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AND BIOCORRECTION IN THE  
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THE VASSILIEV SYNDROME AND OTHER  
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## **ABSTRACT**

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## DIAGNOSTIC TECHNIQUE AND BIO-CORRECTION IN THE SHOSHINA-VASSILIEV SYNDROME, THE VASSILIEV SYNDROME AND OTHER NERVOUS AND NERVOUS - PSYCHIATRIC DISEASES WITH DOPAMINE AETIOLOGY.

**DIAGNOSTICA E BIOCORREZIONE DELLA SINDROME SHOSHINA-VASSILIEV, DELLA SINDROME VASSILIEV E DI ALTRE MALATTIE NERVOSE E NEURO-PSICHICHE CON EZIOLOGIA DOPAMINICA.**

### Riassunto

Grazie al metodo degli adrenogrammi elaborato e brevettato dal Prof. Vassiliev, metodo che indica l'interpretazione clinica della dinamica dell'escrezione con l'urina di catecolamine - adrenalina, noradrenalina, dopamina (DA) e il loro precursore DOPA - in relazione al bioritmo e con l'inserimento organico di una prova diagnostica con 0,1 gr. di L-DOPA e di una prova per la prognosi clinica con 0,5 gr. di L-DOPA, nel 1968 sono stati individuati i primi pazienti con diagnosi di paralisi cerebrale, tetraplegia e leucodistrofia con un'alterazione specifica del metabolismo della DA e ciò ha permesso di elaborare una biocorrezione con microdosi individualizzate di un preparato contenente L-DOPA. In seguito ad una settimana di somministrazione del preparato i pazienti erano sani. L'eliminazione del preparato determina, dopo 24 ore, il ritorno totale della tetraplegia, dello strabismo, dell'iperinesia etc. La reintroduzione del preparato consente, già dopo 30-40 minuti, di seguire il graduale ripristino totale della salute. Il periodo di catamnesi è superiore a 30 anni. Una paziente ha dato alla luce nel 1993 un bambino normale. Il numero di tali pazienti, di età compresa tra i 4 e i 40 anni, è superiore a 40. Tutti sono inseriti socialmente.

Nel 1985 il Prof. Vassiliev ha registrato la sindrome Vassiliev da lui individuata tra gli ammalati di malattie demielinizzanti nei quali si manifesta una specifica alterazione del metabolismo della DA e ha dimostrato la possibilità della sua ripresa che si manifesta clinicamente con guarigione completa nel 100% dei casi; per le altre nosologie come malattie nervose, demielinizzante ed alcune altre, si manifestano i miglioramenti significativi clinici nel 55-60% dei casi, che a volte portano al reinserimento sociale dei pazienti e nei casi di paralisi cerebrale nel 75% dei casi. Spesso il miglioramento dell'intelletto e della psiche alterati permette di eliminare, o di modificare con diagnosi più lievi, diagnosi come idiozia, oligofrenia, arresto dello sviluppo intellettuale, etc.

Sono sottoposte a biocorrezione: paralisi cerebrali e encefalopatie, malattie demielinizzanti in vari stadi, epilessia, degenerazione del cervelletto e piramidale, amiotrofie e miopatie, paralisi post-traumatiche e traumi del midollo spinale, paralisi post-apoplettiche e post-infettive, macro e microcefalia, autismo, dislessie, etc.

I dati risultano dall'analisi di più di 1000 pazienti che sono stati sottoposti a biocorrezione nel periodo 1968-1999.

**Parole chiave:** biocorrezione di Vassiliev - adrenogrammi di Vassiliev - sindrome Shoshina-Vassiliev - sindrome Vassiliev - malattie nervose con eziologia dopaminica - metabolismo dopaminico - test di Vassiliev con L-DOPA - microdosi di Vassiliev dei preparati contenenti L-DOPA.

