

Bioresonance technologies and transfer factor in complex treatment  
patients with herpesvirus infection

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The concept of herpesvirus infection unites a group of infectious diseases caused by human herpes viruses, which occur in the form of hardware, subclinical and clinical manifest forms and are possible only under the condition of primary or secondary immunodeficiency. Herpetic pathology is characterized by a variety of clinical manifestations, high virulence, the possibility of spreading and transmitting by all possible means, the ability for a lifelong persistence of the infection.

Until recently, a little-known group of infectious diseases is now becoming one of the leading medical and social problems. The urgency of the problem of herpesvirus pathology is explained by its prevalence and progressive increase in the number of patients. According to the WHO, the infection of the population with the herpes simplex virus reaches 100%, and the incidence of herpes simplex takes the second place among human viral pathology, second only to influenza.

Herpesvirus infection is a general clinical problem. Patients with herpesvirus diseases are treated and observed, in addition to therapists and pediatricians, by doctors of various specialties: dermatologists (herpetic lesions of the skin and mucous membranes), urologists, gynecologists, sex therapists (genital herpes), neurologists, ophthalmologists (ophthalmic herpes), dentists (herpes of the oral mucosa), hematologists, oncologists, immunologists.

The source of infection is sick people with various forms of the disease (including latent and virus carriers). The ways of transmission of the virus are very diverse. Initially, the virus multiplies in the body at the entrance gate, then through the regional lymph nodes and hematogenously enters the internal organs and the nervous system. In the cells of the paravertebral vegetative ganglia in an unproductive state, the virus can remain throughout the life of the macroorganism and be reactivated only when immunity is weakened as a result of exposure to unfavorable environmental conditions (temperature factor), emotional stress factors and quite often against the background of other chronic diseases, both infectious and somatic. Clinical forms of herpetic pathology: herpes of the skin and mucous membranes (face, ophthalmic herpes, genitals, buttocks, hands), as well as systemic forms involving internal organs and the nervous system in the process - the causative agent of human herpes viruses of types I and II; chickenpox, shingles - the causative agent of the herpes virus type III; infectious mononucleosis - the causative agent of herpes simplex virus type IV, cytomegalovirus infection - the causative agent is human herpesvirus type V; chronic fatigue syndrome - the causative agent of the herpes virus type VI. In some forms, the diagnosis does not cause any difficulties (labial herpes, shingles, chickenpox, certain types of ophthalmic herpes), in other diseases, the causation of herpes can only be established with the help of complex

laboratory research.

We examined and treated 44 patients with chronic recurrent forms of the disease of various ages with established persistence of herpesvirus infection. The age of the patients is from 6 to 62 years, of which women - 31, men - 13. Patients were treated at various stages

development process. Clinical forms:

- herpetic gingivostomatitis - 2, labial
- herpes - 7,
- chickenpox (acute) - 4, shingles - 4,
- infectious mononucleosis - 2,
- genital herpes - 9,
- ophthalmic herpes - 3,
- diseases of the nervous systems with established persistence
- herpetic neuroinfection (demyelinating diseases) - 7,
- "Chronic fatigue syndrome" - 6.

For diagnostics and in order to monitor the effectiveness of therapeutic measures, the following were used:

- electropunctural diagnostics by the method of R. Voll (devices "Inta", Ukraine and "MINI-EXPERT-DT", IMEDIS, Russia);
- vegetative resonance test (ART) "IMEDIS-TEST" (apparatus "MINI-EXPERT-DT", IMEDIS, Russia).
- electrozonal vector diagnostics of the functional state of the body (APK "Vector-Diacor-Bio-PSI", Ukraine)

The algorithm of electropunctural diagnostics according to the method of R. Voll included the measurement of the conductivity of the distal points of the hand and foot. Diagnostics using the ART method necessarily included the determination of foci and interference fields, the presence and degree of exogenous loads (geopathogenic, electromagnetic, radioactive) and their characteristics, determination of lesions, microbial, viral, fungal and helminthic burdens, as well as the study of the state of the immune, endocrine systems, testing of nosodes of viral infections and resonance frequency programs. The presence of a viral infection was established by laboratory blood tests and the ART method.

In some patients with characteristic features of the rash, the diagnosis could be determined by the typical clinical picture. The presence of persistent viral infection in most cases was confirmed by positive laboratory results: serological - by the method

enzyme immunoassay analysis blood on the Availability antiviral immunoglobulins by molecular biological - determination of the DNA of the virus polymerase chain reaction.

The patients were diagnosed with persistence of viruses: herpes simplex virus type I, herpes simplex virus type II, measles, rubella, chickenpox, Epstein-Barr, cytomegaly, as well as hepatitis, mumps. Most patients had mixed infection of two or more serotypes of herpes viruses.

