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Role of Autonomic Dysfunction Syndrome SCENAR-Therapy in various Somatic Pathology

Vegetovisceral abnormalities strongly influence disintegration level of adaptation functional system and favor stable pathological states. Being of polyetiologic nature, autonomic dysfunction syndrome usually is an early token of the somatic pathology and aggravates its manifestations in future. Therefore, early diagnostics and treatment of the autonomic dysfunction syndrome (ADS) is a burning problem. Sometimes, prerequisites for regulation abnormalities can be founded in childhood and follow people the whole life.

Objective. Analysis of the ADS clinical variants with different somatic pathology in adolescents and determination of SCENAR-therapy efficiency for their correction.

To achieve the goal, in-depth clinicoanamnestic analysis of 130 teenager development histories aged 12-18 and who are under regular neurologists's supervision with ADS diagnosis, was performed during the first stage of the work. Thereafter, 36 patients from this group were given a course of SCENAR-therapy whose efficiency was proved by investigation of autonomic homeostasis parameter dynamics using Vein tables and cardiac intervalograms in quiescence and after clinorthostatic test; state of the cardiorespiratory system by external respiration function indexes, ECG and EchoCG. It was mentioned that in overwhelming majority of cases, there was a mix of gastrointestinal tract and bile-excreting system chronic pathology along with endocrine pathology and allergic diseases.

The analysis of ADS clinical manifestations reveals domination of cephalgic (86%), asthenic (78%) and cardiovascular (64%) syndromes irrespective of etiology. At that, cardiodynia type I, cardiac rhythm disturbance by sinus tachycardia type, arterial dystonia of mostly hypertension type prevailed in structure of cardiovascular disorders. Autonomic peripheral disorders such as numbness, paresthesia, blanching or reddening of hands and/or foots were very early in ADS structure and were identified in 38% of cases. Hyperventilation distresses, found in 32% of patients had manifestations generally of variant I; classical triad with musculo-tonic abnormalities and lipothymia was noticed only in 2 cases.

Changes in cardiovascular system were noted frequently along with the automatism dysfunction in 68% (of sinus tachycardia type, anisorhythmia (arrhythmia), wandering of atrial pacemaker), conduction disorder in 48% (incomplete intraventricular heart block, AV block of I grade), extrasystole in 28%, pre-excitation syndromes in 24% of cases.

Estimating the state of the initial autonomic background before therapy begins, showed that 16 children (44%) have sympathicotonia, 18 children (50%) have vagotonia of various intensity and only 6 children (17%) have eutonia. Autonomic reactivity was generally of hypersympathicotonia and asympathicotonic type.

Considerable clinical improvement was noted after the SCENAR-therapy course.

Autonomic characteristics had positive dynamics: eutonia - in 21 patients, and decreased degree of vagotonia and sympathicotonia in the rest of the children. The autonomic reactivity normalized in 18 of 24 cases. There were also positive improvements in the cardiovascular system. Besides, follow-up observations showed a reliably longer remission of the underlying disease.

Thus, electroneuroadaptive regulation as a system treatment proves to be an effective procedure for correcting the autonomic system that allows to enable functional adaptation systems using physiological methods. Besides, SCENAR-therapy decreases pharmacologic load that considerably decreases xenobiotic aggression. Long-term remission allows claiming economical effect of the above mentioned non-nosological, sanogenical treatment method.

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