Many works have been dedicated to the study of the primary role of the sympathetic adrenergic system (SAS) in the aetiology and pathogenesis of nervous diseases and in particular of the hormones and mediators with special regard to dopamine (DA), which has a fundamental regulating function also in other hormonal systems.<sup>1-5</sup> The heterogenous nature of these studies, together with a somewhat limited methodological approach do not, however, make it possible to identify changes in synthesis or metabolism of catecholamines (CA) which would, on the contrary, make it possible to exploit to the full the data obtained in order to improve the diagnosis and therapy in nervous diseases.

The adoption of L-DOPA constitutes a milestone in the treatment of subjects in whom the extrapyramidal system is involved and in particular in subjects suffering from Parkinson's disease in which the pathogenesis is determined by the degeneration of the dopaminergic connecting structure. It must be said, however, that a therapy of L-DOPA alone in this pathology does not actually bring about satisfactory improvement of the symptoms of the disease and leads to a series of side effects and may give rise to the "on-off" effect. In the treatment of other disorders of the extrapyramidal

system with L-DOPA such as muscular dystrophy, Huntington's chorea, cerebral palsy (CP) and others, a complete and significant reduction of clinical symptoms has not been reached.<sup>6-9</sup>

In the early seventies we elaborated the adrenogram method which allowed us to discover the internal mechanisms of the SAS in various types of clinically healthy subjects of varying sex, age, biorhythm and stress state and to reveal a deficit in the presence of any disease linked to abnormal autonomic regulation such as hypertonia, duodenal and gastric ulcer, as well as in neuroses and psychoses.

The Vassiliev adrenogram method works by studying the secretion of catecholamines in the urine (adrenaline, noradrenaline and their common precursor, DOPA) in relation to biorhythm (morning, afternoon, evening and night) with the introduction of a functional and diagnostic test with 0.1g of L-DOPA and the interpretation of the data obtained (biotypes, paroxysms, sympathetic-adrenergic attack, hypothalamic syndrome or sleep disturbances). In order to arrive at a rapid analysis of DA deficit a clinical test was designed with the introduction per os of 0.5g of L-DOPA which acts as an aid in the screening of subjects with



dopamine deficit and which forms an integral part of the adrenogram method.<sup>5,10,11,19,22-27</sup> The method was patented in the ex-USSR where it was recommended for application in a wide number of cases.<sup>16-18</sup>

Thanks to the adrenograms we have been able to discover specific changes in DA metabolism in various functional states of man and in a series of pathologies according to the "fingerprint" principle. This has enabled us to provide an accurate diagnosis and to predict the effectiveness of the treatment and, in some cases, to develop a specific individual therapy with a precise calculation of the dose to be administered, taking into account individual biorhythms (chronotherapy).<sup>10-35</sup>

By the term biocorrection we mean treatment practically without chemotherapy with the aid of metabolites, and in particular of L-DOPA, which are pure biological substances, in exclusively physiological minidoses. At the same time we also developed a biocorrection to eliminate tiredness in subjects under heavy neuro-emotive or physical stress, in fasting subjects and in subjects with neuroses in whom a breakdown of the SAS system was evident.<sup>5,10</sup>

To confirm the above we might point to a variety of CP, described by the authors in 1976 and authorized in 1985, named Shoshina-Vassiliev syndrome and characterised by serious disorders of movement reaching complete immobility, with various neurological symptomatology and the complete regression of the disease for a limited period (hours, days) with subsequent continuation of substitutive therapy.<sup>13-27</sup> This syndrome is often mistakenly diagnosed as leukodystrophy, Strumpell's disease and others.

This syndrome may be diagnosed only by adrenograms with which an individual dose of DOPA is calculated, in particular NAKOM or SINEMET. The curative effect is completely eliminated if the dose is either too high or too low and it is essential to choose the dose according to the principle of the "right-key-for-the-right-lock". The therapeutic effect reaches 100% with a catamnesis of more than 20 years (the first patients go back to 1976 and one patient gave birth to a normal son in 1993). Furthermore, compared with healthy subjects no deviation has been found in the subjects examined with available methods. Once administration is suppressed, symptoms rapidly reappear within one or two days (tetraplegia, strabismus and anarthria); at recommencement, symptoms disappear within 30-40 min. and this constitutes an ideal model for the study of paralysis. Dosage does not depend on either sex or age and is constant.

