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THE VASSILIEV SYNDROME IN PATIENTS AFFECTED BY DEMYELINATING DISEASE.

Prof. Vitali Vassiliev

Doctor in Biological Sciences and Specialist in Space and Aeronautics Medicine, recognised by the Supreme Commission of Certification of the Cabinet of the USSR. Scientific Consultant to DINASTAR Centre S.r.l.

ABSTRACT

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Dr's REVIEWS NAPOLI

Dr's Medical Researches

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LA SINDROME DI VASSILIEV IN PAZIENTI AFFETTI DA MALATTIE DEMIELINIZZANTI.

Riassunto

È stata scoperta fin dal 1985 la sindrome Vassiliev (triade : eziologia - patogenesi - cura) tra pazienti affetti da malattie demielinizzanti di vario stadio. Essa è caratterizzata da differenze paracliniche e neuroormonali rispetto alla sclerosi multipla ed altre malattie demielinizzanti; in particolare da ipersintesi di dopamina, scoperta con l'aiuto degli adenogrammi secondo il metodo Vassiliev, compresa la prova diagnostica e prognostica con 0,1 g. e 0,5 g. di L-DOPA.

La biocorrezione secondo il metodo Vassiliev consente di guarire completamente i pazienti, in un tempo relativamente breve, spesso in 3-5 mesi, con conseguente abolizione di microdosi del preparato contenente L-DOPA, tipo Sinemet, Nakom, ecc.

Il periodo di osservazione di tali pazienti va oltre i 10 anni. Gli ex-pazienti conducono una vita ordinaria, corrispondente alla loro età e al loro sesso, studiano, lavorano, praticano sport, hanno famiglia. Ci sono casi in cui essi hanno avuto figli normali, con gravidanza e parto normali, con notevole frequenza di figli maschi.

La diffusione della sindrome Vassiliev non è ancora calcolata con esattezza; secondo i dati dell'autore può costituire oltre il 20% dell'intero numero di pazienti affetti da malattie demielinizzanti. Il numero di tali pazienti dai 16 ai 53 anni, scoperti e curati dall'autore, supera le venti unità.

Sono stati presentati esempi clinici con l'analisi degli adenogrammi dei pazienti affetti da sindrome Vassiliev.

Parole chiave: sindrome Vassiliev, eziologia, patogenesi, cura - malattie demielinizzanti - adenogramma secondo Vassiliev - test con 0,1 g. e 0,5 g. di L-DOPA secondo Vassiliev - biocorrezione secondo Vassiliev.

The discovery in 1976 of the Shoshina-Vassiliev syndrome (frequent in patients affected by infantile paralysis, encephalopathy, leukodystrophy, Strumpell's disease and even myopathy) and its mechanism led to the development of an alternative therapy based on the Vassiliev biocorrection method, which has provided a 100% success rate over more than 20 years[2,3,5-11,13-18].

Diagnosis and therapy with personalised minidoses of a preparation containing L-DOPA, type NAKOM (Merck), SINEMET (Du Pont) and others were conducted on the basis of Vassiliev adrenograms - the clinical interpretation of catecholamine (CA) excretion: adrenaline (A), noradrenaline (NA), dopamine (DA) and DOPA - taking into account both circadian rhythm and the diagnostic/prognostic test with 0.1 g. and 0.5 g. of L-DOPA according to the Vassiliev method.

The specific breakdown of DA synthesis, as defined by the adrenogram curve, enabled us to arrive at a diagnosis and to calculate the exact minidose required of a preparation containing L-DOPA [1,3,4,6,12,14,16].

From 1985 onwards this method enabled us to identify a group of subjects with a particular adrenogram type among patients affected by demyelinating disease (multiple sclerosis, panencephalitis, etc.). In patients with multiple sclerosis DA hypersynthesis was characterised by a daytime peak (12h - 16h) tailing off towards late evening (fig.1), while in this particular group the curve showed up two peaks and it is this type which has been named the Vassiliev Syndrome[2,3,5,7-9,11,15].

In effect the clinical picture of these patients is similar to that of patients suffering from multiple sclerosis. The main feature of these patients, all of whom were studied, treated and kept under observation for more than ten years, was the complete recovery of the sympathetic adrenergic system (SAS): activity, reactivity, synthesis capability, in particular, recovery of DA synthesis after a relatively brief period (some months) of biocorrection with a preparation of Sinemet or others, with a gradual reduction of the dose until it was completely eliminated according to adrenogram indications.

