

Experience in the use of bioresonance therapy
in patients with chronic tonsillitis
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Chronic tonsillitis (CT) is a chronic infectious allergic disease. Its development causes a change in the spectrum of frequencies in the body and the appearance of pathological (disharmonic) oscillations. Numerous studies [1, 2] have shown that pathological fluctuations in patients can be eliminated using both endogenous bioresonance therapy (BRT) and exogenous BRT.

Exogenous BRT is a therapy of patients with electromagnetic oscillations, with which their body, individual organs and systems, as well as micro- and macroorganisms in it, enter into resonance. The main idea of using exogenous BRT in the treatment of patients is that with the correct selection of a fixed frequency of the therapeutic effect, even with a very small amplitude of external signals, it is possible to significantly enhance normal (physiological) or weaken pathological oscillations in the patient's body.

Endogenous BRT. Inherent sick hesitation have electromagnetic nature. In this regard, it is possible, using electrodes or inductors, to register them and transfer them through electric wires to the input of the apparatus for BRT. After being processed in the apparatus, the vibrations from the apparatus output with the help of wires and electrodes are returned to the patient. It should be noted that the patient's electromagnetic field immediately responds to these therapeutic signals and the corrected oscillations are sent back to the device, etc. In the course of treatment, the patient and the device form a closed loop of adaptive regulation, as a result of which the processed oscillations return to the patient's body again and again. All this leads to a weakening or complete suppression of pathological and to an increase in physiological fluctuations. It should be noted,

The purpose of our research was a comparative study of the results of therapeutic effects on patients with chronic tonsillitis of exogenous and endogenous bioresonance therapy, both separately and with their simultaneous use.

To solve the set goals, we examined 59 patients suffering from an uncomplicated form of chronic tonsillitis with frequent exacerbations in the form of tonsillitis. The duration of the disease in the subjects was from 3.5 to 9 years. The patients' age is from 19 to 46 years. Among them were 38 (64.41%) men and 21 (35.59%) women.

The analysis of the anamnestic data showed that 27 (45.76%) patients often had angina, 30 (50.85%) - ARVI and 2 (3.39%) patients had scarlet fever. In 41 (69.49%) subjects, food allergies were noted. It should be noted that 32 (54.24%) patients complained of frequent headaches; 11 (18.64%) - for increased fatigue; 25 (42.37%) - for sore throat. 43 (72.88%) patients had bad breath.

Pharyngoscopic examination revealed: in 48 (81.36%) patients, hyperemia of the palatine arches; in 54 (91.53%) - the lumpy surface of the tonsils. In the lacunae of the tonsils in all patients, a pus-like exudate was detected. In all cases, there were enlarged lymph nodes along the anterior edge of the sternocleidomastoid muscle at the angle of the mandible, which were painful, mobile and had a tight-elastic consistency. The examined patients refused tonsillectomy, and all of them received conservative treatment.

Depending on the type of bioresonance therapy received, the patients were divided into 3 groups: the first group consisted of 22 (37.29%) patients; the second group - 18 (30.51%) and the third group - 19 (32.20%) patients. Note that the diagnostics and treatment of the subjects was carried out on devices developed and produced by the Center for Intelligent Medical Systems IMEDIS.

Everything surveyed besides bioresonance therapy received organopreparations, nosodes and homeopathic remedies.

Patients of the first group received exogenous bioresonance therapy using the MINI-EXPERT-DT apparatus. We used four frequency programs (E1, E2, E3, E5), 10 minutes each, with their simultaneous recording on homeopathic sugar crumbs. Based on the results of an individual Testing, all patients were prescribed BR-drugs by mouth, 1 grain 8 times a day for 6-8 weeks.

Patients of the second group received endogenous bioresonance therapy according to strategy II for 40 minutes on the device for adaptive bioresonance therapy "IMEDIS-BRT-A". Depending on individual testing, they were prescribed BR drugs by mouth, two grains, 2 times a day for 1.52 months.

The third group of patients received simultaneously both exogenous and endogenous BRT on the same devices and according to the same schemes as separately. After individual testing, all patients were administered exogenous BR drugs by mouth, 1 grain three times a day, and endogenous BR drugs, 2 grains twice a day for 4-5 weeks.

The study of the subjects in the follow-up after one year and three months showed that among the patients of the first group in 12 (54.95%) cases there was a complete clinical and energy-informational remission of chronic tonsillitis. Seven (32.82%) patients developed sore throat, bad breath and fatigue after 7-8 months from the start of taking the prescribed BR drugs.

Among the patients of the second group, in 10 (55.56%) cases, there was no complaints from the nasopharynx. 8 (44.44) patients had symptoms of exacerbation of chronic tonsillitis. An individual analysis revealed that out of 8 patients with exacerbation of the disease, 6 (75.0%) patients suffered acute respiratory viral infection during the treatment of chronic tonsillitis.

Patients of the third group in 17 (89.47%) cases denied the occurrence of exacerbation of chronic tonsillitis, which indicates the high efficiency of the exogenous and endogenous BRT obtained by them simultaneously. This suggests that this method of treating patients with this

pathology contributes to the mutual reinforcement of physiological fluctuations in their body.

Thus, the studies have shown that in patients with chronic tonsillitis, carrying out exogenous and endogenous BRT against the background of complex treatment leads to the disappearance of their complaints, to the normalization of clinical parameters and indices of the autonomic resonance test. Observations in the follow-up of the examined patients made it possible to reveal a complete clinical and energy-informational remission among patients of the first group in 54.95% of cases, the second group - in 55.56%, and in the third group the share of such persons was 89.47%. In this regard, we believe that the obtained high clinical and energy-informational effect among patients of the third group is the result of mutual amplification of physiological fluctuations in them from simultaneous carrying out of exogenous and endogenous BRT.

Literature

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