#### Brief description of a case history

Patient K., 9 years. Normal birth. No deviation in development up to the age of 1 year. At two years a reversal of the knee joint was observed. At 2 years and 2 months, a myotonic syndrome was observed. At 3 years diagnosis was made: syndrome of right paresis and cerebellum deficiency and respiratory spasms due to prenatal pathology of the brain.

Therapy (phenobarbital, proserine, triampur and protermil) did not achieve results and the pathology progressed with increased tetraplegia and hyperkinesis. At 7 years a diagnosis was formed: progressive leukodystrophy, polyendocrinopathy and abnormal

dopamine metabolism.

In 1990 with a non-personalised trial dose of NAKOM, hyperkinesis regressed within 2 days and the child started to walk. After a month, however, the situation worsened and the patient was referred to our department for examination. The adrenogram showed up a specific block of dopamine synthesis and this supplied the basis for a diagnosis of Shoshina-Vassiliev syndrome and allowed us to effect a biocorrection with personalised doses of NAKOM (lower by far than previous doses). After 2 days the child was cured and subsequent annual checks and examinations have not highlighted any deviation to the norm. The child takes a minidose once a day, in the morning, she studies in a school for exceptionally talented children, writes poetry and draws.

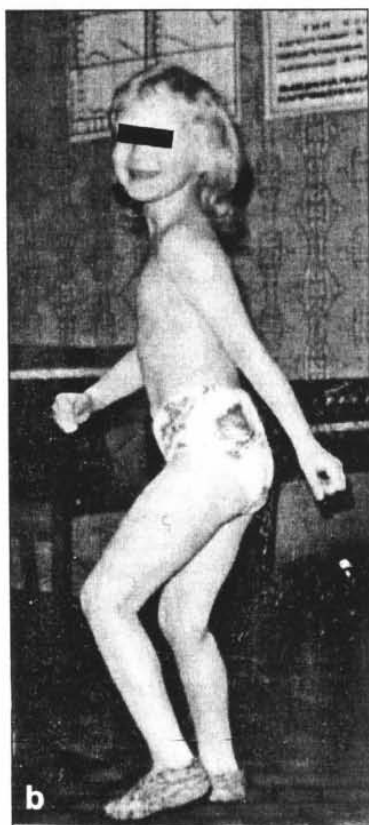
When the dose is stopped, the results after one day include tetraplegia, hyperkinesis, drop in volume of the voice and eventually anarthria. On restarting administration, complete recovery is obtained after 40 minutes. Any variation in the dosage whether it be higher or lowered (even by as little as 5 mg.) provokes rapid deterioration: in the case of a higher dose, secondary spasticity occurs while with a lowered dose the subject is able to walk up to 14.00 h with subsequent hanging of the head. (Photo 1-a,b,c)

The study of the adrenograms of such subjects shows a block in DA synthesis, in both free and bound forms, and, with the 0.1g. L-DOPA test, low possibility of stimulating DA synthesis as the curve reflects an increase in its concentration of only 2-3 times, while in CP patients it increases by 8-12 times and in healthy subjects (control group) by 4-6 times. Despite this, however, no change in amine-oxidase activity is observed, nor in homovanillic or vanillylmandelic acids so that it would seem that in the Shoshina-Vassiliev syndrome there is an enzymopathy in the upper levels of CA synthesis (dopa decarboxylase and others).<sup>13-15</sup>

The number of subjects with the Shoshina-Vassiliev syndrome among those suffering from CP amounted to 3-5% and the number of subjects cured - between the ages of 4-50 years - is more than 45. All these patients lead a normal life and are able to work (one as a mechanic in a factory), but they do need a daily, personalised dose.

