Therapy of children and adults with astigmatism, myopia and strabismus using methods of bioresonance therapy and autonomic resonance test

O.V. Vasilkovskaya[one], K.N. Mkhitaryan[2]
([one]Clinic "Vitamed", Gabrovo, Bulgaria,[2]Center for Intellectual medical systems "IMEDIS", Moscow, Russia)

Therapy of adults and children patients with astigmatism, myopia and strabismus using bioresonance therapy under control of vegetative resonance test

OV Vasilkovskaya[one], KN Mkhitaryan[2]
[one]Medical center “Vitamed” (Gabrovo, Bulgaria),[2]Center of intellectual medical systems IMEDIS (Moscow, Russia)

RESUME

Results of diagnostics and therapy of patients with astigmatism, myopia and strabismus using bioresonance therapy under control of vegetative resonance test. The authors suggested a uniform algorithm for diagnostics and therapy of astigmatism, myopia and strabismus based of position that these diseases are disturbances of eye movement function (as a consequence – disturbance of eye form for astigmatism and myopia) as a result of chronic viral infections of muscles, tissues, oculomotor nerve and visual tract. High effect of therapy supports this hypothesis. The use of uniform algorithm for diagnostics and therapy is a significant step of bioresonance therapy and vegetative resonance test towards evidence based medicine. A conclusion about hidden causes of astigmatism, myopia and strabismus is given.

keywords:vegetative resonance test, bioresonance therapy, astigmatism, myopia, strabismus, system-nosological approach, KMKh.

SUMMARY

The paper presents the results of a study on the diagnosis and treatment of astigmatism, myopia and strabismus using the combined use of a vegetative resonance test and bioresonance therapy (ART and BRT). The authors propose a unified algorithm for the diagnosis and treatment of astigmatism, myopia and strabismus, based on the idea that these diseases are in fact disorders of the oculomotor function (as a result, the shape of the eye, in the case of astigmatism and myopia) as a result of a chronic viral infection of its muscles and tissues. , oculomotor nerves and optic pathway. The high cure rate achieved in the study is an argument in favor of this hypothesis. Both diagnostics and therapy of patients are carried out according to a single algorithm, which can be considered as a significant step towards evidence-based medicine in ART and BRT methods. It is concluded that astigmatism, myopia and strabismus are hidden due to chronic viral infections. New control signals were tested (informational preparations

Anaferon, Triton-regeneration and Triton-metamorphosis), which have proven to be effective tools, respectively, of antiviral and restorative orientation in the treatment of astigmatism, myopia and strabismus.

Key words: vegetative resonance test, bioresonance therapy, astigmatism, strabismus, myopia, systemic nosological approach, KMC.

Introduction

Children's astigmatism, myopia and strabismus are a huge problem, both for children and their parents, and for the public, for the simple reason that they are not treated by any non-operative methods. In fact, both astigmatism and myopia are diseases in which spectacle correction is prescribed for life [1].

No less unpleasant disease is astigmatism, myopia and strabismus in adult patients, especially with the prospect of deterioration with age-related 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 the treatment of Hashimoto's autoimmune thyroiditis [2]:

1. At the heart of the early development of astigmatism, myopia and strabismus can lie epigenetic and even genetic prerequisites, which is confirmed by a hereditary predisposition to these diseases.

2. However, these putative genetic or epigenetic
There are certainly not enough prerequisites for the development of diseases from this group, since in clinical practice we see their manifestation at different ages, with varying degrees and, most importantly, as a rule, either after a viral infection (including the common cold), or as a result of post-vaccination complications [10].

3. Such a history of astigmatism, myopia and strabismus makes suggest that viral infections are the triggering factor for their manifestation. As for the genetic and/or epigenetic predisposition to them, it plays a somewhat different role than that 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 leads instead of its elimination to chronicity, including in the muscles and tissues of the eye, oculomotor nerves and/or nerve tissues of the visual pathway. In this case, chronic inflammation can be accompanied by an autoimmune component masking the situation (as in the case of Hashimoto's thyroiditis [2]), and, being localized in the nervous tissues, lead to local peripheral paresis and paralysis, which manifest themselves at the clinical level as strabismus, myopia, or astigmatism.