It is well to remember that in the Shoshina-Vassiliev Syndrome the preparation cannot be eliminated as the organism does not regain its capacity to synthesise DA automonously and an endogenous intake is necessary. When the preparation is stopped the symptoms return: tetraplegia, strabismus, etc., regardless of the number of years of treatment (more than 20 years).

In the case of the Vassiliev Syndrome it is necessary to reduce the dosage because of the risk of hypersynthesis of DA which begins to be synthesised abnormally by the organism itself.

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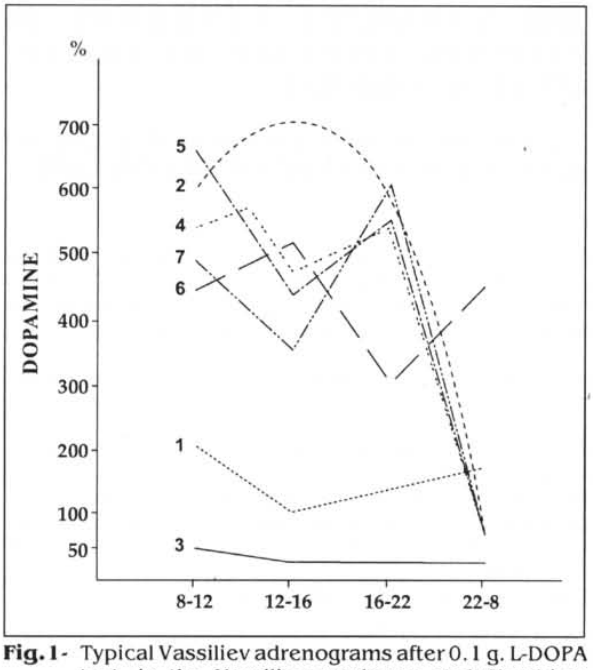

Fig. 1 - Typical Vassiliev adrenograms after 0.1 g. L-DOPA test, in the Vassiliev syndrome and Shoshina-Vassiliev syndrome. **1**. Norm; **2**. Multiple sclerosis; **3**. Shoshina-Vassiliev syndrome; **4**. Vassiliev syndrome (general); **5**. First patient; **6**. Second patient; **7**. Third patient.

The clinical manifestation of this is in a considerable worsening of the general condition of the patient. The most frequent clinical manifestations of hyperdosage of the preparation, up to 5 mg. (0.005 g.) include: excessive unrest, hypersalivation, impairment of sight, disturbed language and deglutition, secondary spasticity at the upper and lower extremities together with pain and weakness, disturbances in micturition, evacuation, thermoregulation and so on, leading to the complete immobility of the patient and general symptoms of a worsening of the disease.

As with patients affected by disease with a dopamine aetiology, in patients affected by the Vassiliev Syndrome reduced thermoregulation may be noted which is evident from a general worsening of the overall condition of the patient if the temperature is too high or too low (a comfortable temperature is necessary), meteoropathy, reduced resistence of the organism, in effect all the signs of a hypothalamic lesion begin to reappear. Furthermore, many illnesses, especially influenza, may provoke a general deterioration, which usually occurs slowly over 3-4 weeks, and the reappearance of impaired pelvic organ function (which requires treatment with diet and so on).

During the course of the illness it is desirable to reduce the use of other drugs to a minimum, especially antibiotics, which cannot be combined with Sinemet (Nakom, etc.). If complications should arise, for example a high temperature (over 38°C), rendering antibiotics necessary, then Sinemet (Nakom, etc.) should be suspended. Vitamin C, taken for 2 - 3 weeks, is useful in increasing the body's own defences and improving CA and corticoid synthesis.

As regards physiotherapy in patients affected by the Vassiliev Syndrome it should be identical to the recommended therapy in patients affected by post-ictal paralysis. More intense therapy may bring about a worsening of the disease. Physiotherapy should be carried out respecting the circadian biorhythm (chronotherapy) on the basis of adrenograms.

On completion of biocorrection the adrenogram should indicate complete recovery of SAS function, which should be identical to that of a healthy person. Subjects with full clinical recovery should present with normal values, though for 1 - 2 years after, the following may sometimes be observed: imperceptible asymmetry, asthenia, slight ataxia, mental and psychological disturbances such as euphoria or, conversely, phobia, stress, etc.

Below we cite some case studies of patients affected by the Vassiliev Syndrome who underwent biocorrection.

Patient E, aged 41 years, arrived in our ambulatory in 1985 diagnosed as suffering from cerebro-spinal progressive multiple sclerosis. She had been taken ill in 1978 and treated unsuccessfully with hormone therapy. On examination, the patient presented with pseudobulbar paralysis, loss of sight, dysarthria, tremors in the extremities and all over, pelvic organ malfunction, pathological reflexes. The patient could neither walk nor remain seated.