The study with adrenograms has shown that also in patients with CP in its various forms and at various ages (from 1-55 years) there is a specific deficit in DA synthesis, though less than that in patients suffering from the Shoshina-Vassiliev syndrome. Biocorrection is less effective and there may be residual phenomena, but there is the possibility of suppressing the dose in future since the organism begins to increase DA synthesis autonomously. It is important to note that these patients do lead a normal life, they begin to walk alone, they study, create a family and so on. Some, after lengthy administration, may have healthy children even if both husband and wife are affected. The treatment reaches 75% effectiveness. Furthermore, various types of epilepsy and spasms are eliminated: strabismus is reduced considerably or disappears altogether and speech appears or improves. With rapid development of the brain, improvement of cognitive data and the memory along with the appearance of motor activity, psychiatric pathology, oligophrenia and others are often brought under control. (Photo 2-a,b)





**Photo 1 - a:** patient K., 63 years old - Primary diagnoses: 1) Infantile cerebral paralysis, tetraplegia, progressive; 2) Leukodystrophy progressive; **b:** she is aged six - Diagnosis: 1) Shoshina-Vassiliev syndrome; 2) Biocorrection, clinically healthy at day 5; **c:** she is aged fourteen. Biocorrection, clinically healthy.



**Photo 2 - a:** patient B., 9 years old - Diagnosis: Infantile cerebral paralysis, epilepsy, mental retardation; **b:** he is aged ten - After biocorrection clinically healthy.

In this context we have been able to effect a biocorrection of epileptics who were initially treated, without success, with doses of Tegretol, Sabrin and others, with a 53% success rate and a catamnesis of no less than 10 years.

A high dose may lead to new spasms difficult or almost impossible to correct.

Encephalopathic patients are treated in practically the same way as CP patients and differential diagnosis may only be made on the basis of adrenograms which, in these cases, reveal deeper organic alterations of the nervous system.

The biocorrection method has permitted us to successfully treat patients with demyelinating disease (DD), in particular, multiple sclerosis (MS) and amyotrophic lateral sclerosis (ALS) in various stages and with a success rate of 55%.

Thanks to adrenograms it is possible to differentiate MS from disease of the motoneurons, from leukodystrophy and other diseases which are difficult to recognise with computed tomography and magnetic resonance imaging. The treatment of these patients is more difficult in that even a small change in dosage may determine a worsening of the



disease, especially if the patient is already in a terminal phase. In these cases it is possible to combine DOPA with other preparations, taking care to respect indications.<sup>8-20</sup>

Adrenogram analysis has demonstrated in certain patients a small reduction in DA synthesis and that SAS is in a hyperactive state: the nature of the curve reflects an increase in DA synthesis of up to 16-18 times, but the reaction to the system is shifted, that is, maximum levels are not reached in the 4 hours after the L-DOPA test but in the following hours with a lowering in the evening and night. This demonstrates the danger of a high dose with the possibility of a hypersynthesis of CA which may provoke a sympathetic-adrenergic attack (of an adrenergic, noradrenergic or mixed type) on the basis of the worsening of a hypothalamic syndrome. Once treatment is successful patients are able to walk unaided and though they might present with a latent ataxia, they do often recover sight, speech and pelvic organ function. After convalescence, as a rule, administration is suppressed.

In 1985, a new syndrome was discovered among DD patients, subsequently registered with the name of the Vassiliev syndrome. The syndrome is characterised by increased DA synthesis during the 0.1 g. L-DOPA test of between 12 and 14 times, a little less than in DD patients. Of particular importance is the fact that with the subsequent suppression of the dose, the organism is completely cured.<sup>18, 21-27</sup> The number of patients constituted not less than 5-10% of the total number of DD patients. The number of patients cured aged between 17 and 55 years was 55, with a catamnesis for the early patients of more than 10 years.