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

5. If the above hypothesis is correct, then the elimination of chronic viral weights and subsequent regeneration of the muscles and tissues of the eye, oculomotor nerves and visual pathway should lead to a complete restoration of their functions and a clinical cure for these diseases.

The present study is devoted to testing the hypothesis of viral burden as a key factor in the development of such a group of eye diseases associated with the loss of certain eye functions, such as strabismus, myopia, and astigmatism.

Work goals

1. Develop a single effective algorithm for bioresonance therapy (BRT) strabismus, myopia and astigmatism under the control of the autonomic resonance test (ART).

2. Test the clinical performance of this algorithm for sufficient a large group of nosologically matched patients.

3. Based on the clinical results of applying this algorithm to test the hypothesis about the key role of viral load in the development and maintenance of strabismus, myopia and astigmatism.

Materials and methods of research

The study was conducted in 2009–2015. in the clinic "Vitamed" (Gabrovo, Bulgaria). The study involved 19 patients of both sexes: 12 children and 7 adults, aged from 4 to 54 years. The duration of the disease at the time of treatment in different patients ranged from several months to 27 years. In 4 cases, only strabismus was observed, in 4 cases - strabismus and myopia, in 3 - only myopia, in 6 - myopia and astigmatism, in 2 - strabismus, myopia and astigmatism.

All patients gave informed consent to the study. In all cases, also with the informed consent of the patients, no other methods of treatment were used, except for the therapy described below and spectacle correction, which was canceled as the patient's condition improved.

For diagnostics and therapy, an apparatus for electroacupuncture diagnostics, drug testing, adaptive bioresonance therapy and electro-, magneto- and light therapy according to BAT and BAZ "IMEDIS-EXPERT", Registration certificate No. FS 022a2005 / 2263-05 of September 16, 2005, was used.

Survey scheme

In all cases, primary and subsequent general diagnostic ART examinations of the patient were performed in accordance with approved ART procedures [3–5].

In particular, to assess the general state of health of a patient, the ART method determined his biological indices, adaptation reserves, the presence of radioactive, electromagnetic and toxic burden, the degree of anticancer resistance, and others.

Except for the choice of the organic nucleus of the ocular pathology (instead of thyroid tissues), this scheme repeats the examination scheme given in [2].

An ART examination to determine the condition of the muscles and tissues of the eyes, oculomotor nerves, and the patient's visual pathway included the following sequence of tests:

1. Sequential testing of organ preparations of the muscles and tissues of the eyes, oculomotor nerves and optic pathway in potencies D3-D30 in order to determine their dysfunction. Test indexes of organ preparations of the muscles and tissues of the eye, oculomotor nerves and visual pathway, giving a resonant response during testing, were combined into a total test index Σ Organ preparations of the patient's eye. The last test-pointer was taken as a model of the organic core of ocular pathology (OAC) for a group of pathological processes: astigmatism, myopia, strabismus.

2. Testing of resonant chains of the type Σ Organic preparations of the Eye ↓ + Degree activity of catabolism ↑ in order to determine the average (according to ΣOrganic preparations of the Eye) indicators of anabolism or catabolism in the NGL.

3. Testing of resonant chains of the type Σ Organic preparations of the Eye ↓ + Degree catabolism activity ↑ + Degree of acidity ↓ in order to determine the average indicators of the acid-base balance in the NGP.

4. Testing of resonant chains of the type Σ Organopreparations of the Eye ↓ + Degree catabolism activity ↑ + Degree of acidity ↓ + Degree of ex./est. ANS ↑ in order to determine the relationship between the state of the UGP and the autonomic nervous system.

5. Testing of resonant chains of the type Σ Organic preparations of the Eye ↓ + Degree catabolism activity ↑ + Degree of acidity ↓ + Degree of ex./est. VNS ↑ + Anaferon ↓ in order to confirm the viral etiology of the pathological process in YGDP. Regarding the preference of anaferon to the standard interferon used for viral load testing, see [2].

6. Testing of resonant chains of the type Σ Organic preparations of the Eye ↓ + Degree catabolism activity ↑ + Degree of acidity ↓ + Degree of ex./est. VNS ↑ + Anaferon ↓ + Virus Nosode ↑ in order to determine the specific type of virus that caused the chronic process in GU.

