengthening the affected muscles [1, 2].

We have accumulated experience in the treatment of patients with neurogenic oculomotor disorders using bioresonance therapy and acupuncture.

#### MATERIALS AND RESEARCH METHODS

We observed 26 people with neurogenic oculomotor disorders accompanied by the development of paralytic strabismus. The cause of acquired paralytic strabismus was traumatic brain injury in 10 patients (11 eyes), complications after neurosurgical interventions for brain tumors in 7 patients (8 eyes), strokes in 6 patients (6 eyes) and multiple sclerosis in – 3 patients (5 eyes). It should be noted that in all cases of acquired paralytic strabismus, permission was obtained from neurosurgeons, neuropathologists, and in cases with operated brain tumors, and oncologists for stimulating treatment.

The treatment was complex, carried out on an outpatient basis, daily or every other day. Initially, endogenous adaptive bioresonance therapy (BRT) was performed using the IMEDIS-BRT-A device and exogenous bioresonance therapy with fixed frequencies using the frequencies of spontaneous bioelectrical activity of organs and tissues taken from the works of R. Voll, P. Schmidt, R. Reif, more often In total, the following frequencies were used: 20 Hz, 88.5 Hz, 727 Hz, 787 Hz, 880 Hz, 1600 Hz, 10000 Hz [3, 4].

After BRT, a session of acupuncture was performed using paraorbital, auricular and corporal points according to a stimulating technique and an individual prescription [5, 6, 7]. The duration of the course was determined by the dynamics of the process. On average, the course consisted of 8–10 procedures.

To assess the effectiveness of treatment, primary and dynamic standard ophthalmological examinations were performed, as well as a study of the degree of deviation according to Hirshberg. In addition, according to the indications, patients underwent electropuncture diagnostics (EPD) according to the method of R. Voll or a vegetative resonance test.

#### TREATMENT RESULTS

Complete recovery of oculomotor functions was observed in 12 (46.2%), partial recovery in 14 (53.8%) people with acquired paralytic strabismus. Moreover,

positive dynamics occurred in the neurological status of patients.

It should be noted a significant reduction in the rehabilitation period and improvement in neurological status in patients after brain surgery, neuroinfections, TBI, and strokes.

#### CLINICAL CASE

Here is a clinical case of Patient M., 32 years old, with post-traumatic almost complete ophthalmoplegia as a result of a contusion injury of the orbit received 2 weeks before the visit.

At the time of examination: partial ptosis (the upper eyelid covers half of the pupil), the absence of movements of the eyeball outward, up and down (Fig. 1, 2, 3). Neurological status without features. Visual acuity in both eyes 1.0.

Treatment was prescribed: acupuncture, endogenous adaptive BRT, exogenous BRT with fixed frequencies.

Acupuncture was carried out according to a stimulating technique on the meridians of the gallbladder, stomach, triple heater.

For multiresonance therapy, the frequencies of the oculomotor muscles E1, E2, E3, E4, E14, E170, E384 and the frequencies of regeneration of the cranial nerves E173, E77, E95, E97, E100 were used with an exposure of 5 minutes and an exposure intensity of 40 arb. units

The procedures were carried out 1 time in 2-3 days. Conducted 10 sessions. During the session, the frequencies that were affected were recorded on homeopathic grains and Semax 0.1% solution, which were prescribed for aftercare after the end of the procedures. The resulting drug was recommended to be taken 3 times a day, and Semax 0.1% - 2 times a day endonasally. The BR-preparation was prepared with the recording of organ preparations of the oculomotor nerve and quadrigemina. 4 weeks after the end of the course, the main movements of the eyeball and the position of the upper eyelid were restored (Fig. 4, 5, 6), paresis of the external rectus muscle remained (Fig. 7). An additional 6 procedures were performed according to the above strategy. After 5 weeks, all oculomotor functions recovered in full (Fig. 8).



Рис. 1.



Рис. 4.



Рис. 2.



Рис. 5.



Рис. 3.



Рис. 6.

Rice. 1. Before treatment. Partial ptosis on the right.

Rice. 2. Before treatment. Absence of movements of the right eyeball outwards and upwards.

Rice. 3. Before treatment. Lack of movement of the right eyeball to the left.

Rice. 4. After the course of treatment. The position of the upper eyelid is normal.

Rice. 5. After the course of treatment. The upward movement of the right eyeball was restored.

Rice. 6. After a course of treatment. The movement of the right eyeball to the left was restored.



Рис. 7.



Рис. 8.

Rice. 7. After a course of treatment. There is no outward movement of the right eyeball. Rice. 8. After additional procedures. Outward movement of the right eyeball restored.

#### CONCLUSIONS

Thus, bioresonance therapy and acupuncture can be successfully used to treat patients with neurogenic oculomotor disorders. The complex use of these methods makes it possible to achieve an improvement in oculomotor functions in 100% of cases (complete recovery - 46.2%, partial - 53.8%).

It should be noted a significant reduction in the rehabilitation period and an improvement in the neurological status in patients after brain surgery, neuroinfections, traumatic brain injuries, and strokes.

The introduction of the method into ophthalmological practice makes it possible to increase the effectiveness of the treatment of patients with neurogenic oculomotor disorders due to the systemic impact on both the sensory and motor components of the visual system.

#### LITERATURE

1. Kashchenko T.P. Problems of oculomotor and binocular pathology. – Herald ophthalmology. - 2006. - N.1. – P.32–35.
2. Shilnikov L.V. Pathology of the oculomotor apparatus (strabismus). – Synopsis lectures on ophthalmology. – Electronic source <https://bookmate.com/books/vGXwkn8>
3. Bioresonance therapy: Guidelines / Meizerov E.E. and others - M.: Scientific - pract. traditional medical center and homeopathy of the Ministry of Health of the Russian Federation. - 2000. - 27 p.
4. Gotovsky M.Yu., Perov M.Yu., Chernetsova M.Yu. bioresonance therapy. – M.: IMEDIS, 2008. - 174 p.
5. Agasarov L.G. Guide to reflexology. - M.: Medicine, 2001. - 303 p.
6. Durinyan R.A., Reshetnyak V.K., Zaraiskaya S.M. Neurophysiological mechanisms acupuncture // GRM. - 1981. - Section IX. - No. 5. - P.13–20.
7. Ovechkin A.M. Clinical acupuncture in ophthalmology. - Yoshkar-Ola. - 1994. - 213

With.

Author's address

PhD Malinovskaya T.A., Senior Researcher, Department of Reflexology, Homeopathy and Physical Methods of Treatment, Moscow Research Institute of Eye Diseases. Helmholtz" of the Ministry of Health of the Russian Federation"  
malinowskajatatiana@gmail.com

---

Treatment of patients with neurogenic oculomotor disorders. A case from practice / T.A. Malinovskaya, A.V. Tarakanovsky, A.N. Ivanov, L.O. Bolotova, M.V. Chuvilin // Traditional medicine. - 2017. - No. 1 (48). - P.9-12.

[To favorites](#)