# Brief case history

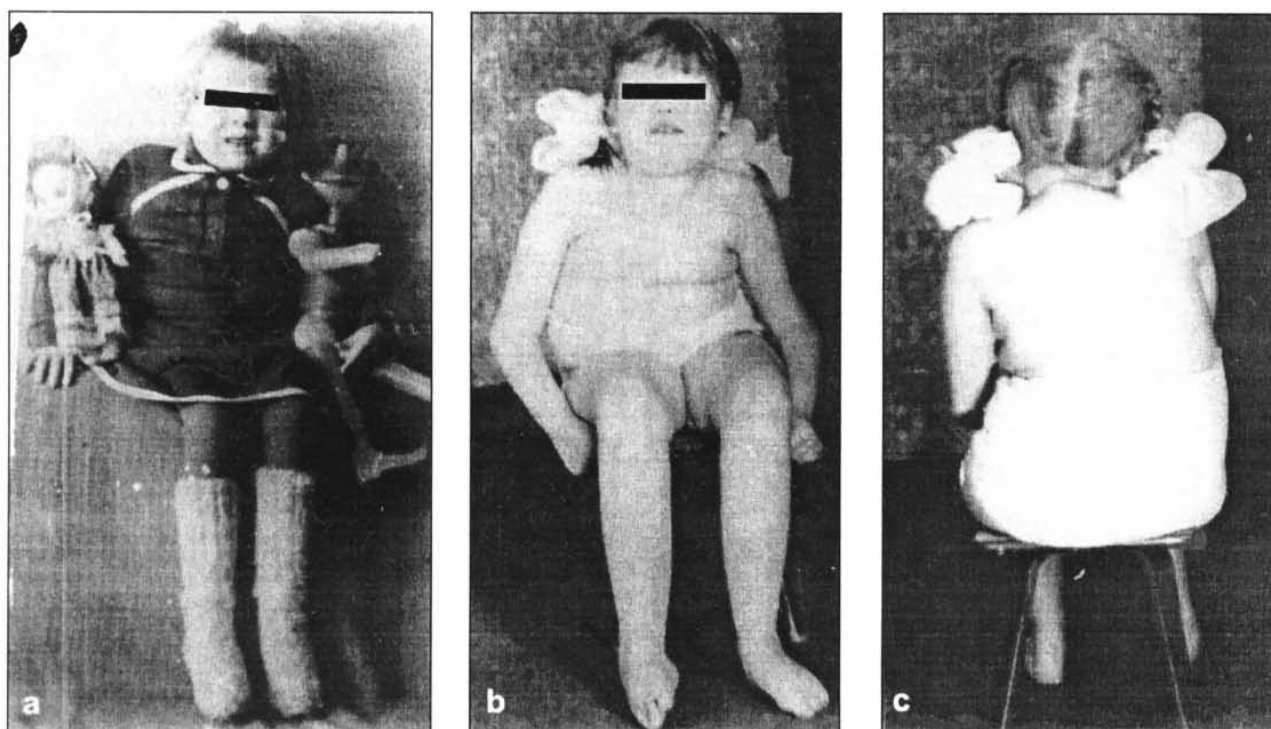
Patient E., 41 years, was admitted in 1985 with a diagnosis of progressive multiple sclerosis. Previous corticoid therapy had been of no effect. The patient was unable to remain standing without aid, presented with upper and lower paraparesis, sight disorder (bilateral atrophy of the optic nerve), slurred speech and abnormal pelvic organ function.

The adrenogram identified a specific alteration in DA synthesis which allowed us to diagnose the Vassiliev syndrome and to carry out a biocorrection with personalised minidoses of NAKOM twice a day (morning and evening).

A month after the start of biocorrection, paraparesis disappeared and the patient began to walk unaided. Pelvic organ function was restored, firstly micturition, speech returned and sight improved gradually so that after 5 months it had improved by 60%. Doses were gradually reduced, checking with adrenograms and 5 months after initial biocorrection they were completely eliminated in that the analyses corresponded to a practically healthy subject. This was subsequently confirmed by routine tests.

One year after administration was stopped, the patient gave birth to a normal, healthy child, pregnancy and delivery were normal. The patient now conducts a lifestyle similar to the one led before the disease and actually works. Observing the patient over more than 10 years, no abnormalities have been found. The patient appears to be completely healthy. (Photo 3-a,b,c)

Ex-patients lead a normal life, are not undergoing treatment but are under observation. They work without



**Photo 3 - a:** patient C., 6 years old - Diagnosis: Werdnig-Hoffmann myopathy, preterminal state; **b:** she is aged seven - Biocorrection, mild residual effects, ambulant, goes to school; **c:** she is aged seven - Biocorrection, mild residual effects, ambulant, goes to school.



limitations of any sort and practice sport. The adrenograms practically correspond to those of the norm.