The test with 0.5 g. of L-DOPA was double positive ++ (according to our own classification)[7,10]. After 30 minutes a temperature increase was noted at the extremities, especially the legs, along with increased movement; language and sight improved, arm and leg strength increased. The patient managed to sit up by herself and claimed that she did indeed feel better.

After the test with 0.1 g. of L-DOPA the adrenogram revealed a specific abnormality in DA synthesis: hypersynthesis peaking in the morning (8h-12h) and in the evening (16h-22h), typical of the Vassiliev syndrome (fig. 1, patient 1).

A minidose of Nakom improved the clinical situation even after one day so that after one week the following signs were observed: temperature increase and leg movement, considerable improvement in language and sight. At two weeks the patient could sit up by herself and micturition improved.

After a month of therapy the patient was able to walk by herself (fig.2, 2a). Neurological symptoms were slight, with a little ataxia. At three

months the patient had practically recovered, was able to lead her life independently and to look after her child, born before the onset of the disease.

During this period the results of the adrenograms suggested a gradual reduction of the dose so that at three months from the start of biocorrection the dose was stopped altogether (fig.2, 2a). At the 12 month check-up the patient revealed hardly any neurological signs of the disease. She soon took up work again and in 1987 gave birth to a second child. Pregnancy and delivery were uneventful and the child's development is normal for his age. Since then no deviation from the norm has been recorded in this patient and the adrenograms corrispond to the clinical norm.

Patient P, aged 25 years, was admitted to hospital for the first time in 1990. Previously acute neurological malfunction had been noted (right side hemiplegia). During hospital stay the disease progressed: motor aphasia appeared and urine retention, making a catheter necessary. Abnormalities in the movements of the left side extremities were further noted, pseudobulbar paralysis. Steroid therapy led to some improvement: the patient began to walk with support, she began to speak, to eat and regain sphincter control.

In 1993 she had another attack with a weight loss of 2 kg. and double vision. Clinical diagnosis confirmed by tomography was multiple sclerosis. In 1994 she was brought to our clinic with an acute form of the disease: she could not walk, she could hardly remain standing with a support, she had double vision, micturition malfunction, bulbar paralysis, slight tremors at the extremities and progressive weight loss (over 4 kg.).

The test with 0.5 g. of L-DOPA turned out to be double positive (++). The patient managed to stand without support, take a few steps and lower herself by bending her legs. A hypercaloric effect was noted: temperature increase (even a burning sensation) of the arms and legs; considerable increase in arm and leg strength. The patient herself noted an overall improvement in her condition.

The test with 0.1 g. of L-DOPA revealed a typical picture of Vassiliev syndrome: hypersynthesis of DA with two peaks, between 12h-16h and 22h-8h (fig.1, patient 2).

A minidose of Sinemet was calculated and prescribed. At three weeks, following the results of the adrenogram, the dose was reduced. After another four weeks the dose was further reduced and after six weeks therapy ceased altogether as DA content was practically in the norm. The patient remains healthy to this day, she works and practises sport.

Patient R, aged 17 years, began treatment in 1985 after she had been diagnosed as suffering from polyradiculoneuritis with corticoid therapy complications. On admittance the following signs were observed: imperfect sight in both eyes, pyramidal symptomatology, paraparesis, contraction of the feet, pathological reflexes, ataxia, paraesthesia, pelvic organ dysfunction, pseudoparabulbar paralysis. She could neither walk nor remain standing.

The test with 0.5 g. of L-DOPA was positive (++) and an adrenogram examination followed. In fig.1 (patient 3) the typical curve of the Vassiliev syndrome may be observed. A personalised dose of Sinemet was calculated and prescribed, which was reduced after three weeks following the indications of the adrenogram. After a further month of ambulatory therapy the adrenogram showed up the beginnings of a hypersynthesis of DA which, from a clinical point of view, suggested an overall deterioration. The dose was reduced after which the following signs were observed: normal pelvic organ function, ability to walk without assistance, imperceptible right asymmetry, slight ataxia and tiring easily. After a further two months the adrenogram again showed up hypersynthesis of DA and the therapy was stopped altogether. After six weeks neurological findings revealed that the patient was back within the norm, apart from slight asymmetry and ataxia. The patient took up her studies again and has gained a specialist diploma, she leads a normal life and practises sport. Over the next few years no neurological symptoms were found and after a general check up the patient may now be judged healthy, and this is confirmed by adrenogram analysis.