The main efforts in the treatment of patients with herpes diseases are aimed at eliminating or reducing the severity of the process, effective

prevention of relapses, an increase in the duration of remissions, an increase in the functional activity of the body and an improvement in the quality of life. Some clinicians adhere to the point of view that in some clinical forms of herpetic pathology, the very fact of the persistence of the virus is not a direct indication for antiviral therapy. Along with the positive results of such treatment - a beneficial effect on the course of the disease and regression of symptoms - there are certain fears that antiviral therapy may cause unwanted changes in the immune status and, as a consequence, a worsening of the course of the disease.

The therapeutic strategy was chosen by us taking into account the individual characteristics of the patient and was determined by a number of factors, the decisive one of which was the patient's condition according to the examination data, especially the state of the immune system, the presence and degree of complications. Treatment necessarily included:

1. Elimination of exogenous loads.
2. Basic bioresonance therapy. Given the condition of patients, more often at first, adaptive bioresonance therapy was used according to the fourth strategy with simultaneous recording of inverse harmonic and disharmonic oscillations from all channels for 15 seconds and recording of oscillations on this drug at the end of a 25–30-minute therapeutic session in a container for direct recording.

3. Exogenous bioresonance therapy with fixed frequencies through magnetic inductors or contact - through brass electrodes. The frequencies of P. Schmidt, the frequency of 6.2 Hz, and induction programs were used as a priority.

4. Antiviral resonance frequency therapy induction and contact, in accordance with accepted methods.

5. Drainage and detoxification therapy complex homeopathic preparations of the firms "O.T.I." and "ONOM", Roy Martina preparations of the Detox and Endotox groups. Electronic analogues of the preparations were made using the IMEDIS medication selector. If necessary, drainage and detoxification therapy was enhanced with Enterosgel and Minerol.

5. Immunocorrective therapy with drugs from the SEROIMMUN group (firm "OTI"). All patients were also prescribed immunocorrecting drugs of the "Transfer Factor" series by "4 Life" (Transfer Factor, Transfer Factor Plus, Transfer Factor Advensd) according to individual dosage and schemes. The Transfer Factor series preparations are concentrated bovine colostrum transfer factor isolate in combination with other natural ingredients. They are distinguished by a modulating effect on the patient's immune system, the absence of unwanted side effects, drugs are effective at different stages of activity.

immunopathological process, are convincingly tested by the methods of R. Voll and ART. Depending on the type of disorder, they stimulate reduced immunity or suppress overly stretched immune responses, preventing damage to the body. Bioresonance therapy was performed, as a rule, without active allopathic treatment. The results of the effectiveness of the therapeutic measures carried out were assessed by changes in the clinical picture, the results of laboratory studies and subjective data.

(patient's assessment of his condition). In patients with acute manifestations of pathology, a more rapid regression of rashes was noted, during the observation period there were no relapses. In patients who were treated in the absence of rash elements (17 people), a significant improvement was noted in 10 (58.8%), moderate improvement - in 3 (17.6%), insignificant - in 3 (17.6%), no noticeable effect - in 1 patient (6%).

So the results of the research testify to the expediency of using information therapy methods in the diagnosis and complex therapy of patients with herpetic viral infection, in particular R. Voll diagnostic methods and ART, as well as adaptive bioresonance therapy and antiviral treatment by resonant frequency therapy. The use of BRT techniques in combination with immunocorrective drugs of the Transfer Factor series significantly improves the clinical results of therapy, has a positive effect on the course of the pathological process.

#### Literature

1. Gotovsky Yu.V. Results and prospects for the development of bioresonance and multiresonant therapy // Abstracts and reports of the III International conference "Theoretical and clinical aspects of the use of adaptive bioresonance and multiresonant therapy". - M.: IMEDIS, 1997. - S. 12-28.

2. Gotovsky Yu.V., Kosareva LB, Blinkov I.L., Samokhin A.V. Exogenous fixed frequency bioresonance therapy: Methodical recommendations. - M.: IMEDIS, 2001. -- 96 p.

3. Granitov V.M. Herpesvirus infection. - M.: Medical book, 2001. -- 88 p.

4. Guzeva V.I., Chukhlovina M.L. Multiple sclerosis. Diagnostics and treatment (age aspects). - SPb.: LLC "FOLIANT Publishing House", 2003. - 174 p.

5. Karimova I.M. Herpesvirus infection. Diagnostics, clinic, treatment. - M.: MIA, 2004. -- 120 p.

6. Ovsepyan A.A., Samokhin A.V. Optimizing diagnostics and treatment multiple sclerosis using hardware and software complex "IMEDIS-EXPERT": Methodological manual. - IMEDIS, 2004. -- 40 p.

7. Oganova E.A., McCausland K. Transfer factors - natural immunocorrectors // In collection. reports of the scientific-practical conference "Immunorehabilitation in infectious and inflammatory diseases"). - Barnaul, 2003. - pp. 22-26.

8. Padchenko S.I. Scientific medical justification methodology information diagnostics "InteraVector-BOIPSI-DiaCor" // In sb. "First International Congress Cruise" Medicine of the Third Millennium "). Odessa Kiev, 2003. - S. 134-138.

9. Samgin M.A., Khaldin A.A. Herpes simplex (dermatological Aspects). - M.: MEDpressinform, 2002. -- 160 p.

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