Biocorrection of patients with cerebellum or pyramidal degeneration (Friedreich's disease, Strumpell's disease and so on), with amyotrophias (spinal or neural) and myopathy (Duchenne and others) occurs more slowly compared with other disorders and requires several years of treatment, though initial clinical improvement may be seen after some weeks in the form of a blocking of the progress of the disease, reduction of the dystrophic process, increase in the strength and volume of muscle endings, general reduction of spasms, increase in motor activity, reduction of atrophy and dystrophy. In the adrenograms of this group a specific curve appears which reflects relatively modest DA synthesis with the 0.1 g. L-DOPA test (usually 6-8 times) which is slightly lower than that of CP patients and slightly higher than that of patients with the Shoshina-Vassiliev syndrome. Many patients begin to stand and to walk with an aid or sometimes without, even though they often tire rapidly. (Photo 4-a,b,c,d)

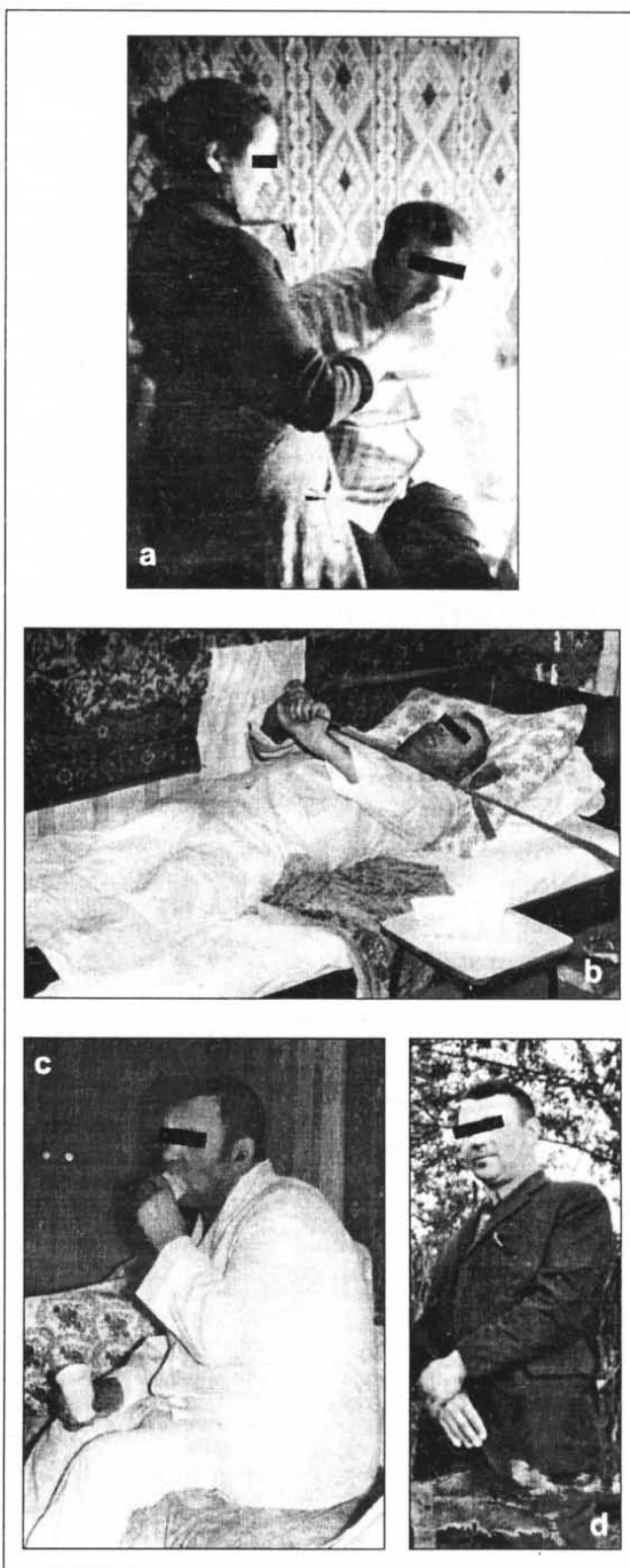
A biocorrection course over many years normally leads to significant improvement in 55% of cases but there is little likelihood of leading a normal life.<sup>21-23</sup>