7. Criteria for making an ART diagnosis "Chronic disease of muscles and tissues of the eye, oculomotor and visual neuropathy of viral etiology" was the identification of at least one resonant chain of the type Σ Organic preparations of the Eye ↓ + Degree of catabolism activity ↑ + Degree of acidity ↓ + Degree of ex./ist. VNS ↑ + Anaferon ↓ + Virus Nosode ↑. Any such chain identified during the examination of the patient will be referred to as the diagnostic resonance chain (for the muscles and tissues of the eye, oculomotor nerves and visual pathway in the clinical situation of strabismus, myopia and astigmatism).

The testing procedure to determine the state of the muscles and tissues of the eye, oculomotor nerves and visual pathway, 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 BRT guidelines [6],

in two stages: at the first of them, the task was to eliminate viruses, presumably located in the muscles and tissues of the eye, oculomotor nerves, and the patient's visual pathway, and at the second, their regeneration until complete restoration of the eye function. In general, with the exception of the choice of the organic core of the pathology, this scheme literally repeated the scheme of therapy given in [2].

A systemic nosological approach (SNP) to therapy was used, consisting in step-by-step compensation of the patient's individual test index of the patient's CMC with drugs and its subsequent amplifications. Recall that the test index of the patient's CMC 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 [7]. Enhancements of KMH, denoted further as KMH2, KMH3, and so on, were carried out on the IMEDIS-EXPERT apparatus by rewriting the initial test index through container No. 4 of this device with 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 semolina on which it is carried out,

In all cases and at all stages of therapy, the patient's initial (not enhanced) CMC was prepared at the beginning of the next therapy session. The subsequent increase in CMC was always created after the initial increase was compensated in the previous step of the SNP by the previous drug of therapy, the tested dose of which was taken by the patient. In the work, the N-th amplification of the KMX is designated KMX-N, for example, KMX-2, KMX-3, and so on.

The following abbreviations are used in describing the drugs of therapy: 1.

Electronic potency Potαdrug Z, obtained by rewriting it from container No. 2 to container No. 1 with the handle of the signal amplification regulator of the APK "IMEDIS-EXPERT" in position α and compensating for the individual test indicator KMX (respectively, KMX-N), that is, such that:

KMX ↓ + PotαZ ↑, denoted briefly by Z / KMX (respectively, Z / KMX-N). The value of α is not included in the final designation of the resulting drug, since it is an individual parameter that depends on the ratio of the effects of drugs Z and CMC on the patient's body.

2. Electronic potency of blood autonosode (ANCr-a) of the patient, the KMC marker that compensates for it is designated as HANKr/KMC. If this autonosode was previously transcribed through container No. 3 of the IMEDIS-EXPERT apparatus, then the corresponding drug is designated as iHANcr/KMC.

3. Special preparations - Systemic Spiritual Adaptants, described in [8] and abbreviated as SDA.

At the first stage, all patients received the following set of drugs aimed at eliminating the viral infection in the muscles and tissues of the eye, oculomotor nerves, and visual pathway:

1. NANKr/KMW or (iNASKr)/KMW, depending on whether the positive or negative test for "Key Nosode".

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

resonant chain:

Σ Eye organ preparations ↓ + Level of catabolism ↑ + Degree of acidity ↓ + VNS voltage ↑ + Anaferon ↓ + Potentiated snake venom ↑/KMX-2.

In the process of constructing the therapeutic chain, the Levels of catabolism, the Degree of acidity and the Tension of the ANS, which were identified during the diagnostic ART examination, were used.

"Potentiated snake venom" is an electronic copy of the homeopathic preparation of snake venom, taken from the selector. As a “Potentiated snake venom”, such a homeopathic preparation of snake venom and its potency were selected, which ensured the fulfillment of the condition:

KMX2 ↓ + Therapeutic Chain ↑ (one).

It was always possible to pick up such a drug, and often it was not the only one. In the process of therapy, all snake venoms in the selector were used, most often: Botrops, Lachesis, Naya 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 - virus nosodes - with a suitable "Potentiated snake venom" or the sum of them. The condition Nosode virus ↓ + "Potentiated snake venom" ↑ was not tested. Condition (1) was considered to be the criterion of therapeuticity of the constructed resonant chain.