All the patients mentioned are able, almost without exception, to lead a normal life corresponding to that of a healthy person of the same age and sex, they can study, work, practise sport and raise a family. In our studies, cases of normal pregnancy and delivery have been recorded in former patients affected by the Vassiliev syndrome, with a tendency to produce male children who develop normally.

The exact diffusion of the Vassiliev syndrome has yet to be calculated but the author's experience points to more than 20% of patients suffering from demyelinating disease in its various stages, even terminal. The number of these cases discovered by the author among a limited group of patients between 16 and 53 years does exceed 20.

Thus, with the help of adrenograms and the Vassiliev method it has been possible to discover a new syndrome - the triad: aetiology, pathogenesis, treatment - among patients affected by demyelinating disease; this syndrome has a 100% response to biocorrection therapy. No signs of the disease have been recorded in a follow up period of over 10 years.

It would now appear necessary to study the complex mechanism of disturbances in DA metabolism and other CAs and to conduct further

clinical and neurophysiological research which may help to improve diagnosis and treatment; not only in patients with the Vassiliev syndrome but also in patients affected by demyelinating disease who managed to gain evident, stable clinical improvement in only 50% of cases, in various stages of the disease, often leading to recovery of motor activity and pelvic organ function[3,5,7,17,18].

Furthermore it must be stressed that it is not possible to eliminate or reduce rapidly the preparation containing L-DOPA and often stimulation must be provided by corticoids. Further study of the mechanisms of the Vassiliev syndrome would help to improve biocorrection of a wide range of paralyses with dopamine aetiology, the number of which is on the increase. In the last ten years to this group a number of conditions have been added including progressive cerebral atrophy, some cases of Alzeimer's disease and autism which, according to adrenogram data, would seem to be a residual form of cerebral palsy or encephalopathy, dyslexia, etc.[2,3,5-11,15-18].

INITIAL DIAGNOSIS: **"VASSILIEV SYNDROME"**

Date: 11.09.1985 Surname, name, age: E. 41 years.

ADRENOGRAM with V. Vassiliev method N°

(urinary excretion in ng/min over a period of 24 hours)

	8.00 - 12.00 (morning) + NAKOM		12.00 - 16.00 (day)		16.00 - 22.00 (evening)		22.00 - 8.00 (night)	
ADRENALINE	11.8	36.0	9.2	3.2	17.2	25.2	9.1	6.0
NORADRENALINE	6.3	84.6	11.4	38.2	30.1	43.8	14.4	17.4
DOPAMINE	91.4	29600	80.8	6540	70.8	12800	61.1	265
DOPA	18.2	382	36.6	107	25.2	42.3	39.7	81