In the last few years we have successfully used biocorrection in patients with head and brain traumas and spinal cord injury. Usually, normal pelvic function is restored initially along with a reduction in the dystrophic process, a significant increase in motor activity and, in some cases even the ability to work with the computer or to draw may be observed. Sometimes crutches may even be abandoned but in the case of injury to the spinal cord, it is difficult for the patient to walk without some mechanical support. Significant clinical improvement may be seen in 50% of these cases. We have also managed to design a biocorrection for post-apoplectic paralysis of a period not less than one year and with a non-progressive symptomatology and this makes it possible to obtain a clinically significant improvement in 50% of cases. Treatment does, however, require strict attention to complications and a higher number of adrenograms are needed for dynamic control and in particular in relation to the appearance of paroxysms. Some cases of recovery leading to a normal lifestyle have been recorded.

We have obtained considerable clinical success also in other types of paralysis and in particular post-infective, for example in cases of complications arising from meningoencephalitis, brucellosis, in cases of facial nerve paralysis and some other single disorders having in common the fact that they were all characterised by abnormalities, to a greater or lesser degree, of the synthesis or metabolism of DA. In particular, biocorrection was designed for autistic patients in whose adrenograms the residue of CP was found.

Identical modifications in adrenograms may also be found in dyslexic patients. The effectiveness of biocorrection in this case was found to be more than 65% even though in these patients oligophrenia, aggressive behaviour and so on were found. After therapy, dyslexic patients may work successfully with the computer.

There are also preliminary data on improvements in patients with Down's syndrome. There is evidence of successful biocorrection in patients affected by microcephaly, serious tetraplegia, anarthria and other



**Photo 4 - a:** patient L., 41 years old - Diagnosis: Multiple sclerosis, advancing, after corticosteroid therapy put on weight, 38 kg.; **b:** he is aged forty-one - Diagnosis: Vassiliev's syndrome, biocorrection manifest clinical improvement; **c:** he is aged forty-one - Biocorrection, marked clinical improvement; **d:** he is aged forty-two - Clinically healthy, he is currently an engineer.



pathologies in whom after only 6 months we observed increased brain volume and general height, possibility of sitting without aid, crawling, standing with support and appearance of the first signs of speech.

With biocorrection of macrocephaly, brain volume does not change but often patients do manage to lead a normal life and are able to attend school.

It is likely that other forms of paralysis are linked to a greater or lesser degree to changes in the synthesis or metabolism of DA and it would seem necessary therefore to combine the efforts of medical and paramedical specialists to identify and interpret these mechanisms in order to open up new paths towards a more effective treatment in patients generally considered incurable and who continue to increase in number worldwide.

Following the study of over 25 years of clinical and laboratory findings relating to biocorrection in more than 1,600 patients affected by nervous disease with paralysis, and of 4,500 patients with neuroses, we were able to identify new DA functions as well as the possibility to recover (correct) the metabolism which makes it possible:

- in cases of epilepsy, epileptic attacks, convulsions and a tendency to convulsions, to eliminate such conditions;
- in cases of strabismus (pupillary divergence), in 60-70% of cases, to remove the defect;
- in cases of language defect (anarthria, dysarthria and others), to correct the disability in a time span from a few days to a few months. After 5-7 days the appearance of "flowing speech" may be observed in patients aged between 3 and 50 years, with CP and Shoshina-Vassiliev syndrome;
- to regain or improve sight, especially in patients with MS, even in cases of atrophy of the optic nerves in up to 40% of cases;
- to improve hearing, especially in MS patients, even after unsuccessful stereotaxis in cases of complications after head injury, meningocephalitis and in other cases. Improvement was observed in the hearing of a 24 year old patient with the diagnosis of CP and deaf-mutism;
- to restore or stimulate menstruation by regulation and to restore erection and potency in males;
- to bring back to normal thermoregulation which assumes particular characteristics in patients with MS and

myopathia: febricola is eliminated, the temperature of the lower and upper limbs is brought back to normal;