3. SDA/KMX-3.

The specified scheme was repeated several times (from 2 to 6) up to the fulfillment of criterion A.

Criterion A. Absence of vegetative resonances with virus nosodes at filtration through the composite test-indicator Σ Organic Eye: if (Σ Organic Eye) ↓, then (Σ Organic Eye + Virus Nosode) ↓ for all virus nosodes in the selector.

Criterion A was used as a criterion for the end of the antiviral therapy stage.

If criterion A was met, criterion B was checked.

Criterion B. Against the background of the fulfillment of criterion A, the existence of vegetative resonances:

1. At least one of the potencies of one of the components of the composite test-pointer Σ of Organ Organs of the Eye so that a new compound test index Σ of Organ Organs of the Eye ↓ can be constructed.

2. With at least one of the potencies of Triton-regeneration or Triton-metamorphosis upon filtration through a new composite test index ΣOrganic Eye ↓ so that this potency meets the VRT condition: ΣOrganic Eye ↓
+ Potency Triton Regeneration ↑ (or + Potency Triton Metamorphosis ↑). Criterion B was used as a criterion for the body's readiness to restore the functions (regeneration) of the eyes.

If criteria A and B were met simultaneously, the therapist proceeded to the stage of restoration of functions (regeneration) of the muscles and tissues of the eye, oculomotor nerves and visual pathway according to the scheme:

1. Cerebral response [8, 9] to the patient's load by the resonant chain "Σ Organ preparations Eyes ↓ + Potency Triton-regeneration ↑ or + Potency Triton-

metamorphosis ↑"/KMH;

2. SDA/KMC-2, which was also repeated 1 to 3 times.

In the case when criterion A was fulfilled, but criterion B was not fulfilled, the patient underwent intermediate constitutional therapy according to the scheme:

1. NANKr / KMH;

2. Cerebral response to the load of the patient with the test pointer Element (subgroup "Elements" of the "Medpharma" group), selected based on the criterion: Element / KMX 2, that is, KMX 2 ↓ + Element ↑;

3. SDA / KMH3, until criterion B is met. After that, proceed to the stage restoration of functions (regeneration) of the muscles and tissues of the eye, oculomotor nerves and visual pathway until complete restoration of eye function.

As ocular functions were restored, spectacle correction also changed. The

duration of therapy carried out according to the specified algorithm ranged from 3 months to 3 years, depending on the age, individual constitution, duration of the disease and the degree of damage to the oculomotor and ocular function in the patient at the time of treatment.

Research results chronic

ART diagnosis muscle disease and fabrics eyes, oculomotor nerves and optic pathway" according to the results of the initial examination was delivered to all 19 patients out of 19 examined.

In table. 1 shows the results of testing a group of patients for viral load on the muscles and tissues of the eye, oculomotor nerves, and visual pathway.

The disappearance of the clinical symptoms of the disease was achieved in all 17 patients who completed the treatment, which in this case allows us to speak about the effectiveness of therapy approaching 100% for this group of diseases. Two patients did not complete the treatment: girl M.Ts., 12 years old (No. 10) with myopia of 12 diopters and strabismus and boy M.I., 6 years old (No. 4) with myopia of 5 diopters (data obtained during the initial examination are given) .

In the case of M.Ts. 2 years after the start of therapy, strabismus disappeared, and myopia decreased to 5.75 diopters, after which the girl's family refused treatment. In the case of M.I. after 11 months of therapy, myopia decreased to 2 diopters, but at that time the boy's family moved to live in another country, and the treatment was stopped.

In all cases, the fact of the patient's cure was recorded based on the results of his examination by an ophthalmologist with generally accepted ophthalmological tests: visiometry, refractometry and skiascopy to determine visual acuity and corneal asymmetry. In table. 2 shows the dynamics of changes in the functions of the eye before and after therapy. Standard ophthalmic designations for visual acuity and astigmatism are used.

In table. 3 shows the terms of treatment of patients. The duration of therapy was recorded from the moment the therapy was started until the moment of an ophthalmological examination, which confirmed the normalization of the patient's visual functions.

