

Diabetes. The results of the combined use of exogenous BRT, homeopathy and the immunomodulator Transfer factor Glucoach (Case from practice)

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Diabetes mellitus is the most common endocrine disease. The number of patients with diabetes mellitus is steadily increasing. According to the forecasts of the World Health Organization (WHO), the number of patients with diabetes mellitus doubles every year. The prevalence of diabetes mellitus among people over 65 reaches 20%. The predisposing factors of such a rapid increase in diabetes mellitus is a deterioration in the quality of life - a decrease in physical activity, an increase in psycho-emotional stress, an unhealthy diet, and the genetic factor is aggravated with each generation. One of the largest studies is the British Prospective Study on Diabetes Management and Complications. The studies have been conducted over 20 years in 23 UK clinical centers. Studies have shown that long-term hyperglycemia is the most important factor predisposing to increased mortality. Thus, the risk of developing myocardial infarction increases 5 times in persons with a combination of arterial hypertension and diabetes mellitus. The risk of death after myocardial infarction increases 6 times in people with diabetes. The study showed the possibility of reducing the incidence of complications of the disease with adequate glycemic control against the background of selected therapy. Thus, it has been demonstrated that a decrease in the level of glycated hemoglobin (HbA1c) by 1% reduces the incidence of complications in general by 21%, microvascular complications (retinopathy, nephropathy) by 25%, myocardial infarction, acute myocardial insufficiency (ACI) by 44%, mortality for diabetes by 25%. Diabetes mellitus and its complications are in third place due to mortality in the world after cardiovascular diseases and oncology. The degree of risk of progression of macro- and microvascular complications of diabetes mellitus depends on the severity of chronic hyperglycemia. Achievement and maintenance of stable metabolic control, starting from the moment of diagnosis and continuing throughout the patient's life, is the main task of diabetes mellitus treatment.

There are 2 types of diabetes mellitus: 1 - insulin-dependent (IDDM), 2 - non-insulin-dependent (NIDDM). IDDM usually develops during childhood and early life. Its main cause is an autoimmune process caused by a defect in the immune system, in which antibodies are produced against the cells (islets of Langerhans) of the pancreas, which mediate cell destruction. The causes of IDDM can be pancreatic tumors, acute or chronic pancreatitis. Viruses can provoke the autoimmune process. NIDDM occurs in middle age (more often after 40 years) and has fundamentally different causes. In NIDDM, the cells of the pancreas produce enough insulin (sometimes even an increased amount), but the number of receptors on the surface of the cells are blocked or reduced, which ensure contact of insulin with the cell for

the formation of channels through which glucose from the blood enters. Insulin receptors can be blocked or damaged by viruses. Deficiency of glucose in cells is a signal for more insulin secretion, but this has no effect, and over time, insulin production decreases significantly. NIDDM occurs more often in obese people, but it also occurs in people with normal body weight (about 15% of all patients).

Currently, the main principles of type II diabetes mellitus treatment are: diet therapy, exercise, antihyperglycemic drugs, patient education, including self-control of glycemic levels, prevention and early treatment of diabetes complications.

The use of methods of vegetative resonance test (ART) and bioresonance therapy (BRT) significantly expands approaches in the diagnosis and treatment of diabetes mellitus.

Case from practice

R.M., born in 1942, applied to the Center of O.I. Eliseeva. in January 2006 with complaints of pain in the epigastric region, heartburn, bloating, a feeling of heaviness in the right hypochondrium, nausea, general weakness, dry mouth, dizziness, periodic increase in blood pressure up to 180/100 mm Hg.

From the anamnesis: Type II diabetes mellitus has been ill for 3 years; takes glibenclamide. Indicators of glucose, triglycerides and cholesterol are steadily increased. At the time of examination - fasting blood glucose - 9.7 mmol / l, with sugar load - after 2 hours - 14.1 mmol / l.

Concomitant diseases: Chronic cholecystitis. Symptomatic hypertension. Duodenal ulcer. Myoma of the uterus.

During ART examination: double geopathogenic load; depletion of the endocrine system 3 tbsp. (pancreas, pituitary gland); mental load 2 tbsp.; moderate depletion of the immune system; viral burden (Coxsackie virus B nosode D12); bacterial burden (mycoplasma D30, Helicobacter D6); burdening with yeast, the most affected organ is the liver.

The treatment was carried out in stages.

1st month - the patient received OBR drug, CBR liver drug, ONOM drains - drainage of the liver - gallbladder - pancreas, gastrointestinal tract, Bach Flowers, a drug of the Endocrinotox series, electronic copies of homeopathic medicines:

Lycopodium

6, Helidonium 6, Carbo vegetabilis 6; an electronic copy of Orungal on water, frequency therapy for 10 days: F frequency (intensity 100), E frequency (intensity 30) to relieve intoxication and restore liver function. In addition, due to the presence of geopathogenic load, it is recommended to rearrange the bed. The receptions of glibenclamide and antihypertensive drugs have not been canceled. Continuous monitoring of blood glucose and blood pressure.

At the follow-up appointment 1 month later, the patient's condition improved: pain in the epigastric region does not bother; nausea, bloating - no; heaviness in the right hypochondrium has significantly decreased; dizziness persists. Blood glucose readings are at the same level. HELL 150/90 mm Hg Recommended - OBR drug, CBR pancreatic drug, Endocrinotox series drug, homeopathic drugs: Acidum lacticum

6, Phosphorus 6, Sicilium 6. EPT - recording frequencies E16 (9.2 Hz), E123 (52 Hz) on magnetic insoles. Induction program P10 - 5 sessions every other day (intensity 20). Immunomodulator Transfer Factor Glucoach. Since insulin receptors can be blocked by the virus, the targeting effect of Transfer Factor on the immune system reduced the symptoms of the disease, which means that laboratory parameters improved. Transfer factor was prescribed for administration in divided doses - 1 capsule 4 times a day in courses of 10 days with a week break, with a dosage reduction of 1 capsule with each course.

The patient's condition improved already in the first week, blood pressure 130/70 mm Hg, blood glucose values decreased, the patient reduced the dose of glibenclamide.

On repeated admission after 2 months - the state is stable - fasting blood glucose does not exceed 6 mmol / l, it is recommended to continue the Transfer factor Glucoach course, to continue the induction program P10 1 time per week for 10 sessions, to harmonize the body (see Abstracts and reports XII International conference "Theoretical applications of and clinical aspects bioresonance and multiresonant sessions, then once therapy". Part II. P. 155) 15 a week - 10 sessions.

A year later, blood counts on an empty stomach and with exercise, triglycerides and cholesterol do not exceed the norm, he does not take antihyperglycemic drugs, blood pressure is kept within 120/70 mm Hg. The patient continues periodic course use of Transfer Factor Glucoach, treatment of EPT using programs E with a hypotensive effect and for the treatment of uterine fibroids.

The patient's condition is stable.

Research is being conducted on the use of this technique at the Eliseeva Center.

Conclusions:

1. The ART method makes it possible to test negative loads for organism, identify the most affected organ at the time of examination and effectively select the tactics of a phased approach in the treatment of diabetes mellitus.
2. EPT allows you to eliminate pathogens and their toxins from the body, and also by means of electromagnetic harmonization to restore homeostasis of the problem organ.
3. Induction programs can reduce mental stress and improve the endocrine balance of the body.
4. Immunomodulator Transfer Factor Glucoach increases utilization glucose, restoring and increasing the number of insulin receptors, provides antioxidant protection, and also promotes the repair of pancreatic B-cells, prevents the development of complications.

Literature

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