- to normalise pelvic organ function: micturition and evacuation, especially in patients affected with MS, myopathia, post-traumatic illness and others; pelvic organ functions often return to normal a few weeks after the beginning of biocorrection;
- to normalise weight in cases of obesity or, conversely, in cases of breakdown reaching cachexy. In patients, especially those with MS and myopathia, gradually, over a few months, muscular tissue is strengthened with a reintegration of its innervation. Diet therapy increases the effectiveness of treatment;
- to obtain a change and often the normalisation of intellectual development in patients who, in many cases, have been diagnosed as having psychiatric illness such as a breakdown in mental development, oligophrenia, idiocy, mental handicap and others.

We might even hypothesize that the increase in paralysis is due to ecological factors in that the synthesis of CA ferments is inhibited by a series of substances which pollute the atmosphere and we have already had signs of this in the course of treatment of our patients, in particular, with CP and MS.<sup>12-34</sup>

We have met cases in which the presence of pesticides in food completely modified treatment, worsening the situation and bringing the patient back to the initial condition. In areas suffering from environmental damage there is actually a resurgence of CP type paralysis. In conclusion, it is necessary to pay attention also to another aspect of the problem linked to the fact that in patients with paralysis with a dopamine origin, especially in our syndromes, during the course of biocorrection the physical state tends to improve more rapidly than the mental state. This may manifest itself in euphoria or depression and in conflict, especially with parents. Thus the problem arises of providing specialised centres equipped to deal with the rehabilitation necessary in these patients. Existing centres base their philosophy on the conviction that the patients are incurable, while the number of patients cured by ourselves and who now lead a normal life (they have also created their own associations) continues to grow and has exceeded 1,000.

## Abstract

Thanks to the adrenogram method designed and patented by Prof. Vassiliev, a method which indicates the clinical interpretation of the dynamics of urinary catecholamine secretion - adrenaline, noradrenaline, dopamine (DA) and their precursor DOPA - taking into account biorhythms and with the insertion of a diagnostic test with 0.5 g of L-DOPA, in 1976 the first patients were identified with a diagnosis of cerebral palsy, tetraplegia and leucodystrophy with a specific abnormality of the metabolism of DA. This allowed us to elaborate biocorrection with personalised minidoses of L-DOPA and after one week of administration the patients returned to health. Elimination of the treatment caused a complete return in 24 hours to tetraplegia, strabismus and hyperkinesis. Reintroducing the treatment after 30-40 minutes a gradual recovery of health may be observed. The period of catamnesis is over 30 years. One patient actually gave birth to a normal child in 1993. The number of these patients, aged between 4 and 50 years is now over 45. All now lead a normal life. In 1985 Prof. Vassiliev registered the Vassiliev syndrome which he identified among patients suffering from demyelinating disease in which a specific change in DA metabolism is present, and demonstrated the complete recovery in 100% of cases; clinical recovery for other types is possible with significant improvement in 55-60% of cases. Sometimes these patients are actually able to lead a normal lifestyle and in cases of cerebral palsy in 75% of cases. Improvement of the intellectual and mental state often makes it possible to eliminate or to modify diagnosis of idiocy, oligophrenia, blocked intellectual development and so on with a less serious diagnosis.

The following cases have undergone biocorrection: cerebral palsy and encephalopathy, demyelinating disease in various stages, epilepsy, cerebellum and pyramidal degeneration, amyotrophy and myopathy, post-traumatic paralysis and injuries to the spinal cord, post-apoplectic and post-infective paralysis, macro- and micro-cephaly, autism, dyslexia and others.

Data were obtained from the analysis of more than 1,000 patients undergoing biocorrection between 1976 and 1999.

**Key Words:** biocorrection - adrenograms - Shoshina-Vassiliev syndrome - Vassiliev syndrome - nervous disease with dopamine aetiology - dopaminic metabolism - Vassiliev test with L-DOPA - Vassiliev microdoses of preparations containing L-DOPA.





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