From Table. 3 shows that in some cases the therapy was very long in terms of time. Moreover, the duration of therapy was most dependent on

from the duration of the disease until the start of therapy, that is, the patient's history, and to a much lesser extent from his age. Thus, the maximum duration of therapy - 3 years - was observed in a patient aged 11 years with a previous disease duration of 8 years. And in the oldest of the patients, at the age of 54 years, the therapy was successfully completed within 3 months, despite the fact that he had a problem 1 month before going to the doctor.

In table. 4, the “+” sign marks the nosologies that were present in patients.

Table 1

Viral burdens in mice and eye tissues, as well as oculomotor nerves visual pathway of the examined patients

Пациент	Возраст, лет	1. Герпес симплекс	2. Герпес зостер	3. Герпес Тип 6	4. Цитомегало-вирус	5. Эпштейна-Барр	6. Коксаки В4	7. Корь	8. Ротавирус	9. Аденовирусы
1. З. Г.	4						+			
2. А.А.	5		+							+
3. Г.Э.	5		+						+	
4. М.И.	6		+			+				+
5. Л.С.	6					+				
6. И.К.	7		+				+			
7. Л.Б.	8		+			+				
8. З.К.	9	+				+		+		
9. Ц.Э.	11		+				+			+
10. М.Ц.	12			+				+		
11. В.А.	14				+			+		
12. Л.Х.	16	+	+						+	
13. М.В.	31			+	+	+				
14. С.Х.	37			+	+			+		
15. А.К.	41									
16. Л.Л.	44		+		+	+				+
17. К.Б.	49	+					+			+
18. В.З.	53		+		+	+				
19. Х.Ш.	54	+								+

table 2

Dynamics and changes in the state of eye function in patients during therapy

Пациент	Возраст, лет	До терапии	После терапии
1. З.Г.	4	VOD = 1 VOS = 1 Сходящееся монолатеральное косоглазие правого глаза	VOD = 1 VOS = 1 Бинокулярное зрение
2. А.А.	5	OD Sph -2,50D, OS Sph -2,75D,	OD Sph -0,25D OS Sph -0,25D
3. Г.Э.	5	VOD = 1 VOS = 1 Сходящееся монолатеральное косоглазие левого глаза	VOD = 1 VOS = 1 Бинокулярное зрение
4. М.И.	6	OD Sph -5,50D OS Sph -5,00D Расходящееся монолатеральное косоглазие правого глаза	OD Sph -2,25D OS Sph -2,00D Расходящееся монолатеральное косоглазие правого глаза
5. Л.С.	6	OD Sph -1,25D OS Sph -1,50D Расходящееся монолатеральное косоглазие правого глаза	OD Sph -0,25D OS Sph +0,25D Бинокулярное зрение
6. И.К.	7	OD Sph -3,00 Cyl -1,75, ax 160° OS Sph -3,75 Cyl -1,50, ax 100°	OD Sph -0,25 OS Sph -0,25
7. Л.Б.	8	OD Sph -4,50 OS Sph -5,25	OD Sph -0,50 OS Sph +0,25
8. З.К.	9	OD Sph -2,25, Cyl +1,00, ax 90° OS Sph -2,50, Cyl +1,50, ax 80° Расходящееся монолатеральное косоглазие правого глаза	ODSph +0,25 OSSph +0,50 Бинокулярное зрение
9. Ц.Э.	11	OD Sph -6,50 Cyl +1,25, ax 100° OS Sph -6,75 Cyl +1,50, ax 80° Расходящееся монолатеральное косоглазие левого глаза	-0,50 +0,25/100° -0,25 +0,25/80° Бинокулярное зрание
10. М.Ц.	12	OD Sph -12,00 Cyl +2,00, ax 80° OS Sph -11,00 Cyl +1,75, ax 100°	OD Sph -5,75, Cyl +1,50, ax 80° OS Sph -5,50, Cyl +1,00, ax 100°
11. В.А.	14	OD Sph -1,25 Cyl +0,50, ax 160° OS Sph -1,75 Cyl +0,75, ax 120°	OD Sph +0,25 OS Sph -0,25
12. Л.Х.	16	OD Sph -3,50 OS Sph -4,00 Расходящееся монолатеральное косоглазие правого глаза	ODSph +0,25 OSSph +0,25 Бинокулярное зрение
13. М.В.	31	OD Sph -4,25 Cyl +1,50, ax 90° OS Sph -3,25 Cyl +1,00, ax 120°	OD Sph -0,25 Os Sph +0,25
14. С.Х.	37	OD Sph -2,25 Cyl +1,75, ax 100° OS Sph -1,50 Cyl +1,25, ax 90°	OD Sph +0,25 Cyl +0,50, ax 100° OS Sph +0,25 Cyl +0,25, ax 90°
15. А.К.	41	OD Sph -4,00 OS Sph -4,25	OD Sph -0,25 OS Sph -0,50
16. Л.Л.	44	VOD = 1 VOS = 1 Сходящееся, монолатеральное косоглазие левого глаза	VOD = 1 VOS = 1 Бинокулярное зрение
17. К.Б.	49	OD Sph -1,75 Cyl +2,00, ax 160° OS Sph -1,25 Cyl +1,25, ax 100°	OD Sph-0,25 Cyl +0,25, ax 160° OS Sph-0,25 Cyl +0,25, ax 100°
18. К.Г.	53	VOD = 1 VOS = 1 Сходящееся монолатеральное косоглазие правого глаза	VOD = 1 VOS = 1 Бинокулярное зрение
19. Х.Ш.	54	OD Sph -7,50 OS Sph -5,25 Расходящееся монолатеральное косоглазие правого глаза	OD Sph +0,25 OS Sph -0,25 Бинокулярное зрение