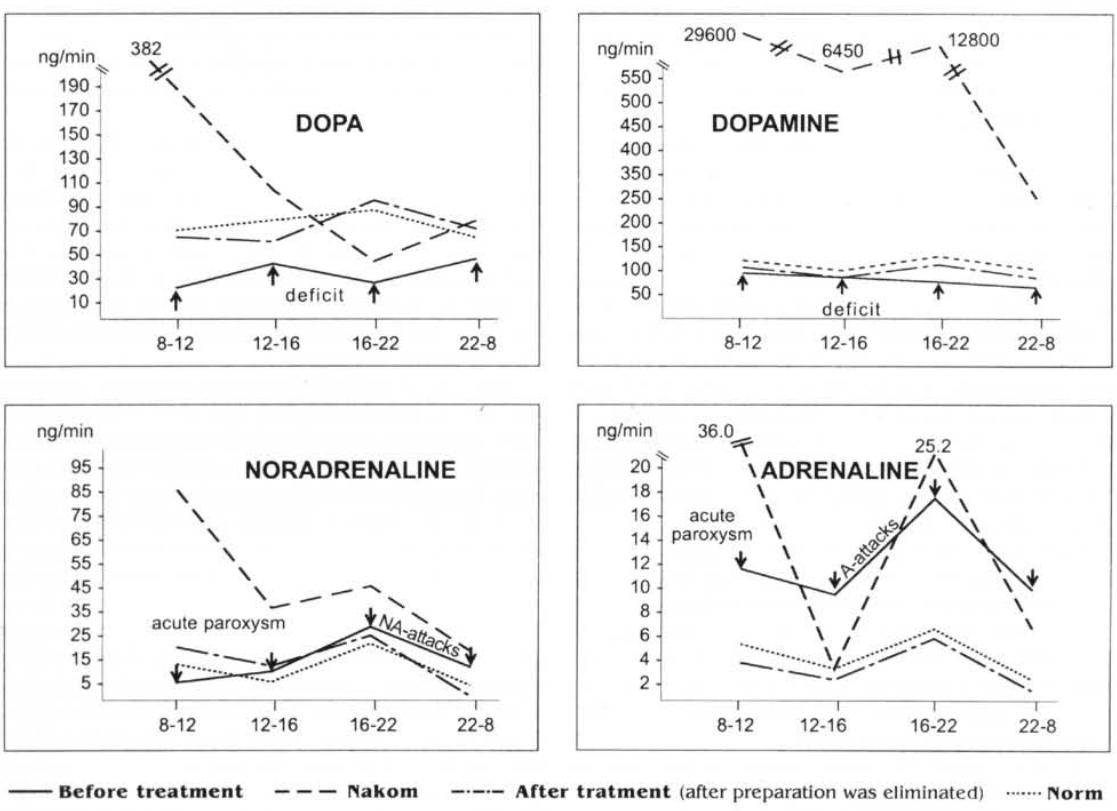

Fig. 2

TYPE OF PATIENT:	adrenergic (type A - anxious), noradrenergic (type NA obsesive, mixed (**type A + NA - hyper-emotional**).	SYMPTOMS:	Crisis: **adrenergic, noradrenergic** (acute, **average**, weak), **morning**, daytime, evening, **night**.
EMOTIONAL TENSION:	**morning, daytime, evening, night.**	PAROXYSMS:	**Acute, average**, weak (**morning, daytime, evening, night**).
SYNDROME:	hysterical, **neurasthenic**, obsesive, **hypothalamic** (compensation, heightening, **type of crisis**, breakdown), traumatic, **neuroinfective**, endocrine. Possible seasonal heightening: winter, **spring**, summer, **autumn**. Hypothalamic involvement.	RESERVES (DOPA, DA):	within normal limits, **reduced**, exhausted.
		SLEEP:	ithin normal limits, disturbed, **very disturbed**.
		CIRCADIAN RHYTHM:	within normal limits, **disturbed**, very disturbed.
The adrenogram highlighted an altered biorhythm, a DA and DOPA deficit, acute paroxysms practically throughout the day and night, transforming into sympathetic-adrenergic attack type A and NA. Together these results suggest a hypothalamic syndrome and the necessity to proceed with Vassiliev biocorrection and personalised minidoses, in particular Nakom.			

Fig. 2a

Conclusions

Since 1985 among patients affected by demyelinating disease the triad: new syndrome, its mechanism and treatment has been discovered.

Diagnosis is made with the aid of adrenograms and the 0.1 g e 0,5 g. L-DOPA test which reveal the specific breakdown of DA metabolism.

Biocorrection with personalised minidoses of preparation containing L-DOPA following the indications of the adrenograms has brought about 100% success in just a few months, with a follow up period of over 10 years.

Approximately 20% of patients aged between 16 and 53 years in our study affected by demyelinating disease fell into the category of the syndrome of Vassiliev.

Abstract

In 1985 the Vassiliev syndrome was discovered (triad: aetiology - pathogenesis - treatment) in patients affected by demyelinating disease at various stages. It is characterised by paraclinic and neuro-hormonal differences compared with multiple sclerosis and other demyelinating diseases; in particular by dopamine hypersynthesis, discovered with the help of adrenograms according to the Vassiliev method, including the diagnostic and prognostic tests with 0.1 g. and 0.5 g. of L-DOPA.

Biocorrection according to the Vassiliev method makes complete cure possible in a relatively short time, often between 3-5 months, with the consequent elimination of minidoses of preparation containing L-DOPA such as Sinemet, Nakom, etc.

Follow up of those patients has exceeded 10 years. Former patients lead a normal life which corresponds to their age and sex, they can study, work, practise sport and raise a family. In some cases children have been born, prevalently male, with normal pregnancy and delivery.

It is not yet known just how widely the Vassiliev syndrome has spread; the author's data suggest that this may account for some 20% of all patients affected by demyelinating disease. The number of those patients between 16 and 53 years discovered and treated by the author exceeds 20.

Some clinical cases have been presented with adrenogram analysis in patients affected by the Vassiliev syndrome.

Key words: Vassiliev syndrome - aetiology, pathogenesis, treatment - demyelinating disease - Vassiliev adrenograms - 0.1g. and 0.5 g. L-DOPA Vassiliev test - Vassiliev biocorrection.

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