Table 3

Пациент	Возраст, лет	Время до успешного завершения терапии.
1. З.Г	4	1 год и 7месяцев
2. А.А.	5	1 год и 3 месяцев
3. Г.Э.	5	9 месяцев
4. М.И.	6	11 месяцев
5. Л.С.	6	6 месяцев
6. И.К.	7	2 года и 4 месяцев
7. Л.Б.	8	5месяцев
8. З.К.	9	1 год и 5 месяцев.
9. Ц.Э	11	3 года
10. М.Ц.	12	1 год 10 месяцев
11.В.А.	14	2 года 3 месяцев
12. Л.Х.	16	1 год и 6 месяцев
13. М.В.	31	2 года и 1 месяц
14. С.Х.	37	1 год и 5 месяцев.
15. А.К.	41	2 года и 4 месяца
16. Л.Л.	44	2 года и 1 месяц
17. К.Б.	49	1 год.
18. К.Г.	53	1 год и 1 месяц
19. Х.Ш.	54	3 месяца

Table 4

Пациент	Возраст, лет	1. Миопия	2. Косоглазие	3. Астигматизм
1. З.Г.	4		+	
2. А.А.	5	+		
3. Г.Э.	5		+	
4. М.И.	6	+	+	
5. Л.С.	6	+	+	
6. И.К.	7	+		+
7. Л.Б.	8	+		
8. З.К.	9	+	+	+
9. Ц.Э.	11	+	+	+
10. М.Ц.	12	+		+
11. В.А.	14	+		+
12. Л.Х.	16	+	+	
13. М.В.	31	+		+
14. С.Х.	37	+		+
15. А.К.	41	+		
16. Л.Л.	44		+	
17. К.Б.	49	+		+
18. К.Г.	53		+	
19. Х.Ш.	54	+	+	

Discussion

High efficiency of therapy and at the same time relatively small

the number of fully investigated clinical cases raises the question of multicenter validation of the method and the recruitment of more patients treated by this method.

Our ideas about the relationship between the role of viral infection and genetic prerequisites for the occurrence of severe chronic diseases have already been described both in [2] and in the introduction to this work. We emphasize that speech in this case does not necessarily come down to the direct influence

on the function of the eye, for example, chronic viral burden. Although the mechanism of such an influence is visible, from the point of view of a doctor using the methods of ART and BRT, it is quite transparent. It is possible, however, that the role of chronic viral burden is more complex: it can, in particular, destabilize a number of body regulatory systems, from the immune, nervous, and endocrine systems to the genome, inclusive. With hereditary weakness of gene (or epigenetic) regulation in any of its links, many scenarios of pathological interaction between the virus and the organism as a whole are potentially possible. For example, it is possible that certain gene defects prevent the complete elimination of the virus from the body, and the symptoms of the disease are associated with a chronic focus of its persistence. We believe that in the case of myopia,

However, an alternative hypothesis is also possible: the viral load destabilizes the genome, as a result of which its innate weak link is manifested, with which the symptom complex is associated. This hypothesis may turn out to be closer to the truth in the case of the so-called autoimmune diseases that are fully or partially compensated for by the elimination of viral burden: type 2 diabetes mellitus, autoimmune thyroiditis, and others. In any case, the relationship between viral burdens and chronic diseases arising from a genetic predisposition needs to be more fully understood, including taking into account the results of their informational therapy.

conclusions

1. A unified algorithm for bioresonance therapy of strabismus has been developed, myopia and astigmatism under the control of diagnostics by the method of a vegetative resonance test.

2. Clinical efficiency of the constructed algorithm in the conducted study approaches 100%, which allows us to talk 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 clearly indicates in in favor of the hypothesis of chronic viral burden as a key factor in maintaining the processes of astigmatism, myopia and strabismus in both children and adults suffering from these diseases.

Literature

1. http://medicine-bo.mednews.in.ua/detski-bolesti/28239-ksogledstvo-pri-decata-

simptomi-methodi-na-treatment.html

2. Vasilkovskaya O.V., Akaeva T.V., Mkhitaryan K.N. Treatment of autoimmune thyroiditis using bioresonance therapy and autonomic resonance test // Traditional Medicine. - No. 3 (42). – 2015. – P.16–23.

3. Electropuncture vegetative resonance test: Methodical recommendations No. 99/96 / Vasilenko A.M., Gotovsky Yu.V., Meizerov E.E. Koroleva N.A., Katorgin V.S. - M .: Scientific and practical. Center of tradition honey. and Homeopathy of the Ministry of Health of the Russian Federation, 2000. - 28 p.

4. Gotovsky Yu.V., Kosareva L.B., Makhonkina L.B., Sazonova I.M., Frolova L.A. Electropuncture diagnostics and therapy using the vegetative resonance test "IMEDIS-TEST": Guidelines. - M.: IMEDIS, 1997. - 84 p.

5. Gotovsky Yu.V., Kosareva L.B., Makhonkina L.B., Frolova L.A. Electropuncture diagnostics and therapy using the vegetative resonance test "IMEDIS-TEST": Guidelines (addition). - M.: IMEDIS, 1998. - 60 p.

6. Bioresonance therapy. Guidelines No. 2000/74 / Meizerov E.E., Blinkov I.L., Gotovsky Yu.V., Koroleva M.V., Katorgin V.S. - M .: Scientific and practical. Center of tradition honey. and Homeopathy of the Ministry of Health of the Russian Federation, 2000. - 27 p.

7. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Kmx marker like a marker constitutional harmonization (preliminary communication) // Abstracts and reports. XII International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part II. - M.: IMEDIS, 2006. - P. 92–99.

8. Kudaev A.E., Mkhitaryan K.N., Khodareva N.K. Multilevel system adaptive diagnostics and therapy. - Rostov n / D: Publishing House of the SKNTS VS SFedU APSN, 2009. - 309 p.

9. Shadrichev V.A. A clinical case of the use of the drug "Syvstar" in within the SNP in the treatment of trophic ulcers of the leg // Abstracts and reports. XI International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". – M.: IMEDIS, 2015. – P.297–302.

10. Kotok A. Merciless immunization. - Novosibirsk: Homeopathic book, 2008. - S.61-74.

Author's address
Vasilkovskaya O.V., physician-therapist of MC "Vitamed" (Bulgaria).
dr.vasilkovska@abv.bg

Vasilkovskaya, O.V. Therapy of children and adults with astigmatism, myopia and strabismus using methods of bioresonance therapy and autonomic resonance test / O.V. Vasilkovskaya, K.N. Mkhitaryan // Traditional medicine. - 2017. - No. 2 (49). - P.4-11.

To favorites